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Socioeconomics and Erotic Inequity: A Theoretical Overview and Narrative Review of Associations Between Poverty, Socioeconomic Conditions, and Sexual Wellbeing

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ABSTRACT

Sexual health includes positive aspects of sexuality and the possibility of having pleasurable sexual experiences. However, few researchers examine how socioeconomic conditions shape sexual wellbeing. This paper presents the concept of “erotic equity,” which refers to how social and structural systems enable, or fail to enable, positive aspects of sexuality. In part one, we use this concept to consider potential pathways through which socioeconomic conditions, especially poverty, may shape sexuality. Part two builds from this theoretical framework to review the empirical literature that documents associations between socioeconomic conditions and sexual wellbeing. This narrative review process located 47 studies from more than 22 countries. Forty-four studies indicated that individuals who reported more constrained socioeconomic conditions, primarily along the lines of income, education, and occupation, also reported poorer indicators of sexual wellbeing, especially satisfaction and overall functioning. Most studies used unidimensional measures of socioeconomic status, treating them as individual-level control variables; few documented socioeconomic conditions as structural pathways through which erotic inequities may arise. Based on these limitations, in part three we make calls for the integration of socioeconomic conditions into sexuality researchers’ paradigms of multi-level influences on sexuality.

Introduction and Working Definitions

Over the last twenty years, sexuality researchers have increasingly documented how sexuality is both an individual phenomenon and a social process, structured by socio-demographic, relational, sociocultural, and structural forces. Researchers have examined a wide range of factors that influence sexual wellbeing, from gender to sexual identity, relationships to family influences, schools to religion. But poverty and socioeconomic conditions are largely omitted from this scholarship, despite socioeconomic status being among the largest influences on people’s lived experiences. This absence is especially notable in research on positive aspects of sexual wellbeing, such as studies of pleasure, but is less pronounced in research on negative sexual outcomes such as sexual dysfunction, sexually transmitted infections, and unwanted pregnancy.

Poverty is both an individual circumstance and structural constraint, and as such can add critical depth to conceptual models of sexuality and sexual wellbeing. This review attempts to establish both a theoretical and an empirical framework for what we mean by “erotic inequity” in relation to socioeconomic conditions. In part one, we draw on broader literature from the sexuality field to consider some of the social and structural pathways through which erotic inequities may arise. In part two, we use this more theoretical lens to share findings from a narrative review of the empirical literature that documents associations between socioeconomic status and

sexuality. Since this literature was almost entirely devoid of descriptions of sociocultural and structural conditions, we conclude the paper in part three by making suggestions for future research, suggesting ways of adding socioeconomic conditions and poverty into sexuality researchers’ paradigms of multi-level influences on sexuality. We seek here not to affirm the obvious, that “poverty make things worse,” nor do we aim to suggest ways that researchers may better “control” for socioeconomic status in their work. Rather, we examine relationships between poverty and sexual wellbeing, then appraise how these connections can help us understand contextual sexuality more deeply than ever. First, we define some key terms.

Sexual wellbeing encompasses sexual functioning and health status but also the relational and social contexts in which sexual life occurs. For our purposes, sexual wellbeing refers to positive, pleasurable, and safe sexual experiences, both physical and psychological, that both enable and intersect with other key elements of sexuality. Along these lines, we draw from Mitchell et al. (2021), who proposed a model in which sexual wellbeing overlaps with sexual health, pleasure, and justice. They argued that sexual wellbeing must be both un-conflated from sexual health and considered a critical part of overall public health. Their suggested domains of sexual wellbeing include sexual safety and security, sexual respect, sexual self esteem, resilience in relation to sexual experiences, forgiveness of past sexual experiences, self determination in one’s sexual life, and comfort with sexuality.

Taking a less sweeping view, (Lorimer et al., 2019) identified 59 dimensions of sexual wellbeing in their review of the literature published from 2007–2017. They organized these dimensions into three domains: (1) an individual cognitive affect domain, such as function, satisfaction, and self-esteem; (2) an inter-personal domain, such as relational sexual satisfaction and relationship satisfaction; and (3) a socio-cultural domain, such as social and cultural norms like those around gender and sexuality. Other key dimensions included the presence of pleasurable and satisfying experiences, the absence of sexual problems, and the absence of violence. In agreement with the World Health Organization, the authors argued that perhaps the most important dimension is the “importance of conceptualizing sexual wellbeing as individually experienced but socially and structurally influenced” (p. 849). The presence and importance of these social and structural elements in studies of sexual wellbeing remains an ideal, but as Lorimer et al. (2019) found, only a small fraction of the studies ($n = 10$, 6%) in their review included any socio-cultural factors such as gender inequality, stigma, and cultural norms for sexual practices.

Socioeconomic status and social class have often been conflated and oversimplified in sexuality research. The American Psychological Association (2015) operationalizes social class as encompassing both socioeconomic status and subjective social status. The latter pertains to people’s perceptions of their own social class relative to others. The former includes concepts and measures along the following lines: social and material factors, gradient approaches (i.e., relative status and inequality), and power and privilege as drivers of why some groups succeed at the expense of other groups. In empirical research, both socioeconomic status and social class often manifest as static, independent, and often conflated variables that consist of one or more of the following factors: one’s education level, parents’ education, income, occupation, percentage of the federal poverty level, or access to certain material goods (especially in Global South settings). In this approach, social class and socioeconomic status appear as fixed and preexisting, as opposed to social processes unto themselves. In this review, we instead embrace how *economic conditions* shape sexual wellbeing in dynamic and multifaceted ways, including within the context of poverty.

Poverty can be assessed in both absolute terms (i.e., how much money a person or family has to sustain themselves) and relative terms (i.e., how the poorest people’s lives compare to the richest within a specific context, such as a nation). In the U.S., poverty is defined in absolute terms and measured using income (United States Census Bureau, 2020). Globally, the World Bank defines “extreme poverty” as living on less than US\$1.90 per day and classifies 9.2% of the global population, or 689 million people, as “extremely poor” (World Bank, 2021). In contrast, the United Nations Development Programme measures poverty across three dimensions – health, education, and standard of living (United Nations Development Programme, 2020). By their estimate, across 107 “developing” countries, 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 (and continuation) of European colonization (United Nations Development Programme, 2020).

Researchers have argued that indicators such as high unemployment, lack of resources devoted to public education, limited social services, and poor housing standards all contribute to a person’s experience of poverty (Benson et al., 2004; United Nations Development Programme, 2020). This perspective encourages researchers to consider a broader set of outcomes when assessing the impacts of poverty, such as hunger, chronic exhaustion, and inadequate access to healthcare. Across the globe, the insecurities and distress that people experience in their lives and bodies are often generated and reinforced by state and social institutions which systemically deny resources to those living in poverty (Oosterhoff et al., 2014).

Although this paper focuses primarily on poverty and economic resources, neither of these concepts can be discussed apart from the social contexts that shape an individual’s relationship to their socioeconomic status, such as gender identity, sexuality, race, ethnicity, disability, and other axes of inequality. These social locations and attendant processes (e.g., sexism, transphobia, homophobia, racism) work together to constitute people’s sexual lives, and it is essential to keep multiplicative inequities in mind. However, given the relative absence of how economic conditions affect sexual wellbeing, a closer examination of this singular stratum is valuable.

Part 1: Economics and Sexual Wellbeing: Potential Pathways

Theoretical and empirical work developed over the last 30 years has encouraged sexuality researchers to account for the role of socioeconomic and political conditions on people’s sexual lives (Bay-Cheng & Bruns, 2016; Bay-Cheng & Zucker, 2017; Fine & McClelland, 2006). Although scholarship documents associations between social class and gender identity (Skeggs, 1997, 2004), sexual identity (Binnie, 2011; Heaphy, 2011; Jackson, 2011; McDermott, 2011), and love (Johnson & Lawler, 2005), especially in the United Kingdom, little of this work specifically examined people’s experiences of pleasure, sexual satisfaction, or other aspects of sexual wellbeing. Moreover, many sexuality researchers often describe sexual wellbeing in terms of identity-based factors (e.g., race, age, gender), but less frequently in terms of the social conditions that produce or inhibit sexual wellbeing. The resulting sampling, analysis, and interpretation have disguised, rather than challenged, the role of social structures in sustaining inequalities (van Hooff & Morris, 2021).

Theoretical Understandings of Poverty and Sexuality

In this section, to further set the framework for our narrative review, we first remind readers of the critical ways that sexuality researchers must consider how sex and sexuality are contextually produced as opposed to simply individually experienced. We then examine researchers’ descriptions of how both material and nonmaterial aspects of poverty can affect people’s wellbeing more broadly. Finally, we use three

examples to illustrate these latter pathways in closer relation to sexual wellbeing. Our wish is for our concept of “erotic inequity” to capture a wide range of pathways through which socioeconomic conditions influence sexual bodies and sexual wellbeing.

The Importance of Contextual versus Individual-Level Approaches to Sexuality

Fine’s (1988) “Missing Discourse of Desire,” often cited as one of the touchstones in sexuality research, asked researchers to examine the policies and institutions that shape sexuality education – and in turn, shape young people’s aspirations, opportunities, and resources. In their follow-up to this piece, Fine and McClelland (2006) proposed a related theoretical framework (called “thick desire”) to further increase focus on the socio-political and economic contexts surrounding the development of sexual wellbeing. They asked sexuality scholars to consider the conditions beyond the singular individual body and look more closely at how sexual health and wellbeing are produced by social conditions, including access to housing, education, health care, and state assistance for domestic violence. Without such a framework, poor and working-class individuals, immigrants, and people of color would be continually described as “failing” to protect their sexual health (Fine & McClelland, 2006). These communities are then subsequently blamed for these failures and punished through further reductions in public support, ironically amplifying the conditions that caused the failures in the first place. In 2006, the World Health Organization similarly defined sexuality as a social and political process, embedded in social life and power dynamics rather than simply the result of biological impulses and acts (Cornwall et al., 2008; Oosterhoff et al., 2014; World Health Organization, 2006; see also).

Material and Nonmaterial Factors Associated with Poverty and (Potentially) Sexuality

Both Sen (1993, 1995, 1999) and Chambers (2007) offered related frameworks connecting poverty, sexual wellbeing, and socioeconomic policies and conditions. Sen’s “capability approach” describes how life opportunities and overall wellbeing are based on both material and non-material aspects of poverty. These aspects include financial welfare, physical capacity, voting rights, political power, protection from threats of violence, education, and the social status of individuals based on their gender/sexual identities – factors on which sexual wellbeing is also dependent (Robeyns, 2003). Chambers (2007) similarly links together material disadvantage with other factors such as exclusion, ill-being, and restricted freedoms, describing these multidimensional and interrelated aspects as a “web of poverty’s disadvantages.” Factors in this web include a lack of political clout, lack of information, educational deficiencies, barriers to institutions and public access, spatial marginalization, as well as insecurities and material (Bailey & Shabazz, 2014; Oosterhoff et al., 2014, p. 6; see also). As with Sen’s capability approach, this web helps us consider how poverty impacts sexual wellbeing through

a variety of restrictions and constraints – for example, “constraints on space, social status, sex to be had, [and] confidence and self esteem” (Jolly & Hawkins, 2010, p. 19).

Poverty’s associations with future orientation provide a more specific example of how nonmaterial factors may shape erotic equity (McLoyd et al., 2009). Pampel et al. (2010) have noted how higher socioeconomic status encourages people to see themselves farther into the future (i.e., a longer time horizon), which helps lead to long-term goal achievement by encouraging healthy habits (e.g., wearing a seat belt, regular exercise). When applied to sexuality research, Bay-Cheng and Goodkind (2016) argued that economic disadvantage affects sexual wellbeing due to altering a sense of one’s future: “keeping one’s options open for the future, whether in terms of career paths or romantic partners, is possible only when finding a job (especially a fair-paying one with benefits and long-term security) and pooling resources with a partner are not essential to making present-day material ends meet” (p. 182). In contrast, more affluent undergraduate students in the U.S. described their sexual lives as filled with experimentation and investigation.

With these frameworks as a guide, we turn to three specific pathways that link poverty and sexual wellbeing, including: (1) housing and sexual spaces; (2) financial-associated stress and sexuality; and (3) poverty-fueled expectations for enjoyable sexual experiences. These examples draw out how material conditions implicitly and explicitly shape the kinds of sexual activities, expectations, and pleasures that people may experience.

First, a common poverty-level constraint is housing insecurity, which often entails a lack of private space for sexual or intimate activities. This impediment increases people’s vulnerability by way of hurried sex in streets, parks, or abandoned houses, which could in turn contribute to decreased pleasure, fewer safer practices, and criminalization. People with few economic resources may also have limited privacy in crowded living conditions (Lesch & Adams, 2016; Schensul et al., 2018), as well as the lack of privacy in transactional sex used for financial support, housing, or other goods, which may change the role of pleasure-seeking in these interactions (Hirsch et al., 2002). Socioeconomically constrained spaces can therefore influence sexual wellbeing, including pleasure.

Second, ongoing economic stressors are also reliably associated with declines in overall physical and mental wellbeing, which could set the stage for less sexual satisfaction (Call et al., 1995). 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. Chronic financial strain also increases fatigue, which could also hinder sexual wellbeing in depleted bodies (Stephoe et al., 2005).

Third and finally, poverty can impact a person’s *expectations* for pleasure, safety, and relationship dynamics. Maxwell (2006) noted that in the United Kingdom, the relationship histories of women with low socioeconomic status often negatively impacted the expectations of the kinds of relationships they wanted and left them with few opportunities to insist that a partner meet these expectations. Cheng et al. (2014) found that less-privileged women of color, especially in the Southern United States, reported lower expectations of pleasure and self-

efficacy. Similarly, Higgins and Browne (2008) found that U.S. middle-class participants in their study described being able to refuse unwanted sex and use contraception to a greater extent as compared to the socially disadvantaged participants.

Above, we drew from a variety of literature to consider ways in which economic conditions and contexts, and poverty in particular, may materially and nonmaterially contribute to erotic experiences and potential inequities. Those pathways serve as the conceptual framework for the following section, in which we report results from a narrative review of empirical sexuality literature from 2011–2021. In this review, we systematically collected and analyzed research that documented and assessed relationships between at least some indicators of sexual wellbeing and economic conditions. While few reviewed articles reflected these above frameworks and pathways, the above material nonetheless establishes a critical lens through which we consider empirical outcomes related to poverty and sexual wellbeing.

Part 2: Narrative Review

Narrative Review Materials and Methods

Literature Search Process

Due to the broad and complex nature of the concept of erotic inequity, as well as its generally unstudied status, we selected a narrative review approach. Compared to more exhaustive reviews, such as systematic or scoping reviews, narrative reviews help develop a theoretical basis and context for a research topic. We searched five databases (PubMed, PsycInfo, Academic Search Complete, CINAHL, and Scopus) using dual search strings, one for socioeconomic measures and one for sexual wellbeing terms. These search strings, shown in Table 1, were generated by reviewing existing sexual health measures and Lorimer and colleagues' (2019) review on a related topic area. We focused on empirical articles from the last decade (March 2011 to March 2021), written in English, from across the globe. After the deduplication process, our initial review dataset included 1,356 articles.

Screening and Sample Selection

Articles that moved forward in the review all analyzed associations between at least one socioeconomic indicator and at least one sexual wellbeing indicator in their analytic sample, whether quantitative, qualitative, or multi-methods. These associations did not have to be the main focus of the paper or included in the abstract of the article, but they had to appear at some point in the text or tables.

We excluded those studies that focused solely on negative outcomes (e.g., sexual pain, HIV/AIDS transmission). In keeping with standard review methodology, we excluded those articles that were reviews themselves, although we did assess each review's bibliography to locate any additional references. We omitted articles that focused on populations with preexisting health conditions (e.g., people diagnosed with cancer, people with specific mental illnesses) that would significantly moderate the relationship between socioeconomic factors and sexual wellbeing. However, we did include articles that collected data at specific life stages (e.g., newlywed couples, people who were pregnant or breastfeeding).

Based on the above inclusion and exclusion criteria, two team members conducted an initial review of the 1,356 abstracts and sorted them into “include” (i.e., the study contained at least one finding related to sexual wellbeing and economics), “exclude” (i.e., the study shared no findings along these lines), or “potentially include” groups (i.e., the reviewer wanted corroboration from at least one other team member). If either reviewer believed an article should be included, it was included; if one or both designated it as a “maybe”, it went to a third team member for review. This process generated a list of 72 flagged articles for full review. At a later date, based on input from fellow sexuality researchers, we located an additional five papers with relevant findings and added them to our sample.

Figure 1 contains a diagram that visually renders the steps outlined above.

Analysis

Team members determined which aspects of each article should be captured in a review matrix. They then reviewed the same six articles, respectively filled out matrix categories for each one, and discussed their procedures to ensure team consensus on reporting of salient findings. Team members included all findings related to relationships between sexual wellbeing and economic measures, indicating the type and direction of these relationships. The final matrix included each article's geographic location, study population, sample size, all measures or concepts pertaining to socioeconomic or sexual wellbeing, and findings regarding the latter variables. One team member then closely reviewed the remaining set of full-text articles, filling in the matrix for each one, and confirming that all articles met the inclusion and exclusion criteria above. After a full-text review of these 72 articles, we removed 31 additional articles for the following reasons: no English translation available ($n = 4$), no examination of the socioeconomic-sexuality relationships of interest ($n = 17$) or insufficient information about these relationships to allow for interpretation ($n = 1$), a duplicate article ($n = 1$) and lack of peer review (e.g., a dissertation, $n = 8$). These removals, alongside the five articles added post-hoc, left 47 articles in the final review set.

We categorized articles into three main groups: positive significant findings (that is, with greater socioeconomic status or resources associated with greater sexual wellbeing), negative significant findings (greater socioeconomic resources associated with poorer sexual wellbeing), and no significant findings. Some articles appeared in multiple groups based on multiple findings within the same study. The first section of this paper described limitations of treating economics as variables versus processes. However, given the overwhelming lack of reviewed studies that documented these latter socioeconomic processes, we categorized our articles using this approach of positive associations, negative associations, and no significant associations to at least establish an evidence base and the direction(s) and magnitudes of the relationships between economics and erotic inequity.

Team members first reviewed this grid and referred to full-text articles to generate preliminary themes across the literature. They met to collaboratively review, refine, and

Table 1. Search strings used in narrative literature review.

Database	Socioeconomic String	Operator	Sexual string
PubMed	(poverty OR "Poverty" OR impoverish* OR disadvantaged OR "Income" OR income OR "low income" OR low-income OR "economic insecur*" OR "economic secur*" OR "financial strain" OR "financial stress" OR unemploy* OR "Unemployment" OR "housing insecur*" OR "housing secur*" OR socioeconomic OR "SocioeconomicFactors" OR "Economic Status" OR "Social Class" OR "Social Class" OR wealth)	AND	(orgasm* OR "Orgasm" OR "Sexual Arousal" OR "sexual pleasure" OR "Libido" OR libido OR "vaginal lubrication" OR "sexual satisfaction" OR "sexual interest" OR "Sexual Arousal" OR "sexual function" OR "sexual self-esteem" OR "sexual self esteem" OR "sexual confidence" OR "sexual desire" OR "sexual self-efficacy" OR "sexual self efficacy" OR "sexual motivation*" OR "sexual self-perception" OR "sexual self perception" OR "sexual self-consciousness" OR "sexual self consciousness" OR "sexual self-image" OR "sexual self image" OR "sexual assertiveness" OR "sexual awareness" OR "sexual quality of life" OR "sexual attractiveness" OR "sexual closeness" OR "sexual intimacy")
PsycINFO	(poverty OR "Poverty" OR impoverish* OR disadvantaged OR "Economic Disadvantage" OR "Disadvantaged" OR "low income" OR low-income OR income OR "Income (Economic)" OR "Income Level" OR "economic insecur*" OR "economic secur*" OR "financial strain" OR "financial stress" OR unemploy* OR "Unemployment" OR "housinginsecur*" OR "housing secur*" OR socioeconomic OR "Socioeconomic Factors" OR "Socioeconomic Status" OR "educational status" OR "Economic Security" OR "Social Class" OR "Social Class" OR wealth)	AND	("Sexual Satisfaction" OR "Sexual Satisfaction" OR "Sexual Arousal" OR "Sexual Arousal" OR "Orgasm" OR orgasm* OR "Libido" OR libido OR "vaginal lubrication" OR "sexual interest" OR "sexual pleasure" OR "sexual function" OR "sexual self-esteem" OR "sexual self esteem" OR "sexual confidence" OR "sexual desire" OR "sexual motivat*" OR "sexual self-image" OR "sexual self image" OR "sexual self-perception" OR "sexual self perception" OR "sexual self-consciousness" OR "sexual self consciousness" OR "sexual assertiveness" OR "sexual awareness" OR "sexual quality of life" OR "sexual attractiveness" OR "sexual closeness" OR "sexual intimacy")
CINAHL	(poverty OR "Poverty+" OR impoverish* OR disadvantaged OR "Income" OR income OR "low income" OR low-income OR "economic insecur*" OR "economic secur*" OR "financial strain" OR "financial stress" OR unemploy* OR "Unemployment" OR "housinginsecur*" OR "housing secur*" OR socioeconomic OR "Socioeconomic Factors" OR "Economic Status" OR MH "Social Class +" OR "social class" OR wealth)	AND	(orgasm* OR "Orgasm" OR "sexual arousal" OR "sexual pleasure" OR libido OR "vaginal lubrication" OR MH "Sexual Satisfaction" OR "Sexual Satisfaction" OR "sexual interest" OR "sexual arousal" OR "sexual function" OR "sexual self-esteem" OR "sexual self esteem" OR "sexual confidence" OR "sexual desire" OR "sexual self-efficacy" OR "sexual self efficacy" OR "sexual motivation*" OR "sexual self-perception" OR "sexual self perception" OR "sexual self-consciousness" OR "sexual self consciousness" OR "sexual self-image" OR "sexual self image" OR "sexual assertiveness" OR "sexual awareness" OR "sexual quality of life" OR "sexual attractiveness" OR "sexual closeness" OR "sexual intimacy")
Academic Search	(poverty OR "POVERTY" OR impoverish* OR disadvantaged OR "POOR people" OR "INCOME" OR income OR "low income" OR low-income OR "FINANCIAL security" OR "FINANCIAL stress" OR "ECONOMIC security" OR "economic insecur*" OR "economic secur*" OR "financial strain" OR "FINANCIAL stress" OR unemploy* OR "UNEMPLOYMENT" OR "housing insecur*" OR "housing secur*" OR socioeconomic OR "SOCIOECONOMIC factors" OR "SOCIOECONOMIC status" OR "SOCIAL classes" OR "social class" OR wealth)	AND	(orgasm* OR "ORGASM" OR "SEXUAL excitement" OR "sexual arousal" OR "sexual pleasure" OR libido OR "LIBIDO" OR "LUST" OR "vaginal lubrication" OR "sexual satisfaction" OR "SEXUAL attraction" OR "sexual interest" OR "sexual function" OR "sexual self-esteem" OR "sexual self esteem" OR "sexual confidence" OR "sexual desire" OR "sexual self-efficacy" OR "sexual self efficacy" OR "sexual motivation*" OR "sexual self-perception" OR "sexual self perception" OR "sexual self-consciousness" OR "sexual self consciousness" OR "sexual self-image" OR "sexual self image" OR "sexual assertiveness" OR "sexual awareness" OR "sexual quality of life" OR "sexual attractiveness" OR "sexual closeness" OR "sexual intimacy")
SCOPUS	(poverty OR impoverish* OR disadvantaged OR income OR "low income" OR low-income OR "economic insecur*" OR "economic secur*" OR "financial strain" OR "financial stress" OR unemploy* OR "housing insecur*" OR "housing secur*" OR socioeconomic OR "social class" OR wealth)	AND	(orgasm* OR "sexual arousal" OR "sexual pleasure" OR libido OR "vaginal lubrication" OR "sexual satisfaction" OR "sexual interest" OR "sexual arousal" OR "sexual function" OR "sexual self-esteem" OR "sexual self esteem" OR "sexual confidence" OR "sexual desire" OR "sexual self-efficacy" OR "sexual self efficacy" OR "sexual motivation*" OR "sexual self-perception" OR "sexual self perception" OR "sexual self-consciousness" OR "sexual self consciousness" OR "sexual self-image" OR "sexual self image" OR "sexual assertiveness" OR "sexual awareness" OR "sexual quality of life" OR "sexual attractiveness" OR "sexual closeness" OR "sexual intimacy")

reach agreement on these main themes. One team member cataloged all 42 articles along the following lines: country and region; sample size; socioeconomic measures and concepts used; characteristics of study population (e.g., cisgender, menopausal women); type of methodology and sampling employed (e.g., analysis of nationally representative data, and administration of surveys to a convenience sample of people visiting a healthcare center). The first author then located which articles spoke to each theme, summarized these articles, cataloged categories, and described findings using memos.

Narrative Review Results

Before detailing granular themes, we describe higher-level findings and trends from our review. The analyses were virtually unanimous in their findings: in 44 out of 47 total articles (94%), researchers found at least some degree of positive association between sexual wellbeing and social class – that is, individuals with higher socioeconomic status also reported greater indicators of sexual wellbeing. Two studies (Fahs & Swank, 2011; Smith et al., 2017) documented relationships in the opposite direction, but both also contained positive associations between at least some measures.

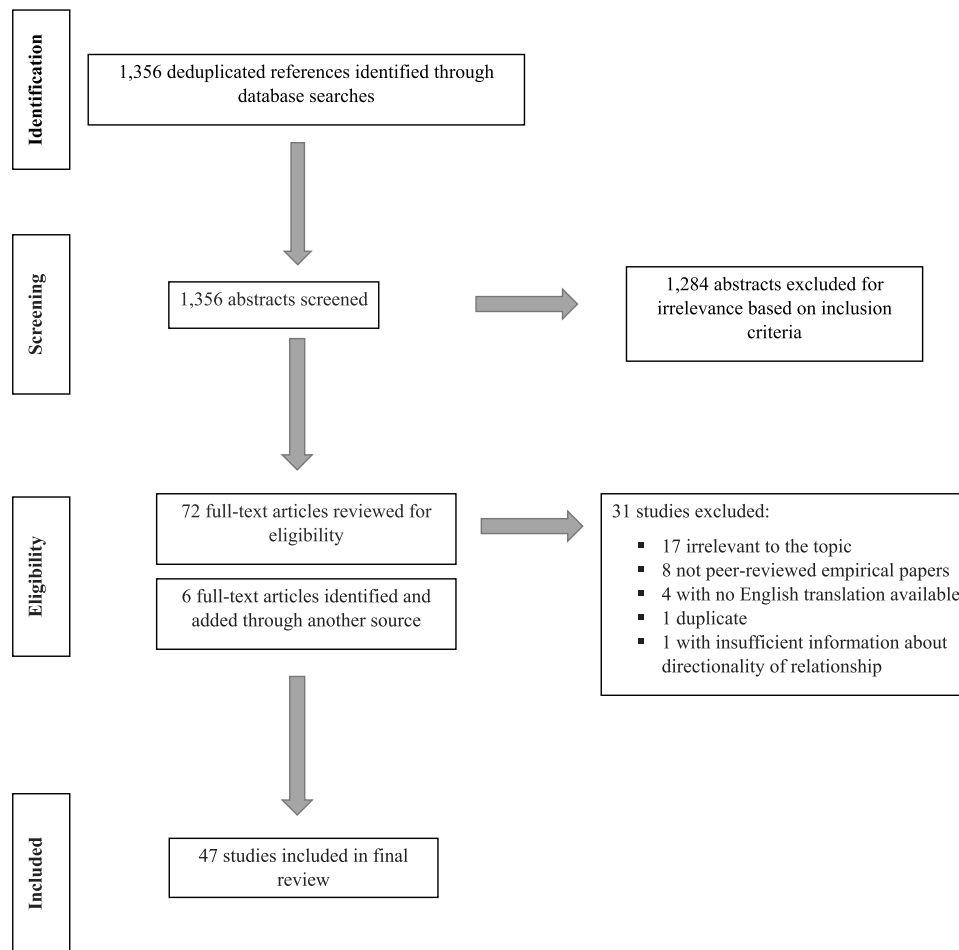


Figure 1. Flow diagram of narrative review process.

Ten articles documented non-significant associations between socioeconomic and sexuality measures, (Castellanos-Torres et al., 2013; De Graaf et al., 2015; Galinsky & Sonenstein, 2011; Hamilton & Julian, 2014; Hidalgo & Dewitte, 2021; Kontula & Miettinen, 2016; Mitchell et al., 2013; Traeen et al., 2018; Wikle et al., 2020), although seven also included positive associations (Castellanos-Torres et al., 2013; De Graaf et al., 2015; Hamilton & Julian, 2014; Kontula & Miettinen, 2016; Mitchell et al., 2013; Traeen et al., 2018; Wikle et al., 2020). Three of these seven reported significant findings among women but not men, or vice versa (Castellanos-Torres; Hamilton; Wilke). Table 2 contains a summary of the 47 empirical articles included in the final narrative review.

Geographic Overview

The studies feature a diverse range of settings, including 24 countries and two combined geographic regions. The sample of studies includes research from the Middle East (five from Iran and four from Turkey), North America (eight from the United States, one from the North American region), Europe (five from Spain, two from Poland and Britain, one from Germany, two from a comparative study across Norway, Denmark, Belgium, and Portugal, and one each from Finland and the Netherlands), Southeast Asia and Oceania (one from Australia, Malaysia, and Vietnam), other parts of Asia (two

from China and one each from India and Korea), Central and South America (three from Ecuador, two from Brazil, and one from Mexico), and Africa (one each from Uganda and the larger sub-Saharan African region).

Homogeneity of (and Gaps Within) Study Samples

The majority of studies ($n = 29$, or 62%) included cisgender women only, with several of those focusing on various stages in the reproductive life cycle, including post/menopause ($n = 3$), pregnancy ($n = 2$), and breastfeeding ($n = 1$). No studies included cisgender men only, and none explicitly included those who identify as transgender or non-binary. Fifteen studies included both women and men, including three studies of couples, and eight studies in which women supplied partner characteristics. While people of diverse sexual identities undoubtedly counted among the participants in some of the studies, none focused specifically on sexual minority populations, and multiple articles explicitly excluded LGBQ+ individuals or required a current heterosexual relationship for inclusion (Bancroft et al., 2011; Chedraui et al., 2012; De Lucena & Abdo, 2014; Gallup et al., 2014, p. 2014; Pérez-López et al., 2012; Wikle et al., 2020). Many studies, especially those in the United States and global North, also contained racially homogenous samples, with white people constituting a disproportionate share of study participants.

Table 2. Reviewed articles and their salient findings on socioeconomic factors and sexual wellbeing.

Author	Year	Country Setting	Study Population (n)	Methodology	Salient Findings
POSITIVE FINDINGS					
Abouzar-Gazafroodi et al.	2015	Iran	Pregnant women between 18–35 years at prenatal health clinics (n = 518)	Cross sectional survey using a convenience sample	Increased education associated with increased sexual function during pregnancy
Afzali et al.	2020	Iran	Women who had been referred to primary care health centers (n = 490)	Cross sectional survey using a convenience sample at randomized recruitment locations	Income sufficiency and increased income associated with increased sexual satisfaction in women.
Amiri et al.	2020	Iran	Women married for at least 1 year who were at primary care or prenatal clinics (n = 500)	Cross sectional survey using a convenience sample	Increased education, increased partner education, and increased income are associated with increased sexual satisfaction.
Aşkin et al.	2019	Turkey	Non-menopausal women between 18–49 years who have used contraception but not hormone therapy (n = 202)	Cross sectional survey using a convenience sample	Perceived income sufficiency associated with increased FSFI scores.
Babayani et al.	2018	Iran	Married women between 45–60 years (n = 330)	Cross sectional survey using a convenience sample	Being employed, increased education level and increased income associated with increased sexual satisfaction
Bancroft et al.	2011	United States	Black or white women between 20–65 years, currently in a hetero relationship of at least 6 months length (n = 987)	Survey using a randomized sample	Increased income associated with increased satisfaction with one's own sexuality.
Casique	2020	Mexico	High school students between 15–20 years who reported having had vaginal intercourse (n = 4,504)	Survey using a multistage randomized sample	Highest SES associated with having had a very satisfying (vs. satisfying) first sexual experience in males
Castellanos-Torres et al.	2013	Spain	Women and men above 16 years who had been sexually active in the last 12 months (n = 7384)	Survey using a randomized sample	Increased social class associated with increased sexual satisfaction in women.
Chedraui et al.	2011	Ecuador	Hispanic women between 40–59 years visiting patients in the maternal/infant unit (n = 262)	Cross sectional survey using a convenience sample	Increased education level associated with increased sexual function.
Chedraui et al.	2012	Ecuador	Heterosexual women between 40–59 years visiting patients in the maternal/infant unit (n = 904)	Cross sectional survey using a convenience sample	Increased education and increased partner education are associated with increased sexual function.
Cheng et al.	2014	United States	Unmarried girls in 7 th to 12 th grade over 15 years who were attracted to men	Longitudinal study using a clustered & randomized sample	Increased parental education associated with increased expectation of sexual pleasure and sexual self-efficacy.
Cornelliana et al.	2017	Spain	Postmenopausal women under 70 recruited by their OB/Gyns (n = 3026)	Survey using a convenience sample	Increased family income and having a mother who has a paid job associated with increased sexual self-efficacy.
Cranney	2017	Sub-Saharan Africa	People living in sub-Saharan Africa (n = 25,510)	Survey using a randomized sample	Increased education level and being employed associated with increased sexual function.
De Graaf et al.	2015	The Netherlands	Male and female adolescents between 12–25 years (n = 7841)	Cross sectional online survey	Increased education level associated with increased sexual satisfaction in all regions.
Du Lucena and Abdo	2014	Brazil	Women between 18–61 years in a stable relationship with a man for at least one year, recruited at a gynecology clinic during a routine checkup (n = 96)	Survey using a convenience sample	Completion of high school associated with having normal orgasmic ability.
Do et al.	2018	Vietnam	Women married to men (n = 2783)	Survey using a multistage randomized sample	Increased education level, increased income, having a saving account, and owning property associated with increased sexual satisfaction.
Fahs and Swank	2011	United States	Women who have had a sexual partner in the last 12 months (n = 1473)	Survey using a randomized sample	Affluence associated with increased sexual satisfaction.
Fuchs et al.	2019	Poland	Pregnant women over 18 years with sexual activity in last 4 weeks (n = 726)	Survey using a convenience sample	Increased education level and SES associated with being in the high sexual satisfaction/low sexual activity cluster.
Fuchs et al.	2020	Poland	Sexually active women over 18 years and of childbearing age without a COVID-19 diagnosis (n = 764)	Prospective, observational survey	Completion of college or secondary education associated with increased FSFI scores.
Fuentealba-Torres et al.	2019	Brazil	Women over 18 years whose sexual activity includes PM sex, and who have breastfed until 23 months after delivery (n = 355)	Cross-sectional survey using a randomized sample	Increased income associated with increased FSFI scores.
Gallup et al.	2014	United States	Women in a committed sexual relationship with a member of the opposite sex (n = 54)	Survey using a convenience sample	Increased partner's family income associated with increased orgasm frequency
Güleroğlu and Beşer	2014	Turkey	Pregnant women above 18 years who visited the birth clinics (n = 306)	Descriptive survey using a convenience sample	Increased education level, partner education level, and income associated with increased FSFI scores.
Hamilton and Julian	2014	North America	Men and women above 18 years who report previous engagement in sexual activity (n = 246 in full analysis/501 in partial analysis)	Survey using a convenience sample	Absence of financial and SES stressors associated with increased sexual interest, activity, and satisfaction scores for women.
Jain et al.	2019	India	Postmenopausal women between 40–65 years, living with their partner (n = 110)	Prospective, cross-sectional survey using a convenience sample	Increased education level and SES associated with increased sexual function scores.
Jamali et al.	2018	Iran	Iranian women between 15–45 years who were at a women's health clinic, without a stressful life event in the last 6 months (n = 300)	Cross-sectional survey using a convenience sample	Increased education level, partner education level, partner being employed, and family income associated with increased sexual function scores.

(Continued)

Table 2. (Continued).

Author	Year	Country Setting	Study Population (n)	Methodology	Salient Findings
Kim and Kang	2015	Korea	People between 45–60 years who are currently married, without a disorder that could affect sexual function (n = 367)	Survey using a convenience sample	Being employed, increased education level and income associated with increased sexual quality of life scores
Kontula and Miettinen	2016	Finland	Women between 18–81 years old (n = 8204)	Survey using random sampling	Increased income associated with orgasmic frequency
Llaneza et al.	2011	Spain	White partnered postmenopausal women attending annual gyn checkups at an outpatient clinic (n = 117)	Cross-sectional survey using a convenience sample	Increased education level and partner education level associated with increased sexual function scores.
Mamuk and Dissiz	2018	Turkey	Sexually active, married women at the OB/GYN clinic at a public hospital who were not taking a hormone treatment (n = 417)	Descriptive, cross-sectional survey using a convenience sample	Increased education level associated with increased sexual function scores.
Minhat et al.	2019	Malaysia	Married, ambulatory adults 60 or older, without symptoms of dementia (n = 1294)	Cross-sectional survey using a random sample	Increased education level associated with increased sexual intimacy.
Mitchell et al.	2013	Britain	Men and women between 16–74 years (n = 15,162)	Survey using probability sampling	Being employed associated with increased sexual function.
Muhanguzi	2015	Uganda	Married women (n = 40 interviews, 71 focus groups)	Interviews and focus groups based on random sample	Focus group themes documented ways in which poverty, heavy workloads, and fatigue affect sexual desire
Pérez-López et al.	2012	Spain	Women between 40–65 years, accompanying or visiting patients in Ob-gyn facilities who are not lesbians (n = 179)	Cross-sectional survey using a convenience sample	Women reported economic stresses but also sexual autonomy and pleasure
Ruiz-Muñoz et al.	2013	Spain	Men and women between 16–44 years who had ever had sexual intercourse (n = 9850)	Cross-sectional survey using multistage randomized sample	Increased education level associated with increased sexual satisfaction.
Smith et al.	2017	United States	Pre- or perimenopausal women between 45–54 years with intact ovaries and uteri who are sexually active (n = 1927)	Cohort study using a convenience sample	Higher income associated with higher frequency of arousal and lower frequency of vaginal dryness, but higher family income associated with lower sexual functioning scores
Tekin et al.	2014	Turkey	Married women between 18–50 years attending their routine gyn exams who have had sex in the last month (n = 176)	Cross-sectional descriptive survey using a convenience sample	Being employed and increased education level associated with increased sexual function scores
Traeen et al.	2018	Norway, Denmark, Belgium, Portugal	Men and women between 60–75 years (n = 3814)	Survey using a probability sample	Increased education associated with increased satisfaction in Portuguese men.
van Hooff and Morris	2021	Britain	People between 25–64 years who are sexually active with at least 1 partner in the prior year (n = 8003)	Survey using a multistage randomized sample	Being in the highest social class associated with increased sexual function
Velten and Margraf	2017	Germany	People over 18 years with a steady partner (n = 964 couples)	Survey using a multistage randomized sample	For women, increased percentage of household income earned by women associated with increased sexual satisfaction.
Weitzman	2020	United States	18- and 19-year-old women (n = 925)	Prospective cohort study using a randomized sample	Enrollment in college associated with increased sexual desire.
Wilke et al.	2020	United States	Heterosexual couples in which at least 1 partner was between 18–36 years old and was marrying for the first time (n = 2044)	Dyadic longitudinal study using a multistage clustered & randomized sample	Economic pressure was negatively associated with individuals' own sexual satisfaction, but not their partner's
Zhang et al.	2012	China	First-married heterosexual couples (n = 1083 couples)	Survey using randomized sample	Both partners being employed associated with increased sexual satisfaction for men.
Zhou et al.	2019	China	Partnered women between 40–65 years who visited a menopause clinic (n = 3485)	Cross-sectional survey using a convenience sample	Being employed associated with increased sexual desire.
Zietsch et al.	2011	Australia	Female twins between 19–52 years (n = 2914)	Cross-sectional survey using a convenience sample	Being employed, increased SES, increased education level associated with increased frequency of orgasm during masturbation.
NEGATIVE FINDINGS					
Fahs and Swank	2011	United States	Women who have had a sexual partner in the last 12 months (n = 1473)	Survey using a randomized sample	Full time employment associated with decreased sexual satisfaction scores.
Smith et al.	2017	United States	Pre- or perimenopausal women between 45–54 years with intact ovaries and uteri who are sexually active (n = 1927)	Cohort study using a convenience sample	Decreased income associated with increased sexual function scores, frequency of enjoyment of sex, frequency of arousal during sex, decreased frequency of dry sex.
NON-SIGNIFICANT FINDINGS					
Castellanos-Torres et al.	2013	Spain	Women and men above 16 years who had been sexually active in the last 12 months (n = 7384)	Survey using a randomized sample	While women's social class associated with their satisfaction, there was no similar association in men.
De Graaf et al.	2015	The Netherlands	Male and female adolescents between 12–25 years (n = 7841)	Cross sectional online survey	Increased education not associated with increased satisfaction.
Galinsky and Somenstein	2011	United States	Adolescents in grades 7–12 (n = 3488)	Longitudinal study using a randomized sample	SES not associated with sexual enjoyment
Hamilton and Julian	2014	North America	Men and women above 18 years who report previous engagement in sexual activity (n = 246 in full analysis/501 in partial analysis)	Survey using a convenience sample	While women's financial stressors associated with their sexual interest, activity, and satisfaction; men exhibited no similar association.
Hidalgo and Dewitte	2021	Ecuador	Men and women above 18 years of Ecuadorian nationality or residing in Ecuador, who have been in a committed relationship for at least 6 months and are sexually active (n = 599)	Survey using a convenience sample	Education level and employment status not associated with sexual function or satisfaction.

(Continued)

Table 2. (Continued).

Author	Year	Country Setting	Study Population (n)	Methodology	Salient Findings
Kontula and Miettinen	2016	Finland	Women between 18–81 years old (n = 8204)	Survey using random sampling	Education level not associated with orgasm frequency.
Mitchell et al.	2013	Britain	Men and women between 16–74 years (n = 15,162)	Survey using probability sampling	Living in an area of deprivation not associated with sexual function.
Traeen et al.	2018	Norway, Denmark, Belgium, Portugal	Men and women between 60–75 years (n = 2309)	Survey using a probability sample	Increased education not associated with present sexual enjoyment, ranked vs. sexual enjoyment 10 years in the past.
Traeen et al.	2018	Norway, Denmark, Belgium, Portugal	Men and women between 60–75 years (n = 3814)	Survey using a probability sample	Education associated with satisfaction in Portuguese adults but not in Norwegian, Danish, or Belgian adults.
Wille et al.	2020	United States	Heterosexual couples in which at least 1 partner was between 18–36 years old and was marrying for the first time (n = 2044)	Dyadic longitudinal study using a multistage clustered & randomized sample	While wives' sexual outcomes were associated with their husbands' economic pressures, husbands' outcomes were not associated with their wives' sexual outcomes.

Data Sources and Study Populations

Studies included in our review included a range of data sources, including population-based studies and nationally representative secondary datasets (e.g., Demographic and Health Surveys, the National Survey of Sexual Attitudes and Lifestyles in the United Kingdom, and the National Longitudinal Study of Adolescent Health in the U.S.). Two sizable survey-based studies also involved attendant respondent interviews (e.g., Castellanos-Torres [$N=7,384$]; Do et al. [$N=2,785$]). A large number of articles ($n = 19$, or 40%) presented survey findings from smaller convenience-based samples, many of which were administered in clinical settings such as primary healthcare clinics ($n = 15$, or 30%). Our review process located only one entirely qualitative study (Muhanguzi, 2015). Sample sizes ranged from 15 to 25,510 with a median of approximately 925.

Measurement of Sexual Wellbeing

In terms of sexual wellbeing measures, most reviewed studies assessed sexual functioning and sexual satisfaction. By far, the most widely used measure was the Female Sexual Function Index, or FSFI (Rosen et al., 2000). Measures for sexual satisfaction and overall quality of sex life included both validated questionnaires (e.g., New Sexual Satisfaction Scale, Larson's sexual satisfaction questionnaire, Sexual Quality of Life scale) and investigator-created measures such as 5-point scales of self-rated sexual satisfaction. Most reviewed studies assessed single-axis constructs of sexuality such as overall functioning, individual domains of functioning (e.g., orgasm) or satisfaction versus more complex measures of overall sexual wellbeing (such as Bancroft et al., 2011; van Hooff & Morris, 2021). These latter studies measured sexual wellbeing more expansively or subjectively, including a measure with domains of satisfaction, relationship issues, and significance of sexual problems (van Hooff & Morris, 2021) and a general rating of one's own sexuality (Bancroft et al., 2011).

Measurement of Socioeconomic Conditions

In terms of socioeconomic measures, most articles assessed two main indicators of socioeconomic resources: education ($n = 34$ presence or years of formal education; $n = 1$ family education; $n = 8$ partners' education); and income and access to financial resources ($n = 14$ participants' own income, $n = 2$ perceived income sufficiency, $n = 2$ financial stressors or economic pressure, $n = 2$ family income, $n = 1$ among women living in poverty). Others contained broader measures, with some studies assessing "social class" or "socioeconomic class" (Castellanos-Torres et al., 2013; Fahs, 2014; van Hooff & Morris, 2021), as well as "socioeconomic status" (Casique, 2020; Jain et al., 2019), but these measures were largely either occupation or income-based. For example, in an analysis of the National Survey of Sexual Attitudes and Lifestyles in the United Kingdom, van Hooff and Morris (2021) used a five-category, hierarchical approach to social class: professional occupational status, managerial/technical, skilled non-manual, skilled/manual, and other. Castellanos-Torres et al. (2013) similarly used an occupational-status social class measure based on the level of education or training required; this measure was based on the British Registrar General and is used by the Spanish Society of Epidemiology (Castellanos-Torres et al., 2013). A small group of studies included other measures of

socioeconomic status, including per capita gross domestic product at the national level (Cranney, 2017), "living conditions" (Fuchs et al., 2020), property ownership (Do et al., 2018), and area-level deprivation (Mitchell et al., 2013).

As we observed with measures of sexual wellbeing, socioeconomic measures in this review overwhelmingly assessed one construct at a time (e.g., education level, employment status, or income). Some investigators included multiple measures in the same models; others assessed financial sufficiency or economic stressors versus income alone. None, however, documented community characteristics, multi-faceted assessments of poverty, or gestured toward the social and economic processes delineated in the previous part of this review. In their analysis of data from the U.S. National Health and Social Life Survey, Fahs and Swank (2011) used a nine-point income scale to account for "socioeconomic class," but they also included eight other sociodemographic and contextual measures that could add shading to determinants of sexual satisfaction; these variables included geographical "coming of age" location, sexual identity, race/ethnicity, and parenthood status (Fahs & Swank, 2011). This type of approach captures more of people's lived experiences than income alone, but it still is ill-equipped to measure *how* economic conditions lead to erotic inequities.

Studies in this review largely featured some aspect of poverty as a single, static "control variable" or predictor in statistical models. Few were equipped to consider poverty as a multi-faceted, multi-level measure, let alone as an ongoing series of processes. This difference between poverty as a control variable and poverty as a sociocultural and structural phenomenon can be illustrated by a recent shift in another area of health equity research: researchers' considerations of *race* versus *racism*. In recent years, in response to overwhelming evidence showing that racial categories are strongly associated with a wide range of health disparities, health equity scholars have emphasized the importance of discussing that racism, not race, is what really drives such inequities (Boyd et al., 2020; Brondolo et al., 2009; Sewell, 2016). Similarly, studies in this review document that economic conditions and poverty are strongly associated with sexual wellbeing, but they fail to attend to how structures of poverty and economic inequities – versus the sociodemographic variables themselves – are the drivers of such associations. Readers should consider these limitations in the interpretation of the empirical associations that follow.

As an organizing schema, we present categories of associations by individual measures within the broader socioeconomic umbrella – for example, education, followed by income, followed by employment status. Within each of these subsections, we present associations between these socioeconomic measures and various measures of sexual wellbeing (e.g., sexual satisfaction, sexual functioning). Readers may wish to consider the individual socioeconomic measures as the independent variables and the domains of sexual wellbeing (e.g., sexual satisfaction) as the outcomes or dependent variables.

Education

Sexual satisfaction: lower levels of education were consistently associated with lower levels of sexual satisfaction among study participants (Amiri et al., 2020; Babayan et al., 2018; Cranney,

2017; Do et al., 2018; Fahs, 2014; Jamali et al., 2018; Ruiz-Muñoz et al., 2013). This relationship held at the level of partners' and parents' education levels, too. Researchers documented positive linear associations between male partner educational status and sexual satisfaction, including among Iranian 45–60 year-old women (Babayan et al., 2018) and Iranian 15–45 year-old women (Jamali et al., 2018). Parental education was also positively associated with U.S. young women's expectations of pleasure and sexual self-efficacy (Cheng et al., 2014).

Sexual Functioning

Lower levels of overall sexual functioning were consistently associated with fewer years of formal education (Chedraui et al., 2011; Fuchs et al., 2020; Güleröglü & Beşer, 2014; Jain et al., 2019; Mamuk & Dissiz, 2018; Pérez-López et al., 2012; Tekin et al., 2014), including pregnant and breastfeeding women (Abouzari-Gazafroodi et al., 2015) and postmenopausal women (Cornellana et al., 2017). Researchers found the same relationship regarding individual domains of sexual functioning, including desire and ease of achieving orgasm (De Lucena & Abdo, 2014). Here, too, partners' education could play a role; total sexual function scores were positively correlated with education of both women and their male partners (Chedraui et al., 2012; Güleröglü & Beşer, 2014; Llanaza et al., 2011). In Pérez-López et al.'s (2012) study of 40–65-year-old women in Spain, partner education was significantly related to women's sexual functioning while women's own education levels were not.

Other sexuality measures. In a longitudinal study of young U.S. women, expectation of sexual pleasure at baseline was associated with greater years of schooling at follow up.

Income and Access to Financial Resources

Sexual satisfaction: Lower levels of general sexual satisfaction were associated with lower household income (Amiri et al., 2020; Babayan et al., 2018; Bancroft et al., 2011; Do et al., 2018; Jamali et al., 2018), perceived income insufficiency (Afzali et al., 2020), and economic pressures (Wikle et al., 2020) and stressors (for women but not men, Hamilton & Julian, 2014). Casique (2020) documented a significant association between higher income and satisfaction with first sexual intercourse experiences among young men, but not young women.

Sexual Functioning. Lower levels of functioning were associated with lower household income (Amiri et al., 2020; Fuentealba-Torres et al., 2019; Güleröglü & Beşer, 2014; Llanaza et al., 2011), perceived income insufficiency (Aşkin et al., 2019), lower socioeconomic status (Jain et al., 2019), and poverty (Güleröglü & Beşer, 2014). Other researchers documented associations between socioeconomics and individual domains of sexual functioning such as desire and orgasm (Gallup et al., 2014, p. 2014)). For example, in their qualitative study in Uganda, Muhanguzi (2015) found that poverty undermined sexual desire among young women, although study participants still described having sexual agency and autonomy. Smith et al. (2017) found a significant relationship between increasing income and higher frequency of arousal and lower frequency of vaginal

dryness among 45–54 year-old women in the U.S. Higher “social class” (as measured on a four-point scale) correlated with increased likelihood of orgasm during masturbation among 2,914 Australian women, although this same study found that education was negatively associated with orgasm during sex.

Income-related associations with sexual satisfaction also demonstrated dyadic partner influences. In a study of 964 adults in Germany, the percent of household income earned by the female partner was a positive predictor of women's, but not men's, sexual satisfaction. In their study of 2,044 heterosexual couples in the U.S., Wikle et al. (2020) found that economic pressure on both partners was negatively associated with their own contemporaneous sexual outcomes, but not their partners.

Other Sexuality Measures. In addition to satisfaction and function, other measures of wellbeing in our sample included sexual self-efficacy and expectations for pleasure. For example, several articles found positive linear associations with financial resources and other sexual wellbeing measures, including the following: sexual wellbeing and social class in the United Kingdom (van Hooff & Morris, 2021); rating of one's own sexuality and family income in the U.S. (Bancroft et al., 2011); sexual quality of life and individuals' monthly income in Korea (Kim & Kang, 2015); and sexual self-efficacy among U.S. adolescent girls and family income (Cheng et al., 2014). This latter, longitudinal study also documented that expectations of pleasure during sexual experiences at baseline were associated with greater personal income at follow-up surveys.

Employment and Occupation. *Sexual satisfaction:* Sexual satisfaction was positively associated with being employed (Iranian women ages 45–60, Babayan et al., 2018) and with one's spouse being employed (15–45-year-old women in Iran, Jamali et al., 2018). In a study of couples in China, both partners being employed was significantly associated with higher sexual satisfaction for men, but not for women (Zhang et al., 2012). In an analysis of the National Health and Social Life Survey, U.S. women who worked full time had lower sexual satisfaction scores (Fahs, 2014). However, in that same study, unemployed women were more likely to be in the low satisfaction/high activity cluster. In their analysis of population-based survey of adults in Spain, Ruiz-Munoz et al. (2013) found no significant differences in satisfaction by higher occupational status (higher versus lower), although education was significantly correlated.

Sexual functioning. In a study of postmenopausal women in Spain, being a housewife or being unemployed was associated with poorer overall sexual functioning (Cornellana et al., 2017). Other research associated employment with individual domain of sexual functioning. For example, employed, married, 18–50-year-old women in Turkey had higher lubrication scores than unemployed women, but their overall sexual functioning scores did not differ meaningfully (Tekin et al., 2014). Unemployment was a significant contributor to low sexual desire among menopausal women in China (Zhou et al., 2019). And in Australia, occupational status (as captured on a five-point scale from service and manual laborers to

managers and professionals) was correlated with increased likelihood of orgasm among 19–52 year-old twin women (Zietsch et al., 2011).

Other Sexuality Measures. 45–60-year-old unemployed Korean adults reported lower sexual quality of life scores than those with current jobs (Kim & Kang, 2015). In the National Survey of Sexual Attitudes and Lifestyles in the United Kingdom, respondents in managerial and professional occupations reported greater odds than those in lower social class groupings of high sexual wellbeing, a measure capturing domains of sexual satisfaction, sexual relationships, and sexual problems (van Hooff & Morris, 2021). This effect was significant for both genders but stronger for men than women, and it remained “remarkably robust” to the inclusion of factors such as education, relationship quality, and physical and mental health. This latter analysis was one of the few to reflect on the potential pathways and mechanisms at work, and the authors underscored that “material resources play a role in the structuring of intimate life (van Hooff & Morris, 2021, p. 88).

Other Socioeconomic Constructs. Several analyses captured socioeconomic domains beyond education, income, or employment. In a study of married women in Vietnam, Do et al. (2018) found that property ownership (including household assets, transportation vehicles, and land) was associated with sexual satisfaction at the bivariate level, and “affluent” personal monthly income was a significant predictor of satisfaction in multivariate models. Cranney (2017) analyzed Demographic and Health Survey data from sub-Saharan African countries to document associations between sexual satisfaction scores and both per capita gross domestic product (GDP) and household income. While no significant associations emerged between GDP and sexual satisfaction, household income was correlated with sexual satisfaction in western, eastern, southern, but not central regions of sub-Saharan Africa. In a study of Polish women of childbearing age, sexual functioning and living conditions (evaluated as very good, good, and average) were significantly and positively associated (Fuchs et al., 2020). In a study 2,914 Australian women twins, increased “social class” (undefined) was correlated with increased likelihood of orgasm during masturbation (Zietsch et al., 2011)—but this same study found that education was negatively associated with orgasm during sex.

Two studies used broader approaches to capture “social class,” although both measures were based primarily on occupational category (Castellanos-Torres et al., 2013; van Hooff & Morris, 2021). Van Hooff and Morris analyzed data from the National Survey of Sexual Attitudes and Lifestyles (Natsal-3) in the United Kingdom, using a five-category, hierarchal approach to social class: professional occupational status, managerial/technical, skilled non-manual, skilled/manual, and other. They found that respondents in managerial and professional occupations reported greater odds than those in lower social class groupings of high sexual wellbeing, a measure capturing domains of sexual satisfaction, sexual relationships, and sexual problems. This effect was significant for both

genders but stronger for men than women, and it remained “remarkably robust” to the inclusion of factors such as education, relationship quality, and physician and mental health. This latter analysis was one of the few to reflect on the potential pathways and mechanisms at work, and the authors underscored that “material resources play a role in the structuring of intimate life.”

In their survey and interview study of 7,384 adults in Spain, Castellanos-Torres et al. (2013) similarly used an occupational-status social class measure based on the level of education or training required. They found that women in lower social classes reported lowest levels of satisfaction, but this relationship was non-significant (albeit in the same direction); men exhibited no social class difference. In summary, researchers who employed socioeconomic measures other than single constructs of education, income, and employment nonetheless found the same direction of association between socioeconomic conditions and sexual wellbeing.

Discussion and Recommendations

Strong but Contextually Limited Associations Between Socioeconomic Conditions and Sexual Wellbeing

In this paper, we established theoretical and conceptual pathways through which socioeconomic conditions, including poverty, may shape people’s experience of their sexual wellbeing. We then built upon this foundation to closely examine the empirical literature documenting economics and sexual wellbeing. In this narrative review of empirical research, we found overwhelmingly that poorer economic conditions were positively associated with lower levels of sexual wellbeing. By drawing out secondary or buried findings within these studies, we helped establish an evidence base for relationships between economics and erotic inequity. In sum, connections between economic conditions and sexual wellbeing are not just a likely hypothesis but an empirically documented phenomenon at the individual level. Moreover, these relationships were consistent across high and low-income countries, although studies did not allow for much relative comparison across cultural settings. However, these findings were usually stripped of the contexts, both material and nonmaterial, in which poverty causes these relationships.

Indeed, we encountered a critical discrepancy between our conceptual framework and the literature included in the empirical review. Exceedingly few of the 47 articles documented or commented on socioeconomic status as a series of structures through which these inequities arise. The articles largely treated socioeconomic status as a single-domain (e.g., income), individual-level independent variable. They also tended to use unidimensional, often Western-developed indicators of sexual wellbeing, such as

¹While the FSFI and other validated measures allow for clear and consistent comparisons across populations and time, a robust body of literature reveals both sexist and heterosexist underpinnings of the FSFI, specifically its focus on penetrative intercourse as the standard for sexual function (McClelland, 2018; McClelland & Holland, 2016). The FSFI and other sexual wellbeing indicators were developed for assessment of sexual health in Western contexts. Given the ways in which sexuality is a cultural phenomenon, universal application of a Western measure across cultural locations presents significant problems with measurement validity.

FSFI scores.¹ We encourage future researchers to take more complex, multi-domain approaches to measuring sexual wellbeing and the economic conditions that impact it. Along similar lines, while dozens of articles in this review report on associations between socioeconomic and sexuality measures, few considered or documented the pathways through which these disparities originated and developed. Nor did most research document the local contexts from which their findings emerged. These absences leave us with few tools for how to address inequities or how to measure, assess, and document relationships between poverty and sexual wellbeing that account for the complexities above. These absences may also perpetuate the notion that sexual experiences are cultural or personal, not structural (see McClelland, 2010 for discussion).

An Agenda for Future Research on Poverty and Erotic Inequity

To at least some extent, more qualitative and mixed-methods research could assist with understanding these pathways. For example, Muhanguzi's (2015) focus groups with women living in poverty in Uganda documented their reports of heavy workload and fatigue and their own understanding of how these conditions undermined sexual wellbeing and importantly, offer ideas for intervention beyond the woman herself. This study also documented ways in which poor women had sexual agency within the constraints of poverty, highlighting positive aspects of these women's sexual experiences versus portraying them in a solely negative light. While less directly about poverty, McDaid et al. (2019) used in-depth interviews to shed light on how economically deprived Scottish men and women come to equate sexual health merely with STI and pregnancy prevention versus positive aspects of sexual wellbeing (McDaid et al., 2019). They illustrated starkly different gendered pathways through which men and women develop expectations regarding sexual respect and freedom from violence. Such qualitative studies can help locate findings in the local cultural contexts in which sexual experiences, both physical and psychological, unfold.

High-quality longitudinal studies could also shed light on how sexual inequities develop and evolve over time. For example, in an article included in this review, Cheng and colleagues (2014) analyzed several waves of data among young 6,416 young women in the U.S. National Longitudinal Study of Adolescent Health. These data suggest that socioeconomics can shape sexual wellbeing during adolescence, but also that sexual wellbeing at younger ages may influence later-life income and education, highlighting the potential for bidirectional and multidirectional relationships over the life course.

While most articles in this review understandably focused on individual level measures, sexuality is a dyadic, familial, and social process. Those studies that did measure partner and family-level variables often found associations with sexual wellbeing, underscoring the importance of intimate relationships and family environments in shaping sexual trajectories. One of the few ecological studies (Cranney, 2017) linked population-level sexual satisfaction average scores to economic development and per capita income.

Along similar lines, we would suggest more studies of how communities, nations, and even histories of colonization shape relationships between socioeconomic and sexual wellbeing. For

example, research on sexual wellbeing could be improved by integrating more anthropological approaches to examine the contexts of poverty and economic conditions in which people live their lives, including their sexual lives. Structural and institutional-level ideas could balance the enormous focus in sexuality research on behavior-based, identity-based, and individual-level research. Inspiring examples of the former can be found in the social science literature regarding power, culture, structure, and HIV/AIDS (Dworkin & Ehrhardt, 2007; Farmer et al., 1993; Gómez & Marín, 1996; Pulerwitz et al., 2002). For example, anthropologist public health scholars have examined how systems of globalization, oppression, law, homophobia, and sexism are far more useful in understanding and addressing HIV/AIDS transmission than sociodemographic indicators alone (Farmer et al., 2019; Hirsch et al., 2002; Parker, 2001). Further, comparative scholarship across multiple geographic settings could help highlight some of the sociocultural and structural factors at play in driving erotic inequities. Sexual wellbeing is a neglected but important part of public health, and there is value in documenting the socioeconomic policies of nation states in relation to all aspects of wellbeing, including sexual wellbeing.

Future research would also benefit greatly from more intersectional approaches. We as sexuality researchers must consider socioeconomic status in relationship to race and ethnicity, gender, sexual identity, nation, and other inequities with strong influences on sexual bodies. In an example of one potential intersection, social privilege and power operate in such a way that people from privileged groups (e.g., white, straight, cisgender, male U.S. citizens) receive higher income on average than members of structurally oppressed groups. We chose deliberately to examine one axis of inequality here given its absence in prior research, but multilevel studies will be important. At the same time, we caution that interaction terms alone will not accurately capture the lived experiences of communities who experience multiple oppressions, as explored fully in the scholarship of Lisa Bowleg and others (Bowleg, 2008).

Finally and relatedly, like any sexuality research, this field of study must both include and focus on more diverse samples in terms of gender identity, sexual identity, and racial identity. The literature we included in our narrative review overwhelmingly drew from white, cisgender, heterosexual populations. This sample homogeneity perpetuates invisibility of, and injustice to, structurally disadvantaged people and communities. It also significantly limited the scope of what we might learn about pathways to sexual wellbeing – a limitation highlighted in other reviews (Boydell et al., 2021). Trans and gender-diverse people, people of color, and queer people often face heightened rates of discrimination and as a result, economic vulnerability (Carpenter et al., 2020). Initiatives must focus on institutional violence based on gender identity, sexual orientation, and race, including violence in schools, juvenile homes and prisons, and seek ways to make these institutions more accountable.

Limitations

A primary limitation of any methodical review of the literature is that we may have missed articles using our search terms, even with attempts to reach out to colleagues in the sexuality field for additional titles not captured through our systematic

search process. Fortunately, the narrative review approach does not demand the same degree of exactitude as a meta-analysis, but rather is designed to provide a more conceptual overview of the literature on an emerging topic. Given the overwhelming consistency of our findings (e.g., more than 90% of articles documenting the same direction of association), we have confidence in the more general conclusions we drew from our analyses, despite the likelihood of at least some overlooked publications. As we described above, another limitation of this paper is the disjuncture between the theoretical pathways in part one and the narrative review results in part two. Synthesizing these two very different bodies of literature was challenging. Despite this, we humbly remain committed to our overall project of both theoretically and empirically building the concept of erotic equity and its connections with socio-economic conditions, especially poverty.

Closing Thoughts

Bay-Cheng and Fava (2014) argued that “sexual health promotion efforts should not only address individual factors related to sexuality but also bolster the social and material resources of girls in the child welfare system.” In their “Sexuality, Poverty, and Law” evidence report, Oosterhoff et al. (2014, p. 10) asked us to consider the strategies that have worked for civil society and social movements advocating for change. They also encouraged us to interrogate and act to eliminate all forms of discrimination based on sexual diversity, in a range of different contexts and in relation to everyday life, such as housing benefits, insurance, or access to health or social services. We appreciate that these sweeping changes will take perseverance, cultural shifts, political will, and financial might. However, without them, poverty will continue to undermine sexual well-being, which is a fundamental human right (Landers & Kapadia, 2020; World Association for Sexual Health, 2021; World Health Organization, 2006).

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