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POVERTY AND EROTIC EQUITY

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Introduction

Sexual health is a key component of public health. Sexual health entails not merely the ability to avoid unwanted pregnancy, sexually transmitted infections (STIs) or sexual violence; it also requires the opportunity for sexual well-being and flourishing, including a pleasurable, unstigmatised and satisfying sex life. This emphasis on the positive aspects of sexual health has been emphasised by international organisations such as the World Health Organization and professional associations such as the American Public Health Association. The World Association for Sexual Health's 2022 Declaration on Sexual Pleasure also underscores how sexual pleasure is integral to broader health, well-being and rights (Ford et al. 2021).

Sexual health researchers, as well as those developing sexual health programmes and policies, have often focused on measuring and preventing negative sexual outcomes. Much of this work has addressed those who are structurally disadvantaged, including those individuals and communities most burdened by HIV and AIDS, STIs, sexual violence and undesired pregnancies. This focus on negative sexual outcomes – sexual *ill*-health – has resulted in a sidelining of discussion about pleasure and sexual well-being for all. It has also consistently linked marginalised populations with negative sexual health, perpetuating the notion that these groups are undeserving of positive sexual experiences or that pleasure is only incidental for members of these communities compared to other sexual concerns.

The concept of 'erotic equity' can help fill in some of the gaps regarding sexual flourishing and social inequalities. Our use of the term 'flourishing' is indebted to earlier articulations of the conditions necessary for a human to thrive developed by Nussbaum and Sen (1993). Their work set the stage for understanding the crucial roles that poverty and uneven resource distribution play in disrupting and impeding flourishing. Building from this work, we define **erotic equity** as people's access to sexual pleasure and well-being, including how social systems or structures enable or constrain these positive sexual experiences (Higgins, Lands, et al. 2022). As a result of societal inequalities and structural power imbalances, individuals have unequal access to sexual pleasure and well-being. Erotic inequities are

patterned by multiple axes of inequality, including those linked to gender and sexual identity. For example, gender identity can facilitate, or fail to facilitate, positive aspects of sexuality. Research on the orgasm gap reveals that in heterosexual relationships, people with penises are much more likely to have orgasms than people with clitorises, despite similar abilities to achieve orgasm while masturbating (Mahar et al. 2020). Discrimination such as homophobia and transphobia also undermine sexual flourishing by limiting the sexual and relational imaginations of all individuals and threatening to punish those who imagine more capacious gender and/or sexual lives. In addition to considering social and structural power imbalances such as gender and sexual identity, researchers have also examined how social institutions from schools to organised religion influence sexual well-being.

However, researchers and advocates have paid comparatively little attention to how structures of poverty and relative access to socioeconomic resources may affect sexual pleasure and well-being. Addressing this absence is important given the extraordinary influence of socioeconomic factors on people's daily lived experiences. Moreover, given that poverty is both an individual circumstance and structural constraint, examining its influences could add richness and depth to current conceptual models of sexuality and sexual well-being. In the remainder of this chapter, we share concepts and findings that have emerged from our own recent inquiry into socioeconomics and erotic equity. First, however, we offer some working definitions.

Socioeconomic concepts and public health research

'Socioeconomic status' and 'social class' are often conflated and oversimplified in public health research – in part because of the difficulties of accounting for dynamic and multifaceted processes in quantitative research methodologies. Sexuality and sexual health researchers often use single-item proxies for individual-level socioeconomic status such as educational level, income, percent of the Federal Poverty Level (in the USA in particular) or access to certain material goods (in the Global South in particular). The majority of published research in this area treats such stand-in socioeconomic proxies as static control variables. As a result, some researchers overlook or ignore the day-to-day influence of economics, class, inequality and poverty on the way in which people may be forced to live and, by extension, individual sexual well-being.

The American Psychological Association (2015) has suggested that social class encompasses at least two major elements. First, *socioeconomic status* involves social and material elements, including income certainly, but also education, housing and food security – as well as economic hierarchies of power and privilege that allow some groups to succeed at the expense of others. Second, *subjective social status* involves people's perceptions of their own social class relative to others. Regardless of people's actual economic position, their understandings of their own social standing have important psychological implications for how they relate to others and the world around them.

Similar to socioeconomic status, *poverty* may be understood both in absolute terms (that is, how much money a person or family has to sustain themselves) or in relative terms (that is, how the poorest people's lives compare to the richest within a specific context, such as a nation). The most common approaches to poverty use absolute terms alone. For example, in the USA poverty is often measured using a person's or family's income, and in a broader global context, the World Bank defines 'extreme poverty' as living on less than US\$1.90

per day and ‘moderate poverty’ as less than US\$3.10 a day (World Bank 2021). Using this measure, the World Bank estimates that 9% of the world’s population is ‘extremely poor.’ Taking a more multidimensional approach, the United Nations Development Programme defines and measures poverty in three dimensions – health, education and standard of living (United Nations 2020). This definition suggests that 1.3 billion people, or more than one in five (22%) of the world’s population, live in multidimensional poverty. The vast majority of these people live in the Global South, which continues to be affected by the lasting legacy of European colonisation (United Nations 2020). Poverty also encompasses social and structural-level non-material factors, including limited social services, lack of investment in public education, poor housing standards, lack of voting rights, and lack of protection against violence and threats of violence.

What evidence connects socioeconomics with sexual flourishing?

In a recent review of the literature on socioeconomics and positive aspects of sexual well-being (Higgins, Lands, et al. 2022), we drew on 10 years of research to document relationships between, on the one hand, socioeconomic conditions (such as financial stressors, income and education level), and on the other hand, indicators of positive sexual well-being (such as sexual satisfaction, functioning and orgasm). To be included in the review, articles had to include associations between at least one socioeconomic indicator and at least one sexual well-being indicator in their analysis, whether quantitative, qualitative or multi-methods. These relationships did not have to be the main focus or hypothesis of the article in order to be included. Given the general paucity of literature on this topic, we often needed to scour tables to find evidence pertinent to our review, even if neither the article’s abstract nor main text specifically mentioned these associations. Because we wanted to focus on positive sexual outcomes, we excluded studies that focused solely on negative outcomes such as sexual dysfunction.

Our review process located 47 studies that met our inclusion criteria. They had taken place in a diverse range of settings, including 16 countries and two larger, combined geographic regions. The majority included cisgender women only, and none specifically focused on trans, gender-diverse or LGBTQ+ populations. Although these populations were included in a few study samples, they were not the focus of any one article.

In terms of socioeconomic measures, most articles documented two main indicators of socioeconomic resources: education and income/access to financial resources. A few studies contained broader measures, with some assessing ‘social class’ or ‘socioeconomic status’ (‘SES’), but these measures were largely either occupation or income based. Socioeconomic measures in this review also tended to represent a sole construct – for example, education level, employment status or income – as opposed to more multifaceted, multidimensional or multilevel indicators.

In terms of sexual well-being, most studies assessed sexual functioning and sexual satisfaction using validated measures. More subjective measures, such as the overall quality of one’s sex life, were rare. As with socioeconomic indicators, the overwhelming majority of studies used single-axis constructs of sexuality such as overall functioning, individual domains of functioning (e.g., orgasm) or satisfaction. A more complex measure of overall sexual well-being might include a range of dimensions that impact one’s sexual life, including relational quality, access to adequate sex education, as well as physical and emotional safety (see McClelland 2012).

Despite these limitations with sample diversity and measurement, the findings from the review were clear and consistent. In 44 out of 47 studies, poorer socioeconomic conditions were significantly associated with poorer sexual well-being and flourishing. For example, people with comparatively less income also reported markedly lower levels of sexual satisfaction in the last month. Lower levels of sexual satisfaction were consistently associated with fewer years of education among study participants. These broader relationships were consistent across 22 countries in both the Global South and North, as well as across cisgender women and men. The three remaining studies did not report relationships in the opposite direction; rather, they simply did not report significant or meaningful associations.

A more specific example illustrates this review's findings. In one study, investigators recruited approximately 2,500 people of reproductive age who were seeking a new contraceptive method (Higgins, Kramer, et al. 2022) at a variety of family planning clinics in the USA. These largely young (mean age = 23) and relatively healthy individuals completed a baseline survey that contained a variety of both sexual well-being and socioeconomic measures. The study team ran simple bivariate tests between the two. The results were consistent with the overwhelming majority of others in our review. For example, those individuals who had had trouble paying for basic needs (food, housing, medical care) in the *last year* also reported fewer orgasms during sexual activity in the last month compared to those who were able to afford their basic expenses. Compared to those who were able to pay for most or all of their monthly bills in the last month, people who described having trouble with such expenses in the *last month* reported lower rates of sexual satisfaction during their sexual encounters in the last month and rated their 'overall quality of sex life' as significantly lower. People whose overall incomes were below the US Federal Poverty Level (a major indicator of social disadvantage that we use in the USA) also reported lower rates of sexual satisfaction in the last month.

This study used a wider variety of measures than some others. However, as with most other existing research, the study was cross-sectional in nature, and did not conduct in-depth data collection with study participants to better understand the pathways through which socioeconomic pressures or conditions affected their sexual bodies and selves. Finally, it contained only individual-level assessments of socioeconomics and financial scarcity. For example, the study did not examine neighbourhood-level factors, relative quality of schooling, or other social policies. Such study limitations represent deficiencies that stymie this vein of research more broadly. As a result, the dynamic relationships between economic conditions and people's sexual lives, and especially the ways that they might experience sexual well-being and sexual flourishing, remain poorly understood.

Along those lines, exceedingly few of the articles in our review were equipped to document or even comment on socioeconomics as a process and series of structures through which these inequities arise. The articles largely treated socioeconomic status as single-domain (e.g. income), individual-level independent variables. While dozens of articles in the review report on associations between socioeconomics and sexuality measures, very few considered or documented the pathways through which these disparities started and travelled. Nor did most research document local contexts in which their findings emerged. As a result of these limitations, we are left with few ways to imagine the sexual lives of those with few economic resources, other than recognising that these individuals need support to avoid negative sexual outcomes.

Potential pathways between poverty and sexual well-being

Given the limitations of existing research, how, then, do we make sense of the social and structural processes that lead from poverty to erotic inequities? To answer this question, we turn to some scholarly understandings of how socioeconomic conditions constrain people's lives more broadly. These frameworks provide clues as to how socioeconomics and poverty can influence sexual pleasure and well-being.

For example, we know that living in poverty is both emotionally and physically taxing on bodies. People living in poverty may be physically ill due to chronic stress, exhaustion, hunger or disability. Such direct and indirect effects on bodies can undermine all aspects of health and well-being, including sexual flourishing. Public health scholars and practitioners widely uphold the phenomenon of *weathering*, which refers to how chronic exposure to social and economic disadvantage may lead to accelerated decline in physical health outcomes (Geronimus 1992). This concept has largely been applied to racism and racial disparities in a wide array of health conditions, but social class and socioeconomic conditions have also been found to be key contributors to weathering (Forde et al. 2019).

The costs of poverty are not physical alone. Ongoing economic stressors are also associated with declines in cognition and mental well-being, which could set the stage for less sexual satisfaction. The social dimensions of poverty, including the stigma associated with poverty and with being poor, are key to understanding more about the conditions surrounding one's sexual life. For example, fear of being stigmatised may affect how someone advocates for themselves (or not), such as during condom or contraceptive negotiations with a male partner. Research on poverty stigma has found that being stigmatised can lead to social exclusion, devalued social and personal identities, and discrimination (Reutter et al. 2009) – all of which can have detrimental health, financial and psychological effects. Chronic financial strain also increases fatigue, which could also hinder sexual flourishing in depleted bodies. Socioeconomic scarcity also undermines the quality of people's sexual and romantic relationships. For example, those without financial means to escape violent or even unsatisfying relationships may endure or withstand engaging in sexual activities they do not want or enjoy.

We can also consider sexual spaces in relation to socioeconomic conditions, which may also affect sexual well-being. For example, housing insecurity often entails a lack of private space for sexual or intimate activities. These limited sexual geographies can increase people's vulnerability by way of hurried sex in streets, parks, or abandoned houses, which could in turn contribute to decreased pleasure or even criminalisation. General lack of privacy in crowded living conditions, as well as the lack of privacy in transactional sex used for financial support, housing or other goods, may also change the role of pleasure-seeking in these interactions. Poverty creates a context in which coercive, rushed and/or less pleasurable sexual experiences are comparatively more common than in communities with greater socioeconomic resources.

Poverty may also influence a person's expectations concerning sexual pleasure, respect and safety. Sexual expectations are an individual's beliefs about their future sexual self, including behaviours, relationships, feelings and importantly, the quality of these sexual experiences (McClelland 2010). For example, in one study of low-socioeconomic-status women in the UK, young women's romantic relationship histories often left them little opportunity to form expectations of the kinds of relationships they wanted or to insist that

a partner meet these expectations (Maxwell 2006). Another analysis found that parental education was positively associated with US young women's expectation of pleasure and sexual self-efficacy (Cheng et al. 2014).

Conclusions and takeaways

As other chapters in this book make clear, sexual pleasure is a human right and an important part of overall health and well-being. Given that, across the globe, people have inequitable access to sexual pleasure and other positive aspects of sexuality, it is important to understand and address the roots of such inequities. In this chapter, we have highlighted socioeconomic conditions as critical but perhaps overlooked contributors to sexual well-being – constituting an axis of inequality that must be considered alongside gender, race, sexual identity and other structural oppressions in its constraining or enabling influence on sexual flourishing.

The empirical literature consistently documents that poorer economic conditions, operationalised in various ways (but primarily through education, income and occupation), are associated with lower levels of sexual well-being. In other words, connections between economic conditions and sexual flourishing are not just a likely hypothesis; we have a preliminary but compelling evidence for the relationship between economics and erotic inequity.

Structural economic constraints, then, affect sexual bodies. However, the literature documenting these associations is missing complex approaches that approach socioeconomics and poverty as dynamic, multi-level processes versus an individual-level control variable. In other words, an individual approach misses the complex ways in which socioeconomic factors play out in a person's life. For example, high levels of pollution and crime in a low-income neighbourhood, developed for decades as a result of structural policies and negligence, may impact an individual's sexual well-being directly (e.g. through decreased physical health), as well as indirectly (e.g. through decreased levels of parental support as a result of economic strains), but also psychologically through limiting how one imagines the potential for a future health and vitality. More expansive research approaches are needed to better understand and address poverty and erotic equity.

Along those lines, the scholarship reviewed in this chapter carries a number of important implications for future theoretical development, empirical research and advocacy.

First, in terms of theoretical implications, sexuality and sexual health scholarship could benefit from considering classism and other socioeconomic *processes*, not income or 'SES', as a central root of sexual health and well-being. We can benefit greatly here from the work undertaken by racial equity scholars. In recent years, in response to vast quantities of research showing that racial categories are strongly associated with a wide range of health and well-being outcomes, health equity scholars have encouraged us to consider how *racism*, not race, is what really drives such disparities. Similarly, studies document how economic conditions and poverty are strongly associated with sexual well-being, but they fail to attend to how structures of poverty and economic inequities – versus the sociodemographic variables themselves – are the drivers of such associations. Focusing on the ways that socioeconomic structures affect people's lives, including access to (in)adequate education and health care, could improve our understandings of the relationship between poverty and sexual health and provide us with better tools for change.

Second, in terms of research implications, we encourage future investigators to adopt more complex, multi-domain approaches to measuring both sexual well-being and the socio-economic conditions of people's lives. It will also be paramount to seek more heterogeneous study populations, including gender-expansive and sexually and racially diverse individuals and communities in order to include a wider array of experiences, perspectives and evaluations that have historically been left out of sex research. Along those lines, researchers should also consider socioeconomic status in relationship to other issues related to sampling, including race and ethnicity, gender, sexual identity, nationality and nativity, and other inequities which exert a strong influence on sexual bodies. This chapter deliberately examines one axis of inequality here given its absence in prior research, but multilevel studies are vitally important. 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 well-being. For example, research on the downstream effects of sex education in schools (or lack thereof) could offer needed insight into structural gaps that are introduced early in life. Such inquiry would highlight, for example, how unequal schooling opportunities shape the intimate and sexual lives of children and then adults who have been structurally denied access to adequate information about their own and others' bodies.

Third and finally, in terms of advocacy, we add our voices to previous demands that social equity and justice are critical to supporting and promoting positive sexual health and well-being. For example, the reproductive justice framework has brought greater attention to the networked roles that institutions, the environment, economics and culture play in a people's reproductive and sexual lives (Hayes et al. 2020). The reproductive justice framework highlights how the right to sexual pleasure, the freedom to express one's gender, and access to healthcare and body positivity are also linked to economic conditions, even when, for example, one's sexual pleasure may not be reproductively oriented (Kalra 2021). Demands for reproductive justice mean that those institutions that incarcerate, punish and police sexual and reproductive lives must be held accountable first – and – that those who are most affected by this policing are also able to set the agenda. We see this as a crucial step in working towards erotic equity for all.

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