



The effects of sexuality on depression and self-harm amongst adolescents

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

Abstract

The purpose of this research was to examine the relationship between sexual orientation, depression and self-harm. Parental support was also examined to see if it affected the relationship. Data was collected by the Icelandic Centre for Social Research and Analysis (ICSRA) by population-wide cross-sectional data from the 2013 Youth in Iceland study. The participants in the study were Icelandic high school students who attended school the day the questionnaire was submitted. Participants were 11.116 in total and a random sample of 2048 participants. There were two hypotheses tested. The first hypothesis was that individuals who are part of a minority group show higher levels of depression and self-harm. The second hypothesis was that teenage girls show higher levels of depressive symptoms and self-harm than boys. The results of the study indicated that participants who were part of a sexual minority group reported higher levels of depression and self-harm and the group that reported the highest levels of depression and self-harm were bisexual girls.

Keywords: Sexuality, depression, parental support, sexual minority, self-harm.

Útdráttur

Tilgangur rannsóknarinnar var að rannsaka sambandið milli kynhneigðar, þunglyndis og sjálfsskaða. Stuðningur frá foreldrum var einnig kannaður til að sjá hvort hann hefði áhrif á sambandið. Gögn voru fengin frá Rannsóknum og greiningu úr þýðisrannsókn þeirra “Ungt fólk” frá árinu 2013. Þátttakendur rannsóknarinnar voru íslenskir framhaldsskólanemar sem mættu í skólann þegar rannsóknin var lögð fyrir. Þátttakendur voru alls 11.116 og notað var tilviljunarkennt úrtak sem samanstóð af 2048 þátttakendum. Tvær tilgátur voru prófaðar í þessari rannsókn. Fyrsta tilgátan var sú að einstaklingar sem voru í minnihlutahóp sýndi meiri þunglyndiseinkenni og sjálfsskaða. Seinni tilgátan var sú að unglings stúlkur sýndi meiri þunglyndiseinkenni og sjálfsskaða en strákar. Niðurstöður rannsóknarinnar gáfu til kynna að þátttakendur sem voru í minnihlutahóp þegar kom að kynhneigð sýndi meiri þunglyndiseinkenni og sjálfsskaða og hópurinn sem sýndu hæstu þunglyndis einkennin og sjálfsskaða voru tvíkynhneigðar stúlkur.

Lykilorð: Kynhneigð, þunglyndi, stuðningur foreldra, minnihluta hópur hvað varðar kynhneigð, sjálfsskaði.

The effects of sexuality on depression and self-harm amongst adolescents

Depression

Sexuality has been shown to affect depression and suicidal behavior amongst adolescents and young adults, although sexual activity may have positive effects on some but negative effects on other, it depends on the individual at hand and other protective/risk factors. (Plöderl & Fartacek, 2005; Vrangalova & Savin-Williams, 2011). In a study by Plöderl and Fartacek (2005) the results indicated that LGB participants reported significantly higher rates of depression compared to the heterosexual participants.

Similar to Pöderl and Fartacek's (2005) study, Van Heeringen and Vincke's (2000) study also indicated that sexuality affects depression and suicidal behavior and that homosexual or bisexual individuals are at a greater risk for developing depression and suicidal behavior compared to heterosexual individuals.

Sexuality refers to the gender a person is attracted to or their sexual orientation (King et al., 2008). Sexuality has been categorized into many different groups but there are three groups that have been researched the most. The first is same-sex attraction, which is gay and lesbian individuals, the second is opposite-sex attraction, which is heterosexual individuals, and third is attraction to both genders, that is bisexual individuals (King et al., 2008).

Depression has been defined as a mood disorder according to the DSM-IV and is common amongst adolescents and young adults (Marshall et al., 2011). Research has indicated that same-sex minority groups are at a high risk of developing depression and that depression amongst young adults is characterized by hopelessness, chronic distress and often suicidal ideation and behavior.

Previous research indicates that sexual minority adolescents experience more chronic stress and distress related to their sexuality, which is often caused by the stigmatization associated with their sexual orientation and young LGB individuals who are open about their sexual orientation often experience social isolation, rejection and lack of family and social

support, which in turn can lead to severe distress (Safren & Heimberg, 1999; Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Williams, Connolly, Pepler, & Craig, 2005).

Self-harm

Suicidal behavior includes suicidal thoughts (suicidal ideation), suicidal intentions, self-harm, suicide attempts and actual suicide (Russell & Joyner, 2001).

According to previous studies suicide seems to be one of the leading causes of death in the United States for young adults and continues to be a substantial threat to young adults and the general population and these studies indicate that about 23-42% of LGB individuals attempt suicide at least once in their lifetime (Fitzpatrick, Euton, Jones, & Schmidt, 2005; Safren & Heimberg, 1999; Marshal et al. 2011). In the United States, suicide rate has declined amongst the general public but has increased amongst adolescents. Suicidal ideation and self-harm are considered risk factors for successful suicides. In the years 2003 and 2004, suicide rates increased by 18% in the United States and an ongoing increase has been indicated. In a study by Marshal et al. (2011) in relation to increasing suicide rates and self-harm amongst young adults, they strongly emphasized the importance of early detection and prevention and the need for identifying risk- and protective factors.

Protective factors

It has been shown that there are several protective factors that contribute to reduced distress amongst sexual minority groups, for example particular personal, family and social factors (Eisenberg & Resnick, 2006). In a study by Eisenberg and Resnick (2006) they point out that by identifying these protective factors we can not only reduce distress but also reduce incidences of suicides, self-harm and depressive symptoms amongst LGB adolescents and help to develop effective interventions.

As noted earlier, sexual minority groups often experience isolation, discrimination, prejudice and verbal or physical abuse, which in turn can lead to a fear of revealing their sexual orientation (Safren & Heimberg, 1999; Almeida, Johnson, Corliss, Molnar, & Azrael,

2009; Williams, Connolly, Pepler, & Craig, 2005). Therefore perceived social and family support can be reduced significantly, which can cause chronic distress and lead to depression and/or self-harm. A study by Williams, Connolly, Pepler and Craig (2005) revealed that sexual orientation alone did not induce depression and self-harm as much as perceived prejudice and lack of family support. Participants in the sexual minority group reported less parental support compared to the heterosexual participants.

In a study by Safren and Heimberg (1999) the results showed that appropriate support from family and/or friends could significantly reduce distress, which in turn could assist sexual minority individuals with the stress related to being open in regards to their sexual orientation. However, because of the fear related to being ostracized by their peers and family, LGB individuals often do not utilize the support they have. Safren and Heimberg's (1999) study also revealed that LGB participants were less satisfied with their support and reported social support, compared to the heterosexual participants. Their research also showed that depression and satisfaction with social support significantly predicted past suicidal behavior. The following hypotheses will be examined: 1) Individuals who are part of a minority group show higher levels of depression and self-harm. 2) Teenage girls show higher levels of depressive symptoms and self-harm than boys.

Method

Participants

Data was collected by the Icelandic Centre for Social Research and Analysis (ICSRA) in the nationwide study “Ungt fólk” in the year 2013. Participants of the study were Icelandic high-school students from all high schools across Iceland. Those who attended school the day the questionnaire was administered were a part of the study. The questionnaire was administered in October/November 2013 in all high schools in Iceland. In 2013 there were 11.116 students who participated and the response rate was 75,5% (Pálsdóttir et al., 2013). A sample of 2048 participants was used in this study, of which 989 were boys and 1059 were girls, 22 did not reveal their gender. All participants were volunteers.

Measures and instruments

Measurements used in this study were a questionnaire that consisted of 96 questions and contained questions regarding the health and well being of high school students. The Icelandic Institute for Educational Research (ISCRA) developed the questionnaire. Questions regarding gender, depression, sexuality, self-harm and parental support were used in this study (see appendix, page 18). The dependent variables in this study were depression and suicidal behavior, and the independent variable was sexual orientation. Parental support was examined in relation to depression as a control variable.

Gender

Gender was measured with one question “Are you a boy or a girl”, where participants either answered “boy” or “girl”.

Sexual attraction

Sexual attraction was measured with two questions. Participants were asked: “Where would you place yourself on a scale measuring attraction to the opposite sex” and “Where would you place yourself on a scale measuring attraction to the same sex”, the response scale was from 1-5. Those who scored one and two on the same sex scale and three, four and five on the

opposite sex scale were labeled as heterosexual. Those who scored one and two on the opposite sex scale and three, four and five on the same sex scale were labeled as homosexual. Those who scored three, four and five on the same sex scale and three, four and five on the opposite sex scale were labeled as bisexual. Asexual participants were not included in this study.

Depression

Depression was measured with the question “How often did you notice the following distress or discomfort in the last 30 days?” (1) You were sad or had little interest in doing things, (2) you had a little appetite, (3) you felt lonely, (4) you cried easily or you wanted to cry, (5) you had trouble falling asleep or staying asleep, (6) you were depressed or sad, (7) you weren’t excited about doing anything, (8) you felt slow or you had little strength, (9) you thought the future was hopeless, (10) you thought about suicide. The response choices were 1 = “Almost never”, 2 = “Rarely”, 3 = “Sometimes”, 4 = “Often”. The question was combined into a scale ranging from 0 to 30, with Chronbach’s $\alpha = .91$.

Parental support

For parental support the question was: “How easy or difficult is it for you to get the following from your parents” but for social support the question was: “How easy or difficult is it for you to get the following from your friends” (1) affection and warmth, (2) conversations about personal matters, (3) advice regarding schoolwork, (4) advice regarding other tasks or subjects, (5) assistance with various tasks. The response options were 1 = “Very difficult”, 2 = “Rather difficult”, 3 = “Rather easy”, 4 = “Very easy”. The question for parental support was combined into a scale ranging from 0-15, with the Chronbach’s $\alpha = .895$.

Self-harm

Self-harm was measured with two questions. Participants were asked: “Have you ever thought about hurting yourself” and “Have you ever hurt yourself”. The response scale was from 1-5.

(1) Never, (2) Once, (3) Twice, (4) Three to four times, (5) Five times or often. The question for self-harm was combined into a scale ranging from 0-8.

Research design

The research question in this study was if sexuality affected depression and suicidal behavior amongst adolescents and if protective factors such as parental and/or social support mitigated the effects of sexuality on depression and suicidal behavior. The method used to examine the research question was analysis of variance (ANOVA). The independent variable in this study was sexual orientation, which was homosexuality, heterosexuality and bisexuality, and the dependent variables were depression and self-harm. A 3x2 factorial ANOVA design was used to measure all variables, covariate analysis of variance was used to control for parental support in regards to self-harm.

The statistics program SPSS was used for statistical analysis. Microsoft excel was used to making tables and figures.

Procedure

Data collection was monitored by IS CRA at Reykjavík University and all participants under the age of 18 were an email with a letter for the parents explaining the purpose study, to emphasize that participation in the study was voluntary and offer them the option of withdrawing their children from the study. The parents were offered the opportunity to contact the research team if they had any questions regarding the study. The questionnaires were administered in October/November 2013 in all upper secondary schools in Iceland. The teachers administered the questionnaires with given information about what to say to the participants and how to administer it. Informing students not to write their names or social security number on the answering sheets ensured anonymity. Students were asked to answer all questions to the best of their ability, ask for help if needed and told that they were not obligated to answer the questions if they chose not to. When the participants were finished

answering the questionnaire they placed in an envelope and sealed the envelope before returning it to the teacher.

Results

Descriptive statistics for all variables used in the analysis can be seen in table 1, which includes the mean, standard deviation, range, frequency and number of participants. The dependent variables were depression, self-harm and parental support. The independent variable was sexuality and gender.

Table 1

Descriptive

		%	N	
Gender	Male	47,6%	942	
	Female	51,2%	1013	
Sexuality	Heterosexual	83,4%	1648	
	Homosexual	3,3%	65	
	Bisexual	7,6%	151	
	M	SD	N	Range
Depression	8,5	7,25	1906	0-30
Self-Harm	1,3	2,27	1932	0-8
Parental Support	12,72	3,1	1923	0-15

A two-way analysis of variance was conducted on the influence of gender and sexuality on depression. Gender included two levels (males and females) and sexuality included three levels (heterosexuality, homosexuality and bisexuality). All effects were statistically significant. The main effect for gender was $F(1,1809) = 55,665$, $p < 0,05$, indicating a significant difference between males and females in regards to depression. The main effects of sexuality were $F(2,1809) = 16,985$, $p < 0,05$, indicating a significant difference between heterosexual, homosexual and bisexual participants in regards to depression. As can be seen in figure 1, the interaction effect was significant $F(2,1809) = 9,640$, $p < 0,05$.

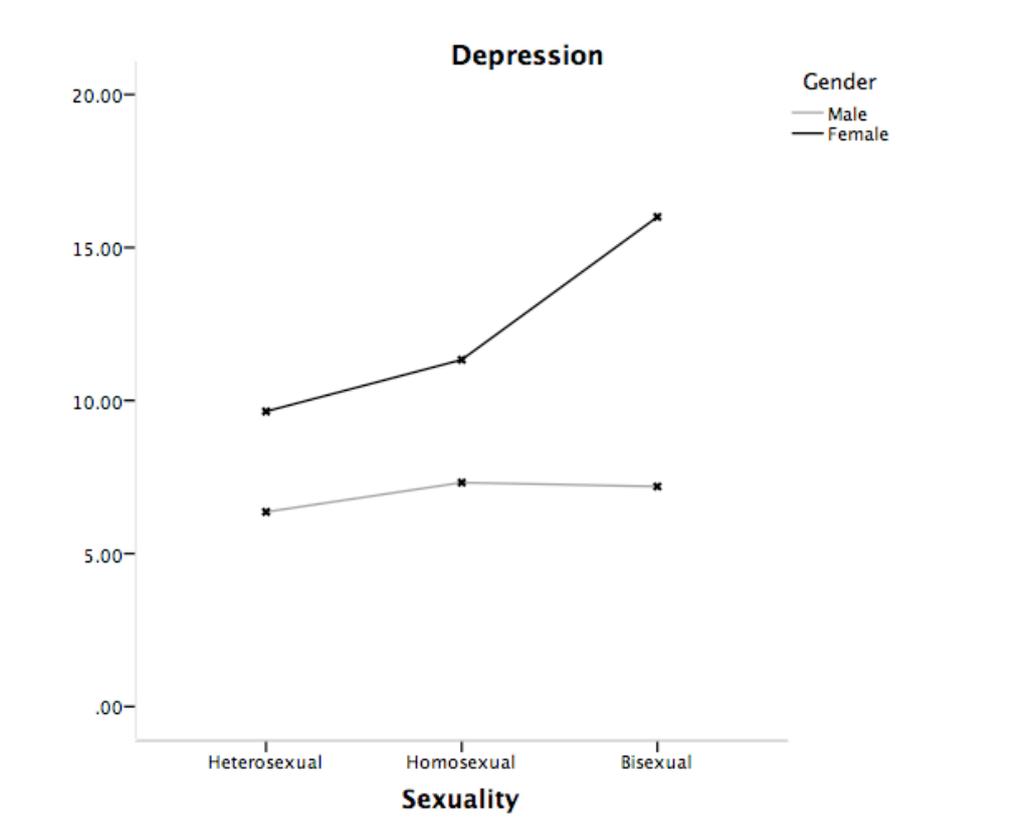


Figure 1. Interaction effect between gender and sexuality on depression

Comparison using the Bonferroni post hoc test revealed that there was a significant difference between heterosexual and bisexual participants in regards to depression ($p < 0,05$) and also between homosexual and bisexual participants ($p < 0,05$). There was not a significant difference between heterosexual and homosexual participants in regards to depression.

A two-way analysis was conducted on the influence of gender and sexuality on self-harm. The main effect for gender was $F(1, 1829) = 30,083$, $p < 0,05$, indicating a significant difference between males and females in regards to self-harm. The main effects of sexuality were $F(2, 1829) = 15,430$, $p < 0,05$, which indicates a significant difference between heterosexual, homosexual and bisexual individuals in regards to self-harm. Figure 2 shows the interaction effect between gender, sexuality and self-harm, $F(2, 1829) = 15.430$, $p < 0,05$.

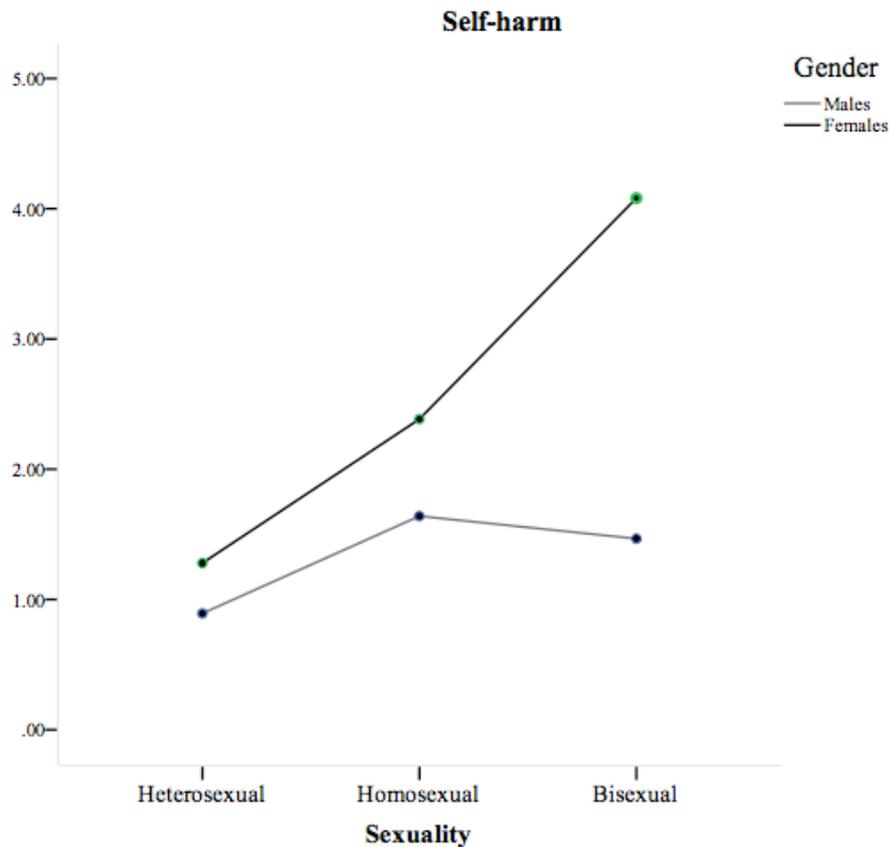


Figure 2. Interaction effect between gender and sexuality on self-harm

The Bonferroni post hoc comparison test revealed that there was a significant difference between all groups (heterosexual, homosexual and bisexual) in regards to self-harm ($p < 0,05$).

A two-way analysis was conducted on the influence of gender and sexuality on parental support. The main effect for gender was $F(1, 1821) = 1,100$, $p > 0,05$, indicating no significant difference between males and females in regards to parental support. The main effects of sexuality were $F(2, 1821) = 16,752$, $p < 0,05$, which indicates a significant difference between heterosexual, homosexual and bisexual individuals in regards to parental support. The interaction effect between gender, sexuality and parental support, $F(2, 1821) = 2,848$, $p < 0,05$ (see figure 3).

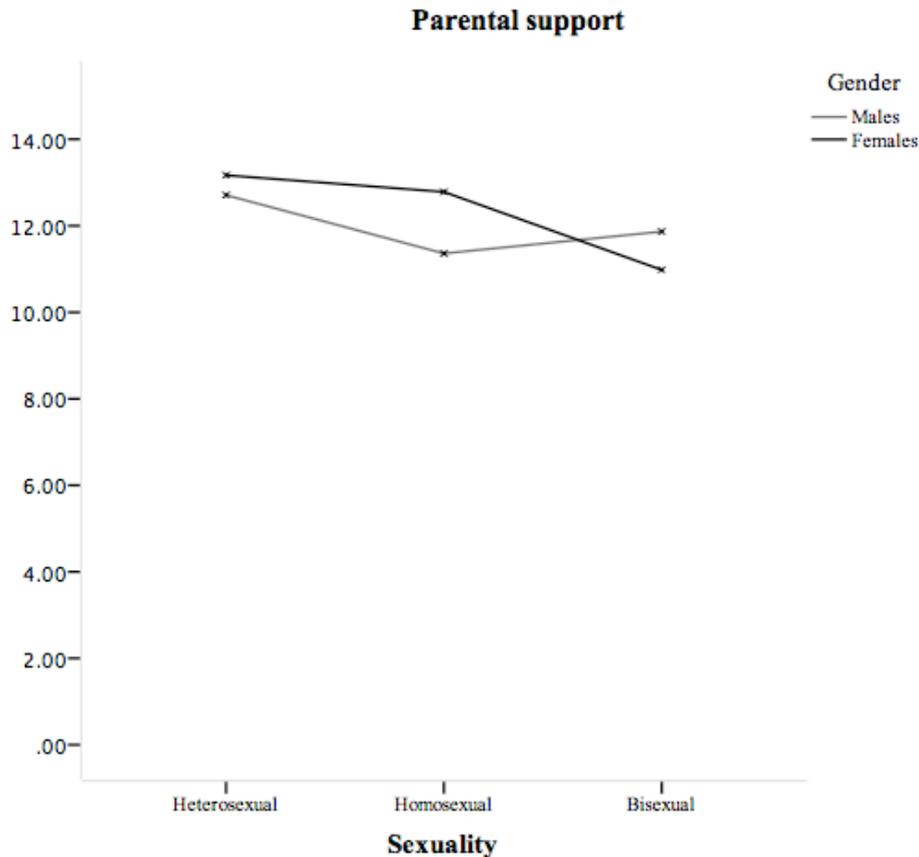


Figure 3. Interaction effect between gender and sexuality on parental support

A post hoc comparison Bonferroni test showed only a significant difference between heterosexual and bisexual participants in regards to parental support ($p < 0,05$). There was no significant difference between heterosexual and homosexual participants or homosexual and bisexual participants in regards to parental support ($p > 0,05$).

When parental support was controlled for in regards to self-harm there was not a significant difference between heterosexual and homosexual participants ($p > 0,05$) but there was a significant difference between heterosexual and bisexual participants ($p < 0,05$) and homosexual and bisexual participants.

Discussion

The primary aim of this study was to examine the relationship between sexuality, depression, parental support and self-harm amongst adolescents. The results of the study seem to be in line with previous data and confirm both hypotheses used in this study. The first hypothesis, that individuals who are a part of a sexual minority group show higher levels of depressed mood and self-harm, was confirmed. Bisexual participants showed the highest rates of depressed mood and self-harm and homosexual participants were slightly higher than heterosexual participants. This is in line with previous studies, as can be seen in a study by Van Heeringen and Vinke (2000) that sexuality affects depression and suicidal behavior and that homosexual or bisexual individuals are at a greater risk for developing depression and suicidal behavior compared to heterosexual individuals.

The second hypothesis, that teenage girls show higher levels of depressed mood and self-harm, was also confirmed. Teenage girls, irrespective of sexuality, show higher levels of depression and self-harm than teenage boys, however the results of the study showed that bisexual girls showed the highest levels of depression and self-harm. This is in line with previous studies where teenage girls show higher levels of depressive symptoms and suicidal behavior, such as self-harm (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

The main limitations of the study were that the sample used was quite small and therefore does not reflect all adolescents who participated in the study. Another limitation is that the number of participants who were attracted to the opposite sex was very high compared to those who were attracted to the same sex or both sexes. Therefore it is hard to generalize the results of the study to all teenagers who are a part of a sexual minority group in Iceland but however the results do give us an idea of where to start and can help in developing preventive measures.

The primary strength of the study is the data collection itself. The data was collected in all high schools in Iceland where everyone who attended school the day the questionnaire was submitted participated. Therefore it is safe to say that the participants reflect all teenagers in

Iceland. Another strength of the study is that the gender ratio in the sample used is relatively equal.

Further research is needed in this field to examine how sexuality amongst teenagers can affect the development of depression and self-harm. It is also vital to identify the protective factors that mitigate this relationship as well as the risk factors. Previous studies seem to focus more on the risk factors but it is equally if not more important to identify what factors mitigate the development of depression and self-harm.

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Appendix

1. Ert þú strákur eða stelpa? Strákur Stelpa

28. Hversu auðvelt eða erfitt væri fyrir þig að fá eftirtalið hjá FORELDRUM þínum? (Merktu í EINN reit í HVERJUM lið).

	Mjög erfitt	Frekar erfitt	Frekar auðvelt	Mjög auðvelt
a) Umhyggju og hlýju	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Samræður um persónuleg málefni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ráðleggingar varðandi námið	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ráðleggingar varðandi önnur verk (viðfangsefni) þín	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Aðstoð við ýmis verk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Hversu oft varðst þú var/vör við eftirfarandi vanlíðan eða óþægindi síðastliðna 30 daga? (Merktu í EINN reit í HVERJUM lið).

	Nær aldrei	Sjaldan	Stundum	Oft
a) Höfuðverk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Verk í maga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Þú varst uppspennt(ur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Þú varst leið(ur) eða hafðir lítinn áhuga á að gera hluti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Þú hafðir litla matarlyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Þér fannst þú einmana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Þú grést auðveldlega eða langaði til að gráta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Þú áttir erfitt með að sofna eða halda þér sofandi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Þú varst niðurdregin(n) eða dapur/döpur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Þú varst ekki spennt(ur) fyrir að gera nokkurn hlut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Þér fannst þú vera hægfara eða hafa lítinn mátt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Þér fannst framtíðin vonlaus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Þú hugsaðir um að stytta þér aldur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Hefur þú einhvern tíma um ævina gert eitthvað af eftirtöldu? (Merktu í EINN reit í HVERJUM lið).

	Aldrei	Einu sinni	Tvisvar sinnum	3-4 sinnum	5 sinnum eða oftár
a) Hugleitt að skaða sjálfa(n) þig	<input type="checkbox"/>				
b) Skaðað sjálfa(n) þig	<input type="checkbox"/>				

80. Sumir laðast kynferðislega að fólki af gagnstæðu kyni og sumir að fólki af sama kyni.

(Merktu við EINN reit í HVORUM lið sem þér finnst eiga best við um þig).

	Laðast <u>ekkert</u> að		Laðast <u>nokkuð</u> að		Laðast <u>mikið</u> að
a) Hvar myndir þú staðsetja þig á mælikvarða sem mælir kynferðislega aðlöðun að <u>gagnstæðu kyni</u> ?	1	2	3	4	5
	<input type="checkbox"/>				
b) Hvar myndir þú staðsetja þig á mælikvarða sem mælir kynferðislega aðlöðun að <u>sama kyni</u> ?	1	2	3	4	5
	<input type="checkbox"/>				