Sexual Pressure and Safer Sex Behaviors among Women Who Have Sex with Women and Women Who Have Sex with Men

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ABSTRACT

Purpose: Women who experience sexual pressure are less likely to use condoms and other safer sexual behaviors despite having knowledge of or intentions to do so (Fair & Vanyur, 2011). This may be one reason women disproportionately contract sexually transmitted infections (STIs; CDC, 2010). What is not known is if sexual pressure and safer sexual behaviors differ between women who have sex with women (WSW) and women who have sex with men (WSM). The purpose of this study is to explore the relationship between sexual pressure and safer sex behaviors among these women.

Method: This exploratory study is a secondary analysis of a larger study examining the psychometric properties of a new instrument assessing sexual risk.

Sample: Women (*N* = 349; 18 – 32 yrs.) participated.

Procedure: After IRB approval, all undergraduate women attending OSU were sent an advertisement for the parent study. Interested women contacted the PI and were sent information and a link to register for the study. On the study site women answered questions about their eligibility, completed an electronic informed consent, and responded to a series of questionnaires assessing their sexual risk and demographic information. Women, 2-weeks later, were invited back to complete the questionnaires for test-retest reliability for the parent study with a 98% return rate. For this analysis, the relationship between three single-item questions regarding perceived pressure to engage in sexual activity and a composite score of safer sex behaviors (DiIorio's Safer Sex Behavior Questionnaire) will be analyzed from the initial

data. Difference by sub-group (WSM and WSW) of the major study variables of sexual pressure and safer sex will also be examined.

Results: Moderate levels of sexual pressure and safer sex behaviors were experienced in both groups. WSW and WSM had no significant differences in levels of safer sex behaviors. The only difference in sexual pressure was having sex before ready; WSW were significantly more likely to do so. In general, sexual pressure variables related to each other and are negatively associated with safer sex behaviors.

Conclusions: More research is required to better understand the sexual behaviors of WSW to tailor interventions for this population. Practitioners need to be aware of that both groups need interventions to counteract sexual pressure. Development and testing of interventions that focus on assertive communication skills are needed to empower women in sexual health decision-making.

I. BACKGROUND

Globally, women are disproportionately affected by sexually transmitted infections (STIs), both in incidence and bearing the consequences of these infections. STIs lead to psychological distress, pelvic inflammatory disease, infertility, some cancers as well as complications during pregnancy. STIs cost the United States $17 billion per year (CDC, 2010). According to the Centers for Disease Control and Prevention (CDC), Franklin County has one of the highest rates of Chlamydia and Gonorrhea in the country. Women are disproportionately affected by all sexually transmitted infections (STIs), but suffer Chlamydia rates 2.5 times higher than men (CDC). STI incidence and prevalence is highest in adolescence and young adulthood; nearly 50% of all new cases occur in the 15-24 year old population and population is inclusive of traditional college aged women (CDC). Healthcare professionals should identify women in this age range as being at high risk for STIs.

There are many risk factors that contribute to the high incidence of STIs including unprotected sex, drug or alcohol use, multiple partners, exchanging money or goods for sex, and low levels of knowledge about safer sex (Fair & Vanyur, 2011; Lindley, Barnett, Brandt, Hardin & Burcin, 2008). There are also psychosocial factors that may also contribute including low power in the relationship, low perceived risk, perceived safety in a relationship, perceived monogamy, conforming to social norms, and sexual pressure (Fantasia, 2011;Bauman, Karasz, & Hamilton, 2007; Fair & Vanyur). Women who have sex with men and women (WSMW), may have greater risk factors than WSM, including having sex with men who have sex with men (30% vs. 3%), partners who use IV drugs (38% vs. 8%), and current or history of IV drug use (Marrazzo & Gorgos, 2012). Women who identified as non-heterosexual or have had any sexual contact

with women were more likely to report multiple partners, drug use, pregnancy, history of STI and having experienced sexual pressure than women who identified as heterosexual (Marrazzo, et al.).

Women who experience sexual pressure are less likely to use condoms and other safer sexual behaviors despite having knowledge of or intentions to do so (Fair & Vanyur, 2011). Sexual pressure can be attributed for nearly 52% of inconsistent condom use (Fair, et al.). Many studies explore intimate partner violence (IPV) and safer sex behaviors (SSB) in women who have sex with men (WSM), but mostly with a focus on physical sexual violence. The term sexual pressure will be used in this study and will be defined as perceived pressure to participate in unwanted sexual activity, and is understood to be on a continuum and include subtle verbal pressure up to physical force.

One hypothesis for the behavior of sexual pressure exhibited by men to women is related to the differences of sexual needs between men and women. Men can increase their reproductive success by recruiting multiple partners; “men’s primary reproductive strategy places relatively more emphasis on gaining access to sexual targets” (LanderLaan & Vasely, 2009). Men are more likely to find partners with less interest in sex than themselves and because of this, men would be more likely to use coercive tactics to gain access to these partners (LanderLaan, et al.). Based on the Evolved Sexual Interests Hypothesis, heterosexual men would be the most likely to use coercive behavior to obtain sexual activity, followed by non-heterosexual men, non-heterosexual women, and heterosexual women (LanderLaan, et al.).

Another hypothesis for the existence of sexual pressure is the Sexual Scripts Hypothesis, which utilizes gender schema as a cause for difference in the sexual behavior of men and women; men are socialized to conform to masculine norms including promiscuity and use of coercion while women are not (LanderLaan & Vasely, 2009).

Lastly, LanderLann and Vasely hypothesized Aggressive Tendencies as another explanation for the existence of sexual pressure (2009). Aggressiveness is associated with individual differences in sexual pressure; heterosexual men are more likely to have aggressive tendencies (LanderLann, et al.).

Although the study by LanderLaan & Vasely found that sexual pressure is most closely related to aggressive personality types, information is still limited to other possible factors related to sexual pressure in women who have sex with women (2009).

Literature exploring perceived sexual pressure, particularly verbal aggression and coercion, are limited and studies exploring this in women who have sex with women (WSW) are further limited. This study will explore the relationship between sexual pressure and safer sex behaviors among WSW and WSM.

Research questions:

1. What were the levels of safer sex behavior in WSW, WSM?
2. What were the levels of sexual pressure in WSW, WSM?
3. Were there differences in the levels of sexual pressure and safer sex behaviors?
4. How were the variables correlated with each other?

II. METHODS

This study is a secondary analysis of a larger study examining psychometric properties of a new instrument examining safer sex behaviors in women. After IRB approval, recruitment advertisements were placed in Buckeye Net News. Interested women contacted the primary investigator and received an explanation of the purpose of the study. Study participants completed an electronic informed consent, and responded to a series of online questionnaires assessing demographic information and sexual behaviors. Two weeks later, participants were invited back to complete the questionnaires for test-retest reliability for the parent study with a 98% return rate. Participants were given twenty dollars for their time. Email addresses and all other personal identifiers were deleted, and confidentiality was maintained throughout the study.

SAMPLE

The sample for the parent study was from The Ohio State University and consisted of 350 women ages 18 to 32 years (*M* 20.80, *SD* 2.93). The majority of the sample identified as heterosexual (*n*=333), and/or had sex with only men (*n*=323), followed by women who identified as bisexual (*n*=11) and/or had sex with both women and men (*n*=20), and the minority of the sample were women who identified as lesbian (*n*=2) and/or had sex with only women (*n*=3; Table 1). The majority of the sample were white/Caucasian (*n*=283; Table 1).

Table 1. Demographic Characteristics (*N*=349)

Characteristic	%	*N*
Sexual Orientation		
Bisexual	3.2	11
Heterosexual	95.4	333
Lesbian	.6	2
Sex of Partners		
Both men and women	5.7	20
Men	92.6	323
Women	.9	3
Ethnicity		
African American/Black	5.4	19
Asian American/Asian	3.4	12
Caucasian/White	82.8	289
Hispanic/Latino	2.3	8
Multi-Racial/Mixed	5.2	18
Other Ethnicity	.9	3
Religion		
Buddhist	1.7	6
Christian	61.3	214
Jewish	2.9	10
Muslim	1.1	4
None	26.1	91
Other	6.9	24

INSTRUMENTS

The safer sex behavior questionnaire (DiIorio, Lehr, Adame, and Carlone, 1992) is a twenty six item questionnaire with established reliability and validity in college students. Concepts of safer sex assessed included avoidance of drugs and alcohol, safer sex negotiation, specific STI and/or pregnancy prevention behaviors, and ability to discuss sexual topics with partners. Possible answers to the questionnaire were on a four point scale ranging from “never” to “most of the time,” with a “does not apply to me” option.

Sexual pressure was measured using three questions from a new measure called the Womens' Sexual Risk Assessment (WSRA). This tool was developed to assess women's unique risks in sexual relationships. The questions used from this measure were: :

1. How often do you have sex with a partner before ready?
2. How often do you feel pressured to have sex?
3. How often do you feel forced to have sex?

The range of scores is zero to three for each item with higher scores indicating greater risk of sexual pressure.

ANALYSIS

Data were analyzed using SPSS version 19 (2010). This study explored the levels of sexual pressure in women who have sex with women and women who have sex with men and the levels of sexual pressure of both groups. Three single item questions about sexual pressure from the WSRA and a composite score of twenty three safer sex behaviors from the Safer Sex Behavior Questionnaire were analyzed using descriptive statistics and t-tests.

III. RESULTS

WSM and WSW practiced similar levels of safer sex behaviors (range: 2.75 to 17.50; Table 2). Both groups experienced moderate levels of sexual pressure, but WSW were significantly more likely to have sex before ready with a new partner. There was a negative correlation between sexual pressure and safer sex behaviors.

Table 2. Means, Standard Deviations, and t-tests for Major Study Variables

	WSM		WSW				
	M	*SD*	*M*	*SD*	*df*	*T*	*p*
Have sex before ready with new partner	1.28	.82	1.78	1.40	343	-2.78	.006
Feel pressured to have sex with a partner	1.60	.71	1.87	.92	344	-1.71	.088
Feel forced to have sex or sexual contact with a partner	1.37	.63	1.48	.67	344	-.81	.420
Safer sex behaviors composite score	8.68	2.29	8.39	2.79	255	.51	.610

Table 3. Correlation Coefficients for Major Study Variables

Variable	1	2	3
1 Have sex before ready with a new partner			
2 Feel pressured to have sex with a partner	.30**		
3 Feel forced to have sex or sexual contact with a partner	.35**	.50**	
4 Safer sex behaviors	-.12*	-.18**	-.18**

Note: *p < .05; **p < .01

IV. DISCUSSION

The safer sex behaviors questionnaire (DiIorio, et al., 1992) focuses on heterosexual safer sex behaviors, and because of this, may not accurately assess sex behaviors of WSW because many of the safer sex behaviors do not apply or may appear to not apply to WSW. Future research testing of a safer sex behavior questionnaire assessing all aspects of human sexuality would benefit healthcare providers to better understand their clients' behavior and where interventions are needed.

The terminology WSW is used in this study to describe women who have sex with only women and women who have sex with both men and women (WSMW). Women were categorized as WSW if they had any sexual contact with women, regardless of whether they had sexual

contact with men, and regardless of sexual orientation. The groups were not separated into WSW and WSMW because there was a small number of women who only had sex with women (*n*=3). Sexual behavior was utilized for categorization rather than sexual orientation due to the high number of lesbians who have sex with men (Marrazzo, et al., 2012); often, sexual orientation and gender of partners is not congruent, and provides little information regarding actual sexual behaviors.

This study needs to be examined in light of its limitations. The sample was drawn from a population of college students and may not be representative of all women. This was a cross-sectional study; therefore, how sexual pressure and safer sex change over time is not clear. Despite these limitations, there are still some implications for research and practice.

V. IMPLICATIONS

Data from this study can affect healthcare providers' knowledge and understanding of women who have sex with women and their experiences with sexual pressure and its effects on sexual risk behavior and overall sexual health. Heterosexuality is often assumed when discussing sexual pressure, typically with the male as the perpetrator and the female as the victim. This may be due to women being more likely to be pressured than men consistent with information from CDC that women are five times more likely to forced sex than men (2008). There is also difference in power, actual or perceived, in heterosexual relationships (LanderLaan & Vasely, 2009). Because WSW experienced moderate levels of sexual pressure and experienced similar levels as WSM, further research is needed to explore the sexual norms of WSW and factors contributing to sexual pressure, as well as development and testing of interventions to

counteract sexual pressure in both WSW and WSM. Women who have sex with women were significantly more likely to have sex before ready with a new partner without feeling pressured or forced, and more research is needed to explore this finding.

Healthcare providers should perform thorough sexual health histories including sex(es) of partners, specific sexual behaviors and practices, protection types used and consistency of use, and assess individual's knowledge related to risk behavior and sexually transmitted infections. It is important for healthcare providers to complete detailed sexual histories, without stereotyping or making assumptions. Healthcare providers should also consider WSW as at risk for sexual pressure which may lower their use of safer sex behaviors and put them at higher risk of acquiring STIs.

Future related research includes exploring sexual behaviors in women who have sex with women, their safer sex behaviors, developing and testing safer sex behavior instruments, and interventions specific to sexual practices and promoting safer sex behaviors. It is important to understand sexual practices to identify unsafe sexual behavior including behaviors that may increase the likelihood of transmitting an STI. Identifying unsafe sexual behaviors will expose areas where interventions are needed.

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