

Troubling Anal Sex: Gender, Power, and Sexual Compliance in Heterosexual Experiences of Anal Intercourse

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Published online: 22 October 2014
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Abstract Existing literatures on anal sex mostly focus on links between anal sex and public health, particularly sexual risk-taking. Drawing upon feminist theoretical frameworks, this study linked anal sex activities of heterosexual men and women to broader issues of sexist power imbalances. This study analyzed survey data from 205 undergraduates to assess the relationship between frequency of vaginal and anal intercourse and ten correlates, including identity, sexual aggression, and attitudinal and behavioral practices. Being single and support for women's abstinence was negatively correlated with vaginal but not anal sex, while anal sex was connected to support of hegemonic masculinity and lifetime experiences with sexual coercion, particularly for women. Implications for gender and power dynamics of heterosexual anal sex were explored.

Keywords Anal sex · Sexuality · Sexual coercion · Sexual compliance · Gender roles

Introduction

Despite its increasing prevalence in women and men's sexual lives [57], the subject of anal sex has some notable gaps in the literature, particularly when analyzed as a sexual behavior connected to ideologies about gender relations, sexism, power, and dominance (for exceptions see [29, 71]). The relative absence of feminist studies of anal sex—as an intersection between desire, pleasure, institutionalized sexism, and

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gendered belief systems—have limited discussions of anal sex to the public health arena. Sexual risk-taking, contraction of sexually-transmitted infections (STIs) and HIV, and connections between anal sex and condom use have dominated existing anal sex literatures [49], leaving connections between anal sex, power, and the less transmission-related aspects of these practices largely neglected. Further, most work around anal sex focuses exclusively on men’s experiences of insertive and receptive anal sex with other men, largely ignoring women’s experiences of insertive or receptive anal sex [4, 42]. This study, in contrast, seeks to showcase quantitative links between anal sex and gender-based attitudes by drawing on both heterosexual women and heterosexual men.

By framing anal sex as a public health concern and ignoring the social and psychological factors of choosing anal sex, the literature has generally not taken up anal sex as a *feminist* concern [2, 53, 55]. This omission is problematic because gender roles guide and constrain behaviors across a wide range of public and private settings. Cultural beliefs about gender and heterosexuality typically frame men as sexually assertive and women as sexually passive; accordingly, sexuality scripts often place men in the directive role of initiating and determining the nature of the sexual interaction while women are expected to comply with men’s wishes [11, 51].

While several studies have explored the links between gender roles and vaginal intercourse for heterosexuals (e.g., [38, 69]) quantitative work has rarely connected frequencies of anal intercourse with attitudes about traditional gender roles, male dominance, male privilege, or assumptions of access to women’s bodies (for two exception, see [29, 75]). Moreover, existing anal sex studies with women often emphasize clearly-defined rape [45], rather than examining the more subtle dimensions of sexism in “voluntary” and consensual anal sex activities (e.g., a learned sexual passivity or pressure to orgasm). To address this research gap, this study utilized survey data from 205 self-identified heterosexuals to examine links between attitudinal, behavioral, and identity-based variables as related to frequency of anal and vaginal intercourse. This study extends the sex and public health literatures by being an early study that uses feminist theories about the correlates of anal sex practices among heterosexual college students. In fact, this is the first quantitative study to connect anal sex practices of men and women with notions of male dominance, sexual agency, pornography approval, and intimate partner violence.

Literature Review

Anal Sex in the Public Health Literatures

In existing research, anal sex has primarily appeared in public health studies, as anal tearing creates conditions conducive to STI and HIV infections. As such, most anal sex research has focused on how often, and with whom, women and men have anal sex in order to track public health risks [2, 17, 27, 50, 55, 72]. Most research suggests that frequencies of engaging in anal sex have risen in recent years [57, 72], though reliable data is skewed by cultural taboos, shame, social desirability, poor

data collection techniques, assumptions about identity and behavior (e.g., only “gay-identified” men have anal sex), and researcher biases [55].

Studies on women’s frequency of engaging in receptive anal sex suggest that anywhere from 1 to 40 % of women have ever engaged in anal sex [46, 50]. Results using self-reported frequencies showed lifetime prevalence rates ranging from 1 % (women) and 8 % (men) [17, 46] to 30 % (women) and 43 % (men) [78], with most data found within studies measuring sexual behavior more broadly (e.g., vaginal intercourse, cunnilingus, fellatio, manual stimulation, and anal sex). In longitudinal trend studies, research suggests that more women are engaging in anal intercourse than during the previous two decades, as data from 1991 to 1992 showed only 18–20 % of participants ever engaging in anal sex [57, 66], compared with 28–33 % in 2002 [57].

Anal Sex, Gender, and Pleasure

When assessing pleasure and attitudes about anal sex, some major gender gaps occur that frame men’s experiences as more pleasurable than women’s experiences. In general women had far less positive attitudes toward anal sex compared to men [84] and heterosexual men far more often described anal intercourse as pleasurable compared to heterosexual women [29, 40, 50, 63, 74]. For example, one study found that 60 % of young heterosexual males reported that they liked past experiences of anal sex “very much,” while only 13 % of heterosexual women had the same response to anal sex [37]. Moreover, women were often four times as likely to report anal sex as a negative experience compared to men. Studies suggest that <10 % of men disliked having anal sex with women while between 40 and 47 % of women considered anal sex unpleasant and undesirable [29, 67]. When men made decisions about sexual positions and behaviors, couples more often had anal sex, while women decision-makers often chose vaginal intercourse or other sexual activities [83] or used condoms more often during anal sex [5].

Similarly, when addressing sexual fantasies about having anal intercourse, gender differences became even more apparent [62]. One study that contrasted fantasies and behavior found that 32.5 % of men and 11.3 % of women fantasized about anal sex, while 22.2 % of men and 26 % of women had ever engaged in anal intercourse [32]. This suggests that far more men than women found anal sex appealing, yet women engaged in anal sex at similar rates to men. Ultimately, discrepancies between frequencies of engagement in anal sex, or fantasizing about anal sex, compared with reported pleasure at having anal sex suggest differences in power, dominance, and control about choosing anal sex.

Gender Attitudes and Sexual Behaviors

Male privilege and a relatively constant pressure to meet traditional gender norms represent ubiquitous aspects of modern life; in fact, some research suggests that the heterosexual romantic context may lead women to feel particularly compelled to enact traditional gender roles [29, 40], in part because each gender is held to a different standard for “proper” sexual behavior [12, 39]. Even while gender roles

change and develop over time, inequitable divisions of agency, power, and control remain. While men learn to embrace entitlement to sexual pleasure as they objectify and control women's bodies [41, 73], women are taught to defer to men's opinions, depend on men for money or compliments, and support the idea that they should put others' needs first [16, 64].

Many studies have revealed links between gender and role prescriptions, male decision-making power, sexual compliance, and types of sexual activity, showcasing how men's sexual needs often took priority over women's sexual needs and desires [5, 33, 43, 59, 73, 76]. By conforming to culturally prescribed roles, men generally initiated sex more frequently than women while women waited for men to approach them for sex [33]. Similarly, men typically felt more comfortable than women in expressing their sexual preferences and pressuring reluctant partners to have sex [35, 54, 73]. This often leads to the assumption that women saying "no" means to "keep trying" [61]. Or, as the more popular Yale fraternity chant goes, "No means yes, and yes means anal" [36]. Similarly, men who embraced traditional gender beliefs more often engaged in sexual infidelity, casual sex, and unprotected sex compared to men with more egalitarian values [71]. Notably, heterosexual men more often engaged in (unprotected) anal sex when they endorsed the notion that women should respect their husbands [71], when they feared their own "femininity" [76], and when they endorsed rape myths, showed little empathy toward women, and associated "manliness" with violence [75].

Acquiescence to unwanted sex, or "sexual compliance" in the context of romantic relationships, also fits with the female prescriptions of concealing sexual desires and prioritizing male needs [18, 56]. Women who internalized submissive notions of femininity often reported less freedom and authenticity in their sexual relationships as well as greater likelihood of feigning sexual interest when engaging in "obligatory" sex for their male partners [16, 40, 70]. The acceptance of a passive or self-sacrificing notion of womanhood also leads women to feel ill equipped to reject unwanted sexual requests from male partners [38–40, 69]. Conversely, compared to non-feminist women, those women with feminist viewpoints felt more comfortable rejecting unwanted male sexual advances [74].

Women's likelihood of engaging in anal sex may also depend upon their perceptions of power, control, entitlement to pleasure, and agency [19]. Some women who had sex with HIV-positive men also avoided condoms largely to please their partners even when they knew they would put themselves at risk for STIs and HIV [49], suggesting that women's desire to accommodate men's desires, their fears of abandonment if they do not comply with male desires, and their relative lack of agency affects the degree of risk they take [24, 33, 59, 75]. Further, because existing literatures rarely speak about women penetrating their male partners with sex toys, experiences of women as the "giver" in anal sex are largely absent; that said, sex education videos like "Bend over boyfriend" have started to appear, suggesting that this behavior may increase or become more visible over time [9].

Sexual Coercion and Sexual Extortion

The emerging “sexual coercion” literature also highlights why some women engage in painful, risky, or unpleasurable sex [14]. Men often use a litany of techniques to persuade or manipulate women into unwanted sex; most women reported that men had, at some point, called them “frigid,” “gold diggers,” or “unworthy of love” in order to acquire unwanted sex [56]. In turn, women more often engaged in undesired vaginal and anal sex when their current sexual partner repeated begged for sex, overstated their love for them, or exploited the use of intoxication [21, 29, 37, 38, 45].

Domestic violence also serves a role in impeding women’s ability to make autonomous decision about when to have sex, what type of sex they have, and whether to use contraception, as women often consent to undesired sex to bypass coercion. Sexual extortion, or when women have unwanted sex because their husbands implicitly or explicitly threaten physical violence, [14], is often supported in the empirical literature. Male intimate partner violence is notably coupled with stronger demands for both vaginal and anal sex [30] and women agreeing to sex for fear of upsetting their husbands [20]. Accordingly, violent marriages correlate with more vaginal and oral sex when men used intimidation and violence to exercise sexual control over their wives [3, 14, 45]. Abused women also had lower degrees of sexual assertiveness, arousability, and satisfaction despite having higher rates of sexual intercourse with their husbands compared to non-abused wives [1, 40, 74].

Anal sex followed the same aggression patterns as the prevalence for anal intercourse was higher for women who had boyfriends or husbands who had pushed, grabbed, shoved, or hit them [15, 29, 38, 45, 47, 77]. Further, a recent study found that the link between engaging in anal sex and experiencing intimate partner violence was at its strongest when women disliked anal sex [29].

Anal Sex and Religion

Religious and media institutions also inundate us with messages about “proper” sexuality, often transmitting discourses that require virginity until marriage and that deem sexual intercourse as only a means to reproduce [43]. Studies of college students have found that connections to religious institutions can delay first vaginal intercourse and lower the number of sexual partners and sexual frequency [8, 13]. Still, religion may have a different impact on anal sex behaviors among young girls and boys, as religious teenage girls (particularly Evangelical and Catholic girls) who pledged chastity more often engaged in anal sex as a way to protect their virginity and lower pregnancy risk [7, 22, 83]. For the most part, teenagers did not construct anal intercourse as a high-risk behavior, often seeing it as a viable substitute for vaginal sex (where one “loses virginity”), leaving a daunting challenge for health care providers, parents, and sex educators alike [28, 31].

Pornography and Media

Some feminists have theorized that silences surrounding the risks of unprotected anal sex could stem from the normalization of rape [53] and the high frequency of

depictions of anal sex in mainstream heterosexual-focused pornography [6, 82]. That is, the culture of depicting heterosexual “bareback” anal sex in pornography, combined with a high prevalence of rape in the culture at large, largely buries discussions of anal sex risks. Women live in a culture that fuses notions of agency and coercion [48], leaving them with contradictory messages about how to feel sexually liberated. Pornography targeting heterosexual audiences featured anal intercourse between men and women in 55.9 % of scenes [6], a vast increase from previous decades. Moreover, men who found pornography pleasurable more often supported hegemonic masculinity and rape myths than did men who did not enjoy pornography [34]. The relationship between watching pornography and acting out sexual behavior is less clear, though one-third of Swedish women pornography watchers admitted that pornography influenced their sexual behavior and made them more likely to try anal intercourse [67]. In this study, 47 % of female pornography watchers had ever tried anal sex, yet they described anal sex more negatively than others and used condoms only 40 % of the time [67], suggesting that pornography-inspired anal sex brought less pleasure and more risk. Another alarming study found that men who said they would rape women if they “wouldn’t get caught” also more often watched anal sex scenes in mainstream, S&M, and rape pornography [23].

Aims and Hypotheses

This study tested critical components of “sexual extortion” and male dominance ideologies through an analysis of vaginal and anal intercourse for heterosexuals. More specifically, we hypothesized that men and women who internalized hegemonic perceptions of masculinity and who approved of pornography would engage in greater levels of vaginal and anal intercourse. We also hypothesized that those who engaged in anal intercourse would report greater pregnancy worries than those who did not engage in anal intercourse. Additionally, given that previous research has suggested that sexual practices are patterned along gender, marital status, and religious lines, we hypothesized that: (1) Single heterosexual participants would have less vaginal and anal intercourse compared to those with partners; (2) Women would report greater levels of sexual coercion in general compared to men; (3) Those with histories of coercion would report more engagement in anal sex; and (4) Because some religions emphasize vaginal virginity but do not acknowledge anal intercourse as a loss of virginity, we hypothesized that greater religiosity would lessen vaginal intercourse but could increase the frequency of anal intercourse.

Methods

Procedure

This sample drew from 205 surveys collected from undergraduates at a public university in Eastern Kentucky during the spring 2010 semester. As a regional university in central Appalachia, the racial and class backgrounds of the undergraduate population mirrored the qualities of the surrounding communities as roughly

85 % of the students came from the Appalachian part of Kentucky. The university had predominantly white students (95.2 % of the 10,000 students), with a substantial portion of first-generation students from economically depressed communities.

Participants in this sample were identified through a two-stage process. To ensure a wide range of undergraduate participants, we created a comprehensive list of every professor's name for each of the five colleges in the campus (e.g., Business, Education, Humanities, Natural Sciences, and Social Sciences). We then asked selected professors to distribute the survey in one of their classes. We chose professors' names based on a systematic sampling technique that guaranteed the selection of two professors per college (only one professor in the Natural Sciences refused so we selected another professor from that college), with class sizes averaging 20–25 students per class. In total, we collected 237 surveys in ten classes and used 205 of these due to incomplete data (3 surveys) or an indication that the student was not heterosexual (86 % of the total sample of identified as “completely heterosexual,” while 12 % identified as bisexual, and 2 % identified as “completely gay or lesbian”) (29 were excluded for this reason). We excluded all of those who identified as not completely heterosexual from this sample because anal sex has different meanings for heterosexuals and sexual minorities. Note that we received IRB approval to conduct this study.

Participants

The profile of participants closely matched that of the campus population. Gender was equally distributed with 50 % men, while the proportion for race included 89 % white, 7 % African-American, 2 % Asian-American, and 1 % Latino/a. The mean age was, 20.6 (SD = 2.1), with 68 % of students ages, 19–21. For marital status, the sample included 7 % married, 2 % divorced, 1 % widowed, 11 % single-cohabiting and 79.8 % single noncohabitating. For sexual behavior frequencies, 78 % of the participants had engaged in sexual intercourse at least once with the mean age of first vaginal intercourse being 16.7 (the mode was 18-years-old and 18 % had sex before their 16th birthday). Participants varied for number of lifetime sexual partners, with 21 % having no sexual partners, 25 % had one sexual partner, 37 % had 2 to 5 sexual partners, and 17 % had six or more sexual partners so far.

Measures

All data in this study was derived from a sixty-item survey that addressed gender and sexuality topics. Much of the survey focused on the types of sexual behaviors participants had engaged in during the last month, while other parts of the survey assessed attitudes and perspectives about gender roles, feminism, relationships, and the importance of religion in participants' lives. We also collected demographic information. The survey often used previously validated scales but some of the standardized scales were shortened due to the feasibility of administering the full survey to participants. Most items utilized a four-point scale (strongly disagree = 1 to strongly agree = 3), though frequency of sexual behavior questions utilized five categories (“never” = 0 to “almost daily” = 4).

Dependent Variables: Frequency of Vaginal and Anal Intercourse

We utilized two items that measured the prevalence of specific sexual behaviors. We asked how many times they engaged in “vaginal sexual intercourse” or “anal sexual intercourse” in the last month. Because it is easier to remember sexual behaviors that occur over shorter recall periods we focused on a month rather than 6 months or a year [60]. We offered participants a five-point continuum that ranged from “never” to “almost daily.” Responses were coded in the affirmative and descriptive statistics for the two dependent variables are displayed in Table 1.

Independent Variables: Demographics and Social Statuses

Gender We measured gender by utilizing a binary question that asked, “What is your gender?” (Male = 1, Female = 0).

Relationship Status As the literature suggests that single people tend to have less sexual activity than partnered people [37], we measured relationship status as a dummy variable (Single, not cohabitating = 1, All others = 0).

Religiosity To gauge degree of religiosity, we focused on the behavioral practice of attending religious services. In response to the item, “How often do you attend religious services?” people chose from a five-point scale (“never” = 0, “less than once a week” = 1, “once a week” = 2, “two to three times a week” = 3, “almost daily” = 4).

Independent Variables: Pornography Attitudes and Hegemonic Masculinity

Approval of Pornography To assess participants’ favorable impressions about pornography, we modified a Carroll et al. [10] item that stated, “Viewing pornography is never acceptable” (strongly agree = 0, strongly disagree = 3).

Hegemonic Masculinity Hegemonic masculinity, or the macho prescription that men must behave in a tough, aggressive, and dominant manner over other men and women, was measured by two items: one item from the Male Role Attitudes Scale [65], and one item that we constructed. To apply hegemonic masculinity ideologies to marital relationships, the items asserted, “Wives should submit themselves to their husbands,” and “A husband always deserves the respect of his wife and children” (strong disagree = 0, strongly agree = 3). With a Chronbach α of .72, the accumulative scale was coded toward the unconditional support of male dominance (similar to [40]).

Independent Variables: Sexuality Attitudes and Experiences of Sexual Coercion

Sexual Abstinence for Women Traditionally, sexuality scripts subject men and women to different rules of sexual engagement. Women are often chastised for

Table 1 Descriptive statistics and t-tests for sexuality, gender, and the independent variables

	Never	Once a month	About once a week	Several times a week	Almost daily
Vaginal intercourse	81 (39 %)	22 (10 %)	29 (14 %)	59 (29 %)	15 (7 %)
Anal intercourse	186 (90 %)	16 (8 %)	4 (2 %)	0	0
	Range	Total sample mean	Male mean	Female mean	Probability
Vaginal intercourse	0–4	1.53	1.52	1.53	.735
Anal intercourse	0–2	.12	.11	.13	.462
Religiosity	0–4	1.46	1.33	1.59	.204
Single	0–1	.77	.83	.70	.082
Sexual compliance	0–1	.18	.15	.22	.215
Sexual extortion	0–1	.04	.00	.07	.045
Pornography approval	0–3	2.63	2.68	2.42	.002
Hegemonic masculinity	0–3	1.11	1.16	1.02	.034
Abstinence for women	0–3	1.21	1.10	1.32	.204
Condom use	0–3	1.60	1.70	1.51	.022
Pregnancy worry	0–3	1.24	1.11	1.39	.032

engaging in any sexual activities outside of heterosexual marriage while men often receive praise (or at least tolerance) for having many sexual partners [12]. To measure divergent standards for sexual permissiveness, we used an item from the Sexual Double Standard Scale [58] that highlighted virginity codes and sexual refusals by single women: “Unmarried women should not have sexual intercourse” (strongly disagree = 0, strongly agree = 3). This variable highlighted people’s perceptions of abstinence and premarital sex for single women.

Sexual Compliance and Sexual Extortion Broadly defined, sexual coercion is “pressure from an [individual] to engage in sexual behavior” [81, p. 523]. Pressure may take the form of threats of violence, physical force, or intoxication, but also may include more subtle tactics such as emotional manipulation. We conceptualized this as the opposite of sexual autonomy and sex as internally chosen and self-determined. We used the Sexual Experiences Inventory [44] to assess participants’ experiences with two forms of coercive sexual encounters. Sexual compliance, or reluctantly doing sexual activities that are contrary to people’s desires, was assessed through the item: “Have you ever had sexual intercourse that you did not want because you felt pressured to?” (no = 0, yes = 1). Sexual extortion, of the act of reluctantly having sex due to threats by others, was asked through the question: “Have you ever been in a situation where someone tried to have sexual intercourse with you when you did not want to by threatening to use physical force if you did not cooperate?” (no = 0, yes = 1).

Independent Variables: Perceived Health Outcomes

Sexual behaviors may also relate to expected health outcomes that people derive from sex. For example, women who want to get pregnant may choose sexual acts that increase the likelihood of conception (penile-vaginal intercourse). Conversely, women and men who want to avoid pregnancy and STIs may use contraception or engage in non-reproductive sexual activities.

Pregnancy Worry To measure worry about pregnancy, we used an item from Rostosky et al. [68]. Beliefs about Sexual Intercourse Scale that related to participants' anxieties about pregnancy: "I often worry about getting pregnant before having sex" (strongly disagree = 0, strongly agree = 3).

Condom Usage To determine participants' condom usage, we asked one question about participants' efforts to avoid pregnancy and STIs: "My partner and I use a condom every time we have sex" (strongly disagree = 0, strongly agree = 3).

Analytic Procedure

This study examined the links between sexual behaviors and different aspects of gender roles and sexual violence. The analysis was divided into three steps: First, means and *t* test statistics revealed the distributions of each variable and allowed us to examine the different central tendencies for men and women on these dimensions. Second, the relationships between vaginal and anal intercourse with the independent variables were calculated and presented in bivariate Spearman correlations (Spearman was used due to the ordinal nature of the dependent variables). Finally, relationships between sexual behaviors and independent variables were modeled through ordinal logistic regression techniques that allowed us to see if significant bivariate patterns persisted in the presence of other factors. As expected all of the requirements for properly running Ordinal Logistic Regressions were met for the data (e.g., an Ordinal dependent variable, the Variance Inflation Factor ranged from 1.38 to 1.52, the skew ranged from -2.42 to 1.25, the kurtosis ranged from -3.01 to .56, the proportional-odds assumption passed the χ^2 tests of parallel lines, the relationships were linear, and there were few signs of heteroskedasticity).

Results

Descriptive Results

The univariate distributions for the sexuality and gender variables appear in Table 1. While assessing participants' sexual activities in the past month, some notable patterns emerged. In particular, 10 % of students had anal sex in the past month, while far more participants had engaged in vaginal sex in the last

month (61 %). Predictably, those who had anal sex chose to do it much less often than those who engaged in vaginal sex. Eight percent of the respondents had engaged in anal intercourse once in the last month and 2 % had done it two or more times in the last month. In contrast, 7 % of the sample indicated daily vaginal intercourse and another 29 % engaged in vaginal sex several times per week. Finally, the frequency of vaginal or anal intercourse was not associated with gender as men and women reported similar amounts of these sexual behaviors.

Results for gender role expectations skewed the distributions in a liberal direction (mean < 1.5). Although students generally expressed opposition to hegemonic masculinity, only 36 % of the sample felt “strongly against” wives submitting to their husbands, and another 36 % supported these ideologies in some fashion. While men generally disapproved of hegemonic masculinity, the difference between the genders was statistically significant (men support hegemonic masculinity more than women). For female sexual abstinence, most students rejected the notion that women should avoid sexual intercourse prior to marriage. Still, roughly a quarter of students unequivocally challenged the virginity script, while over a third agreed with the sentiments in some manner. The majority of students approved of pornography. To address issues of sexual force, 18 % of the students reported cases of being pressured into having unwanted sex and 4 % had been physically threatened to have sex. While men experienced less sexual force than women, the differences were only statistically significant for sexual extortion, as no men reported such direct sexual extortion. A full 35 % of students admitted to some instances of pregnancy worry, although only 27 % of students indicated condom use every time during sexual intercourse.¹

Bivariate Results

Spearman rank-order correlations suggested that all but one of the independent variables were somehow associated with vaginal and/or anal intercourse (see Table 2). While most of the variables were significant at least once, the relative effect size of the variables vacillated between vaginal and anal practices (see Table 2). Vaginal intercourse was negatively correlated with being single, attending religious services, and endorsing abstinence for single women. Being single and praising female virginity was associated with less vaginal intercourse for both genders, but religiosity and acceptance of pornography seemed especially salient to men, while worries over pregnancy only correlated with lower vaginal intercourse for women. Anal intercourse was governed by a different set of factors than vaginal intercourse. For women, anal sex frequency was connected to the aggression measures of accepting hegemonic masculinity, sexual compliance, and sexual extortion. For men, none of the associates were significant.

¹ Separate analysis also revealed no gender differences for the demographic factors of race or age of participants.

Regression Results

Table 3 presented the results of the ordinal logistic regressions for vaginal and anal sex frequencies both for the entire sample and for separated male and female subgroups (like [29, 73]). When exploring the significant location estimate coefficients, the relative strength for each independent variable was mostly behavior and gender specific. Of the 10 factors in these regressions, only one factor predictor displayed a significant direct relationship with both sexual behaviors. After holding the other variables constant, support of hegemonic masculinity increased vaginal intercourse for men but only anal intercourse for women. Accordingly, anal sex for women was closely connected to a support of hegemonic masculinity while such thoughts only mattered for vaginal sex for men.

While hegemonic masculinity was crucial for both sexual behaviors, five factors were significant in relation to only *one* type of sexual penetration. Three factors displayed significant links for only vaginal sex. For both genders, a relationship status of “single” predicted less vaginal intercourse. This suggests that single people, regardless of gender and sexual/gender attitudes were less likely to regularly engage in vaginal intercourse. Abstinence for women, or the notion that women should refrain from sex before marriage, significantly curbed vaginal intercourse for both genders. Perceptions about pornography yielded gender-specific results for vaginal intercourse, as women who approved of pornography engaged in more frequent vaginal intercourse than women who criticized pornography. The endorsement of pornography did not affect men’s propensity to engage in vaginal intercourse.

The factors that achieved significance for anal sex clustered around power and sexual aggression. For the subsample of women in the sample, measures of sexual compliance and sexual extortion had significant links to engagement in anal sex. Accordingly, women who engaged in anal sex generally had greater exposure to those who pressured them into intercourse (via persuasion, persistence, or threat). In addition, anal sex for women connected to the approval of male dominance as well. Women who engaged in more anal sex had both attitudes and experiences that reflected men imposing their sexual power over women.

The rest of the factors failed to significantly predict anal sex actions. Like vaginal sex, gender, religiosity, condom use, and pregnancy worries were not connected to anal sex behaviors. Unlike vaginal sex, being single, approving of pornography, or embracing female abstinence were not related to anal sex.

Discussion

These results offered some important new insights into the predictors of anal and vaginal intercourse for heterosexual men and women. First, it seems faulty to assume that the antecedents of vaginal and anal intercourse are similar as most of the factors held significance to *either* vaginal *or* anal sex. This study also confirms that the predictors of sexual practices are gender specific and informed by the wider patterns of societal gender relations. The variables that exemplified female

Table 2 Spearman rank order correlations for vaginal and anal intercourse (total sample and gender subsample)

Variable	Vaginal intercourse frequency			Anal intercourse frequency		
	Total	Men	Women	Total	Men	Women
Male	-.02			-.05		
Single	-.36***	-.26**	-.44***	-.01	.05	-.05
Religiosity	-.14*	-.22*	-.05	.02	-.00	.04
Pornography approval	.11	.19*	.02	.05	.09	.04
Hegemonic masculinity	.00	.01	.00	.16*	.07	.23*
Abstinence for women	-.32***	-.31**	-.35**	-.10	-.15	-.08
Sexual compliance	.02	-.05	.08	.12	-.04	.18*
Sexual extortion	-.04	^	-.07	.18**	^	.22*
Condom use	-.04	-.05	-.03	-.05	-.06	-.04
Pregnancy worry	-.03	.14	-.22*	-.07	-.00	-.14

^ = no cases for this item

* $p < .05$; ** $p < .01$; *** $p < .001$

submission—the acceptance of male dominance and exposure to sexual extortion—most often predicted women’s engagement in anal sex. That is, women had more anal sex when their partners threatened them with violence, they had sex they did not want, and when they accepted a women’s “natural” submissiveness to men. Conversely, issues of hegemonic masculinity and sexual extortion were not related to the amount of female intercourse nor any of the male sexual behaviors. Vaginal sex did not seem to evoke feeling about power in the same way that anal sex did. This also supports previous studies that found clear links between male dominance, power, and frequencies of anal sex during events not labeled as “rape” [29, 67].

The effects of abstinence narratives also suggested sexist power dynamics, as men and women who believe that women should refrain from sex until marriage more often had less vaginal sex themselves. For men, this finding echoed the logic of benevolent or paternalistic sexism that keeps male power intact [25]. For women, this finding suggests that beliefs about virginity may lessen their opportunities to experiment with vaginal sex but *not* with anal sex. This conditional effect seems especially troublesome when we consider that women more often endorse having pleasurable experiences with vaginal sex compared to anal sex.

The religiosity findings offered some interesting results as, in bivariate settings, attending religious services lessened vaginal intercourse for men but not for women. However, the role of religion became non-significant for male vaginal sex when relationship status and gender role attitudes were held constant. This suggests that attending religious services does not inherently lessen vaginal intercourse, but rather than religiously devout males engaged in less vaginal intercourse because they more often accepted the *idea* of abstinence for women. Further, religiosity in no way impeded anal sex for either men or women, which may suggest that religious participants may label vaginal sex as a “real” threat to virginity while anal sex

Table 3 Ordinal logistic regressions of vaginal and anal intercourse

Variable	Vaginal frequency		Anal frequency			
	Total	Male	Female	Total	Male	Female
Male	.05 (.28)	^	^	.28 (.55)	^	^
Single	-1.79*** (.02)	-1.35* (.54)	-1.99*** (.48)	-.61 (.70)	-1.10 (1.32)	-.42 (.92)
Religiosity	.01 (.11)	-.02 (.16)	.02 (.16)	.20 (.22)	.25 (.39)	.04 (.31)
Porn approval	.37 (.19)	-.09 (.26)	.64* (.29)	.14 (.37)	.19 (.61)	.22 (.54)
Hegemonic masculinity	.27 (.14)	.43* (.21)	.24 (.38)	.75*** (.22)	.44 (.38)	1.33*** (.45)
Abstinence for women	-1.08*** (.20)	-1.02*** (.30)	-1.13*** (.29)	-.68 (.38)	-.94 (.60)	-.46 (.53)
Sexual compliance	.41 (.37)	.98 (.59)	-.20 (.70)	.59 (.67)	-.20 (.70)	2.04* (.93)
Sexual extortion	.62 (.73)	^	.84 (.76)	2.45* (.96)	^	2.21*** (.91)
Condom use	-.11 (.13)	-.20 (.19)	.07 (.19)	-.17 (.26)	-.39 (.38)	-.17 (.38)
Pregnancy worry	.02 (.15)	.38 (.22)	-.33 (.23)	-.41 (.31)	.01 (.49)	-.68 (.43)
N	205	103	102	205	103	102
χ^2	64.32***	29.20***	44.62***	20.46*	6.27	21.66***

Scores reported are location estimate coefficients (unstandardized logits) and standard errors in parenthesis

^ = no cases for this item

* $p < .05$; ** $p < .01$; *** $p < .001$

could be viewed as a moral substitute for vaginal sex. This partially reflects findings from the literature that found clear links between Christian virginity pledges and increased engagement in (unprotected) anal sex [7, 22, 83].

The gender-specific findings also reveal links between violence and anal sex, as anal sex and sexual extortion correlated for women. First and foremost, not a single man reported that one of their partners ever used a threat of physical force to have unwanted sex, while 7 % of females reported such events. This link between anal sex and sexual aggression may also exist for a number of reasons: perhaps women with coercion histories more often tolerate painful intercourse, submit to their (male) partner's desires, or have a wider sexual repertoire in general. Because we did not measure women's experiences of *pleasure* with regard to anal and vaginal intercourse, we cannot know whether these participants found anal sex satisfying or whether they endured anal sex because of a partner's wish. Moreover, without a temporal element to the sexual coercion measures, we cannot know whether coercion happened before, during, or after their current anal sex activities. While future research should interrogate the links between anal intercourse and subjective perceptions of pleasure, particularly for coerced women, our findings suggested that engagement in anal sex connected to ideas about male dominance. Perhaps women associate anal sex with the imposition of hegemonic masculinity and power, while men do not consciously report this.

The nonsignificant findings also suggest some interesting twists on the existing literature, as pregnancy worry and condom use did not correlate with either anal sex or vaginal sex. We anticipated that participants would engage more often in anal sex if they worried about pregnancy, but this did not appear as significant. The lack of links between approval of pornography and engagement of anal sex may indicate that anal sex is not necessarily related to the approval of "fantasy" scenarios about anal sex. However, we caution that the role of pornography on sexual activities may yield stronger results when the researchers control for the type and amount of pornography consumed [26].

Limitations

While this study identified some of the overlooked sexist predictors of anal sex, several limitations may have impacted the findings. First, a sample of college students in Appalachia cannot generalize to all adults, as they may have more traditional gender roles, less privilege, and more sexual violence than other college student populations (though notions of Appalachian distinctiveness may be overstated—see [79]). The prevalence of anal sex and attitudes about pornography may relate to people's educational attainment, age, and cohort status. Examining anal sex as a *class-based issue* could prove especially useful. Second, the small sample size may have affected the power of this study to reject the null. Third, this study relies on retrospective self-reports of sexual behavior, which may skew results as reflections on past behavior may be biased by memory and social desirability. The delivery of the survey in classrooms may have impacted participants' perceptions of confidentiality and social desirability. Fourth, our measures of sexual activities could lack some reliability among our participants as people may

differently define “vaginal intercourse” and “anal intercourse.” Also, “failed” attempts at completion of intercourse, particularly for anal sex, could yield different interpretations of when participants “had sex,” as many women and men attempt to have anal sex and then stop. Fifth, our sex measures focused on the frequencies of behaviors and did not explore the aspects of consent, pain, or displeasure. This could be important when measuring the sexist elements of anal sex (and, perhaps, also vaginal sex), because it is very likely that women often engage in painful and unpleasant sex just to please their partner or avoid physical violence, raising complicated questions about nonconsensual sex and unwanted sex. Sixth, although the acceptance of hegemonic masculinity connected with more anal sex, particularly for women, measures of other gender perspectives could have netted stronger associations. Anal sex could also be related to the objectification of women, hostility toward women, rape myths, the recognition of sexism, or the acceptance of feminist identities; similarly pleasurable experiences with anal sex may be correlated with something entirely different, including aspects like sensation-seeking, interest in more varied repertoire, and desire to seem “normal” in comparison to others. Seventh, the effect size of hegemonic masculinity could have been stronger for men’s anal sex experiences if our measures distinguished between insertive and receptive anal sex. Eighth, with cross-sectional data, temporal ordering between attitudes and sexual behaviors were not always certain. While it seems safe to assume that approval of hegemonic masculinity generally developed long before anal sex activity, perhaps acceptance of hegemonic masculinity developed after engaging in certain sexual activities (e.g., ideas justify pseudo-coercive actions for painful anal sex). Similarly, we did not delineate when participants experienced sexual coercion, leaving open questions about how women connect sexual violence histories with current practices. Thus, future studies could improve upon our study by using event-contingent measures and by studying these patterns with longitudinal data.

The way we worded different items could also have impacted our results, as we missed the differences between insertive and receptive anal sex. Further, our dependent variable only addressed the act of anal sex, not the participants’ desire for sex or the partner’s pressures for anal sex. Entitlement to pleasure, the right to assert oneself, and gendered expectations of “masculinity” and “femininity” could have affected participants’ assessments of their sexual behaviors and choices [52]. When we measured pornography, we did not ask how often or what type of pornography participants watched. Finally, the study of sexual extortion could have been expanded if the survey contained scales that measured the emotional, verbal, and physical dimensions of intimate partner violence [80].

Future Directions

As one of the first studies to directly examine links between gender, power, and engagement in anal sex, this study suggests many directions for future research on these areas. Future research should include measures for desire, pleasure, and sexual satisfaction, as assessing the degree to which participants wanted anal sex signals a crucial component to understanding whether women tolerate anal sex as a mode of

submitting to pain or coercion, or embrace it as empowering and pleasurable (or both). Larger random national samples could more clearly explore the interesting links between attitudes, behaviors, and identities in different age cohorts. Knowing more about women's negative or coercive past sexual experiences as related to their current practices could give better insights about how women negotiate partial or complete consent during their sexual exchanges with both men and women. Additionally, far more research should interrogate links between pornography viewing, pornography approval and endorsement, and engagement in anal sex, particularly across genres of pornography. How women and men internalize social and sexual norms—and how they may be underprepared to engage in pleasurable anal sex because of the woeful misrepresentations in pornography—is a viable topic of research for feminists, media scholars, and social scientists alike. Accordingly, examining anal sex as a class-based issue could prove especially useful as would a study of how prejudice toward sexual minorities may relate to anal sex among heterosexuals. Ultimately, the study of anal sex as related to gender and power reveals much about the contexts in which men and women express entitlement to pleasure, desire, satisfaction, dominance, and submission, all of which help to round out the complexities and nuances of modern sexual lives.

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