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Feminism & Psychology 1999 9: 229

DOI: 10.1177/0959353599009002022

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Sampling Lesbians: How to Get 1000 Lesbians to Complete a Questionnaire

Julie FISH

A year ago, when I embarked on a national questionnaire survey of lesbian health aiming to collect a total of 1000 completed questionnaires, I met with two dichotomous reactions. One reaction was that it was an impossible task. The other reaction was that, because I am lesbian and have an established network of contacts and because lesbian health is an important and desperately under-researched area, lesbians would flock to take part. I had no way of knowing whether lesbians would participate in large numbers or whether, particularly in remote areas of the UK, it would be possible to make contacts. My fears resonated in the words of another lesbian researcher, Mary Mendola: 'How do you mail questionnaires to people if you do not know who they are – or where they are?' (1980: 6). The difficulties of researching 'unknown' (Oppenheim, 1992) or 'hidden' (Martin and Dean, 1993) populations, such as lesbians (or gay men), have been well documented (Bradford et al., 1994). There are a number of issues relevant to getting 1000 lesbians to complete a questionnaire, which I explore in this paper.

The Lesbians and Health Care Survey forms part of my PhD research on lesbians' experiences of breast and cervical screening and their perceptions of the risks of these cancers. Lesbians are said to be less likely to attend for routine preventive tests (Bradford and Ryan, 1988; Haas, 1994; McClure and Vespry, 1994; Stevens and Hall, 1990; Trippett and Bain, 1990); however, there has been no research which has explored the reasons that lesbians give for their attendance or non-attendance for screening. Compared with the literature on lesbian health issues published in North America (Hepburn and Gutierrez 1988; McClure and Vespry, 1994; O'Donnell, 1979; Stern, 1992; and White and Martinez, 1997), lesbian health in the UK has been much less well researched (although for a recent British exception see Wilton, 1997.)

In the USA, Bradford and Ryan (1988) conducted a pioneering national survey of lesbians' health in the mid-1980s and this survey has provided important first

data on lesbian health needs. Bradford and Ryan's survey achieved a response of 1925 completed questionnaires from lesbians from all 50 states of the USA. It has provided a benchmark for lesbian health issues because of its scale and scope and it was influential in my decision to conduct a national questionnaire survey in the UK. Surveys are said to be one of the most influential methods of data collection for decision making on public policy (Gaskell et al., 1993). Surveys have been used to promote less divisive policies for women in the field of health (Graham, 1983) and results have been used to refute commonly held beliefs about, for example, the incidence of rape (Koss, 1988, 1992). For many people, they are the most familiar method of social research, often receiving such wide publicity that their findings become part of people's daily knowledge about the world (O'Connell Davidson and Layder, 1994). It was for these reasons that I chose to conduct a national survey aiming to cover all of the 122 postal areas in the UK.

Because a survey of lesbian health of this scale had never before been attempted in the UK, I had few models. For example, the national survey of Sexual Attitudes and Lifestyles (Wellings et al., 1994) included only 31 lesbians out of a total of 10,492 women respondents. And although I did not personally need convincing that being lesbian is more prevalent than this sample would have us believe, there have been only relatively small-scale research projects conducted, so far, in local communities (SHADY, 1996; Sheffield Health Steering Group, 1996) or with particular groupings such as attendees of sexual health clinics (Conway and Humphries, 1994; Edwards and Nicol Thin, 1990). I have written this piece to share information about my own experiences of conducting large-scale survey research with lesbians. I hope it will encourage other researchers who might be contemplating setting out on a similar research task, and to forewarn them of some of the pitfalls.

One measure of a survey's 'success' is generally held to be the response rate. The rate of returns for *any* survey is typically considered to be in the region of 30 percent (Shaughnessy and Zechmeister, 1994): this means that for every 10 questionnaires you send out, you can expect to get only three completed. Return rates rarely exceed 50 percent and are sometimes as low as 25 percent (Haralambos and Holborn, 1991). A low rate of returns is, of course, more likely with hard to reach populations, or for surveys on sensitive topics (both true of my research). Shere Hite's (1976, 1987) influential work on women's sexuality, which used a postal questionnaire, seems to bear this out: she achieved 3109 responses from a mailing of more than 75,000, which is a return rate of 4 percent. Mendola (1980), in her research on lesbian and gay couples, describes her response rate of 27 percent as a phenomenal achievement that confounded the expectations of the 'marketing research professionals' who had estimated the return to be between 1 percent and 5 percent. The 'Lesbian Wellness Survey' (Morris and Rothblum, in press) of 2393 lesbian and bisexual women, recently conducted in the USA, achieved a response rate of 25 percent, and a study conducted by McKirnan and Peterson (1989) on substance use in the lesbian and gay community of Chicago achieved a response rate of 16 percent.

In any survey, a number of factors combine to affect the likelihood of participation of the targeted respondents. These include the available budget and incentives, the topic, the time taken to complete the questionnaire, the nature of the sample, publicity, and issues related to anonymity and confidentiality (Czaja and Blair, 1996; de Vaus, 1990; Oppenheim, 1992). I will look at each of these factors in relation to my own research project.

1. BUDGET AND INCENTIVES

This survey was conducted as part of my self-funded part-time PhD research. Its budget was whatever of my own money I was able and willing to put into it. Although my host institution provided me with some initial photocopying and postal facilities, I had to supplement my allowance with my own money. I would strongly advise researchers not to underestimate the cost of survey research: commercial printing of 2000 questionnaires cost £360 for this research project (bear in mind you need to print sufficient copies to allow for non-responses or subsequent mailings); add to that postage costs of 20p per returned questionnaire and telephone and travel costs associated with questionnaire distribution, and the total comes to about £600. Publicity can also be expensive. By and large, the lesbian and gay media were very helpful to me by including short pieces or letters about the research, but often the headline was one I personally would not have chosen (for example 'Get your Bits out for Dyke Health', in *The Pink Paper*, 1997), and free publicity means you have no control over its insertion date. The budget you are working with is clearly relevant to the number of questionnaires you can afford to distribute and therefore to the number that will be returned. A large budget can increase not only the number returned, but also the percentage returned, because it permits subsequent mailings and the use of incentives. Subsequent mailings are more readily available to those researchers with a budget, but not to those of us on a shoestring. For a detailed analysis of the costs of a follow-up mailing, see Bourque and Fielder (1995), who estimate the expenses to be in the region of \$12,000 – about £7600 for 400 returned questionnaires. Bourque and Fielder's study on personal safety at work sent an initial mailing of 1744 questionnaires, of which 38 had incorrect addresses: 18 percent were returned after the first mailing, another 15 percent replied after a follow-up postcard and the second mailing brought the total responses to 50 percent; in an attempt to further increase responses, they turned to a telephone interview follow-up. Incentives are widely considered to increase return rates (Bourque and Fielder, 1995; Cohen and Mannion, 1992; Fink and Koscoff, 1985; Hoinville and Jowell, 1985; Oppenheim, 1992) and although they are usually limited to a book of postage stamps, a pen or even food, more substantial incentives are not without precedent: e.g. a study conducted in San Francisco on the health behaviours of 483 lesbians and bisexual women offered its participants a \$30 fee (San Francisco Department of Public Health, 1993). There was no way I could afford to bribe lesbians to participate.

2. TOPIC

Because my survey is about lesbians' experiences of breast and cervical screening, it contained questions about (what are for many people) intimate and invasive medical procedures. The questionnaire assumes that lesbians will feel comfortable enough about their bodies to be able to complete it and also that they will be willing to disclose (what is usually seen as) 'personal' information to an academic researcher. Some women may feel embarrassed by a highly personal first question: 'Have you ever had a smear?' The potential sensitivity of such a question was perhaps only partially addressed by using anonymous postal questionnaires (Conner and Waterman, 1996). For some lesbians, answering the questions meant recounting difficult or painful experiences including issues of their own mortality.

3. TIME TAKEN TO COMPLETE QUESTIONNAIRE

The time it takes for someone to fill in a questionnaire is also an important consideration – in general, the longer it takes, the fewer completed questionnaires are returned (Moser and Kalton, 1971; O'Connell Davidson and Layder, 1994). The optimum completion time is about 10 minutes and questionnaires that take more than 45 minutes to complete are appropriate only where the respondent is highly motivated to help (Fife-Schaw, 1995). Lesbians have busy lives; my PhD is not a priority for them – and why should it be? I was expecting a lot from their commitment: in terms of time, it took anything between 15 to 45 minutes to complete the survey. Also, by and large, people do not like to fill in forms that require much thought or effort (Meadows and Stradling, 1996) – the 'instrument of choice' contains closed-ended questions requiring the respondent to tick the appropriate box (Fink and Kosecoff, 1985) – not, as in my research, a large number of open ended questions requiring relatively detailed explanations and reasons for behaviour.

Because my questionnaire required a considerable investment of time and attention from my respondents, this made it harder for me to reach my target of 1000 returns. The relative speed of completion and comparatively brief responses required in questionnaires of gay men's sexual health may explain the success of research in this area. Such surveys are typically 'quickies': they are on two sides of A4, use closed questions and are easy to complete. Gay male researchers, armed with clipboards with pens attached, position themselves in vantage points at large lesbian and gay events and ask every male who passes (Project Sigma, 1998). Often both the researcher and respondent remain standing throughout, sometimes a respondent will complete a survey himself, on others, the researcher will complete it for him. I found that such a strategy wouldn't work because of the completion time, but I wonder whether it is reflective of different habits. My own slow, detailed and in-depth survey took too long to complete standing up.

Lesbians needed encouragement to take part and, sometimes, reassurance about my research intentions. The social interaction was important both before the research contact and afterwards.

4. NATURE OF THE SAMPLE

I've seen lesbians flock to see the inimitable k.d. lang, but even in my most optimistic moments I would have to concede that my research was not going to be quite so fascinating. Neither the fact that I am a lesbian, nor the desperate urgency of research on lesbian health issues, guaranteed that I would achieve a good response rate. A lesbian identity in itself is not necessarily a 'passport' into the welcoming arms of 'lesbian community' just waiting to participate in research. I do not presume that all lesbians are 'like me'. I anticipated that I would have difficulty recruiting some groups such as older lesbians, lesbians with disabilities, Black lesbians, lesbians with low incomes and lesbians living in rural communities, and that particular strategies might be necessary to encourage their participation (Cannon et al., 1991; Jones et al., 1986; Mays et al., 1993). I am also aware that some of these lesbians (and others who may be more 'like me') might exercise considerable caution (and quite rightly so) in becoming involved because of the uses to which I might put my research or because of what they might know or assume about my political perspective and my identity as a white, middle-class (now), able-bodied, middle-aged lesbian who lives in a city. I was also keen for my survey to include women who are not 'out' as lesbians and who do not necessarily have contact with lesbian groups and organizations. Haas (1994) is critical of much research conducted among lesbians and contends that there are methodological weaknesses in research that relies on samples of self-identified lesbians, typically volunteers recruited from those engaged in lesbian social organizations or activities who are relatively open about the disclosure of their lesbianism. She offers no advice, however, on how to contact those lesbians who are not 'out'. My experience suggests that a sampling strategy which does not rely solely on lesbian organizations may be more likely to achieve this. A small number of lesbians among my sample said that they were not 'out' and did not know other lesbians.

5. PUBLICITY

My first concern was how to let lesbians know about the research and, at least, to offer lesbians the opportunity of refusing to participate. At first I did the obvious and publicized the research in local, regional and national publications; then I contacted a wide range of groups up and down the country (including lesbian switchboards, women's centres, health groups, lesbian organizations for targeted groups, social groups and so on) to request their participation and wrote brief

articles for their newsletters. In all, I sent 486 letters and made more than 200 phone calls.

The typical view of survey research is that the researcher makes a single mailing, or dispatch, of questionnaires and then expectantly waits until they inevitably wing their way back. According to some researchers, the data collection period lasts between eight and 10 weeks, regardless of sample size and geographic distribution (Czaja and Blair, 1996). The reality has proved somewhat different. Days have been spent visiting other cities, in the attempt to make the survey available. On one occasion, my bedraggled self could be seen trudging through the streets of Edinburgh in the rain, on my way to lesbian and gay venues, because I found that personal contact improved return rates (although probably looking drenched did not). On another occasion my partner and I had planned a Valentine's evening at a play by Valerie Mason-John as a break from the research and then spent the evening distributing questionnaires to the women attending the event (I always carried some with me!). On a third occasion, I made a 200-mile round trip and secured just two completed questionnaires in the course of a day. I still haven't got used to approaching women not known to me and asking them to participate. One of the penalties of our recent greater visibility is that lesbian events seem to have become 'hip' places for heterosexuals to be and I couldn't be sure that the woman I approached at a lesbian bar/café/event does identify as lesbian. Because our networks are relatively small, I found that I sometimes invited lesbians to participate in the research and they had already returned their survey. And sometimes it seemed that I could walk into a room and it emptied instantly, with departing lesbians muttering 'there's that researcher again wanting us to complete a survey': there is a fine line between encouragement to participate and hassling potential respondents.

I found I had to be proactive and creative in devising methods for distributing questionnaires and ensuring their return. I did not assume that lesbians would necessarily have an extensive social network and willingly forward my questionnaires to their friends – the snowballing technique so espoused by researchers of difficult-to-access groups. Despite its name, 'snowball sampling does not inevitably lead to an inexorably growing mass of contacts. Rather . . . what it often produces is a slow and uneven accretion of additional data points' (Lee, 1993: 66). In the event, snowballing was a strategy I used, and some lesbians do indeed have extensive social networks, but it was *one* of a number of strategies and some offers of assistance came only when the research was well under way.

One of the first strategies I tried was seeking volunteers at large events such as Pride. During my pilot study, I attended Birmingham Pride and although I distributed the surveys to lesbians already known to me, only three were returned. Learning from this mistake, I attended London Pride and planned my strategy in advance. It was a great boost for launching the study and clusters of lesbians intently filled in the surveys, resulting in a total of 188 completed throughout the day. Some useful tips for anyone else wanting to try this approach are: book a stall in the Health Tent; get there early and set up tables with plenty of chairs;

make it colourful and well signposted; make lots of eye contact; and, most of all, be welcoming, encouraging and appreciative of your respondents. They are doing you a favour. The organization on the stall next to me was also conducting a survey, but its members spent most of the day in a tight knot chatting with each other and got far fewer questionnaires completed.

6. ANONYMITY, CONFIDENTIALITY AND REMINDERS

Many lesbian organizations were very supportive in the use of their mailing lists. However, because the lists are confidential to the organizations, I had no idea who some of my respondents were, particularly as I did not use any identifying codes on the questionnaire. My sampling strategy also included contact with groups whose individual members were unknown to me, and snowballing, where only the first person in the chain was known to me. As a result of these various recruitment strategies, then, my sample contained lesbians whom I had no way of identifying: most of my respondents were totally anonymous and could not be identified by anyone, not even me. Because I could not identify the lesbians to whom I had given questionnaires, I was not able to send reminders when they failed to return them. This meant a lower return rate. Some researchers (e.g. Meadows and Stradling, 1996) advocate a strategy of concealing coding details on questionnaires so that the researcher knows which ones have not been returned. But my commitment to feminist research ethics means that I didn't want to be so duplicitous. My return rate was (mostly) based on lesbians who received *one* copy with no follow-up phone calls or letters to jog their memory.

LOOKING BACK, MOVING ON

A year later, as I begin analysing the 1065 questionnaires heaped up in the corner of my attic, I can say that it wasn't impossible: here they are! I included a section in the questionnaire that enabled my lesbian respondents to have an opportunity to make comments on the survey. Reading them now convinces me that the effort was worthwhile. These are some of the things they said: 'it highlights how little I know even though I think of myself as reasonably clued-up!' (37); 'Thank you for asking lesbians what our experiences are, at last our health is being acknowledged' (213); 'Flipping challenging' (286); 'I think it's tops that someone is making an effort to help women find out/be more aware about their bodies, Thanks' (115); 'brilliant and then publish it both in ways that make the knowledge accessible and which will influence policy decisions' (10).

Looking back on the survey's progress, I would say that it was unlike the representation of a survey in many of the 'how to' textbooks where they seem to be conducted from the relative comfort and orderliness of an office (Bourque and Fielder, 1995; Czaja and Blair, 1996; Hoinville and Jowell, 1985; Moser and

Kalton, 1971). In contrast, this research project brought me in contact with many different lesbians, and their support and enthusiasm for it has reminded me how important the project is: it is the first national survey of lesbian health and it should provide much-needed data in an area of health care that has hitherto been neglected. I've also learned a lot about the mechanics of doing a survey and hope that I've passed on some of the practical knowledge that I have gained.

Good luck with yours!

ACKNOWLEDGEMENTS

I would like to thank Sue Wilkinson, my supervisor, for her ongoing support and encouragement for this research project and Celia Kitzinger for her enthusiasm and her comments in drafting this paper. With loving thanks to Annette Greenwood whose sense of humour kept me going and whose practical help was invaluable. Thanks also to the 'midwives' of the BSA Lesbian Study Group for their assistance in birthing the project!

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