Who are the men in men’s health? How we define men in research determines what we can learn about their health. From social identity to gene identification, researchers are devising new ways to capture diversity among men. Sexual orientation is one axis of diversity that, at first blush, may seem simple—we have categories for that: gay, heterosexual, bisexual. Yet, there are many components—such as behaviour, attraction and identity—that make up these labels. Depending on how we ask the question, these finer details can be lost by the very categories intended to account for diversity. Sexual minority health expert Dr. David Brennan is working to assess the limits of such categories and develop more fine-tuned approaches to sexual orientation in men. Or, what do we do when the standard binary designation for gender (man or woman) used in the majority of health research excludes individuals who are biologically male? Interestingly, the remote island nation of Samoa provides the perfect context in which to problem-solve this universal methodological challenge. Unlike most Western cultures, males in Samoa are socialized into two genders, allowing Dr. Paul Vasey, expert in the evolution of same-sex sexual attraction, to examine how social factors and human biology interact to shape both gender and sexual orientation. These more sophisticated measures of men are opening doors to new knowledge about men’s health.

Think You Know Gay or Bisexual? You Don’t Know Jack

Let’s call him “Jack”—a 35-year-old man, experiencing flu-like symptoms, who decides he should see his doctor. Jack is married to “Felicia,” and also has a male friend, “Marc,” with whom he has sex with once or twice a month. When Jack arrives at his doctor’s office, she reviews his file and sees Jack is married. She wonders about his symptoms, knowing that sometimes these symptoms can be a marker for an early HIV infection. She smiles and asks Jack, “Well, I can see that you are married, so I know you aren’t gay, right?” Jack says, “Right.” The doctor decides that an HIV test is therefore not necessary. Jack has not lied, he truly considers himself heterosexual. He really doesn’t know many gay people. He loves his wife and enjoys his sex life with her, but some of his friends have had girlfriends on the side. For him, he just has a male friend who he discreetly enjoys having sex with, and they use protection most of the time. No one else knows. However, Jack may be at risk for HIV and other health issues as well, but his doctor did not assess this. Jack has missed an opportunity for testing and treatment.

As a reader of this story, you might assume that Jack is “gay” and just not admitting it, or at the very least he is “bisexual.” Perhaps if the doctor asked him if he were bisexual, he might have said “yes.” Perhaps not. Jack considers himself heterosexual; after all, he is married to a woman. This scenario raises some important questions in health research. How do we know if someone is actually a sexual minority? There is research to show that gay and bisexual men are at higher risk for some health issues, including HIV, but also other health concerns such as depression, anxiety, body image issues and eating disorders. Many studies have asked research participants to simply identify if they are gay, bisexual or heterosexual. If Jack were a participant in one of these studies he would be labelled heterosexual because this is how he identifies himself. Thus, one way to measure
Another way to measure sexual orientation is to ask about behaviour. The doctor, who was acting as if he was Samoan, gave Jack a simple questionnaire. However, Jack had sex with men (MSM) who were not his wife or other women, and he had asked his doctor what it meant to be gay. He had asked if the sex could be measured by his identity or by his sexual behaviour. Regardless of how he identified, he was a man with sex both with men and women. Without assuming the partners are only his wife or other females, he could have sex with other males or females, and both are considered his sexual partners. No one really identifies themselves as either gay or bisexual, and sometimes have both, with men and women. The concern here is that if we want to understand the importance of sexual orientation, it is best to use multiple measures of sexual orientation, including behaviour and identity. If Jack’s doctor had been aware of this, he may have asked him about his sexual partners and suggested a different course of testing.

"Are gay men really MSM?" Methodological Issues in Measuring Male Sexual Orientation in Health Research was funded by a Methods and Measures for Gender, Sex and Health Catalyst Grant from the Institute of Gender and Health and led by co-principal investigators David J. Brennan (University of Toronto) and Greta Bauer (Western University).

Paul Vasey interviews two fa‘afafine in a Samoan village.