

Abstract

Heterosexual women's labeling of anal behaviors: A qualitative examination of what counts as "sex"

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Several studies have documented variations in the labeling of behaviors as having "had sex." Most of these studies have been limited to penile-vaginal intercourse, penile-anal intercourse, manual penetration, and oral-genital contact. The extent to which non-intercourse anal sex behaviors (i.e. manual-anal stimulation/penetration, oral-anal contact, the use of sex toys) are labeled "sex" has received little attention in the sexual health literature. Further, little is known about the rationale behind individuals' decision-making when categorizing behaviors as "sex." The purpose of the current study was examine, qualitatively, heterosexual women's labeling of anal behaviors as "sex" and to explore factors that influence categorization. Thirty-three self-identified heterosexual women between 18-30 years participated in one of six focus groups. Participants were recruited from one mid-size and one large metropolitan area in the Midwestern United States. A semi-structured moderator guide was the outcome primary measure. Thematic analysis was conducted. In the initial stage, broad concepts, recurrent themes, and specific quotes within each thematic category were identified. In the final stage, a coding framework was applied to all data by annotating transcripts with codes indexing categories. Penile-anal intercourse was labeled "sex" by all of the participants. The labeling of non-intercourse anal sex behaviors as "sex" was more variable. The process of categorization was complex and salient factors affecting labeling included sexual pleasure (self and partner), intimacy, beliefs about what constitutes "legitimate" sex, and technical virginity. Findings suggest variability in women's strategies for determining what counts as "sex", with non-intercourse behaviors being less likely to be labeled "sex" when compared in penile-anal intercourse. The labeling of anal behaviors as "sex" has implications for research measurement and clinical risk assessment and warrants further investigation.

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