

Exploring Gender and Class Inequalities in the Bedroom

Women's Perceptions of their Sexuality through an In-depth Interview Study

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Introduction

Working to achieve heterosexual norms with or without the direct help of the 'experts' is an established pattern for women which predates the FSD label and pharmaceutical interventions into women's sexual problems. Thus, while challenging the medicalization of women's sexual problems under the FSD framework is key, greater changes in women's material freedom at the macro-level, in addition to changes in sexual patterns at the micro-level, will be necessary for any radical disruption of the gender division of 'the labour of love' (Cacchioni, 2007).

What is known

• **Female Sexual Dysfunction (FSD)** is an emerging, although highly contested, label used to categorize women's problems with sexual desire, arousal, orgasm and/or pain. Feminists' studies critics are based on two major issues: the **standard 'script' for heterosex** and the **power of medical 'experts' to define sexual norms**.

• There is growing literature based on the concept of **'sex work'** – the rationalization, improvement and mastery of sex in personal life – arguing that women are more likely to be submitted to it due to **gender inequalities and power differences**.

Aims

To present the findings of an empirical study in a qualitative approach with the aim of exploring the **diversity of female perceptions of their sexuality**, of women and men perceptions' of female sexual problems and of their experiences of dealing with their perceived sexual difficulties in day-to-day life.

Methods

Design and Participants

Part of a multi-methods approach and data triangulation, with a sample of **Sexual Dysfunction Observational Study in Portugal** participants. This subset consists of **15 in-depth interviews with women** with and without sexual difficulties complemented by **3 interviews with (unrelated) men** whose partners had experience of sexual problems.

Data collection

- Interviews lasting between 45 minutes and one hour, audio-taped (with permission), took place in each patient's health centre and were carried out by female (AB) and male (LR) interviewers for female and male patients, respectively.
- The discussion was guided by a topic guide that sought to draw out participants' accounts of their personal experiences. The primary questions derived from a review of the literature and emerging themes from analysis of the first interviews were explored in later interviews.
- Background information of previous questionnaires helped plot various connections between experiences and perceptions of sexual problems and various facets of identity.

Data analysis

- Data is under analysis using a grounded theory approach (Strauss, 1987).
- Discussions were partially transcribed by the interviewers, and reviewed by the first author (VA) that listened to the tapes and checked the transcripts as part of the familiarization process.
- Discussions were then catalogued according to broad themes (such as: *sexuality representations; beliefs about treatments; intimacy and sexual satisfaction; masculinity /femininity perceptions*) and a network of subordinate and super-ordinate themes was established. Recurrent themes were identified and coded (along with supporting quotes) independently and consensus was reached by discussion between researchers (Table 1).

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Results

Data were catalogued according to broad themes:

- Female Perceptions of Normal Sexual Functioning and of Sexual Satisfaction
- Sexual Goals
- Men Perceptions about their Partners' Sexual Difficulties

Table 1. Selected main themes and categories from participants' sexual scripts framework

Sexual satisfaction	Preparation to sexual intercourse Relevance of male's experience Relational satisfaction Common need Mutual consent Care and love	"A woman needs affection, she can't be pushed to it... everything needs warning and rules... that I never had, but by my readings and in medical terms, it is like it should be." (54 y, married, educational level until the 7th grade) "I used to vibrate with him maybe because I liked him or maybe because he had more sexual experience than others. He was the one who made me a woman." (59 y, divorced, educational level until the 7th grade) "From all my relationships this is the most stable one... There is more complicity, more trust." (34 y, single, college graduate) "A satisfactory sexuality is the one where both have desire." (63 y, married, educational level until the 7th grade) "You need to like to have sex, you can't be forced or pressured." (49 y, married, educational level until the 7th grade) "I never wanted to be a sexual-object; maltreated during the day, with open legs at night (...) I wanted to be cared and loved during all day." (58 y, married, educational level until the 7th grade)
Sexual practices	Traditional attitude Resistance to specific actions Please the other Variation of practices Myths towards some practices No restrictions	"The most normal [sex] positions as possible." (58 y, married, educational level until the 7th grade) "I never tried oral sex because it's not clean practice." (58 y, married, educational level until the 7th grade) "Anal sex, for example... I don't like it. I do it for him." (34 y, single, college graduate) "We don't focus on penetration, there's other ways to have pleasure." (21 y, single, college graduate) "Oral sex is wrong. It's the international socialist (laughs)." (60 y, married, high school level) "At that moment, we don't think much. Anything it's good." (39 y, married, college graduate)
Desire	Associated with relationship satisfaction Similarity between genders Not relevant Related to pleasure Cognitive components Emotional components	"It wouldn't feel right if you just go and bang! This it's what men do with prostitutes." (54 y, married, educational level until the 7th grade) "Women feel desire as much as men. They say women have more sexual difficulties but I don't agree." (59 y, divorced, educational level until the 7th grade) "You don't need to have desire to have sex with your husband." (20 y, single, high school level) "If you don't have desire, you won't feel ok to do certain things." (34 y, single, college graduate) "The lack of desire it's related to lack of concentration." (63 y, married, high school level) "Desire can be created. It must have an emotional involvement and mutual consent." (65 y, widow, educational level until the 7th grade)

There are different ways of perceiving desire relevance, depending on women's age, social status and sexual satisfactions. In general women give importance to desire, as a condition to have sexual pleasure and to both partner's sexual and emotional involvement. However desire is dependent from daily routines and personal cognitive variables and emotional state.

A multiple variety of perceptions and representations attached to sexual roles and a diverse range of sexual experiences emerged from the participants' dialogues. Women's sexuality was more complex and less genitally focused than men's. In general, women pursuit relationships and mutually satisfying sex, and more and more women chase sexual agency and self love. All women want consensual sex being this an ultimate for sexual health and liberation. Men whose partners had experience of sexual problems were more challenging of normative sexuality and more focused on couple satisfaction.

Discussion and Conclusions

The complexity of female sexual problems experiences highlighted that further research should take account of the many factors that can influence **sexual negotiation** and the importance of the **social, psychological and relational context**.

What this study adds

- Conceptions of desire, arousal, and satisfaction are complex constructions impacted by age, education and class.
- **Shifting sexual roles** could potentially contribute to decreased **gender inequity in sexual and social arena**, for both men and women.

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