

Perceptions of Young Women Who Engage in Anal Sex: A Sociological Inquiry

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Despite data suggesting that anal sex is increasingly common among heterosexual individuals, women who engage in anal sex have had little attention in academic scholarship beyond medical fields. Research on anal sex is typically androcentric, with many key studies examining the dynamics of male-male sexual practices. Moreover, research reporting anal sex among young women is often accompanied with concerns around coercion and health risks. Taking a critical view, we argue that normative assumptions about anal sex may obscure or ignore other ways that women and others might engage in anal sex, and, given the emphasis on harm reduction, may obscure a range of reasons for involvement in anal sex. Through focus groups and individual interviews with a range of individuals (n=20) including sexual health practitioners and young people, aged 19-56 years, our qualitative pilot study generated detailed discussion on (1) how anal sex is perceived in general ('what' practices constitute anal sex, who might be involved, and why), and (2) specifically how it is perceived in relation to young women. This paper focuses on the second area and three resultant analytic themes: why women may engage in anal sex, women's bodies and gendered agency, and sexual literacy. We conclude that meaningful sex and relationships education and sexual health services could usefully adopt a more nuanced appreciation of the range of practices that can comprise anal sex, and that some young women engage in anal sex for a variety of reasons (beyond coercion) including pleasure, bodily autonomy and relationship dynamics.

Keywords: anal sex, young women, sexual health, sex and relationships education, sexual literacy, agency

Introduction

Women who engage in anal sex have had little attention in academic scholarship beyond medical fields. Research on anal sex is typically androcentric, with many key studies examining the dynamics of male-male anal sexual practices (for example, see Chow et al., 2016; Hart et al., 2016; Macapagal et al., 2018; Rice et al., 2016). This paper builds on the work of Wood et al. (2019) who scrutinised evaluative interviews with sex educators and sexual health practitioners who had attended training and adopted resources produced by a center for sexual health in a UK city that aimed to promote pleasure-informed positive sexualities and relationships education (SRE). Their analysis highlighted participants' concerns regarding young women's involvement in anal sex. Concerns over the wellbeing and sexual health of women who engage in anal sex have been covered extensively in medical literature. Studies have addressed a variety of challenges that include (a) reducing HIV and other STI transmission (Baggaley et al., 2013, Maynard et al.,

2009, Owen et al., 2015), (b) condom usage (Hensel et al., 2010), (c) accompanying 'risky' sexual behaviors such as drug and alcohol use and multiple partners (Hutton et al., 2013), sex work (Rahmani et al., 2021), sexting (Beckmeyer et al., 2019; Rice et al., 2018) or (d) heterosexual anal sex as coercive, painful and unsafe (Marston & Lewis, 2014) and/or leading to health concerns including anal malignancy (McBride & Fortenberry, 2010). Many of these studies, to their credit, posit the responsibility of health care providers to ask young women about their sexual engagement to improve HIV/STI and other health risk aversion strategies. However, such concerns derive mainly from quantitative studies and appear to inhere assumptions about 'what' constitutes 'anal sex engagement', with penetration of the anus by a penis (commonly referred to as anal intercourse or AI in medical literature) viewed as the primary practice under investigation. Our study aimed to problematise this assumption and contribute to bridging the gap in sociologically driven, qualitative research on perceptions about anal sex involving young women. Specifically, we sought to explore the range of practices that can comprise anal sex, and the reasons why young women might engage in anal sex.

Porta and Last (2018: n.p) define anal sex in the Oxford Dictionary of Public Health as

Sexual intercourse consisting of the insertion of the penis through the anal sphincter into the partner's rectum. This form of intercourse is used mainly by male homosexuals, and sometimes by heterosexual couples to avoid risking pregnancy or to vary sexual pleasure. It can be a way to transmit sexually transmitted diseases, including HIV infection.

This definition omits consideration of anal play involving oral sex (rimming), penetration using sex toys and/or fingers, or anal sex involving two or more partners that do not have penises. Taking a critical view, we argue that these normative assumptions about anal sex may obscure or ignore other ways that women and others might engage in anal sex, and, given the emphasis on harm reduction, may obscure a range of reasons for involvement. Further, Wood and colleagues' (2019) research also found that sexual health education and services for women and girls neglected inclusion of anal sex, highlighting a significant gap in educational provision and the potential for inaccurate case histories and omissions in resultant care and treatment (Gana & Hunt, 2022). This research follows on from such findings and is intended to develop deeper understanding of anal sex and young women and the concern that can accompany narratives on this population group.

Background

Studies examining prevalence rates of anal sex are limited. Various studies highlight conflicting prevalence rates but an increasing trend overall. Only 13 papers met the inclusion criteria in a global study by Owen et al. (2015) whose systematic review and meta-analysis of heterosexual anal intercourse among young people found an overall prevalence rate of 22 %, "with no statistically significant differences by gender, continent or age" (p. 1338). However, in a study of 20 cities in the USA, 30-44% of men and women reported experiences of anal sex (Hess et al., 2016). Frederick et al. (2017), also in the USA, found that twice as many people engage in anal stimulation as anal intercourse, for the purpose of pleasure. More recently, *Statista* (2023) reported that around 40% of people (of all ages) have tried anal sex in the USA, highlighting an increase from 39% in 2020 and 2021, and 31% in 2001. In Britain, the National Survey of Sexual Attitudes and Lifestyles (Lewis et al., 2017) showed a rise in reported heterosexual anal intercourse over the past twenty years from 12.5% to 28.5% among 16- to 24-year-olds.

Specific studies on women are also limited. Among them, Carlos et al.'s (2019) study of women in Kinshasa, Democratic Republic of the Congo, found that of 718 participants reporting heterosexual sex, 59% had oral sex, 22% engaged in anal sex, and 18% engaged in both. In contrast, 1% of 386 Tanzanian young women (aged 17-18 years) reported engagement in anal sex (Francis et al., 2019). Albeit in different geographic and cultural contexts. Benson et al. (2015) found that more than one-third of women in the U.S. have engaged in heterosexual anal intercourse. Similarly, Habel, et al., (2018) reported that 33.2% of U.S. women had engaged in anal sex at least once. *Statista* (2022) reported an increase among women in France who said they had anal sex from 1% in 1970 to more than 50% in 2021. Gana and Hunt (2022) identified similar trends, arguing that "anal intercourse is becoming more common among heterosexual couples" (np).

In sum, prevalence data on anal sex appears to be variable, with geographic, contextual, and intersectional factors seemingly influencing engagement in anal sex and/or willingness to disclose accurate accounts of personal experience. Notably, terms used across different studies are rarely critiqued or standardised, with anal *intercourse* and anal *sex* used interchangeably despite the potential for interpretive distinctions between these terms. Nonetheless, rates appear to be rising, and as Maierhofer et al., (2018) posit, anal sex "... is, simply, normal behaviour" (p. 783) with a

higher proportion of U.S. adolescents and adults engaging in anal sex intercourse than have a Twitter account. Given the shifting landscape surrounding discussions about both engagement in, and willingness to discuss, anal sex, it is important to examine the qualitative meaning and terminology used to describe anal sex.

McBride and Fortenberry (2010) conducted the first systematic review on heterosexual anal sex looking in a variety of areas. They found that "heterosexual anal intercourse is associated with increased risk for HIV and other genital and anal sexually transmitted infections" (p. 123). Indeed, a significant amount of research on anal sex has focused specifically on HIV prevention (e.g. Evans et al., 2018; Herbert et al., 2015; McBride & Fortenberry, 2010; Owen et al., 2017). Research on women's engagement in anal sex, beyond the parameters of HIV prevention, is a relatively new field of inquiry. While the sexual health implications of various sexual behaviors are no doubt important, McBride and Fortenberry (2010) note that little attention is paid to women's agency when engaging in anal sex, with most studies (at that time) overlooking the role of pleasure. It is unclear whether Gana and Hunt (2022) acknowledged a model of pleasure-based sexuality in their research, linking increasing rates of anal sex among heterosexuals to "an increase in pornography within mainstream media", but they state, "it is no longer considered an extreme behaviour but increasingly portrayed as a prized and pleasurable experience" (np). Utilizing pleasure-based principles in sexual health promotion is arguably beneficial in reducing overall harm while promoting safety, bodily autonomy, and desire (Allen, 2023; Race, 2008). However, sociological understandings on women's engagement in anal sex is particularly underdeveloped. For instance, it is unclear (a) how women define 'anal sex', (b) what factors inform or influence choices to engage in anal activity, (c) the role of pleasure in such decision-making, and (d) how many women actually have experienced anal sex. Our research contributes to qualitatively examining some of these issues, notably a, b and c, but given its pilot status, more research with larger numbers of participants is planned.

Lewis et al. (2017) suggest that young heterosexual individuals are using oral and anal sex to complement rather than replace vaginal intercourse within their sexual repertoires. However, accurate rates of anal sex are difficult to document if self-disclosure is required; this is a limitation, given the stigma often associated with anal sex that may discourage admissions about engaging in anal sex (Benson et al., 2019). Also, as mentioned previously, there is reason to doubt that working definitions of anal sex are clear (for respondents) or representative of how people actually engage in anal sex. For example, McBride et al. (2017) found that men and older people are more likely to label anal behaviours as having 'had sex' than other cohorts, highlighting the need for specificity when conducting anal sex research. This is not uncommon, as what constitutes 'having sex' changes historically, culturally, and socially (for an overview see Lister, 2020) demonstrating that the meaning of sexual activity is socially constructed (Gagnon & Simon, 1973). Carpenter (2001, p. 127), for instance, argues that "people even disagree about which sexual acts constitute 'real' sex, as became apparent during the 1998 independent counsel investigation of President Clinton, in which classifying certain sexual activities as sex or as foreplay was a major point of contention." To develop a deeper understanding of these definitional issues, our project explored what was understood by the term 'anal sex', through discussion of four broad questions: (i) What practices might be involved? (ii) Who might be involved? (iii) Who does what to whom? (iv) Are specific roles ascribed to either partner?, alongside investigating any concerns over young women's engagement. A previous paper reported our analysis of findings on perceptions of anal sex (Hirst et al., 2022), with results suggesting current perceptions and narratives are limited and may have the potential to undermine honest education, advice-giving and safer sex if they are not questioned prior to working with young people. The present paper addresses this underinvestigated topic. We offer more specific findings on anal sex involving young women and any attendant concerns that participants have witnessed in their roles

within sex education, sexual health services and/or working with young people.

Anal sex research pertinent to women is typically heteronormative and located in contexts with high prevalence of HIV, with most studies exploring male-female anal sex in African states, particularly South Africa (Carlos et al., 2019; Francis et al., 2019; Owen et al., 2017; Ybarra et al., 2018). Owen and colleagues (2017) justify this in stating that “South Africa is an important setting to examine pattern[sic] of heterosexual AI [anal intercourse], as it has the largest HIV epidemic driven by heterosexual sex in the world” (p. 1). However, this literature can overlook the intersectional relationship between gender, race, class and sexuality that might inform the agentic decisions employed by women who choose to engage in anal sex. While research on anal sex linked to HIV and STI transmission is no doubt important, and perhaps bound by funding ringfenced for HIV prevention and reduction, it also means the corpus of data on anal sex is medically rather than sociologically framed. Furthermore, according to McBride and Fortenberry (2010), research on non-intercourse anal sexual behaviour, including oral-anal contact, digital penetration, manual stimulation, and pegging, is scarce. The research that informs this paper aimed to contribute to meeting the gap in sociologically informed research.

Maierhofer et al. (2018) caution that the terminology used in medical literature is of vital importance to furthering epistemological gains in anal sex studies. Indeed, the heteronormative assumptions made when researching anal sex can invisibilize queer women. There is limited literature on anal sex practices amongst gay, bi, and queer women. Ybarra and Mitchell’s (2016) national (USA) study of LGB and non-LGB sexual behavior found that 1% of lesbian, gay, and queer women and 14-28% of bisexual women had engaged with penile-anal sex with their most recent partner but give no details on the dynamics, nature, and types of anal sex practices or whether their partners were trans or cis women. Marrazzo et al.’s (2005) research with 23 lesbian and bi women aged 18-29 found that “. . . in each focus group, at least one woman indicated that she had never used a sex toy for either vaginal or anal sex . . . penetrative anal sex using a sex toy was acknowledged though viewed as less common” (p. 8) but give little information on rates, types, or dynamics of anal sex practices with queer women. Thus, we have little understanding of queer women’s relationship to anal sex. In addition, not all women who engage in male-female anal sex identify as heterosexual or in binary gendered terms and such language can exclude gender nonconforming and queer identities.

Currently, we also have a limited understanding of trans people’s engagement with anal sex. Out of a sample of 45 trans men who have sex with (cis)men, Sevelius (2009) found 70% had engaged in anal sex. Other studies focus on so-called ‘high risk’ individuals, compare rates of protected and unprotected sex, HIV transmission, and/or ‘risky’ practices. For example, Verre et al., (2014) explored associations between socialization patterns, unprotected anal sex and STIs among ‘high risk’ men who have sex with men (MSM) and transgender women (TW) in Peru and found that frequent attendance at MSM/TW venues (e.g., saunas, pornographic movie theaters/video arcades, “prostitution areas. . . transvestite houses” (pp. 2031, as defined by the researchers)) was associated with increased prevalence of unprotected anal sex amongst trans participants. Also in Peru, Satcher et al., (2017) explored factors associated with HIV transmission and anal sex between transgender women and their partners, reporting that condomless insertive anal sex was more common amongst those with substance misuse issues and in interactions with transactional and casual partners, whereas condomless receptive anal sex was more common with primary partners. Cai et al. (2016) reported HIV prevalence of approximately 30% among trans women sex workers in China who had condomless receptive anal intercourse with male clients, noting means of client recruitment, charge per episode, perceptions and self-efficacy of condom use and engagement in “feminizing medical procedures” as mediating factors in condomless anal sex. Magno et al. (2018) also focused on unprotected receptive anal intercourse among Brazilian transgender women and highlighted

that increased gender-based discrimination (GBD) in family relationships resulted in higher engagement in unprotected receptive anal intercourse (URAI) with stable partners as well as greater likelihood of engagement in survival sex work due to economic precarity.

Violence, victimization and depression were identified as mediators of condomless anal intercourse (CAI) in Wang et al.’s (2021) study of transgender women in China; transactional partners were more frequently violent and CAI was most frequently reported in relationships with greater intimacy, echoing Magno et al.’s (2018) and Satcher et al.’s (2017) findings. A study in San Francisco and Oakland, USA (Nemoto, et al., 2014) of trans women sex workers (n=573) found that 55% engaged in unprotected anal sex as the receptive partner with their primary partner, 30.8% with a casual partner, and 22.8% with commercial partners. In short, aside from studies of trans sex workers, data to ascertain trans people’s engagement in anal sex as part of their wider sexual repertoire and relationships is particularly limited.

Arguably, the framing of much of this research relies on heteronormative social constructs of sex, which reinforce phallogocentric scripts that value the role of the penetrator as male, aggressive, and dominant whereas the receiver is female, passive, and submissive (Austin, 2017). Such scripts dictate that sexual pleasure belongs to (cis) men with sex beginning with insertion of the penis and ending with the male orgasm (Diorio, 2016); women are the receptacles of male pleasure. In relation to anal sex, McBride and Fortenberry (2010, p. 132) argue that

. . . there is a cultural assumption that women should view anal sex as undesirable or unerotic and that participation in the behavior can only legitimately result from some level of coercion or acquiescence. This perspective does not allow for wanted anal sex, which marginalizes the sexuality of women who find anal sex pleasurable or erotic.

Following on from Fahs and Gonzalez (2014) who found that anal intercourse was an increasingly normative yet stigmatized and coercive part of one’s sexual repertoire, McBride (2019) qualitatively explored attitudes towards penetrative anal intercourse amongst women aged 18-30. She found that anal intercourse was “constructed as a prevalent but highly stigmatized, painful act motivated by relational factors. However, themes related to a woman’s own sexual pleasure, desire, and curiosity also emerged” (2019, p. 370). Largely, the desire for a woman to please her male partner sexually was the main motivating factor for engaging in anal intercourse. Interestingly, while participants in her study articulated the stigmas attached to penetrative anal intercourse, none of her participants associated stigma or pain with manual-anal stimulation and the use of sex toys for anal stimulation - attitudes towards non-penetrative anal stimulation were generally favorable. Our research sought to explore general perceptions of anal sex (see Hirst et al., 2022) and investigate concerns – if any – over women and girls engaging in anal sex.

Methodology

For the purposes of this exploratory pilot study, and given the sensitivities of asking people about anal sex (in general terms) and women and girls who engage in anal sex (specifically), we purposely recruited 20 participants who worked in sexual education and/or sexual health and/or had a vested interest in the topic. This choice was due to previous research in sexual health and sexuality youth work with young people, presupposing that these individuals might be less reticent to share their views and experiences. This current or previous role was the only inclusion criteria for the study. We did not stipulate the sex or gender for participation since perceptions of anal sex in general, and perceptions of anal sex and young women specifically, were the foci of the study, rather than women’s personal experiences of anal sex. Had the latter been the focus, identifying as a woman would have been an inclusion

criterion. Although this research did not specifically focus on queer and trans women, we emphasised that our definition of woman included both cis and trans women.

Participants were recruited through convenience sampling as the principal investigator held established links with local sexual health and youth work services (see Wood et al., 2019). Having received ethical approval from Sheffield Hallam University, invitations and information sheets were disseminated through these networks, inviting prospective participants to either a focus group of between 3-5 people or an individual interview (participants specified their preference), on the topic of anal sex in general and anal sex and young women specifically.

Given the exploratory nature of our pilot research and aim to encourage participants to debate with each other, we used focus groups to facilitate participants' expression of their views and experiences and elicit input from other participants. As Morgan and Krueger (2013, p. 12) state, participants "may find that answering questions from the moderator and other participants makes them aware of things that they had not thought about before." Thus, in contrast to surveys, in which one is frequently warned against asking about a topic if people do not have prior opinions, the interaction in focus groups can create a cuing phenomenon that has potential for extracting more information than other methods. Hence, the role of the facilitator during the focus groups and interviews was to offer non-judgmental cues, participatory exercises and questions that avoided phallogocentric and heteronormative positions that assume anal sex involves penile-anal intercourse and to create ample space for latitude of responses. For instance, as an opening exercise we asked participants to write down the words they associated with the phrase 'anal sex' (as opposed to entering dialogue with the focus group facilitator) to minimize influence or prompting. Participants shared their responses with each other in the presence of the facilitator, and then the facilitator evoked further discussion by asking them to draw out the practices, identities, and narratives that their responses suggested in terms of 'what' anal sex is perceived to involve, 'who' is perceived to engage in anal sex, and 'why' (reasons and motivations for anal sex). Had women and anal sex not arisen organically in these conversations, participants would have then been asked for their views and perceptions, but given that participants were explicitly informed that the focus of the research was on anal sex and young women, discussion evolved without prompting.

Face-to-face or telephone interviews were conducted with those who could not join focus groups due to time or travel constraints or wished to participate on an individual basis, using the same format as the focus groups. Throughout data collection, we emphasized that all contributions were valid with no requirement to share information about themselves and/or friends, partners or children (some had teenage children for whom the topic felt relevant). As a result, participants often distinguished their references to public discourses and/or service users' views from personal viewpoints and were critical and analytical.

All participants signed a consent form to participate in the project. In total, 4 focus groups and 3 telephone interviews of 60 to 90 minutes duration were conducted. Sessions closed with a debriefing on sources of support, an invitation to log anonymous comments, concerns or queries, and an invitation to a future dissemination event. Table 1 details the number of participants, focus groups, and occupational backgrounds of the study participants. Given the small sample size, demographics for individuals are not included and pseudonyms are used to safeguard anonymity. To summarize, the sample included 16 women and 4 men; 1 lesbian, 2 bisexual, 2 gay, 7 straight, and 8 undisclosed; 1 Black person, 1 White European, 17 White and 2 undisclosed. Given that our overall sample was largely racially homogenous, primarily consisting of White, anglophone women, an intersectional analysis is limited.

Both interviews and focus groups were audio recorded and transcribed in full. Data were analysed using a thematic, inductive method with written codes produced and organized as data emerged (Nowell et al., 2017). Braun and Clarke's (2006) six-phase the-

matic framework was utilized by a team of five researchers. Each researcher individually coded all transcripts. The resulting codes were analyzed collectively to assess similarity and then refined, and transcripts were re-analyzed using these codes to find data that supported them. These codes were explored and analysed by the team and grouped into three core themes, discussed below. All researchers were involved at each stage of the process and frequent discussions were held to ensure reliability and consistency in each phase.

Results and Discussion

Three themes emerged from the discussions on anal sex specifically pertaining to women: 'why women may engage in anal sex', 'women's bodies and gendered agency', and 'sexual literacy'. These themes cover the rationale for why participants believed women would engage in anal sex, whether these reasons to participate in anal sex were agentic, and how a lack of knowledge of sex education (i.e., a woman's sexual literacy), influences the ability to consensually engage in pleasurable sex generally and pleasurable anal sex specifically.

Why women may engage in anal sex

When asking participants why they thought women may engage in anal sex, a variety of responses were articulated. Initially, participants suggested practical reasons, such as avoiding discomfort when menstruating (also found in Baggaley et al., 2013; Beckmeyer et al., 2019) or "it's a way to avoid pregnancy" (Tim). Largely, these practical motivations were perceived as alternatives to the primary, vaginal sex, with penile-vaginal sex being viewed as 'proper sex' above other sexual activity.

...often when people talk about sex, they're talking about penis-in-vagina sex and that's what constitutes proper sex ... (Olivia)

This was unsurprising as several previous studies indicate that penile-vaginal sex is often considered as the default sexual position (Hirst, 2012) especially when defining first sexual experiences (Boydell et al., 2021).

The assumption underpinning many of these responses viewed women as the receivers of anal intercourse and men as the penetrators. For example, as Ben articulated.

I think in my eyes, anal sex with genuine penetration and stuff is more the man to woman.

However, he went on to explain,

But, I think sort of softer anal sex, things like fingers and tongues ... I think both sides is pretty common. But strap-ons and dildos and stuff like that, I think that's more taboo ... I think guys getting, yes, by a girl with a strap-on is quite emasculating ... I don't think many guys would be up for feeling that vulnerable as well because I think it does put someone in a very vulnerable position. (Ben)

Representations of the penis carry phallogocentric constructions that imbue the phallus as a universal symbol of masculinity and dominance. Such constructs reinforce gendered and sexual scripts that can determine attitudes and behaviors when engaging in sexual activity (Diorio, 2016). As outlined by Ben, receptive anal sex through an object designed to represent the phallus, by a woman, was deemed emasculating. This was further reinforced by another participant who relayed:

I remember one young woman speaking to me about asking her new partner if she could anally penetrate him, and he was really uncomfortable with that ... I think there's always this idea that it's going to be something that is ... done to the woman ... it's this idea that you're going to

be more passive and you're going to be the recipient of something until your top [giver or inserter] reaches their climax ... so I think it's quite interesting to make some of those gender kind of imbalances. (Rebecca)

Many conversations, like these, centred male pleasure as a core rationale for why women engage in anal sex. Again, women were commonly viewed as the passive instigators of anal sex with engagement being something that a woman should endure rather than enjoy:

I think some young women are quite, "Oh, I really don't want that. I wouldn't want to even try it". Or some young women have been saying, "It's fine if you're a bit drunk. You just need to be a little bit drunk so it doesn't hurt". ... it's something that you have to put up with rather than enjoy. (Julie)

As this comment suggests, numbing the perceived pain of anal sex through alcohol was viewed as a key factor in whether women engage in anal sex. The receptive anal partner was assumed to be the woman, and it was something done to her rather than her being an active, agentic participant. Indeed, women who were curious or wanting to engage in anal sex were framed as experiencing pressure from partners or peers:

I've had a few young women who've talked about it, if they are one-to-one, and asked... "How do you do it?" and, "Does it not hurt?" So, it's clearly the pressure, but also curiosity around it as well. Could be pressure from peers or partner. (Cassie)

Some participants, however, asserted that pleasure had been absent from their focus groups or interview conversation, for example:

We haven't talked about pleasure. (Olivia)

Yes, there's pleasure. (Kate)

Like, the fact that actually a lot of people want to do it and enjoy it, and if they are able to – because I think we're only thinking about the young people that might be feeling pressure. (Olivia)

This was affirmed by a participant with a counter narrative to the cultural perception that anal sex is inherently a coercive act, and that pleasure might play a role in young women's decisions to choose to engage in anal sex:

... It can be enjoyable for a lot of people. That's literally it, point blank, that is why people do it. Why do people have sex in general? Because it's enjoyable. (Bella)

Omitting pleasure from discussion of anal sex in sex and relationships education limits the potential for raising self-knowledge and obscures anal pleasure in favour of anal risk. We argue that focusing on anal sex as a problem devoid of pleasure will not deter those who are interested in partaking voluntarily. Denying that pleasure can be a motivation for anal sex is dishonest and erroneous. Acknowledgement of the potential for pleasure would ideally occur within sex and relationships education, to help facilitate discussions with potential sexual partners on safer, consensual practices.

Women's bodies and gendered agency

These initial conversations with participants (outlined above) segued into the gendered dimensions of anal sex, and the specific role of agency or choices made when engaging in anal sex. We were particularly interested in participants' views on the types of choices women make in this context. When asked who the primary instigator of anal sex might be, most participants said men.

... in the vast majority of cases, we think it's men that instigate it. And even when it's women, in some cases, it's because of what they think the man wants, so it sort of revolves around power ... we were saying it seems the majority are led by men, and men's pleasure, and power of men over other people. (Laura)

This notion of what women or girls "think the man wants" reflects Holland et al.'s (1998) concept of "the male in the head" wherein young women in heterosexual relations internalize the systematic privileges of masculinity and find it difficult not to collude with male power and resist male dominance and desires. Carpenter (2001, p. 128) reminds us that "... different cultural groups, both within and across societies, interpret different activities as sexual and imbue different sexual practices with specific meanings."

The young women in our research context of England displayed awareness of sexual scripts that are informed with patriarchal values and language (Jackson, 1984). It is therefore understandable that participants perceived anal sex using a traditional gendered lens with the woman as receiver and the male as giver, and the male as the primary instigator. Knowledge of gendered scripts and unequal power are not limited to women, as a young male participant suggested:

"I think sometimes if the guy sees porn, sees anal sex, he's like, "I want to try that". One of his mates has tried it. "Let's do this". She doesn't feel that comfortable with it, but because she's in this new relationship it's like, "I want to please you". I think it's easy to exploit young girls, because they are not that sure of themselves yet. I think it's a very insecure time. (Ben)

While women were framed as being at higher risk of persuasion or coercion regarding anal sex, and men as the primary instigator of anal sex, participants acknowledged that some women have agency and bodily autonomy to experiment with their bodies and sexuality. Perhaps unintentionally, the lens of experimentation frames anal sex – even when it is perceived as an act fully consented to and chosen by a woman – as non-normative, adventurous, or experimental:

It might be younger women who are a bit more experimental, or it might be older women who are a bit more confident really ... I don't know much about gay men, but for women, I think it feels right in some relationships and doesn't in others. (Rosie)

For a woman it might be, "I'm not a liberated woman, or a free woman, until I've had anal sex", or "I'm not an adventurous woman". So, there's something about rites of passage. It's emblematic of their sexuality. (Paul)

Concerns were voiced regarding constraints that might impact women's potential for agency, such as how informed they were about their anatomy, anal sex, and sex more generally. For instance, a lack of education that centred women's bodies, sexuality, and sexual pleasure could inhibit some women from making informed choices about their sex lives:

... don't think the clitoris is still particularly talked about in school, you know, as part of biology and not reproduction, just what your body does ... Young women that I've spoken to, the thought of putting your hand down there and just have a feel and getting a mirror out and having a look, it's like "eugh". There's that revulsion with your own body, it's heart-breaking. So, then to have a conversation about anal sex in a fully informed way is almost impossible because they don't even know they've got a clitoris. (Jane)

For this participant, young women's self-bodily revulsion was a significant barrier to experiencing pleasurable sex, together with a lack of knowledge about their anatomy, including the clitoris.

Although conversations around anal sex were said to be lacking, the lack of pleasure-based information and positive experiences for women was of concern to several sexual health practitioners who lamented that even ‘normative’ vaginal-penile sex was, in their professional experience, frequently a negative experience for women, so concerns over anal sex were more pronounced.

I just feel so, so worried . . . I just automatically think, so many people are having bad vaginal sex, so you can only imagine how many more people are having bad anal sex where there is just more possibility for pain. (Kate)

Ultimately, participants felt that more information on pleasure, vaginal and anal sex was a pre-requisite to a greater degree of agency by informing them about their own bodies.

It’s their bodies. It’s their bodies, give them the information. I’m talking teenagers now but it’s their body, they have a right to pleasure . . . it’s their bodies, let’s equip young people with as much knowledge and information and skills to be able to explore that, so they have healthy, happy, pleasurable sex lives. (Ellen)

Arguably, a lack of education around anal sex specifically, and women-centred sexual pleasure more generally, creates a dearth in sexual literacy that individuals could otherwise draw on to explore and practice their sexuality. In parallel, gendered agency can be facilitated by reciprocal consent, and as Bella asserted, might not be helped by adult-driven questioning of consensual decision-making:

. . . there’s too many questions about why people do it, when the fact of the matter is that if it’s consensual and people want to do it, you should just let people do it. (Bella)

Sexual literacy

One participant outlined that due to unfamiliarity with their bodies, it was difficult for women to seek out knowledge about their sexuality in order to make autonomous decisions regarding their sex lives.

Some young women wouldn’t even know what to Google because . . . young women are still very unfamiliar with their bodies, and I think a lot wouldn’t know exactly what’s happening. (Jane)

Overall, it was felt that one of the most salient barriers to true bodily autonomy, including the ability to fully assent to anal sex, was a lack of sexual literacy and education about the body (see also Herdt et al., 2021). This lack of knowledge about anal sex specifically, concerned sexual health practitioners who frequently encountered young people with little awareness or understanding of anal sex.

Young people have no idea, honestly, I’m not exaggerating, I’ve probably been asked about ten times if you get pregnant from anal sex. I think people just don’t know, and that’ll be from kids in year 9, so fourteen [years old] . . . I think people have a real lack of actual knowledge about it. (Cassie)

This led to further concerns about choices made when engaging in anal sex, particularly whether a woman was (a) making an informed decision, (b) making her own decision based on her own sexual pleasure, and (c) enjoying anal sex for herself rather than her partner:

It’s something I struggle with . . . for young women in early heterosexual sexual relationships, if they’re talking about anal sex being something that’s the most practiced thing that’s happening within the relationship, I think I would feel concern . . . If it was two 14-year-olds say, I would feel, what is she getting out of it? (Jane)

Lack of discussion around women and anal sex within sex and relationships education was viewed as symptomatic of wider neglect of women’s sexual anatomy, repertoires, and bodily pleasure:

Maybe people go to the anus before they go back to the clitoris and, you know, we need the clitoris to rise up and revolt really, this is what needs to happen. We need more, kind of, clitoral literacy, I think. (Bella)

Increasing the sex and relationships literacy of young women through a positive program of education and support was argued as key to empowering them to make informed decisions about their sexual lives.

I think if you give people information, then it enables them to challenge any kind of coercion. (Jane)

Concluding thoughts and limitations

This research formed part of a pilot study and was undertaken to understand if, how, and why narratives of concern about young women’s anal sex practices are being expressed by both sexual health and education practitioners and adults working outside of sexual health. Although our sample size is limited due to its exploratory nature, the pilot project yielded such rich and interesting findings that the research team felt them worthy of sharing with the wider field of researchers, educators and service providers. We also acknowledge that the sample is atypical, in that most of the participants were either workers involved in sexual health, or young people who were willing to talk about anal sex, and therefore not necessarily representative of wider populations in terms of experience, expertise and views. Also, the largely racial homogeneity of our participants made an intersectional analysis impossible. Thus, we do not claim that our findings are generalizable, but some issues are transferrable and worthy of further interrogation in discussions with young people in schools and other youth settings, in clinical settings and future research involving larger samples of young people, and young women particularly, in order to achieve a more nuanced understanding of young people’s perceptions of anal sex.

We found that concerns surrounding anal sex appear to concentrate on the act itself as a site of gendered action. Participants often conceptualized anal sex as an act involving the coercion of young women and girls by a male instigator for the primary purpose of male pleasure. Anal sex was acknowledged as a neglected area of sex and relationships education and certainly not a practice that might be linked to pleasure. Lack of education on female pleasure concerned our participants and it was felt that this limited the sexual literacy available to women and girls, shaping their ability to assent to anal sex on their own terms. We emphasize that we are not seeking to encourage anal sex arbitrarily but advocate that if young women are to have anal sex, they are entitled to the self-knowledge that will allow this to occur safely, consensually, pleurably, and positively. Our project highlights that there is a paucity of pleasure-based anal sex discourse surrounding women and girls, and more generally a lack of attention for all genders in relation to scrutinizing and widening definitions of anal sex to acknowledge that the umbrella term ‘anal sex’ can include more than penetration of the anus with a penis. In order to equip people with the necessary literacy that considers female pleasure, relationship dynamics, and bodily autonomy, we recommend that education on anal sex move beyond medicalized parameters of risk and HIV and other STI reduction to more holistic discourses that view women and girls as agentic individuals capable of sexual pleasure who are entitled to information relating to their own bodies and how their bodies can experience pleasure; vaginally, orally, and anally.

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