Sex, poverty, and public health: Connections between sexual wellbeing and economic resources among US reproductive health clients

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INTRODUCTION

Sexual health is public health. However, sexual wellbeing entails not merely the ability to avoid sexually transmitted infections (STIs), unwanted pregnancy, or sexual violence; it also represents the opportunity for sexual flourishing, including a pleasurable, unstigmatized, and satisfying sex life. The World Health Organization¹ the American Sexual Health Organization,² and major scholarly outlets in public health have all underscored the salience of sexual flourishing and not just prevention of sexual infirmity.³⁴
Sexual health research still heavily skew to negative sexual health outcomes. However, a growing body of empirical literature documents social and structural determinants of sexual wellbeing; including disparities in who is most able to flourish in their sexual bodies. Gender is a key factor in this scholarship. For example, research on the orgasm gap indicates that in cisgender, heterosexual relationships, people with penises are much more likely to have orgasms than people with clitorises. Social scientists and social justice champions are also investigating how structures of discrimination such as homophobia, transphobia, and racism constrain sexual flourishing. Human rights advocates in the Global South have integrated ‘erotic justice’ into social and political movements to uplift sexual rights and wellbeing of queer and sexually diverse communities.

However, the scholarship on erotic inequities largely omits poverty and access to financial resources, even though socioeconomics is arguably one of the most significant influences on people’s daily experiences. Despite a strong focus on poverty in the study of sexual health outcomes such as STIs, HIV/AIDS, and unwanted pregnancy, little research examines how positive domains of sexuality are shaped by socioeconomic status. This absence needs to be addressed for at least two reasons. First, incomplete understandings of sexual socio-economic inequities weaken the public health field’s commitment to positive sexual health for all. Second, if public health researchers and practitioners continue to focus solely on negative sexual health outcomes among communities experiencing poverty, we risk perpetuating the notion that people living on low incomes are undeserving of the basic human right of sexual wellbeing.

In an attempt to shed light on the understudied relationships between socioeconomics and sexual flourishing, our team examined data from a large cohort of people seeking family planning services. Here we present findings from an exploratory analysis of associations between economic resources and sexual wellbeing.

**METHODS**

Data derive from the HER Salt Lake Contraceptive Initiative (Contraceptive Trial Registration Number NCT02734199). Between March 2016 and March 2017, family planning clients in this large longitudinal cohort study in Salt Lake Country, Utah received their desired contraceptive method at no cost and could switch or discontinue at any time. At baseline, participants completed socioeconomic and sexual wellbeing measures. We limit this analysis to participants who reported being sexually active in the past 4 weeks (N = 2853).

**Measures**

Economic measures included (a) how often participants had enough money to meet their basic living needs in the past month (all the time, most of the time, some of the time, rarely, or never); (b) current receipt of at least one form of public financial assistance, including welfare, unemployment, Supplemental Nutrition Assistance Program (SNAP), and Women, Infants and Children (WIC); (c) federal poverty level (FPL), in 100% FPL increments; and (d) level of difficulty paying for housing, food, transportation, or medical care in the past 12 months.

Sexual wellbeing measures included (a) the Female Sexual Function Index (FSFI-6), which captures desire, arousal, pain, lubrication, orgasm, and overall sexual satisfaction; (b) the New Sexual Satisfaction Scale (NSSS), which captures individual-level domains (e.g., feeling of letting oneself go), interpersonal domains (e.g., emotional closeness in sex), and behavioral domains (e.g., variety of sexual activity) of sexual satisfaction; (c) the FSFI-6 item on overall satisfaction with sex life (very dissatisfied, moderately dissatisfied, about equally satisfied and dissatisfied, moderately satisfied, or very satisfied); (d) the FSFI-6 item on orgasm frequency (never or almost never, a few times, about half the time, more than half the time, or almost always or always); and (e) current sex life rating on a scale of 1 to 100. After reviewing outcome distributions, we collapsed the lowest two and highest two categories for the overall satisfaction (c) and orgasm (d) items to avoid small cell sizes. We also created quintile variables for the FSFI-6 (a) and NSSS (b) sum scales, as well as current sex life rating (e) to facilitate interpretation of differences between groups.

**Analyses**

We conducted bivariate associations between our categorical sexual wellbeing and socioeconomic measures and compared socioeconomic groups using chi-square tests. We assessed significance at α = 0.05 as well as at the Bonferroni-adjusted α = 0.0025 to guard against potential false-positive associations.

**RESULTS**

Table 1 presents bivariate associations between our sexual wellbeing measures and socioeconomic indicators. We found strong and consistent relationships between sexuality and socioeconomics, all in the same direction—those reporting more socioeconomic constraints also reported signs of sexual flourishing. Out of 20 bivariate analyses between socioeconomic measures and sexual outcomes, three-quarters (n = 14) were statistically significant at alpha level 0.05. Here we share some more specific examples not shown in tables.

- Among those who always had enough money to meet their basic needs in the last month, 75% reported that they were either moderately or very satisfied with their sex life (FSFI-6 satisfaction item); their average current sex-life rating was 75 out of 100 (visual analog scale), compared to 56% and 66 out of 100, respectively, of those who did not have enough money (p < 0.0001).
- Among those receiving any assistance in the last month, one in three (30%) reported sexual functioning (FSFI-6) scores in the lowest quintile, compared to only one in five (19%) of those who had not received public assistance (p < 0.0001).
- Among those who had trouble paying for food, housing, transportation, or medical care in the past 12 months, 26% reported NSSS...
scores in the lowest quintile, compared to 18% among those who did not (p < 0.0001).

**DISCUSSION**

Results from this analysis suggest that economics are strongly associated with sexual wellbeing, with indications that financial scarcity may reduce sexual satisfaction, orgasm, and overall functioning. These results remind us that structural constraints affect sexual bodies. While findings are cross-sectional, possible pathways to these inequities could include poverty’s emotional and physical taxes on bodies and cognition, as well as weathering related to economic stress and discrimination, which are likely to thwart sexual flourishing. To support and promote positive sexual health, the public health field must continue to focus on economic reform and poverty reduction as a critical aspect of helping people achieve their full health and wellbeing potential.

This study focused solely on women. Including cisgender men and gender-expansive individuals in research on economic constraints and sexual flourishing will be paramount. We must also consider socioeconomic status in relationship to race and ethnicity, gender, sexual identity, nationality and nativity, and other inequities with strong influences on sexual bodies. We chose deliberately to examine one axis of inequality here given its absence in prior research, but multilevel studies will be important. On the other hand, drawing from the scholarship of Lisa Bowleg and others, we caution that interaction terms alone will not accurately capture the lived experiences of communities who experience multiple oppressions. We encourage scholars and practitioners to use mixed-methods, community-based, and structurally attuned approaches to both delineate and divert the underlying factors driving inequities in sexual wellbeing.

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**DISCLOSURES**

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ETHICS STATEMENT
This study was approved by the University of Utah Institutional Review Board.

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