



COLLABORATIVE OF
**GENDER & SEXUAL
HEALTH EQUITY**

RESEARCH EDUCATION RESOURCES

Gender & Sex in Methods & Measurement

Research Equity Toolkit

*Tool #5: Methodological Responsiveness
Across Time*



THE UNIVERSITY
OF BRITISH COLUMBIA

Introduction

Science is a process – we might look back into the past and discover that there are things we could have done differently, and in which we look ahead, and try to make plans for what’s to come based on new learnings and knowledge. In this tool, we consider what happens when there are methodological and measurement changes across time in two broad areas:

1. Quality improvement in measurement: What do we need to keep in mind when updating our methodological techniques and foci, considering expanding knowledge about effective and inclusive practices in the measurement of gender, sex, and sexuality?
2. Shifts in participant identities: What do we need to keep in mind if our participants’ identities change across time?

Whether addressing inadequate measures used in the past, or trying to plan and design better research that will maintain its quality for years to come, there are some important considerations to keep in mind.

Intellectual humility

Intellectual humility means being open to the possibility of being wrong, being committed to foregrounding flaws and uncertainty, and being receptive to unexpected findings. Intellectual humility can also involve having our ideas challenged, including our ideas as to how research ought to be conducted in the first place. Intellectual humility has the potential to generate more honest, reproducible, respectful, and robust science.

Accountability

As researchers, we are accountable for our actions, including the range of philosophies, policies, systems, procedures, and standards that inform our research. We should strive to conduct our research in ethical ways – which may involve acknowledging harms associated with our past approaches as individuals, and as members of institutions and disciplines. We are encouraged to examine our attitudes, biases, and behaviours as researchers, to challenge exclusionary institutional and research-related policies and practices, and to consider the impact of our actions on marginalized and minoritized communities. Acknowledging, correcting, and learning from our past mistakes makes us better scientists and researchers, and more accountable to the communities of people we study.



Flexibility

Flexibility in research involves acknowledging that practices recommended today may be replaced by something different tomorrow. As researchers, we need to be open to the process of ongoing and iterative adaptations of our approaches, considering ever-changing contexts and information. Recommended practices may change in response to measures that have been found to be inadequate, exclusionary, or stigmatizing, especially considering the systems of power that have historically and continue to inform how research is conducted, by whom, and with whom. Many commonly accepted ways of measuring gender, sex, and sexuality were created in cis- and heterosexist contexts, that failed to attend and celebrate the complexity and diversity of personhood across axes of gender, sex and sexuality.

Temporality of research

Even when our research is not longitudinal in design, research itself has a temporal quality – it takes time. As such, there are important lessons for researchers to consider regarding methodological changes across time, even within a single, stand-alone, or cross-sectional research project. We need to be prepared to consider our course of action, including altering it, even midway through a project.

Transparency

When writing about our research, it is important that we are transparent about what we did, why we did it, and in discussing any limitations associated with our choices. This might include providing words of caution about how data can be understood, or acknowledging that changes in measurement techniques have impacted our ability to make meaningful comparisons across time. Or we might acknowledge in a publication, especially one that reports on data collected in the past, that we have since learned better approaches to measuring participants' identities, such that we do not recommend replication of our measurement strategies for future research.

Quality improvement in measurement

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Updating longitudinal studies

Scenario

Dr. Anant and his team have been conducting a longitudinal research project with high school students, focused on the perceived importance of sexual experiences for mental health and relationship quality. Each year, Dr. Anant administers the same survey to groups of incoming, grade nine students. This project has been underway since 2005, with over 15-years of data that allows for analysis and mapping of changes in the perceived importance of sexual encounters among youth over time.

The survey has always asked this single, specific question: “What is your gender: male, female, prefer not to say,” and based on responses to this question, Dr. Anant and his team have produced manuscripts regarding the gender-based differences in the perceived importance of sexual encounters. The research team recently attended a workshop, where they learned that there are more accurate and inclusive ways of measuring participants’ gender identities. Dr. Anant is interested in updating the survey to reflect those learnings.


Consider

There are a few options available to Dr. Anant and his team, each with their own strengths and drawbacks.

Retaining the existing question

Despite awareness of more accurate and inclusive ways of measuring participants’ genders, Dr. Anant might decide to retain the existing question to ensure comparability in measures across survey cycles. However, this option would mean the continued mismeasurement of gender identity, and ongoing exclusion and erasure of trans, nonbinary (and other) people, which Dr. Anant may find challenging to justify. Retaining the existing question could also impact how students experience the survey. This new knowledge about measuring gender identity may call into question the validity of past and future findings and threaten the trust of participants in the research team.





Dr. Anant will need to consider whether he was ever validly measuring gender-based differences, or whether past, present, and future student respondents could be misunderstanding the question as being about sex assignment due to the provided response options.

Offering bridging questions

Dr. Anant might decide that the best approach is to continue to ask this original question, as written, while also asking an additional question that is worded in line with contemporary approaches to measuring gender identity (e.g., “what is your current gender identity?” with open-ended responses). His team will add a short explanation of the reasons for the two differently phrased questions in the survey, so that the student respondents are not confused. By offering bridging questions, Dr. Anant reasons that the research team will be able to capture whether student respondents are understanding and answering the two questions differently – and at what frequency. This approach will allow for a gradual transition to the new question, after a few years of evaluating the relationship between the two versions (e.g., degrees of cross-classification and concordance). It would also allow Dr. Anant to consider the impact of the question change on longitudinal data analysis – for example, whether he can confidently compare ‘males’ from the original question with ‘men’ from the new question.

Cutting ties, starting fresh

Recognizing that the original question is likely to be experienced as confusing (in that it conflates gender with sex) and exclusionary (in that it does not leave room for nonbinary people), Dr. Anant might decide to cut ties with the original question, removing it from the survey and replacing it with a new question. By doing so, Dr. Anant reasons that the survey will use a more accurate and inclusive measurement of gender identity going forward. He is aware that this decision will make it more challenging to do meaningful comparisons between the old and new surveys and that he will need to develop some protocols about how to do so. Where analysis is conducted that compares data from before and after this change, Dr. Anant will need to proceed with caution and transparency, for example by alerting readers to the assumptions that were made when conducting those analyses and the potential limitations associated with those assumptions.

Remember

Whether by way of a bridging question or starting fresh, the new question that Dr. Anant develops will likely continue to need refinement in the years to come. He and his team will therefore be tasked with the ongoing challenge of both:

- a. updating the survey question in line with contemporary recommendations associated with measuring gender identity over different timepoints;
- b. determining and communicating the impact of question changes on long-term analyses that compare data from different surveys.

Dr. Anant is not dissuaded – he is prepared to continue refining these questions, and other sections of the survey, to ensure that the analyses produced by his team are as robust and inclusive as possible, all the while being transparent about the limitations of those analyses across survey versions.

Reframing research foci

Scenario

Dr. Gulka has built her 30-year career as a women's reproductive health clinical researcher. Her portfolio of work has covered topics ranging from women's experiences with abortion, complex and chronic vulvar health conditions, hysterectomy, myomectomy, endometriosis, polycystic ovarian syndrome, uterine fibroids, gynecologic cancers, perinatal care, etc.

She has noticed a shift in her field – one where individuals, institutions, funders, and publishers have been working to acknowledge and include in research the range of people who experience these reproductive health issues, but who do not identify as women. Dr. Gulka is not sure how to reconcile her focus on women's reproductive health, with this shift in research climate and reframing of the research focus.

Consider

There are two main approaches to framing research foci that Dr. Gulka can consider.

Gender-specific foci

Despite an awareness that women are not the only people who experience the reproductive health issues that she has spent her career researching, Dr. Gulka might decide to retain 'women' as the focus of her reproductive health research. In doing so, Dr. Gulka would need to first acknowledge that some women have penises, prostates, testicles, and that a targeted program on *women's* reproductive health research that is inclusive would mean expanding her frame to include those women and the reproductive health issues they experience. Otherwise, she is not doing women's health research, but *cisgender* women's health research.

Dr. Gulka would also need to justify her exclusionary focus on women – where the reasons for *excluding* trans men, nonbinary people, and other people who experience the specific reproductive health issues (e.g., endometriosis) she studies would need to be well-reasoned, and justified in light of the research questions, hypotheses, and theories that are the foundation of each project.

Project-specific foci

Dr. Gulka might find that there is good reason for focusing on cis women in some circumstances and for some projects; for example, where the project explores the impact of hysterectomy on women's self-concept. While for other projects, there is no justification for exclusion; for example, where the project evaluates the efficacy of ablation for uterine fibroids. See [Tool #1 Determining & Communicating Eligibility](#) for more guidance on determining and communicating eligibility criteria.

As such, Dr. Gulka might design cis-women-only projects, all-inclusive projects, and trans-specific projects, depending on the topic, question, or hypothesis. Dr. Gulka will need to build rapport and mutually beneficial relationships with trans communities to secure trans participants. See [Tool #2: Effective Recruitment Strategies](#) for a discussion of recruitment strategies.

Remember

Part of the scientific process is humility and accountability, including shifting how we understand and describe our research foci in light of new information. In this case, Dr. Gulka can continue to feel proud of the legacy of women's health reproductive health research that she has championed throughout her career, while at the same time acknowledging that this focus has left some people out in unjustifiable ways. The research landscape is notoriously ciscentric – where it is assumed that all people with certain anatomy and physiology necessarily identify in certain ways, such that we have developed fields called 'women's health' and 'men's health.' The passage of time has been accompanied by increased knowledge on the impacts of cisnormativity on research, and with more trans people involved in research. It is therefore paramount that individual researchers work towards inclusivity, accuracy, and precision in research, even if this means reframing the work that they will do in the future.

Spotlight

Recognizing changing societal perspectives on gender, as well as the legislative recognition of trans people, Statistics Canada (StatsCan) underwent a process of updating how they ask questions relating to gender identity and sex assignment on the census. StatsCan conducted extensive community consultations and focus groups when updating their measures of gender identity and sex assignment, which they tested in 2019 with 150,000 households, before adding them to the 2021 Census of Population. For the first time, StatsCan has been able to collect a tally of how many cisgender men and women, and how many trans men, trans women, and nonbinary people, live in Canada.

Importantly, there are many who have raised concerns about the updated questions, including:

1. The gender identity question uses the language of ‘male’ and ‘female,’ which is language typically reserved for sex. ‘Man’ and ‘woman’ are the more appropriate words to describe gender identities.
2. The only named options for gender identity are male and female (sic), with anyone who does not identify as such being prompted to write in their gender identity. This contributes to the ‘othering’ of people who do not espouse binary identities, and tasks StatsCan with deciding how to group open-ended responses after the fact. See [Tool #3: Sampling Plans & Data Analyses](#) for insights into how this post-collection grouping can be problematic.
3. StatsCan has revealed that they have grouped people who wrote in a gender identity of Two-Spirit as being under the umbrella of nonbinary. Many would note that this is an inappropriate classification which fails to attend to the specifics and nuances of Two-Spirit identities for Indigenous peoples.
4. The census relies on a two-step method for differentiating cisgender and transgender respondents. See [Tool #4: Asking About & Measuring Participants’ Genders & Sexes](#) for a discussion of the advantages and disadvantages associated with the various ways of measuring gender modality – the relationship between current gender identity and gender assignment.

Despite important advances in the collection of gender identity information in Canada, StatsCan will need to continue its quality improvement efforts and to periodically update their measures in line with contemporary understandings and practices. Quality improvement is not one-and-done, but an ongoing, iterative activity.

Shifts in participant identities

Participants' identities – in addition to our approaches to measuring those identities – are subject to change. A participant may identify one way at the time of recruitment, but then come to understand, experience and/or report their identity differently at a later point in the research process. Importantly, changes in participants' reported identities can be due to several factors, including but not limited to the following:

1. A person might have only recently come to understand themselves as identifying in a particular way. This person may or may not renounce their former identity. For example, some trans people will indicate that they were always their current gender, even when they identified/were identified by others differently in the past; other trans people may indicate that the identity they formerly claimed was not 'wrong,' but an accurate reflection of who they understood themselves to be at the time.
2. A person might have a long-held identity, which they had to suppress for any number of reasons, including their personal safety.
3. A person might have a long-held identity that they decided to conceal during the research process.

We cannot always know why a person's identity has changed – although we can certainly ask. However, we can expect that some non-negligible portion of our participants may experience and/or report changes to their gender identities.



A note on gender fluidity

Gender fluidity refers to changes over time in a person's gender identity and/or gender expression. For some, gender fluidity may represent a temporary period wherein they explore their gender. For others, gender fluidity may continue indefinitely – they might describe their gender identity as 'genderfluid,' and indicate that they move between gender identities and expressions across time, including over very short time periods, even hour-to-hour or minute-to-minute.

We can *simultaneously* acknowledge that:

1. Many people's gender identities are known at an early age, and are fixed and unchanging throughout their lives. This involves trusting our participants as the authorities of their own gender identities, no matter how young they are, and providing participants an opportunity to share their gender identities regardless of age.
2. Some people experience changes in their gender identity or come to disclose a long-held gender identity later in life. This involves trusting our participants as the authorities of their own gender identities, including if they express a change or shift of gender identity outside of the expected identity development timeline.
3. Some people experience their fixed gender identity as one of constant or intermittent change. This involves understanding genderfluid identities as at once fixed (someone might identify as genderfluid) and as characterized by change (someone who identifies as genderfluid may additionally identify differently each day, week or month).

As researchers, part of our role is finding measurement strategies that allow participants to describe their gender identities in affirming ways - including where those identities change across time.

Gender identity-specific cohort research

Scenario

Drs. Bryne and Ibrahim have been conducting a community-based prospective cohort study with women living with HIV, to better understand their changing health care needs as they age. They have been conducting yearly interviews with the 200 women in their sample for the last 10 years and are using a dynamic/open approach – where new cohort members are recruited as other members leave. Interviews are conducted by graduate students and research assistants, who meet together each week to debrief and discuss themes they are noticing across the cohort.

Ansley, a PhD Candidate on the team shares that one of the participants interviewed last week, who has been in the study since the very beginning, reported a change in their gender identity. The participant no longer identifies as a woman, but as nonbinary. Drs. Bryne and Ibrahim will need to consider what this means for their study – both for this participant, and for their eligibility criteria going forward.


Consider

There are a few options available to Drs. Bryne and Ibrahim and their team, each with their own strengths and drawbacks.

Exclude the participant & retain the gender identity-specific eligibility criteria

Drs. Bryne and Ibrahim might reason that, since the study is focused on the changing sexual health care needs of women living with HIV, the participant should be excluded from the study going forward since they no longer identify as a woman. The researchers may be concerned that the inclusion of a participant who does not identify as a woman will negatively impact their findings – they might reason that there is something unique and specific to the experiences of women living with HIV, such that this participant's shift in identity renders them fundamentally different from the rest of the cohort. The participant's past data can be retained, but future data will not be collected.

However, they should consider if this and other nonbinary participants might continue to have something important in common with the other members of the cohort, such that their continued involvement in the study would be not only justified, but contributing to more nuanced understandings of the sexual health care needs of people of marginalized genders who are living with HIV while they age.



For example, despite differences in gender identity, perhaps nonbinary people, cis and trans women all experience similar barriers to sexual health care due to sexism, misogyny and other systems of oppression that operate in health care settings – thus justifying the continued enrolment of nonbinary people in the cohort.

Include the participant but retain the gender identity-specific eligibility criteria

Drs. Bryne and Ibrahim might decide to retain their gender-identity specific eligibility criteria, where new participants who are recruited must identify as women. They might additionally decide to include this participant, despite their no longer meeting the eligibility criteria, considering the 10 years of data on this person’s changing sexual health care needs.

They may reason that the participant’s continued involvement in the project has more benefits than drawbacks – and that they will include a footnote in future publications, to indicate that one member of the cohort no longer identifies as a woman, but as nonbinary. They may need to further justify and explain this decision, while also anticipating that other current and future participants may similarly experience shifts and changes in their gender identity.

Drs. Bryne and Ibrahim may need to consider at what stage their gender-identity specific eligibility criteria is no longer justified, if their existing participants continue to disclose changes to their gender identities. The researchers will also need to consider how to handle participants with multiple gender identities – what if someone identifies as *both* a woman *and* nonbinary? Would they be eligible to join the cohort?

Update the eligibility criteria

Drs. Bryne and Ibrahim read more about identity measurement and consider the primary concerns and hypotheses of their research. As a result, they decide to update their eligibility criteria. Rather than needing participants to identify as women, they decide that another shared characteristic makes more sense for their study; for example, they might select participants who are marginalized based on their gender identities (inclusive of cis women, trans people of all genders, and nonbinary people). See [Tool #1 Determining & Communicating Eligibility](#) for a discussion of determining and communicating eligibility criteria.

Remember

Regardless of their choice, Drs. Bryne and Ibrahim will need to be transparent about their decision and associated rationale and will need to detail how their choice impacts the validity of past findings and the analysis of future findings.

Also, if this participant disclosed their gender identity spontaneously, without being prompted, the cohort may already include other participants who do not identify as women (at all, or as their sole identity). If identifying as a woman continues to be an eligibility criterion for this project, the research team will need to confirm each participant's gender identity each year, since other participants' identities may also shift and change across time.



Anticipating identity changes

Scenario

As part of their postdoctoral research project, Jack Ballinger is using a quasi-experimental pre/post survey to understand the impact of a brief intervention on the sexual health knowledge, attitudes, and behaviours among patients at a community health clinic. Jack designed the project with plans to stratify the sample by gender, in order to look at whether there were differences in the effectiveness of the brief intervention among participants of different gender identities. Over 300 questionnaires were distributed to patients at the clinic over the period of one year, and the pre-intervention surveys revealed some significant differences in knowledge, attitudes, and behaviour among patients of different genders.

After completing a pre-intervention questionnaire, patients were introduced to the intervention – a combination of personalized motivational interviews and a standardized workbook to take home. Patients were given a post-intervention survey during a follow-up visit, between 1-3 months later. The pre- post-surveys were linked, so that Jack could track changes across the sample in general and individual participants.

Jack noticed that some participants reported different gender identities in the two surveys. They wonder how to explain these inconsistencies.

Consider

There are a few options available to Jack each with their own strengths and drawbacks.

Discard the data

Jack decides to treat the inconsistencies as errors, and that the data from those patients should therefore be discarded from the sample entirely. Jack might reason that their gender identity question was unclear, that the surveys were mislabeled such that the participants were inadvertently giving a post-intervention survey with another participant's unique identification number on it, or that these participants misunderstood the question or answered hastily such that they inadvertently selected the wrong response option. By discarding these data, Jack can continue their gender-identity-focused analysis, examining whether and how patient gender identity – framed as unchanging across the timeline of the project – impacted the efficacy of the brief intervention.

Assume accuracy

Jack might decide that these differences in reported gender identity do not represent errors. Instead, they might surmise that these participants experienced a change in their gender identity or how they report it between the pre- and post-surveys, and were reporting their genders in each instance in good faith. Rather than discarding the data, Jack could decide to treat this small sample of patients as a unique and important group in their data – comparing those patients who experienced a shift in gender identity to those whose reported gender identities remaining unchanged. Assuming sufficient sample size, Jack reasons that they will be able to use these data to comment on the efficacy of tailoring motivational interviewing for participants whose genders are in flux. If insufficiently large for the purposes of analysis (See [Tool #3: Sampling Plans & Data Analyses](#) for more), Jack will need to decide how to make use of these data – perhaps they will split each participant’s data, considering them as members of one gender identity group for the purposes of analysis of the pre-intervention survey, and as members of another gender identity group when analysing their post-intervention survey data.

Remember

Whether Jack decides to discard or make use of these data, they will need to report on, and justify, their decision in any publications. Transparency around Jack’s decision and highlighting the potential advantages and shortcomings of that decision will allow readers to learn from Jack’s experience.

The next time Jack conducts a pre/post-intervention project, they might decide to approach the gender identity question somewhat differently. For example, they might provide two questions during the post-intervention survey – one that asks for the person’s current gender identity, and another that asks if they have experienced a change in their gender and/or how they report it. This way, Jack will be more confident in the accuracy of the reporting and be able to directly assess changes.

Participants’ genders and how they report them are subject to change – we can anticipate those changes, and plan accordingly when we reengage with participants later. In qualitative research, where we might attribute gender identities, pronouns, and other potentially changeable sociodemographic markers to specific participants, we can acknowledge that we are using the language that the participants’ disclosed as appropriate at the time of data collection, which may have changed.



A note on detecting fraud

Researchers are increasingly using secure, web applications for building and managing online surveys (e.g., REDCap, Qualtrics). These applications have several important advantages. However, their use has been accompanied with an increase in fraudulent responses, where data is fabricated by automated bots and/or individuals. Detecting fraud in online surveys is a pressing problem. The researchers behind the Canadian Abortion Provider Survey, for example, developed and piloted a two-phase approach to detecting fraud in their survey, involving both human and computer-based algorithmic detection of, among other things, nonsensical or nonprobable response combinations. Their multifaceted, thoughtful approach to fraud detection resulted in 415 of 933 respondents being excluded from the analysis, where 44% of responses were found to have sufficient indicators of fraud to merit exclusion.

Considering the potential for fraudulent responses and the importance of both preventing and identifying fraud as a key to optimizing data integrity, we offer the following guidance: sociodemographic questions, such as participants' reported gender identities should not *alone* be used as the method for determining whether fraud has occurred. A shift in reported gender identity across surveys should neither be treated as an error, nor as a necessarily malicious fraudulent response. However, sociodemographic 'inconsistency' may be effectively used, alongside other variables, for determining whether responses are nonsensical or nonprobable. Careful attention should be paid to ensuring that shifts in reported gender identity alone are not taken as evidence of a fraudulent response when developing fraud detection methods.

Spotlight

The REAFFIRM Collaborative's UnACoRN study (Understanding Affirming Communities, Relationships and Networks) involves two surveys.

Survey 1

Youth respondents aged 15-29 from Canada and the USA were invited to share their sociodemographic information, followed by a series of questions exploring different social contexts and physical spaces where youth might feel un/affirmed such as sports, school and health care spaces.

Survey 2

One year later, youth who indicated they would be interested in continuing to participate are being sent a second survey – linked to the first. For this survey, the youth will be asked about entirely different social contexts and physical spaces where they might feel un/affirmed. Importantly, they are also asked about their gender identities, for a second time.

The decision was made to anticipate identity changes among the youth participants – and to consider those changes as important data in their own right. In the context of ongoing threats and supports to gender identity expressions for youth, the REAFFIRM Collaborative will look at how trans and nonbinary youth were able to express previously suppressed, unclaimed, unacknowledged, or unreported identities, in relation to explanatory variables like the province or state where they live or the degree of support they received from various family members or health care practitioners.

Other research has also prioritized changes in reported identity as important data. Ruberg & Ruelos (2020), conducted a survey with adult respondents about their participation in sexual activities and engagement with sexual materials on the Internet during their pre-teen and teen years. These researchers found that a striking 83% reported that their sexual and/or gender identities had changed between their teen years and the time of the survey. These researchers suggest that whereas research typically treats demographic data as fixed, singular, and discrete, gender and sexual identities are often multiple, and in flux. As a result of their findings, Ruberg & Ruelos (2020) suggest that researchers:

"Apply a general approach to sexual and gender identity that understands that these identities may change over time. Recognize that categories of sexuality and gender are dynamic, temporal, and contextual. Allow respondents to account for the complexities of their identities and remember that all of the elements of their identities are valid; unless a respondent states otherwise, no one element of their identity, in the present or the past, is more 'real' or 'true' (p. 10)."

Tying participation to identity at a specific period in time

Scenario

Master's student Rosemary Walt is interested in the perinatal care experiences of queer families. She creates a recruitment poster, seeking queer families to participate in semi-structured interviews about their perinatal care. During the second interview, a participant named Inga begins to describe her birthing experience from when she was in her early 20s, and still married to her husband. She goes on to describe her relationship dissolved when the child was a toddler, how she came out as a lesbian when the child was 5, and then met her current partner a few years after that. She and her wife are now parenting together. Rosemary isn't sure what to do – in studying the perinatal care experiences of queer families, she expected participants to have identified as queer, at the time that they were accessing this care.

Consider

There are a few options available to Rosemary each with their own strengths and drawbacks.

Tie eligibility to identity at the time of care & exclude the participant

Rosemary might decide that participants needed to identify as queer at the time of their perinatal care experience. This would involve excluding this participant after data collection, and refining recruitment materials to communicate that prospective participants needed to identify in particular ways at a particular point in time. If your research question or hypothesis focuses on a particular experience, phenomenon, or issue from someone's *past*, and you are only interested in interviewing participants who identified in particular ways *at the time*, you may need to be careful and specific in the language used in your recruitment materials.

Do not tie eligibility to identity at the time of care & retain the participant

Rosemary might decide that how a participant identified at a particular point in time is less important than how they identify now. For example, in continuing to interview Inga, Rosemary discovers that Inga witnessed some lesbophobia on the part of health care providers when they were discussing a patient in another hospital bed. Inga described this as foundational, in so far as she was internally grappling with her sexuality.

Despite not identifying as a queer person at the time of her perinatal care, Inga's experience nevertheless provides Rosemary with important information about anti-queerness in perinatal care spaces, and its impact on patients who are presumed heterosexual and/or who may be exploring their sexuality in private. Importantly, you should not automatically discount a prospective participant's potential contributions to a study if their identity differed at the time of the experience, phenomenon, or issue. It is entirely possible that these participants may have novel and significant insights to share.

Remember

The identity that someone *espouses, claims and/or reports* at a particular point in time may not be the sole or primary variable of concern in your project. Identity and its development, coming out and disclosure processes, and the relationship between experiences and identities are *complex*. It could be that interviewing currently queer families about their perinatal care experiences, even if members of those families did not identify publicly as queer at the time, will provide Rosemary with important data that might otherwise be missed, if she limited her study to only those queer families who were out as queer at the time. On the other hand, Rosemary might be primarily interested in how queer-identified families experience perinatal care, in which case limiting participation to only those who were out as and identifiably queer at the time might be justified.



Additional reading

This list includes both additional recommended readings and items that were cited in this tool.

- Amiot, C. E., de la Sablonniere, R., Smith, L. G. E., & Smith, J. R. (2015). Capturing changes in social identities over time and how they become part of the self-concept. *Social and Personality Psychology Compass*, 9(4), 171-187.
- Delgado-Ron, J. A., Jeyabalan, T., Watt, S., Black, S., Gumprich, M., & Salway, T. (2023). Sampling sexual and gender minority youth with UnACoRN (Understanding Affirming Communities, Relationships, and Networks): Lessons from a web-based survey. *Journal of Medical Internet Research*. Online ahead of print.
- Easton, R. (2022, April 27). 'Historic' census data sheds light on number of trans and non-binary people for first time. *CBC News*. Retrieved January 25, 2023, <https://www.cbc.ca/news/canada/calgary/census-data-trans-non-binary-statscan-1.6431928>
- Ennis, M., Norman, W., Kaczorowski, J., Dunn, S., Contandriopoulos, D., & Guilbert, E. (2022). Development of a fraud detection plan in a survey of Canadian abortion providers. *The Annals of Family Medicine*, 20(Supplement 1), 2642.
- Hoekstra, R., & Vazire, S. (2021). Aspiring to greater intellectual humility in science. *Nature Human Behaviour*, 5, 1602-1607.
- Katz-Wise, S. L. (2020). Gender fluidity: What it means and why support matters. *Harvard Health Publishing*. Retrieved January 25, 2023, <https://www.health.harvard.edu/blog/gender-fluidity-what-it-means-and-why-support-matters-2020120321544>
- Kuo, A., & Margalit, Y. (2012). Measuring individual identity: Experimental evidence. *Comparative Politics*, 44(4), 459-479.
- Ruberg, B., & Ruelos, S. (2020). Data for queer lives: How LGBTQ gender and sexuality identities challenge norms of demographics. *Big Data & Society*, 7(1), 1-12.
- Widdicombe, S., & Marinho, C. (2021). Challenges in research on self-identity. In M. Bamberg, C. Demuth, & M. Watzlawik (Eds.) *The Cambridge Handbook of Identity*, pp. 57-76. Cambridge University Press.

Co-Authors/Advisory Team

Dr. A.J. Lowik is the lead author. Co-authors include Dr. Jessica Cameron, Jessy Dame, Dr. Jae Ford, Lex Pulice-Farrow, Dr. Travis Salway, Dr. Sari van Anders, Dr. Kate Shannon.

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