

Letters

Kinsey Sex Surveys

I wish to clarify several issues discussed in William Booth's article "The long, lost survey on sex" (News & Comment, 4 Mar., p. 1084) and to state the current position of The Kinsey Institute with regard to this data set.

Booth's article, through its text and quotations from several individuals, implies that data on sexual behavior, which are potentially of considerable importance in light of the current AIDS crisis, have been withheld from the scientific community, as enumerated in Albert Klassen's letter of 22 April (p. 375). The statement that these data "... have never been freely shared" is simply not correct. The article also implies that The Kinsey Institute has imposed unreasonable restrictions on the use of these data. Responsible researchers in this area have long appreciated that indiscriminate dispersal or selected presentation of sensitive materials, or both, may undermine future research efforts to elicit participation from all segments of our society. Moreover, in keeping with the commitment made to subjects who agree to participate in Kinsey Institute studies and as explicitly stipulated in the contract signed by the National Opinion Research Center (NORC), the data were to be made available only to qualified scholars and not, as suggested by Wendy Baldwin in the article, "to anyone who wants to work with it." The Institute requires that scholars who use the data cite the survey's authors (Albert Klassen, Colin Williams, and Eugene Levitt) and the Institute as the source and that before publication the Institute be permitted to comment on any manuscripts based on the data. This procedure seems both reasonable and prudent in light of the fact that those individuals using the data neither designed the study and its measurement instruments nor participated in data collection.

A most important precaution regarding the validity and generalizability of the sexual behavior questionnaire from this particular survey must be underlined. As Booth's article notes, obtaining truthful data on intimate, often socially disapproved, or illicit behavior is a delicate matter, requiring extensive training and experience on the part of interviewers. The problem in using opinion interviewers in doing this kind of research can be illustrated by the Institute's experience with some of the NORC field interviews in the 1970 study. According to a recent telephone conversation with Albert Klassen, co-principal investigator on the

1970 study, after two interview pretests (totaling 300 pilot interviews), it was clear that reliable and valid answers were not being obtained. Subsequent questioning of selected NORC field personnel revealed that, at best, they were uncomfortable with and, at worst, opposed to asking the sexual behavior questions. As a result, the sex behavior data were collected by written questionnaire, rather than during the face-to-face interview used for the attitude data. Even using this written questionnaire procedure, "A sizable number of people refused to answer some of these questions," resulting in high rates of missing data on some sensitive questions. Missing data rates on sexual behavior questions range as high as 47%. As a consequence, it is our view that projections regarding national patterns of sexual behavior based solely on these 1970 data are subject to important limitations. Failure to appreciate these limitations could potentially lead to significant distortions in estimates of behavior, especially with respect to parameters relevant to the struggle against the AIDS epidemic.

As a scientist and as the current director of The Kinsey Institute, I share the scientific community's regret that these data have not been fully placed into the literature in a more timely fashion. I will continue my efforts with the authors to find a publisher for the detailed presentation of the fully analyzed data.

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While it is always intriguing to wonder about the results of "long lost sex surveys," when it comes to "better estimates of the true numbers of homosexuals" we would like to inform you that they exist. Further, the "lost data set" of the Kinsey Institute is not the "only one ... in which a large number of Americans from across the country were selected at random and quizzed about sexual behavior." Our broad-scale (over 500 items) survey of sexual activity and attitudes of 4340 adults from five metropolitan areas (1) has generated results that closely match data sets that address more limited aspects of sexuality (2). We found that about 2% of U.S. males claimed to be homosexual and about another 2% claimed to be bisexual in 1983, in agreement with estimates we generated in 1975-1978 based on 2251 respondents (3).

If the Centers for Disease Control are basing their estimates of the spread of AIDS on the original Kinsey work, then they are

probably erroneously high by a factor of at least 2 and more probably 4.

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AIDS Education

Harvey V. Fineberg (Articles, 5 Feb., p. 592) has identified a key problem in AIDS (acquired immunodeficiency syndrome) education programs: Knowledge about AIDS may be necessary to change or keep behavior so that risk of infection is minimized, but knowledge alone is not sufficient. There is also a need to teach people the skills needed for changing behavior, and to motivate them to undertake those changes.

In gay men it has been shown that the major external factor in changing a man's sexual behavior toward a lower risk profile is personally knowing another person with AIDS (1). This seems to have led Fineberg to the conclusion that "Our country may have to experience more spread of infection in order to prevent spread." In preference to this pessimistic approach, we recommend more active policies that might encourage uninfected people likely to have or develop behavioral risk factors for AIDS, such as teenagers, to meet people with AIDS under controlled conditions.

This is relevant to the recently publicized attempts to bar teachers with AIDS from the classroom (2). The evidence suggests that classroom contact with teachers with AIDS is in fact likely to be beneficial, providing students with the kind of personal knowledge that could change or prevent high-risk behaviors before infection takes place. In the complete absence of evidence for the opposite course, we recommend a policy of encouraging teachers with AIDS to stay in the classroom.

As a logical extension of this policy, programs with careful evaluation components should be undertaken to bring adolescent students systematically into contact with persons with AIDS. This could be done either by bringing such persons into the classroom, as part of an AIDS curriculum, or by offering students credit for doing community volunteer work with people with AIDS. The latter would offer the opportunity for students to witness the down-

hill course of the illness firsthand, which could be a more effective influence than a cross-sectional classroom contact. In addition, a student volunteer program would enrich the supply of community volunteers who will be increasingly needed as the epidemic progresses.

Adolescents are a group at increasing risk for exposure to the human immunodeficiency virus (HIV), and society must exert every possible effort to motivate and influence their behavior toward a lower risk profile. If personal contacts with people with AIDS do have such an influence, then we need to study programs that facilitate such interactions to evaluate their potential importance in the educational approach to preventing AIDS.

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Fineberg's simple model of HIV acquisition correctly highlights the *individual* risks of unsafe sex; however, it is important that his results not be misinterpreted. For example, in evaluating a "safe sex" educational program, the discovery that active gay men have, on average, reduced their numbers of partners by a factor of 2 might be viewed as inconsequential according to Fineberg's model. In fact, such a change could have a dramatic impact on the prevalence of HIV among gay men. Similarly, consistent condom use over the long term would also have a large impact. Fineberg's model ignores the role risky behavior plays in *determining* the prevalence of HIV infection. Thus, although I agree with the general tone of his remarks, it is important not to understate the effects that reduction in (as opposed to erasure of) risky behavior can have on the AIDS epidemic.

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Erratum: In the second paragraph of the News & Comment briefing "Duesberg gets his day in court" by William Booth (15 April, p. 279), William Haseltine's name was misspelled.

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