



## Sexual semantics: The meanings of sex, virginity, and abstinence for university students



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### ABSTRACT

Previous literature has explored the behaviors individuals assign to definitions such as “having sex,” “maintaining virginity,” and “being abstinent.” Known as “sexual definitions,” research in this area has shown considerable variability among university students for these terms; however, few extant studies have examined these three definitions together. A large sample of university students completed a cross-sectional survey to assess how they defined 14 sexual behaviors. Descriptive statistics were used to examine overall patterns in participants' responses. In order to examine gender differences, chi-square analyses were performed on each specific behavior, while Mann–Whitney *U* analyses were performed on each of the three definitions as a whole. While most participants believed penile–vaginal and penile–anal intercourse constitute having sex, do not maintain virginity, and are not abstinent activities, there was still considerable disagreement about the status of other behaviors. Furthermore, there were apparent discrepancies in how participants defined the term “abstinence” when compared to the terms “having sex” and “virginity.” Men were more likely than women to consider behaviors as being abstinent activities. These results suggest that clarity is essential for sex educators, clinicians, and health professionals when informing others on the potential risks of sexual behaviors.

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### 1. Introduction

What does it mean to have sex? Although this question seems simple, there is considerable variability among university students regarding which activities individuals categorize as “having sex” (Byers, Henderson, & Hobson, 2009; Hans & Kimberly, 2011; Randall & Byers, 2003). Furthermore, these distinctions are not always consistent with how individuals define “virginity” or “being abstinent” (Byers et al., 2009; Hans & Kimberly, 2011; Sawyer, Howard, Brewster-Jordan, Gavin, & Sherman, 2007). This area of sexuality research is known as sexual definitions (Byers et al., 2009; Trotter & Alderson, 2007), which has implications in fields such as sexual education and health promotion, where there may be discrepancies between how educators and the general public define sex (Hans & Kimberly, 2011). Sexual education programs contribute to the understanding of sexual definitions such as “having sex” (Byers et al., 2009; Hans & Kimberly, 2011); however, even higher quality sexual education programs may be inconsistent when informing individuals about which activities are considered “having sex” and “being abstinent” (Byers et al., 2009).

The issue of sexual definitions received national attention when President Bill Clinton stated at his grand jury testimony during the

Clinton–Lewinsky scandal that, because Monica Lewinsky had performed oral sex on him and not vice versa, he had not engaged in a sexual relationship or any “sexual relations” of the sort (Tiersma, 2004). Hans, Gillen, and Akande (2010) refer to the “Clinton–Lewinsky era” as a turning point in conceptualizations of sexual behaviors. This incident served to raise public awareness of the ambiguity of sexual definitions and prompted the question of which sexual behaviors count as “foreplay” and which constitute “having sex” (Carpenter, 2001).

Prior studies have shown that there is a particularly wide array of sexual behaviors that, if engaged in, people might claim that they had “had sex” (Hans et al., 2010; Randall & Byers, 2003; Sanders & Reinisch, 1999; Trotter & Alderson, 2007). However, there is a general “hierarchy” of sexual behaviors when it comes to sexual definitions (Horowitz & Spicer, 2013); namely, penile–vaginal intercourse, followed by penile–anal intercourse, then, to a lesser extent, oral–genital contact are considered to be more constitutive of sex than any other sexual activity (Byers et al., 2009; Hans & Kimberly, 2011; Sanders & Reinisch, 1999; Trotter & Alderson, 2007). When Sanders and Reinisch (1999) asked students which behaviors would count as having “had sex,” over 99% of students endorsed penile–vaginal intercourse, 81% endorsed penile–anal intercourse, and 40% endorsed oral–genital contact. Similar patterns are found when it comes to defining virginity and abstinence; penile–vaginal intercourse, penile–anal intercourse, and oral–genital contact are the three most highly chosen behaviors in regards to virginity loss (Carpenter, 2001; Hans & Kimberly, 2011) and not maintaining

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abstinence (Byers et al., 2009; Hans & Kimberly, 2011; Sawyer et al., 2007).

While penile-vaginal and, to a slightly lesser extent, penile-anal intercourse are understood by most to be sexual activities, there are inconsistencies in extant literature about the status of oral sex. While some have reported ambiguities regarding the status of oral-genital contact (Bogart, Cecil, Wagstaff, Pinkerton, & Abramson, 2000; Byers et al., 2009; Horowitz & Spicer, 2013; Sanders & Reinisch, 1999), Hans et al. (2010) reported that only 20% of their participants classified oral-genital contact as sex, while Hans and Kimberly (2011) reported that, among student participants, 23% did not consider oral-genital contact to be sex and 90% indicated you could engage in oral-genital contact and still maintain virginity. Further highlighting the variability in how university students define oral-genital contact, Chambers (2007) reported that approximately 40% of self-identified virgins had previously given and/or received oral sex. Other groups of self-proclaimed virgins, labeled “technical virgins” by Gagnon and Simon (1987), refrain from penile-vaginal intercourse, but engage in not only oral sex, but penile-anal intercourse as well (Uecker, Angotti, & Regnerus, 2008).

With such variability in respect to sexual attitudes, simply advising individuals to “not have sex” or to “be abstinent” is unlikely to be an effective risk prevention method. It is important for sexually active individuals to be fully aware of the risks of engaging in specific sexual behaviors such as oral-genital contact, where transmission risks include herpes simplex virus, chlamydia, syphilis, gonorrhea, and human papillomavirus (HPV; Chambers, 2007; Moore & Harris, 2014). Furthermore, while the potential risks for men and heterosexual women who use sex toys do not appear to be well explored in extant literature, women who have sex with women and share sex toys without proper maintenance and cleaning may be at risk for bacterial vaginosis (Marrazzo, Coffey, & Bingham, 2005; Marrazzo, Thomas, Agnew, & Ringwood, 2010) and HPV (Anderson, Schick, Herbenick, Dodge, & Fortenberry, 2014). Because of the potential risks for sex toy use and to determine how indirect genital stimulation fits in the hierarchy of sexual behaviors, this study sought to examine both how many students have engaged in sex toy use, as well as the way they define the use of sex toys.

Gender differences play a meaningful role in understanding sexual definitions. Men and women tend to have different attitudes about sexual interactions, as men are more apt to have a permissive viewpoint regarding sexual behaviors (Wilson & Medora, 1990) and report having a larger number of sexual partners than women (Wiederman, 1997). Gender differences have been examined in past sexual definitions research with no clear consensus; while some have reported significant findings (e.g., Gute, Eshbaugh, & Wiersma, 2008; Hans et al., 2010; Pitts & Rahman, 2001; Rawlings, Graff, Calderon, Casey-Bailey, & Pasley, 2006; Sanders & Reinisch, 1999), others have reported the contrary (e.g., Bogart et al., 2000; Cecil, Bogart, Wagstaff, Pinkerton, & Abramson, 2002; Horowitz & Spicer, 2013; Randall & Byers, 2003). Carpenter (2002) researched the loss of virginity by gender and found that men and women tend to assign different meanings to virginity. While Pitts and Rahman (2001) found that women were more likely to endorse penile-anal intercourse as having sex, men and women typically show comparable results when defining what it means to “have sex” with regards to both penile-anal intercourse and penile-vaginal intercourse (Randall & Byers, 2003; Sanders & Reinisch, 1999; Sawyer et al., 2007). For other behaviors, men have been found to be more likely to incorporate breast contact, genital touching (Gute et al., 2008; Sanders & Reinisch, 1999), and oral-genital contact (Gute et al., 2008; Hans et al., 2010) in their definition of “having sex.” This study sought to investigate further the gender differences among different sexual behaviors as well as across the definitions of having sex, maintaining virginity, and being abstinent.

The Sexual Definition Survey (SDS; Sanders & Reinisch, 1999) is a measure that has been previously used in sexual definitions research. As discussed below, this instrument has been expanded a number of times. Although some sexual definitions studies have utilized large

samples, they were either conducted with simpler versions of the SDS or did not utilize the SDS at all. Of the studies that utilized or were inspired by the SDS, we have found only one (Hans & Kimberly, 2011) that measured the definitions of having sex, abstinence, and virginity together, and none that examined gender differences among these three definitions. Furthermore, the only two sexual definitions studies we found that examined how individuals define sex toy use primarily focused on gay men (Hill, Rahman, Bright, & Sanders, 2010) and lesbians (Horowitz & Spicer, 2013). Furthermore, Horowitz and Spicer (2013) used terminology that might not be as familiar for U.S. participants (i.e., “sex aid”) and presented examples of toys (i.e., strap-ons and vibrators) during their questionnaire that might not be as relevant to male participants. The purpose of this study was to investigate sexual definitions among a large sample of university students using the most recent version of the Sexual Definition Survey–Expanded (SDSE), further modified to be used across three definitions (having sex, maintaining virginity, and being abstinent) and to include two new sexual behaviors pertaining to sex toy use.

## 2. Method

### 2.1.1. Participants

Participants consisted of 982 undergraduate students enrolled in a psychology course at a large public university in the southern U.S. All participants were recruited online through the university’s psychology department research website. There were too few participants who identified as transgender to be included for gender comparisons and these participants were excluded. As we primarily wanted to look at attitudes among emerging adults, who are likely to differ from older age groups in levels of sexual experience and sexual education, participants over the age of 29 were also excluded. The final sample consisted of 956 participants, comprising 275 men (28.8%) and 681 women (71.2%). The age of the participants ranged from 18 to 29 years ( $M = 20.4$ ). Ethnicity and sexual orientation demographics are displayed in Table 1.

### 2.2. Procedure

This study was approved by the university committee for the protection of human subjects. The survey was administered online (remotely) and participants received course credit for participation. In order to encourage self-disclosure, the survey instructions emphasized that responses were anonymous and confidential, and no identifying information was requested from participants.

**Table 1**  
Demographics of study sample.

	N	%
Gender		
Male	275	28.8
Female	681	71.2
Ethnicity		
White/Caucasian	503	52.6
Black/African-American	145	15.2
Hispanic	194	20.3
Asian/Pacific-Islander	80	8.4
Native-American	3	0.3
Other	31	3.2
Sexual orientation		
Straight	856	89.5
Gay/Lesbian	33	3.5
Bisexual	44	4.6
Other	23	2.4

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