

Bi- and Homosexuality in the National Surveys in Europe

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Introduction

Although there were some local sex surveys in several European countries already in the early 1900s only the Kinsey report (1948) in the U.S. gave a real boost upon the national population sex surveys. It provided an international model how to conduct a sex survey and gave a list of model items to be included into the questionnaires. Kinsey studies have been called also the first wave of the national population sex surveys (Michaels & Giami, 1999). It created the statistical tradition that led to the dawn of the modern sexual science.

Kinsey and his colleagues applied an approach where marital sex, masturbation and homosexuality were emphasised. The focus seems to have been largely on numerous orgasms achieved in various ways. Kinsey's estimates on the prevalence of the homosexual experiences raised a lot of public discussion and were a surprise for the public audience. Later his figures have been criticised to be non-representatives.

In the first nationally representative sex survey in the U.S. Laumann et al (1994) argued: 'The major difference between Kinsey and recent (the U.S.) research is that Kinsey did not use probability sampling'. Kinsey purposely recruited subjects for his research from homosexual friendship and acquaintance networks in big cities. Kinsey combined fantasy, masturbation, and sexual activity with partners in some of his calculations. According Laumann et al 'there is no statistically sound way to generalize from his sample to a population'. However, Kinsey and his colleagues created useful scales to measure sexual orientation and provided courage to apply this scale to various sex surveys in other countries.

The second wave of national sex surveys was carried out in the late 1960s and in the early 1970s (Michaels & Giami, 1999). The interest of these surveys was laid mainly on family planning issues. The studied topics were concentrated on heterosexual activity and relationships, sexual positions, contraception, and abortion. Homosexual activities were not important from family planning perspective and this was why they were usually ignored. In some cases sexual orientation was measured (Kinsey scale) but it was not reported.

In the 1980s started the third wave of national population sex surveys. After the AIDS epidemic was recognized there was an increasing motivation and also specific resources available for these surveys. They have been often called 'AIDS-related sex surveys'. A new model for the study of sexual behaviour understood sexuality as an epidemiological problem. Practical implication was the reduction of interest in procreation, orgasm and masturbation but increased interest in homosexual sexual activity. Other special interest areas were number of sexual partners, anal sex, condom use and intravenous drug use.

The need for precise epidemiological data on sexual contacts involving potential risk of infection led to the formulation of more explicit questions concerning variety of sexual acts. This has been called 'Sexual acts approach' (Michaels & Giami, 1999). Another important point in the epidemiological model of sexual issues was 'Partner approach'. The notion of a 'type of partner' that allows for the possibilities of multiple partners and/or partners of either or both genders turned out to more important than previously dominant notion, marriage. Health concerns about gay men and anal sex reshaped the understanding of sexual activity.

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In Europe there were 16 AIDS-related population surveys conducted in 11 countries between 1989 and 1993. These surveys were funded from the specific AIDS-related national sources. The only exception was Finland where the study was funded from the academic social science resources. When these surveys were carried out there wasn't any European collaboration. This is why data collection techniques and the items and wordings in the questionnaires varied from country to country.

Later, there started a collaboration to present cross-national analyses based on the available data sets. This collaboration was called 'European Concerted Action on sexual behaviour and the risks of HIV infection'. The final outcome of this work was a book 'Sexual Behaviour and HIV/AIDS in Europe: Comparisons of National Surveys' (Hubert et al, 1998). It included also the chapter 'Homosexual and Bisexual Behaviour in European Countries' (Sandfort, 1998). Epidemiological model had brought homosexual activities back to the interest of the national sex surveys. In some cases these were also the first national sex survey that had ever conducted in those countries.

In the second part of the 1990s these AIDS-related sex surveys were followed by The New Encounter Module (NEM) Project that was funded by 'Europe against AIDS' EU programme. This project was coordinated by Michel Hubert in Facultes Universitaires Saint-Louis in Brussels. Now the coordination included also the creation of the common questionnaire and the recommendations for data collection. In line with the epidemiological sex research model some items related to homosexual patterns were included to the study form.

Up to date, most of the European national surveys that have had interest on sexual issues are HIV-focused. Not much has been published with intention to understand sexual expression outside more problem-focused areas. The main interest is usually to understand HIV transmission dynamics.

The aim of this article is to report some cross-national results of the before mentioned NEM surveys in relation to bi- and homosexuality in the studied countries. These results will be compared with some similar European surveys (Kontula & Haavio-Mannila, 1995; Lewin et al, 1998; Haavio-Mannila & Kontula, 2003) and with the survey in the U.S. (Laumann et al, 1994). In the U.S. the lack of data on the prevalence of men who have sex with other men was a major motivation for the original federally funded project.

The approach applied here includes discussion on some methodological aspects of the national sex surveys, considering the ways the surveys have measured sexual orientation and bi- and homosexual sexual activities. In the final discussion some proposals for the improvement of the validity of prevalence estimates will be presented.

Available data sets

An exercise of the differences in sexual initiation between Western (Nordic) and Eastern (two geographical areas of the former Soviet Union) European countries has been conducted in a study "FINSEX study and the related sex surveys in the Baltic sea area" that has been authored by Osmo Kontula and Elina Haavio-Mannila (Kontula & Haavio-Mannila, 1995; Haavio-Mannila & Kontula, 2003). The study covers six national sex surveys and one local sex survey (St. Petersburg) in the Baltic Sea area:

Finland 1971 (N=2188), 1992 (N=2250), and 1999 (N=1496);
Sweden 1996 (N=2810),
St. Petersburg 1996 (N=2085), and
Estonia 2000 (N=1031).

The studied age group varies from 18-54 years to 18-81 years.
The Swedish survey was originally conducted by Bo Lewin et al (1998).

The aim of the "The New Encounter Module (NEM) for following-up HIV/AIDS prevention in general population surveys" was to follow up (1) the way HIV/AIDS prevention is or is not taken into account in new relationships and (2) key indicators of sexual behaviour and

HIV/AIDS prevention. The approach was not centred on the individual exclusively but also on the characteristics of the relationship. Special interest was laid into last new encounters (last new partner) with sexual partner. Surveys were based on a common questionnaire: 'Sexual Behaviour and Risks of HIV Infection in Europe'. The target population was the general population in each country. It was strongly recommended to build probability samples.

The following national NEM surveys were conducted in the western Europe in the late 1990s (in Spain in the early 2000s) in the age group of 18-49 years (country, year of data collection, number of respondents, response rate):

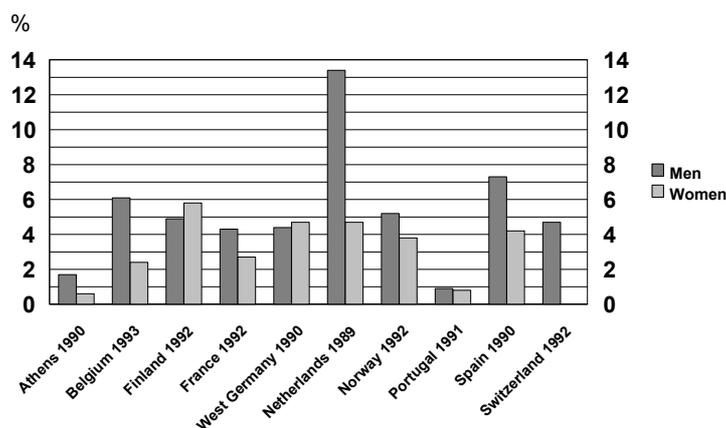
Norway	1997	(N=3723)	37.2%
England	1998	(N=2935)	77.9%
Germany	1998	(N=2583)	68.7%
France	1998	(N=1614)	75.9%
Portugal	1999	(N=1000)	86.0%
Switzerland	1997	(N=2777)	68.9%
Spain	2001	(N=2935)	69.9%
Italy	1998	(N=2603)	80.9%
Greece	1998	(N=2000)	84.1%

The lower response rate in Norway is due to mailed data collection technique. This technique was not applied in other concerned countries. They conducted either face-to-face surveys or telephone surveys. A copy of each survey data was centralized in Brussels. More information on data sets is available in <http://www.fusl.ac.be/Files/General/ces/rechsida.AC2.html>.

Prevalence of sexual experiences with same sex

In the first wave of AIDS-related sex surveys in Europe (Sandfort, 1998) 10 countries had measured proportions of bi- and homosexual behaviour during lifetime among their respondents (Figure 1). On the average, the prevalence was 5 percent for men and 4 percent for women. In most countries female rates were lower than male rates. Netherlands had an exceptionally high male rate - 13 percent. Dutch women did not make difference with women in other countries. Athens and Portugal had exceptionally low rates, only 1-2 percent.

Figure 1. Proportions of bi- and homosexual behaviour during lifetime



Some of these differences are due to different wording in the national questionnaires. In Portugal (1989) and Athens (1990) wording was: 'In terms of sexual activity which of the following statements best describes what you actually do (or did)?' 1. I have had only sex with women - 5. I have had sex with men only. In the Netherlands (1989) the wording was: 'Have you ever had sexual contact with a boy or a man? By sexual contact we mean at least masturbation or jacking off'. In Portugal and in Athens the wording could be understood very strictly only in the context of vaginal intercourse as in The Netherlands the wording opened much wider variation in sexual actions. It is self-evident that these differences in wording do have impact on the responses and on the cross-national results. NEM surveys have incorporated partner approach in studying bi- and homosexuality. There are no questions on sexual fantasies, emotional or physical attraction to same sex, and sexual self-definition or identity. The NEM items include questions: 'What was the sex of your first partner' and 'Over your life, did you have sex...' Both questions have the same scale:

1. With women only
2. Primarily with women, but with at least one man as well
3. With both women and men
4. Primarily with men, but with at least one woman as well
5. With men only

Of the previous and current sexual activities NEM surveys ask: 'With how many persons of your own sex have you had sex over the last 5 years, even only once?' 'With how many persons of your own sex have you had sex over the last 12 months, even only once?' 'What is the last new partner's sex?' Sex and/or partner are the main concept in all items. It was up to respondents how they understood these concepts and what kind of persons they understood to be included into partners or what kind of experiences they defined to be sex for them. Some of the respondents could perhaps understand sex to be something that can happen only between a man and a woman.

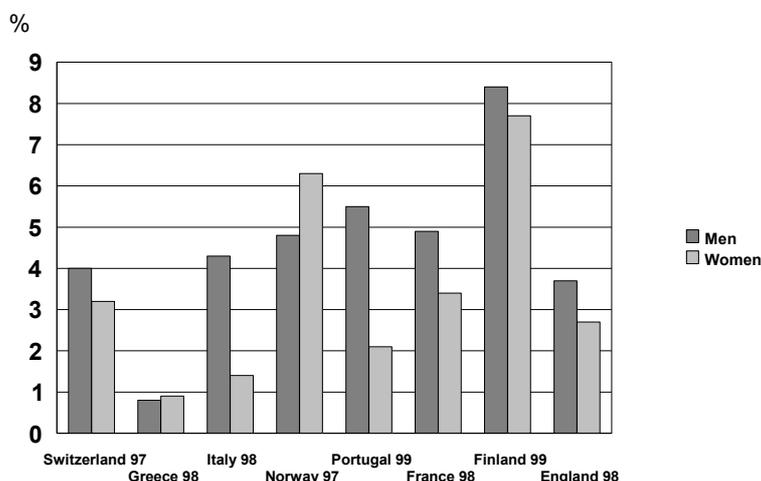
The proportion of respondents who's first sex partner was a person of same sex was quite low in the NEM surveys. It was 1,4 - 1,8 per cent for men in Spain, Norway and France and 3,5 percent in Italy. Among women this proportion varied from 0,4 to 0,9 per cent in these countries.

In NEM surveys the proportion of respondents who over their life had had sex with somebody of same sex (not men with women only or women with men only) was 4-5 percent for men and 1-6 percent for women (Figure 2). Variation among women was high and the rates were usually much lower among women than men. The only exception was Norway where female rate was higher than male rate. In Greece both rates were very low, obviously for some technical (data quality) reasons. In Finland the rates were much higher for both genders compared to all other countries, around 8 percent.

For follow-up reasons Finland could apply only some of the NEM items in their national sex survey in 1999. This was why they used different wording: 'Have you had sexual experiences (arousing fondling or intercourse) with a person of the same sex?' Sexual experiences are a broader category than sex and they were even defined to include arousing fondling. This can explain why rates were in Finland higher than elsewhere.

A substantial proportion of people who have homosexual experience do not continue to have them, as they grow older. Among men such experiences are more likely to occur before than after the age of 25. Contrary to this, some women become homosexually active first in their late 20s, 30s and 40s. First homosexual experiences seem to occur later in life if one lives in a country with less positive climate towards homosexuality.

Figure 2. In lifetime has had sex with somebody of same sex



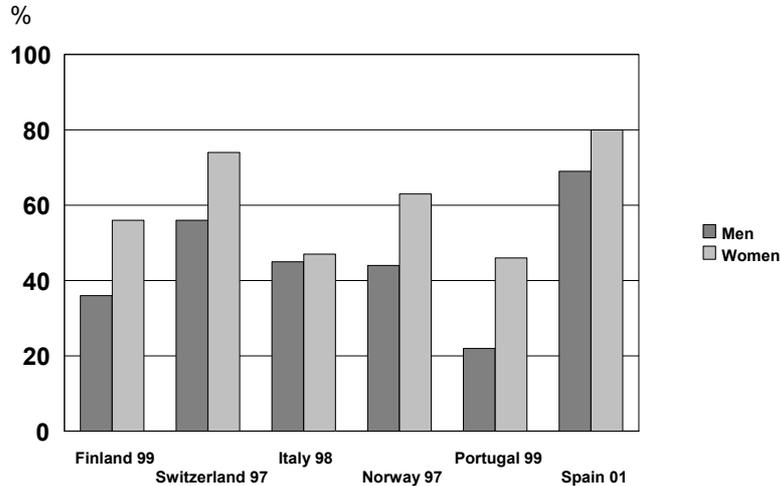
Over the last 12 months 1-3 percent of men and 0,5-1,5 percent of women had had sex with at least one person of same sex. In Italy and Greece these rates were exceptionally low. In Spain, Portugal, France and Finland this rate was around 3 percent for men. In this one year time period the different wording did not make difference to the same sex experience prevalence rate in Finland compared to other countries.

Public opinion and homosexual activities

Prevalence and incidence rates have been argued to be thwarted and delayed in countries where is less tolerant climate towards homosexuality. It could have impact to the process of homosexual identity formation. People might 'come out' at a later stage of life. This hypothesis can be partly tested by comparing public opinions towards homosexuals in the NEM countries to the actual prevalence of homosexual experience. Public opinion was studied with the five point scale measuring how acceptable respondents felt sexual relations between two adult men (Figure 3).

In their opinions about 40 percent of men and 50-60 of women found homosexual relations at least rather acceptable. In each country women were more tolerant than men. In Spain men were much more tolerant than men in other countries. Almost 70 percent of Spanish men accepted homosexual relations, among Spanish women this rate was even 80 percent. Interestingly, the highest and lowest figures were found in neighbouring countries, Spanish and Portugal. This can have implications into the willingness to report personal homosexual activities in these countries.

Figure 3. Sexual relations between two adult men rather acceptable



In each country men and women who had higher education were more tolerant on homosexual relations than respondents who were less educated. In several countries the proportion of approval was even 2-3 times higher in the highest educational group compared to the lowest group (four groups). This educational impact was more pronounced among men than women.

As one can expect, public opinion on homosexual experiences were highly correlated with the actual personal experiences. In the group of men who shared strongly approval attitudes on homosexual relationships (totally acceptable) the proportion of men with same sex sexual experiences in their lifetime were about ten times more prevalent compared to the group of the strongly disapproval men (totally unacceptable)(Figure 4). In Finland and Portugal every fourth of highly tolerant men had had a homosexual experience. In other countries this proportion was around 10 per cent.

Figure 4. Sexual experience with same sex in lifetime by attitude on sexual relations between two adult men
Men

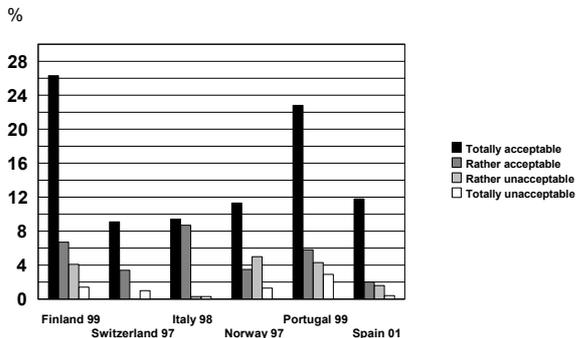
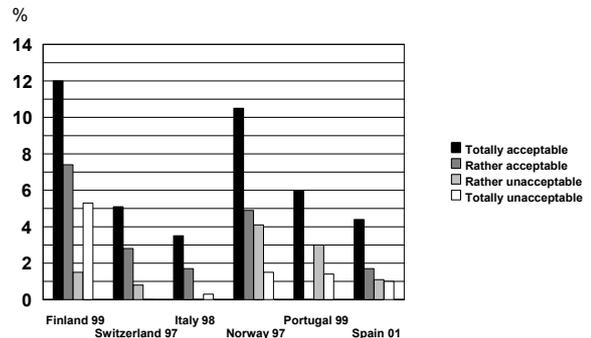


Figure 5. Sexual experience with same sex in lifetime by attitude on sexual relations between two adult men
Women

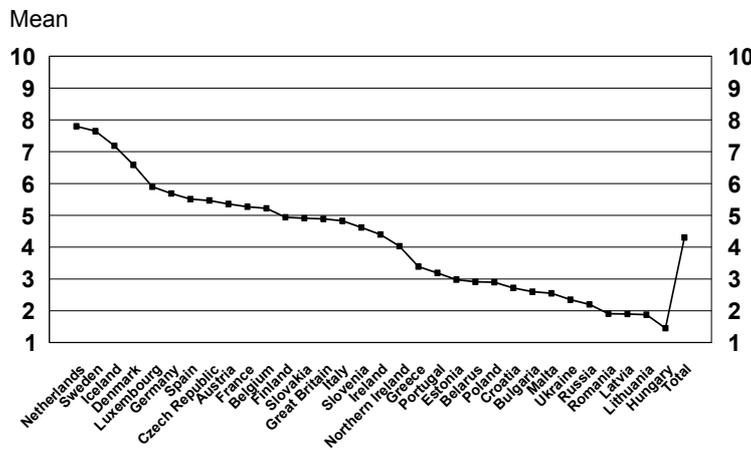


The correlation of homosexual experiences and public opinion was less pronounced for women, but still significant. On the average, the prevalence of homosexual experiences was five times higher among highly tolerant women compared to highly intolerant women.

As a whole, the prevalence of homosexual experiences was among strongly tolerant women about half of the rate that was found for men who had similar attitudes. On the other hand, the rates were higher among the most intolerant women compared to men with equal attitudes.

The prevalence of homosexual experiences has not yet been studied in most Central and Eastern European countries. Because the variation in the bi- and homosexual prevalence is rather limited in Western Europe, one could expect that the prevalence do not differ substantially from country to country. However, one can argue that strict public opinion can have some impact on the willingness to report homosexual experience as seems to be the case for example in Greece and Portugal. We can estimate some of these impacts by looking at public opinions measured in the European values surveys in 1999-2000 (Figure 6). These surveys applied a ten-point scale of the justification of homosexuality.

**Figure 6. Homosexuality can always - never be justified
Scale 1 - 10; European values surveys 1999-2000**



In the European values surveys the Netherlands and the Nordic countries had the most tolerant attitudes on homosexuality. The least approval was found in Russia, Baltic countries and in Hungary. In Greece and Portugal the attitudes were almost as intolerant as in Eastern Europe. In these countries one could expect that the respondents can find it exceptionally difficult to reveal their homosexual experiences.

Public opinion on homosexuality has been lately in progress toward more tolerant attitudes. In the U.S. approval of homosexuality increased in the 1990s (Loftus, 2001) after a long period of stagnation in the attitudes. In Finland there was also a major increase in tolerant attitudes towards homosexuals from the 1970s to the 1990s (Kontula & Haavio-Mannila, 1995).

Sexual identity and homosexual experiences

NEM surveys studied only the behavioural aspects of the same sex sexual approach. In order to study more closely the permanency of the homosexual actions the respondents reporting some lifetime homosexual experiences were divided into three subgroups:

Heteroscript = sexual experiences primarily with opposite sex, but at least with one same sex partner as well in the lifetime

Bisexual = sexual experiences with both several men and women in the lifetime

Homosexual = sexual experiences primarily with same sex partners, but at least one opposite sex partner in the life time + sexual experiences only with same sex partners in the lifetime

Heteroscript implies that these persons have applied heterosexual script for their sexual actions even though they have some sexual experiences with their own sex as well. These

persons can have some homosexual attractions but they are more interested to a number of sexual experiments, including some same sex experiments. Heteroscript persons don't have homosexual or even bisexual identity.

Over the last 5 years from one third (Norway and France) to a half (Spain and Italy) of Heteroscript men and women have had at least one same sex sexual partner. This means that most people who have had some same sex sexual experience in their lifetime have not had any same sex sexual partner over the last 5 years. The permanency of these experiences has been equally low among men and women.

Figure 7. Sexual relationship with same sex over the last 5 years by sexual orientation Men

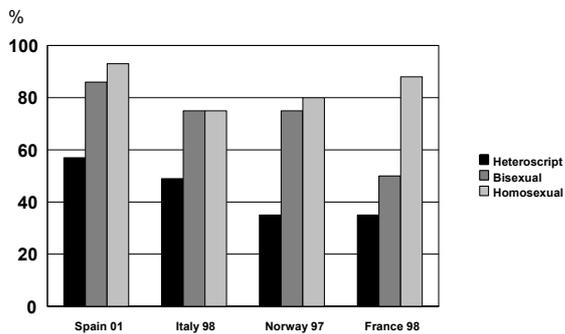
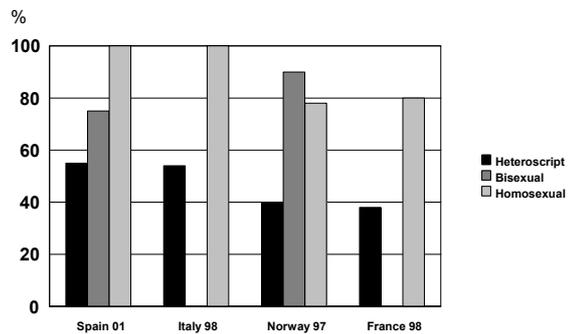


Figure 8. Sexual relationship with same sex over the last 5 years by sexual orientation Women

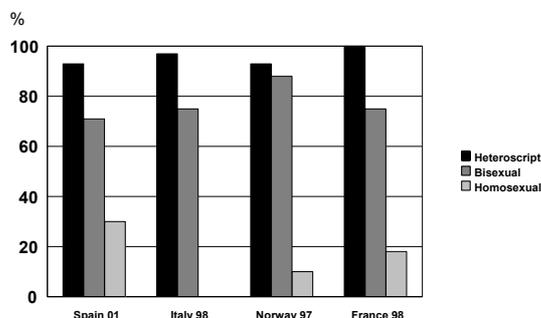


The permanency of same sex sexual experiences has been higher among Bisexuals and Homosexuals than among Heteroscript people. On the average, four fifths of men and women belonging to these two categories had had at least one same sex sexual partner over the last 5 years. The variation among countries and genders was not very big in this respect. In Italy and France these figures are not reported to Bisexual women due to their very low number of respondents in these categories. In Spain and Italy even 100 percent proportion of homosexual women with same sex sexual experiences over the 5-year period was based on very low figures and could be due to an accidental selection of these respondents.

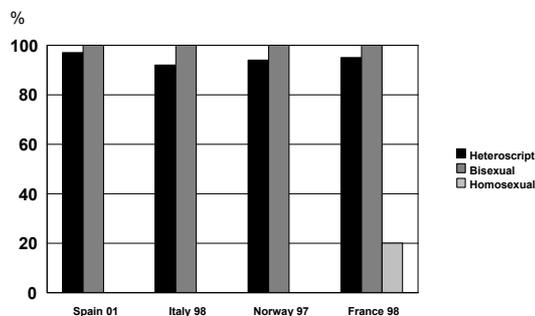
Most people in the categories of Heteroscript and Bisexual had had at least one opposite sex sexual partner over the last 5 years (Figures 9 and 10). Among Bisexual men and women this proportion was over 90 per cent. All Bisexual women in Spain, Italy, Norway and France had had over the last 5 years an opposite sex partner. Among men this proportion was significantly lower, around three fourths of Bisexual men. These men probably had more difficulties to acquire female partners than what Bisexual women had difficulties to find male partners. As a whole, a great majority of Heteroscript and Bisexual men and women had had an opposite sex partner. In this respect differences between countries were not great.

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**Figure 9. Sexual relationship with opposite sex over the last 5 years by sexual orientation
Men**



**Figure 10. Sexual relationship with opposite sex over the last 5 years by sexual orientation
Women**



In most cases Homosexual men and women had not had any opposite sex sexual partner over the last 5 years. The exceptions were men in Spain and both men and women in France. Around a fifth of these Homosexuals had had also an opposite sex partner.

In the National Health and Social Life Survey (NHSL) conducted in the U.S. (Laumann et al, 1994) the measurements of bi- and homosexual issues were more sophisticated than in the NEM surveys. Same-gender sexual desire was measured by:

Appeal: The appeal of sex with someone of the same gender

Attraction: The gender of the people to whom is sexually attracted

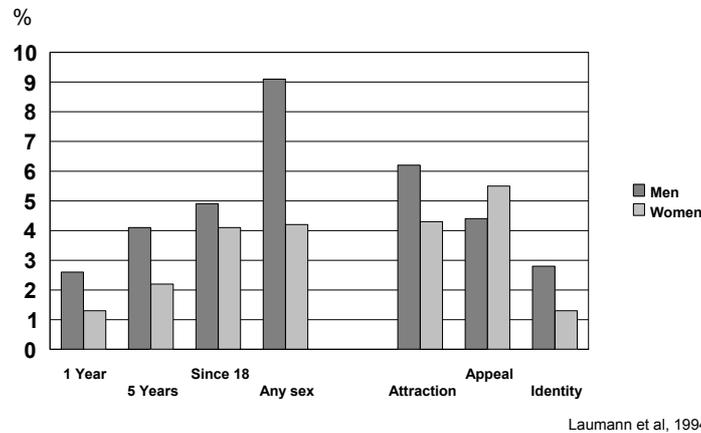
Identity: Do you think of yourself as heterosexual, homosexual, bisexual, or something else?

Sexual experiences with same sex were divided:

- any sexual experience with same sex in life time,
- these experiences since the age 18,
- same sex experiences over the last 5 years, and
- over the last year.

In the NHSL study the lifetime prevalence of same sex sexual experiences was higher than current attraction or appeal to same sex. Same sex sexual experiences, sexual attraction and homosexual identity were more prevalent among men than among women. Women had more same sex sexual appeal than men. Same sex sexual attraction was twice more common among males than homosexual identity. Among women same sex sexual appeal was four times more prevalent than homosexual identity.

Figure 11. Prevalence of various measures of same-gender sexuality, the U.S. adults



There wasn't much overlap between feelings of attraction (desire), actual behaviour and self-labelling (identity) (Laumann et al, 1994). In the population group that had same-sex desire, behaviour, or identity, this overlap was only 24 per cent for men and 15 per cent for women.

Respondents with same sex sexual desire, sexual experiences or homosexual identity grouped in the following way:

- only desire 50%
- only behaviour 20%
- desire + behaviour 10%
- only identity 1%
- desire + behaviour + identity 20%

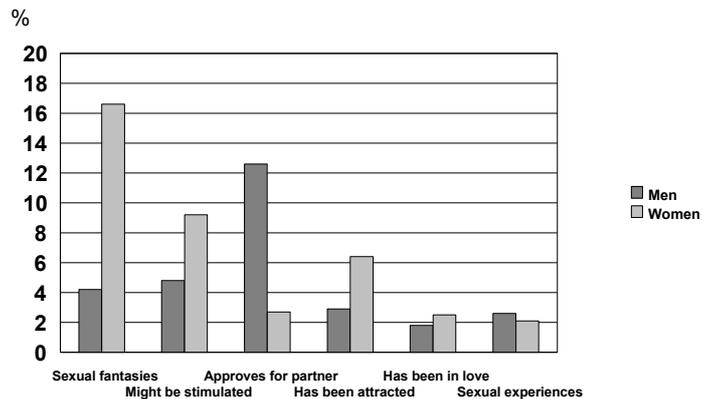
These results provide some evidence that same sex sexual interest can be for every second person something that they never act out. In most cases it does not have any impact on their sexual identity. Only for every fifth there is an integration of sexual desire, behaviour and identity. The high proportion of unreleased same sex sexual desires can be explained by the fact that social control of sexuality is less strict upon fantasies and attraction than upon behaviour.

There is another fifth who have same sex sexual experiences but who don't have same sex sexual desire or identity. This has been called 'situational' homosexuality that takes place especially in circumstances where the opposite sex is not available (Sandfort, 1998). Homosexual behaviour quite often seems to be of an incidental, transitional character. Some engage in sex with same gender partners without any erotic or psychological desire because they have been forced (prisons) or enticed into doing so. Some of these experience are also due to the compensation for missing opposite gender partner.

In the more comprehensive approach to bi- and homosexuality gender differences are even outstanding. This has been found for example in Sweden (Månsson, 1998)(Figure 12). Some similar information is available from Norway (Træen et al, 2002). There are two important gender differences. First, women have even four times more prevalent sexual fantasies on same sex than men do. This is a gender specific bisexual interest among sexually highly motivated women. Women fantasize also more often than men that they might be sexually stimulated by same sex and that they have been attracted to same sex.

However, they have not acted out these fantasies and attractions any more than men have. Most often they remain hidden. Women seem to have more inhibitions to speak and act out their desires than men do.

Figure 12. Sexual interest, emotions and experiences of same sex in Sweden



Månsson, 1998

Contrary to other measurements of the same sex issues men are much more tolerant to approve same sex experiences to their partner. In Sweden this difference is even about five times (13%/3%) and in Norway six times (25%/4%). This is an important feature of Heteroscript. Ménage of trios, two women and a man watching, are an inevitable part of experimental sex (Træen et al, 2002). This kind of sex does not challenge male potency or faithfulness of the partner. That is something exciting of which men fantasize. This sexual approach doesn't seem to be as tempting to women. Their Heteroscript includes basically same sex sexual fantasies that they don't reveal to the others. They may use these fantasies for stimulation then they make love with their male partners.

In many studies (for example Træen et al, 2002) bisexuals have found to be sexually more active than the others. They have significantly higher number of lifetime sexual partners. They have lower age at orgasm and masturbation debut. Bisexuals have also a broader repertoire of sexual acts: higher frequency of oral and anal sex and masturbation. Most of them follow the Heteroscript and interpret their experiences more in the framework of experimental sex than in the framework of bisexuality.

Conclusions

National sex surveys have many limitations in looking for truly valid estimates for the prevalence of same sex experience. Homosexuality is a complex, multidimensional phenomenon. There is no single and easy answer to question about the prevalence of homosexuality. There are reports that there is little overlap between feelings of attraction, actual behaviour and self-labelling (Laumann et al, 1994). Another challenging point is that national sample cannot answer the kind of detailed questions, which are relevant to understanding homosexual lifestyle. To this purpose convenient samples are needed.

A major limitation of national sex surveys is that very large samples are needed to find enough people who have homosexual experiences to allow statistical analyses. If the intention is to study some lifestyle aspects of bi- and homosexual actions the number of respondents should be as high as 20.000. The only surveys in Europe that meet these

criteria are the first wave European sex surveys conducted in France and the U.K. Due to much lower numbers, the NEM survey data sets do allow only some prevalence estimates.

Another limitation in the national sex surveys is that the estimates derived from survey data on social stigmatised sexual behaviours and feelings are no doubt lower-bound estimates. These stigmatised sexual behaviours include homosexual relations, masturbation, prostitution, pornography, anal sex, extramarital affairs etc. The level of social stigmatisation varies from country to country. This may have implications on the prevalence rates. In homosexual issues this stigmatisation don't seem to vary so much because lifetime prevalence of homosexual experience varies only from 3 to 5 per cent in western European countries.

National sex surveys have applied different data collection techniques, including face-to-face interviews, self-administered booklets and telephone interviews. These different techniques don't seem to have any major impact on the estimates.

There are several options how to improve the validity of the prevalence estimates in Europe. The first step is to agree upon the definition of bisexuality. That would make comparisons across surveys more feasible. We need to agree what constitutes bisexuality and how to measure it. Otherwise we will lose a great number of bisexual desires and actions in the national surveys. The construct of bisexuality is frequently defined by very narrow behavioural feature without understanding the psychological and social contexts of the lives of these men and women. Sexual contact had even been defined as intercourse to the point of orgasm.

Surveys usually use filters that will drop out the respondents who don't have an interest or experience with the items that follow. These filters should be multidimensional and cover at the same time sexual desires, attractions and sexual experience with same sex. This way we could avoid dropping out respondents who may have limited definition on the concept of sexual activities. If we define sex to include all sorts of sexual touches on intimate body parts we are going to have much higher prevalence of the same sex experiences than if we leave this definition up to the respondents. They may limit sexual activities only to the vaginal intercourse. A broad definition of the term sex or sexual conduct is vitally important.

Another successful technique to improve the validity of prevalence estimates is to use so called enhanced items. An example of such an item is "In past surveys many men have reported that in some point in their life they have had some type of sexual experience with other male. This could have happened before adolescence, during adolescence, or as an adult." This sort of item helps the respondents to remember their experiences and it also gives them permission to report what actually has happened. Enhanced items together with same-gender interviewer have even tripled prevalence in a survey (Turner et al, 1996).

Prevalence estimates can be improved also by using a computer driven technology in data collection. So-called ACASI technique administers questionnaires in audio format and records respondents' answers. This technique has proven to give higher prevalence in male-male sex than what paper-and-pencil technique has given. (Turner et al, 1996.)

There are some obvious benefits and advantages in national sex surveys compared to the more risk oriented samples in the bi- and homosexual issues. First, nationally representative samples are the only way to find out how much there are men and women in the total population who have same sex sexual desires and experience. In representative samples there are a lot more homosexuality (feelings and experiences) than there are in urban convenience samples of homosexually identified men and women. This broadens the approach to homosexuality that has mostly been focused on men and women who are homosexually identified. We know very little of bi- and homosexually motivated men and women who are not linked to the gay world. One piece of finding has been that gay men in convenience samples are much more promiscuous than gay men in representative samples. These samples are often recruited from at-risk populations.

More generally there are two main options to study bi- and homosexuality. In large-cost projects we can study the issues that will help us to design more effective HIV-prevention

interventions. This has been the aim for example in the NEM surveys but they have used too small samples and too narrow filters to really meet this aim. Another option are small-cost projects that aim to increase understanding of the dynamics of desire and the meanings associated with sexual relations with both genders. This knowledge is very valuable in promoting sexual health and sexual well-being.

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