

Sexual Well-Being:
Comparing the Self-Assessments of Black and White Women in Heterosexual
Relationships*

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Abstract

The profound changes in women's sexuality over the past century suggest there are sociocultural determinants to sexuality. Yet, yet many gaps remain in current understandings, particularly for the relationship between race and positive aspects of women's sexuality. This paper examines racial differences and similarities in how black and white women in heterosexual relationships evaluate two aspects of their sexual well-being — their sexual relationships and their own sexuality. Analyses indicate that black and white women do not significantly differ in their evaluations of their *sexual relationships*, although there are racial differences in some of the factors predicting their ratings. In contrast, black women rate their *own sexuality* more positively than do white women, with a substantial portion of this racial difference accounted for by black women having more positive assessments of their sexual attractiveness. The authors contend that these racial differences relate to norms of socialization, tied to economic and demographic trends in U.S. society, with black women socialized to be more independent from men compared to white women.

Sexual Well-Being: Comparing the Self-Assessments of Black and White Women in Heterosexual Relationships

The 20th Century has seen substantial changes in the sexuality of women. The beginnings of this were evident in Kinsey's data (Kinsey et al. 1953): across the socio-economic spectrum, women born after 1900 showed more premarital sexual involvement than women born before 1900. Since Kinsey, a large number of surveys in the United States and Europe, particularly between the late 1960s and early 1980s, showed significant changes in female sexual behavior, including increases in the sexual activity of adolescent women (e.g., Bancroft 1989) and in the proportion of women who reported masturbating (e.g., Dekker and Schmidt 2002; Kontula and Haavio-Mannila 2002). A lessening of the social repression of women's sexuality, which has been a characteristic of patriarchal cultures, has probably been involved (Weeks 2003), but does not itself explain these changes. In the 1990s we have seen increasing evidence of women experiencing problems in or dissatisfaction with their sexual lives (e.g., Laumann, Paik, and Rosen 1999) leading to vigorous controversy about whether such problems warranted medical treatment or were better seen as adaptive or appropriate reactions to the woman's current situation or relationship (Bancroft 2002). A "New View" of women's sexuality has emerged to counter the medicalization of women's sexual problems, shifting emphasis to sociocultural, political and economic as well as relationship factors (Kaschak and Tiefer 2001). Despite this shift and the increased focus on the women's sexuality following the Kinsey Report, many questions remain regarding the impact of sociocultural factors.

In spite of the United States becoming increasingly multicultural (U.S. Census Bureau 2001) and in spite of the growing recognition that gender intersects with race and other inequalities (e.g., class, sexuality) to shape people's experiences (Zinn and Dill 1996; Collins [1990] 2000; Davis 1983; Lorde 1984; Nagel 2000), there is much we do not know about how

these factors influence sexuality. We know little about how women themselves assess their sexual relationships and own sexuality or how these components of sexual well-being may be influenced by sociocultural factors. Given racial differences in “problem” aspects of women’s sexuality (reviewed below) and given that gender and race influence sexual scripts (Mahay, Laumann, and Michaels 2000; Stephens and Phillips 2003, 2005), racial differences in women’s evaluations of their sexual well-being would not be surprising. However, the direction of these differences and the meanings of these differences for women’s sexual well-being are unclear. Consequently, in our paper, we address these gaps in our understandings of women’s sexuality and expand on sociological research on well-being by examining racial differences and similarities in how black and white women feel about aspects of their sexual well-being – their sexual relationship and their own sexuality. We interpret the racial patterns that we find through the lenses of social psychology and of past research on racial differences in gender socialization. We contend that these racial differences relate to norms of socialization where black women are socialized to be more independent from men than are white women, and that these differences in socialization are related to economic and demographic trends in U.S. society.

BACKGROUND: RACE AND SEXUAL WELL-BEING

Most of the research on women’s sexuality has focused on the behaviors of white women (Reid and Kelly 1994), with little research on the relationship between race or ethnicity and sexual practices (Mahay et al. 2000). A review of papers published from 1971 to 1995 in the two major social science sexuality journals shows that race or ethnicity is reported in just 26 percent of papers, with only 4 percent of the papers including racial or ethnic comparisons (Wiederman, Maynard, and Fretz 1996). Since this review there appears to be more research examining racial

differences in sexual behaviors; however, there is still much we do not know about the impact of sociocultural factors on sexuality.

In particular, because much existing research on sexuality is problem driven, we know much less about “normal” sexuality or positive aspects of sexuality than negative aspects or the problems associated with sexual behavior. The lack of research on normal or positive sexuality is particularly striking for women of color. Research on sexuality of black women generally focuses on problem or negative aspects of sexuality and Lewis and Kertzner (2003) note similar trends in research on black men’s sexuality. In what research there is, the most common topics related to black sexuality include age at first intercourse, teenage pregnancy, sexually transmitted infections (STIs), and condom use (e.g., Brewster 1994; Furstenberg, Brooks-Gunn, and Morgan 1987). This research finds, for example, that blacks have substantially higher rates of STIs than other racial and ethnic groups in the U.S. (CDC 2004; Laumann et al. 1994; Laumann and Youm 2000). Among women, blacks are more likely than whites to engage in sexual activity at earlier ages (Risman and Schwartz 2002; Weinberg and Williams 1988), with higher rates of sex before age 16 (Mahay et al. 2000), of premarital sex (Mahay et al. 2000; Weinberg and Williams 1988), and of extramarital sex (Weinberg and Williams 1988). Black women and men are also less likely to report being in love with their first sex partner compared to whites (Mahay et al. 2000) and black women are more likely to report not wanting their first intercourse to occur when it did compared to women of other racial groups (Laumann et al. 1994). This research paints a rather dismal picture of the sexuality of black women.

Because of residential and educational segregation, some research suggests that blacks and whites live in different worlds in the contemporary U.S. (e.g., Anderson 1990; Massey and Denton 1993; Wilson 1987). These different worlds may generate or reflect racial differences in

how people's views of sexuality are constructed. Racial differences occur, for example, in the importance of sex to middle-aged women with black women reporting that sex is more important compared to white women (Cain et al. 2003). Research relates adolescent childbearing directly to neighborhood racial composition through its "sealing off participation in mainstream social and economic arenas" (Sucoff and Upchurch 1998). In explaining the differences they observed between blacks and whites, Weinberg and Williams (1988:213) conclude that "sexual patterns are part of a distinct subculture" created by "different historical and social circumstances" to "give a particular meaning to sexuality." Thus, this research points to the "importance of distinguishing African-American sexuality from other racial and ethnic groups" (Sterk-Elifson 1994:122). Although research suggests racial differences in how women evaluate their sexuality, the direction of the difference is unclear.

In some respects, research suggests that black women would assess their sexual well-being more positively than white women. For example, more black women than white women report always having an orgasm during sex with their partner and fewer black women than white women report pain during sex or difficulty lubricating (Laumann et al. 1994). Research on recently married couples finds that black women are more open about sexual enjoyment and report more positive sexual relations than white women, which leads the authors to conclude, "It may well be that White culture is relatively puritanical about people – and particularly women – enjoying sexual experience in its own right" (Oggins, Leber, and Veroff 1993:158). Other evidence is consistent with this suggestion. For example, black college women are more likely than white women to express that they are more interested in their own satisfaction than that of their partner (Houston 1981). Socialization patterns whereby black women are taught to value self-reliance, autonomy, and financial and emotional independence to a greater extent than are

white women (Aschenbrenner 1975; Berkowitz and Padavic 1999; Collins [1990] 2000, 2005; Dugger 1988; Higginbotham and Weber 1992; Holland and Eisenhart 1990; Ladner 1971; Stomblor and Padavic 1997) reflect these differences. Racial differences in gender socialization towards independence may influence women's evaluations of their sexuality by encouraging black women to "[enjoy] sexual experience in its own right" (Oggins et al. 1993:158).

In other respects, black women might be expected to have less positive evaluations of their own sexuality and their sexual relationships than white women. For example, compared to white women, black women report higher rates during the past year of lacking interest in sex, finding sex not pleasurable, and being unable to orgasm (Gonzales and Rolison 2005; Laumann et al. 1994). Black women also report more anxiety about their sexual performance and higher rates of climaxing too early than white women (Laumann et al. 1994). In addition, married black women report a lack of foreplay (Staples 1981) and cunnilingus and fellatio are less frequent activities among black men and women than among whites (Laumann et al. 1994; Mahay et al. 2000; Weinberg and Williams 1988). Black men and women also exhibit a wider gap in the degree of romanticism and eroticism reported than do white men and women, although black and white women report similar levels (Houston 1981). Furthermore, the racial differences in sexual "problems," such as rates of STIs and evaluations of first intercourse (discussed earlier) also suggest lower rates of sexual well-being for black women than white women.

In addition to sexual behavior, sexual images may lead black women to evaluate their sexual well-being less positively than white women. Cultural images of black women, often referred to as controlling images, involve stereotypes about black women's sexuality that may negatively impact how women assess their sexual well-being. Black women feel trapped between stereotypes of black women as hyper- or hypo-sexual, as the Jezebel or Mammy,

respectively (Collins [1990] 2000, 2004; Morrison 1992; Rose 2003). Research assessing the relevance of these images for female adolescents in contemporary society suggests that these images have become more sexually explicit in scripts including the Gold Digger and the Diva (Stephens and Phillips 2003). Much research on racial differences in sexual behavior, sexual experiences, and sexual images suggests that black women evaluate their sexual well-being less positively than white women.

While some research has explored the positive aspects of sexuality in the form of sexual satisfaction, this term is typically used to represent satisfaction with a sexual relationship (e.g., Blumstein and Schwartz 1983; Byers 2005; Greeley 1991; Haavio-Mannila and Kontula 1997; Kinsey et al. 1953; Koch et al. 2003; Perlman and Abramson 1982; Pinney, Gerrard, and Denney 1987; Tomic et al. 2006) and does not capture the multi-dimensionality underlying women's positive views of their sexuality, referred to as sexual well-being. While a few researchers have looked at multiple dimensions of "sexual satisfaction" (Byers 2005; Pinney et al. 1987) or "subjective sexual well-being" (Laumann et al. 2006), these measures tend to focus on relationships rather than on women's subjective feelings about their own sexuality and do not focus on sociocultural factors.¹ Along with our focus on race, we include as determinants of sexual well-being the range of demographic and health factors and sexual experiences that have been the focus of this research on sexual satisfaction (e.g., Blumstein and Schwartz 1983; Byers 2005; Greeley 1991; Kinsey et al. 1953; Koch et al. 2003).

An ever-growing body of sociological research focuses on individual's ratings of their well-being.² Researchers have studied well-being in a range of dimensions, including global dimensions such as life satisfaction and happiness and domain-specific indicators such as psychological, physical, job, and residential satisfaction (e.g., Campbell, Converse, and Rodgers

1976; Campbell 1981; Gurin, Veroff, and Feld 1960). Although sexuality also is an important dimension in people's lives, little research has focused on sexual well-being (Laumann et al. 2006 is the one exception) and this research only looks at relationship satisfaction. In this paper, we add to the literature on well-being by considering women's sexual well-being in terms of their subjective ratings of their own sexuality and their sexual relationships.

In summary, existing research suggests sociocultural factors affect women's sexuality and that differences exist in black and white women's sexuality. The direction of these differences and their meanings, however, are unclear. In addition, much of the research on sexuality focuses on sexual behavior, often "problem" behaviors, with less emphasis on social-psychological processes underlying sexuality such as subjective experiences and the meanings that people place on their behaviors. Therefore, in this paper, we focus on the impact of sociocultural factors on black and white women's assessments of two aspects of their sexual well-being – their sexual relationship and their own sexuality. We include demographic, health, and sexual experiences as possible predictors of sexual well-being in women, based on prior research on sexual satisfaction (e.g., Koch et al. 2005; Laumann et al. 2006; Tomic et al. 2006) and sexual distress (Bancroft, Loftus, and Long 2003). We ask, first, *how do black and white women compare in their evaluations of their sexual relationship and their own sexuality?* And, second, *how do they differ in the determinants of these two aspects of sexual well-being?*

DATA AND METHODS

The Survey

The survey on which our paper is based was designed by The Kinsey Institute to examine determinants of sexual well being and distress about sex. The survey was conducted by the Research Triangle Institute in 1999-2000. The sample was selected from a national sampling

frame using random-digit dialing with stratification by region of the country and racial composition. Black women were oversampled at a 2:1 white-to-black ratio to enable us to explore racial differences. Telephone interviews were used to survey black and white women ages 20-65 who speak English and who are in a cohabiting, sexual relationship with a male partner that has lasted at least six months. Nine hundred and eighty-seven women completed interviews that lasted about 30 minutes. Respondents were paid \$25 to complete the interview, with \$50 paid to respondents who initially refused and later agreed to complete the interview. The response rate was 53 percent, with a refusal conversion rate of about 35 percent. The interview was completed in two parts. Computer Assisted Telephone Interview (CATI) was used for demographics and less sensitive questions. Telephone-Audio-Computer-Assisted Self-Interview (T-ACASI) was used for questions about physical health, mental health and sexual experiences over the past month. Cognitive interviewing was used to assess the questions before they were included in the T-ACASI instrument. Results relating to distress about sex were reported by Bancroft et al. (2003).

Variables and Measurement

Descriptive statistics for the dependent and independent variables are presented in Table 1. In this section we provide further details on how these variables were measured.

[Insert Table 1 About Here]

Assessment of sexual relationship and own sexuality

Our dependent variables are two measures of women's sexual well-being. First, respondents were asked, "In general, would you say your current sexual relationship is excellent, very good, good, fair, or poor?" Second, women were asked "In general, would you say your own sexuality is excellent, very good, good, fair, or poor?" This question was asked

immediately following the sexual relationship question early in the survey and again near the end of the interview. We use the later questions since we expected that women would be aware of how they felt about their sexual relationship, but that they may have thought less about their own sexuality and would be able to give a more informed response after having answered all the other questions about their sexual responses and activities. In face-to-face interviews that explored the construction of surveys of human sexuality, we found that people did not have a ready-made answer to this question and their answers relied on a range of contextual information – from their feelings about their sexual practices to their sexual identity or sense of self. This suggests that the survey itself helped women more clearly understand what was meant by the question. The two questions are, however, strongly associated (unweighted gamma=.81), but findings were more consistent and stronger when using the second asking of the question. Given the small sample size, especially for black women, we decided to collapse the outcome measures.

Independent variables

Independent variables are divided into four categories: demographic variables, measures of health, indicators of sexual experiences in the past month, and measures of sexual attractiveness.

Demographic variables include the following. Race is coded as black or white. Education is measured as the highest degree earned. To measure annual household income, respondents were asked for the total amount of money their family or household earned last year and selected from nine categories ranging from “Less than \$5,000” to “More than 100,000.” We used the mid-point of each category so that the resulting measure could be interpreted in terms of dollars. Age at the time of the interview and the number of children in the family are also used as controls.

Mental (MCS12) and physical health (PCS 12) were derived from the SF12 (Ware, Kosinski and Keller 1998). The MCS12 is a composite mental health measure constructed from questions about feeling “calm and peaceful” and “downhearted and blue,” having “lots of energy” and having daily activities impaired by “emotional problems.” The PCS 12 measures physical health using questions about difficulties caused by physical health with moderate and more vigorous activities. Higher scores on the MCS12 and PCS12 indicate better health. The body mass index (BMI) measures a person’s weight in relation to height. Using standard procedures, we divide the scale into four categories corresponding to the standard categories of underweight (<20), ideal weight (20-24), overweight (25-29) and obese (30+). Menopausal status was categorized as pre-menopausal (usual cyclical pattern), perimenopausal (cycles have become irregular), and post-menopausal (no menses for at least 12 months).

Measures of sexual experience are based on activity during the past month. Details on the questions used are given in Bancroft et al. (2003). The measures include frequency of self-reported sexual activity with a partner, orgasms during this sexual activity, masturbation, and her partner’s difficulties with erection and/or rapid ejaculation. Two scales summarizing physical and subjective responses to sexual activity were constructed. The scale for physical responses to sexual activity covers the proportion of occasions when the respondent became aroused, had “pleasant tingling” in her genitals, and enjoyed being touched during sexual activity with a partner. The scale of subjective responses to sexual activity assesses affective characteristics relating to occasions when the woman felt indifferent about sex, had pleasurable and enjoyable feelings, had unpleasant feelings such as tension or anxiety, and felt emotionally close to her partner during sexual activity.³

Self-perceived sexual attractiveness was assessed with the question “How sexually attractive have you felt recently?” with response options of “very attractive,” “somewhat attractive,” “neither attractive or unattractive,” “somewhat unattractive,” and “very unattractive.” Respondents were also asked “How sexually attractive is your partner to you?” with the same response categories. For analysis we constructed binary indicators of self-perceived and partner’s sexual attractiveness by combining the responses “very attractive” and “somewhat attractive” and comparing them to other categories.

Methods of Analysis

Survey weights were used to correct for the oversampling of black women so that our estimates reflect the representation of black and white women in the U.S. Unless otherwise noted, all statistics were computed using survey weights (see Hosmer and Lemeshow 2000 for a detailed discussion of these methods). Since our analyses include measures of sexual experience, subjects who were sexually inactive during the previous month, together with those with insufficiently complete data, were excluded. The results presented below are based on 819 women: 262 black and 557 white. Similar analyses (not shown) that included women who were sexually inactive, and necessarily excluded measures of sexual activity with partner, were computed and showed no clear differences.

Our analysis begins by examining race differences in our primary outcomes, a woman’s assessment of her sexual relationship and her assessment of her own sexuality. To understand the similarities and differences that we find, we estimate a series of regression models that control for demographic variables, measures of health, indicators of sexual experiences in the past month, and measures of sexual attractiveness. Our goal is to determine how these variables affect assessments of sexual relationships and one’s own sexuality and the degree to which there

are differences between black and white women. In the linear regression model, the standard approach to comparing groups is to test whether the effects of independent variables differ by group. Allison (1999) notes, however, that for models with binary outcomes these standard tests confound the magnitude of the regression coefficients and the variance of the error. Accordingly, these tests can lead to invalid conclusions. While he proposes an alternative test, this test requires prior knowledge that the effects of a known set of independent variables are identical across the two groups. Since we do not have strong theoretical grounds for such assumptions, we rely on the comparison of predicted probabilities to compare groups. As noted by Long (2006), tests of the equality of predicted probabilities across groups are not affected by the problem noted by Allison. Tests to compare predicted probabilities for blacks and whites are computed using the delta methods as described by Xu and Long (2005). This method for computing confidence intervals is not available for models estimated with full survey adjustments, so we computed these predictions using only sampling weights. Estimates of model parameters using full survey adjustments versus only sampling weights were extremely close.

Several of our control variables were transformed before inclusion in our models. Age and age-squared are used to allow a non-linear relationship between age and the outcome variables. The square root of the number of children in the family was used to reduce the effect of outliers (i.e., women with many children). Similarly, given the highly skewed distribution of the sexual experience variables, we took the square root before including these variables in our models.

RESULTS

Racial Differences in the Sample

Assessment of sexual relationship and own sexuality

Ratings of the two dependent variables by racial group are shown in Table 1 and in Figure 1. Black and white women did not differ in their assessments of their sexual relationship; 44 percent of black women and 51 percent of white women assess their sexual relationships as high (excellent or very good) ($X^2 = 2.13$, $p = 0.19$). In contrast, significantly more black women assessed their own sexuality as high than white women, with 66 percent of black women rating their own sexuality as high compared to 44 percent of white women ($X^2 = 9.71$, $p < 0.01$).⁴

[INSERT FIGURE 1 ABOUT HERE]

Independent variables

Table 1 shows significant racial differences in several of the independent variables included in the study. As would be expected given national trends, black women reported lower levels of income than white women (\$35,000 compared to \$56,500) and more children (on average 1.4 compared to 1.2). Black women also were significantly more likely to report their income than were white women. Black women had higher BMI than white women, with more black women in the two top BMI categories whereas more white women were in the “ideal” weight category. Black women also were more likely to report that their partners experienced rapid ejaculation than did white women (2.3 compared to 1.6 instances during the past 4 weeks). Black women reported lower scores on the scales measuring physical and affective responses to sexual activity. Finally, black women described themselves as more sexually attractive than did white women: 75 percent of black women viewed themselves as sexually attractive compared to 60 percent of white women. There were no significant differences in age, education levels,

menopausal status, mental and physical health, frequencies of sexual activity with a partner, masturbation, orgasm and partner's erection difficulties, and partner's sexual attractiveness.

Racial Differences in Assessments and Determinants of Sexual Well-Being

Assessment of sexual relationship

In response to our first research question regarding how black and white women compare in their evaluations of two aspects of their sexual well-being, we find no significant difference in the first aspect – women's self-assessments of their sexual relationships. The observed percent of black women and white women who evaluate their sexual relationship as high are very similar and not significantly different. This pattern holds after controlling for our independent variables. The predicted probability of assessing one's sexual relationship as high for black women who are average on all observed characteristics is .51 compared to .49 for a white women with the same levels of the independent variables.

Turning to our second research question regarding how black and white women differ in the determinants of these two aspects of their sexual well-being, we find several significant differences. Demographics in general do not have a very strong effect on women's assessments of their sexual relationship. However, they are more important for explaining variation among black women than among white women. As shown in the first column in Table 2, black women have a higher assessment of their sexual relationship when they are younger, do not have an advanced degree, and are unwilling to report their income. As black women age, they are significantly less likely to assess their sexual relationship as high; in contrast, as white women age, they are more likely to report their sexual relationship as high. This relationship is shown in Figure 2. For example, an average black woman who is 40 years old has a .51 probability of

assessing her sexual relationship as high, compared to a .15 probability at age 50. For an average white woman, the probability increases only slightly from .49 to .53 from age 40 to 50.

[INSERT FIGURE 2 ABOUT HERE – **UNDER CONSTRUCTION!!!**]

Being mentally healthier (as self-reported on the MCS 12) and reporting that one's partner is sexually attractive are significantly related to high assessments of sexual relationship for both black and white women; however, the effect is stronger for black women than for white women. For example, an average black woman with very low mental health scores (those in the 5th percentile of the MCS) has a .08 probability of assessing her sexual relationship as high compared to .28 for an average white woman. In contrast, for women with very good mental health (those in the 90th percentile of the MCS), an average black woman has a .80 probability of assessing her sexual relationship as high compared to .61 for a similar white woman. At lower levels of mental health, black women have a lower probability of assessing their sexual relationship as high than white women; however, at higher levels of mental health, black women have a higher probability of assessing their sexual relationship as high than white women.

Finally, we turn to the sexual experience variables where we find the most striking racial differences in the predictors of high assessments for sexual relationship. As shown in the first column in Table 2, the only sexual experience variable that is significant for black women is rapid ejaculation. The more rapid ejaculation that black women report, the more likely they are to report that their sexual relationship as moderate/low⁵ compared to high. For white women, in contrast, reporting frequent sexual activity with a partner, less frequent masturbation, and feeling emotionally close to their partner (as measured by high scores on the subjective response scale) is associated with assessing one's sexual relationship as high. These findings suggest that white

women are more interested in pleasing their partner, while black women are more interested in pleasure in its own right.

Assessment of own sexuality

Turning to the other aspect of sexual well-being – women’s assessments of their own sexuality – we find that significantly more black women than white women rate their own sexuality as high. This pattern holds after controlling for our independent variables. The predicted probability of assessing one’s own sexuality as high for black women who are average on all observed characteristics is .70 compared to .47 for a white women with the same levels of the independent variables.

We find fewer racial differences in the determinants of women’s assessments of their own sexuality than in their assessments of their sexual relationship. There are virtually no significant racial differences in the demographic predictors of women’s assessments of their own sexuality. The one exception is income: For both black and white women, having a higher income makes one more likely to report their own sexuality as low/moderate than high; however, this relationship is only significant for white women. In addition, there are few significant racial differences in the impact of health on own sexuality. Table 2 shows that reporting positive mental health is more important for high assessments of own sexuality for white women, whereas positive physical health is more important for black women.

The stronger racial differences are found among those variables tapping sexual experiences and sexual attractiveness. While more frequent orgasms during sexual activity with a partner are related to assessing own sexuality as high for both black and white women, this relationship is stronger for black women than for white women. Among women who report no orgasms during sexual activity with a partner during the past 4 weeks, an average black woman

has a .19 probability of assessing her own sexuality as high compared to .26 for an average white woman. At every other level of orgasm frequency, black women have higher predicted probabilities of assessing own sexuality as high than white women. For example, among women who report 7 orgasms during the past 4 weeks, an average black woman has a .77 probability of assessing her own sexuality as high compared to .50 for a similar white woman; the probabilities rise to .88 for a black woman and .58 for a white woman who report 12 orgasms. As with orgasm frequency, we find that self-assessed sexual attractiveness has a stronger impact on assessments of own sexuality for black women than white women, although it is a significant predictor for both groups. As shown in Table 3, an average black woman who self-reports that she is sexually attractive has a .82 probability of self-reporting a high own sexuality, compared to .58 for an average white woman. Rating oneself as sexually attractive as opposed to unattractive almost doubles one's predicted probability of assessing own sexuality as high for both black women and white women. Consequently, a black woman who self-reports that she is not sexually attractive has a .43 probability of assessing her own sexuality as high, compared to .29 for an average white woman. These patterns show the importance of race as well as self-perceived sexual attractiveness in understanding women's reports of their own sexuality.

[INSERT TABLE 3 ABOUT HERE]

Predictors of sexual attractiveness

UPDATED ANALYSES HAVE NOT BEEN DONE FOR THIS SECTION – SCOTT LONG IS CURRENTLY WORKING ON THEM. THE NEW WRITE-UP SHOULD BE SIMILAR TO WHAT IS BELOW.

Because of the racial differences in self-reported sexual attractiveness and because it is the most important predictor of own sexuality, we look next at the predictors of sexual

attractiveness. As shown in Table 4, women are more likely to say that they are sexually attractive if they are black (compared to white), of an “ideal” BMI (compared to overweight or obese), are premenopausal (compared to perimenopausal), are mentally and physically healthier (as measured by the MCS 12 and PCS 12, respectively), and score higher on the subjective response scale for sexual activity.⁶ Wald tests suggest that the joint effects of BMI categories ($X^2 = 16.06$, $p = 0.001$) and menopausal status ($X^2 = 8.23$, $p = 0.016$) on sexual attractiveness are significant.

[INSERT TABLE 4 ABOUT HERE – **UPDATED TABLE NEEDED**]

Table 5 explores the impact of BMI and race on sexual attractiveness using ideal types (Long 1997). At each BMI level, black women are more likely than white women to consider themselves to be sexually attractive. For example, as shown in Table 5, a black woman with a low Body Mass Index (category 1) has a .91 probability of self-reporting that she is sexually attractive, compared to .77 for a similar white woman. A black woman considered “overweight” in terms of BMI (category 3) and a white woman with a low BMI (category 1) have similar probabilities of rating themselves as sexually attractive (.75 compared to .77). The difference in predictions increases as BMI increases so that for “underweight” women (those in category BMI 1), black women are only 13 percent more likely than white women, all else equal, to consider themselves sexually attractive. In contrast, the difference increases to 37 percent for “obese” women (BMI 4).

[INSERT TABLE 5 ABOUT HERE - **UPDATED TABLE NEEDED**]

DISCUSSION

The most striking finding in this study was that black women are more positive than white women about their own sexuality. Racial differences are present in women’s assessments

of both aspects of their sexual well-being assessed in this study. Although there were no significant racial differences in how high women rate their sexual relationship, there are racial differences in some of the factors predicting those ratings; these differences will be discussed in more depth below. In contrast, significantly more black women than white women assess their own sexuality as high. This finding is consistent with some research discussed earlier (e.g., Houston 1981; Oggins et al. 1993) but contradicts others (e.g., Gonzales and Rolison 2005; Weinberg and Williams 1988). The complex patterns that we find parallels and helps to clarify those in research on other aspects of well-being, which finds the answer is not clear cut as to whether blacks have higher or lower well-being than whites (e.g., Brown and Keith 2003; Vega and Rumbaut 1991; Williams and Harris-Reid 1999).

We interpret these racial differences through the lens of past research on race and gender differences in socialization patterns and using a social psychological approach. Research suggests that black women's socialization focuses more on self-reliance and autonomy than does that of white women (Aschenbrenner 1975; Berkowitz and Padavic 1999; Collins 1990, 2000; Dugger 1988; Higginbotham and Weber 1992; Holland and Eisenhart 1990; Ladner 1971; Stompler and Padavic 1997). When young black women were asked to share lessons their mothers taught them about men, most focused on self-reliance and resourcefulness, such as the advice to: "Want more for yourself than just a man" and "Make sure...that you can take care of yourself before you settle down" (Collins 2005). White women also are taught the importance of being self-sufficient in terms of economics. However, white women are encouraged more strongly by peer groups, media, schools, and other aspects of society to find a suitable man to marry, while black women are socialized towards more emotional and economic independence (Berkowitz and Padavic 1999; Collins 2000; Higginbotham and Weber 1992; Holland and

Eisenhart 1990; Stompler and Padavic 1997). This corresponds with the history of black womanhood as a “legacy of hard work, perseverance and self-reliance” (Davis 1983). Unlike white families, black families socialize not only their sons but also their daughters to be independent (Hale-Benson 1986).

Black mothers and communities may socialize black girls to be independent and not rely on men because of structural barriers to stable employment and high educational attainment for many black men (Mahay et al. 2000; Staples 1981; Sterk-Elifson 1994; Weinberg and Williams 1988). Reflecting these demographic trends, black women report that their mothers had transmitted a less romantic view of marriage and a less positive view of men than white women (Joseph 1991). One study of college students shows that black women are more likely than white women to express that they are more interested in their own sexual satisfaction than that of their partner (Houston 1981). Research on women’s adjustment after divorce also shows racial differences: black women, who are typically socialized towards self-sufficiency and independence, may be better able to better cope with dissolution in marriage than white women and it does not affect black women’s self-esteem and identity as strongly as it does white women’s (Brown, Perry, and Harburg 1977). Research on the representation of black and white women’s sexuality in advertisements in men’s and women’s magazines finds differences in the portrayal of women according to the racial target audience of the magazine, reflecting these racial differences in socialization. Ads for white audiences portray women in roles and with characteristics of submissiveness and dependency while ads for black audiences portray women as dominant and independent (Baker 2005). Overall, this research suggests that black girls and women are socialized to be more self-reliant than their white peers.

This previous research along with our findings points to social psychological and sexual scripting processes relevant to how women evaluate their sexual well-being. Women's views of their sexual relationships and their own sexuality are historically-contingent and socially-constructed. Previous research has asserted that gender and race shape the kinds of sexual behavior and feelings prescribed for black and white women (Mahay et al. 2000; Stephens and Phillips 2003, 2005). A sexual scripting perspective (Gagnon and Simon 1973; Gagnon 1990; Simon and Gagnon 1987, 2003) and symbolic interactionist approach to sexuality (Longmore 1998) can be used to better understand this meaning-making process. Gagnon and Simon's notion of sexual scripts portrays the sequence of sexual behaviors followed by an "actor" in the dramaturgical tradition of Goffman and locates the origins of sexual meanings and desire in the social context. Scripts that individuals enact through their behavior do not simply replicate those in the cultural scenario (i.e. the societal norms and narratives that provide guidelines for sexual behavior). Instead, individuals draw on these cultural scenarios along with their own personal desires when interacting with others to create interpersonal scripts and intrapsychic scripts, or dialogues with the self.

It seems possible that because black women are socialized to be more independent, they may make more of a cognitive distinction between the two dimensions of sexual well-being than do white women who are socialized in more of a relational perspective (Collins [1990] 2000; Mahay et al. 2000; Taylor, Gilligan, and Sullivan 1995). This explanation corresponds to the more relational sexual scripts of black women compared to white women and to the means presented in Table 1 and Figure 1. However, tests of the null hypothesis show that the two aspects of sexual well-being are independent for whites ($F=70.54$), as well as for blacks ($F = 15.07$), thus, not confirming this explanation.

Another aspect where a sexual scripting perspective may prove useful is in disentangling the relationship between women's sexual behaviors and their assessments of their sexual well-being. The few significant racial differences in measures of sexual experiences suggest that white women reported more positive sexual experiences, yet black women assessed their own sexuality more positively than did white women and black and white women did not differ in terms of their evaluations of their sexual relationship. Black women reported that their partners experienced more rapid ejaculation and lower scores on scales measuring positive physical and affective responses to sexual activity than white women. These racial differences in sexual activity as well as some of the significant interaction terms may seem somewhat counter-intuitive to our findings of the more positive assessments of own sexuality among black women compared to white women and the lack of racial differences for the other aspect of well-being.

However, research on the gendered and racialized dimensions of socialization, sexual scripts and cultural images suggest possible explanations for these differences and similarities. The greater negative impact of their partner's rapid ejaculation on black women's evaluations of their sexual relationship is consistent with their attaching more importance to their own sexual pleasure than white women. A partner's rapid ejaculation may lead to early termination of the sexual interaction, with the potential for leaving the woman frustrated. If white women are more concerned with their partner being satisfied than themselves, this may be less of a problem for them. The negative impact of masturbation frequency on white women's evaluations of their sexual relationship may be because they see the need for masturbation as resulting from insufficient sexual activity with the partner, possibly indicating that the partner is not sufficiently attracted to them. Mahay et al. (2000) did not examine racial differences in relation to masturbation, but the NHSL, which is the source of their data, showed that black women

masturbated more often than white women, and felt less guilty about it (Laumann et al. 1994). If black women feel more comfortable with their sexual pleasure in its own right, this could result in masturbation being a more positive experience for them. Consistent with this is the greater importance of frequency of sexual activity with the partner on white women's assessments of their sexual relationship and the greater importance of orgasm frequency on black women's assessments of their own sexuality. These are all speculations that should be tested with further research.

The other significant racial differences in predictors of sexual well-being are more difficult to explain. On the assumption that black women are more comfortable with their sexual pleasure in its own right, sexual pleasure, or its justification, may be less related to reproductive potential for them. That might lead to black women being more positive than white women about their sexuality post-menopause, but it does not help to explain why black women who are perimenopausal are more likely to rate their sexual relationships as high. It also is difficult to explain why physical health had a greater impact on white women's evaluations of their sexual relationships and black women's evaluations of their own sexuality. One would expect physical health to be important for all women. Given the number of associations explored, these significant findings may have in fact occurred by chance.

The relationship we observed between self-assessed sexual attractiveness and evaluation of own sexuality is in line with research on body image and with the findings of Ackard, Kearney-Cooke and Peterson (2000) showing that overall self-image and body image are significant predictors of sexual activity. While there is little research directly on the relationship between sexuality and sexual attractiveness, the concept of sexual attractiveness and its relationship to a variety of other concepts such as body image, physical attractiveness and body

satisfaction, has been studied. This research shows black women and girls having fewer concerns about weight and more satisfied with their bodies than are white women and girls (see meta-analysis in Roberts et al. 2006). This has been shown among teenage girls (e.g., Casper and Offer 1990), in college samples (e.g., Abrams, Allen, and Gray 1993; Harris 1994), and among adults (e.g., Cash and Henry 1995; Rand and Kuldau 1990). This occurs despite the trend that black women have larger body sizes and higher BMIs than white women (Abood and Chandler 1997; Kemper et al. 1994; Mokdad et al. 1999). For example, one study of adolescent girls finds that black girls have the highest BMI of any group, yet they attempt to control their weight less frequently than white, Asian, and Hispanic girls (Boyd et al. 2006). There appears to be a more fluid standard of attractiveness and a wider range of acceptable bodies and weights among blacks, compared to whites (Celio, Zabinski, and Wilfley 2002). White and black women seem to receive different cultural messages about not only sexuality and relationships, but also about bodies and physical appearance. The relationship identified in our data between sexual attractiveness and own sexuality may indicate that sexual attractiveness is the most important aspect of ‘own sexuality.’

As mentioned earlier, sexual scripting theory suggests that cultural scenarios impact the way that individuals think about sexuality and the sequence followed by an individual (i.e. an actor) engaged in sexual behavior. Prior research showing differences in socialization of black and white girls and women may reflect differences in cultural scenarios between racial groups and in how these scripts are enacted. Racial differences in sexual scripts may lead to the racial differences in sexual well-being apparent in our data. Although these links are suggestive, our quantitative data is unable to address these processes and the mechanisms underlying them.

Furthermore, while it may be valuable in describing sociocultural differences, a sexual scripts approach does not help in understanding how these differences emerge.

Our findings suggest a number of issues for further research. In-depth individual and/or focus groups interviews with women and men from a range of social positions and communities would be useful to explore individuals' assessments of these two components of their sexual well-being, before pursuing further survey research. This qualitative data also would be useful for exploring if and how sexual scripting theory can help us understand the racial differences in sexual well-being. Future research could explore the impact of other sociocultural differences, such as religion, on sexual well-being. Collins (2004:35-45) argues that while society depicts black women and men as deviant sexually, the black Christian church—the most important African-American community organization—expresses a conservative gender ideology but “is quiet” about sexuality. Despite the silence of the black Christian church on sexuality, other research finds that black women are almost twice as likely to assert that their religion influences their sexual behavior, after controlling for basic demographics (Mahay et al. 2000).

Future research also should consider how these sociocultural differences emerge by examining the impact of the local environment, including family, friends and community, on sexual well-being. Neighborhood characteristics, for example, have been shown to influence sexual attitudes and behavior including young black women's sexual and contraceptive behavior (Brewster 1994), youth's sexual onset (Browning, Leventhal, and Brooks-Gunn 2005), and youth's attitudes about adolescent sexual activity (Browning and Burrington 2006). In *The Sexual Organization of the City*, Laumann et al. (2004) show how the city is a site where sexual decisions, choices, and options are constrained and shaped. They argue that sexual behavior and partnering are significantly limited by sociocultural factors, such as neighborhood, race, sexual

preference, and friendship group. The role of such contextual factors is an important avenue for future research, particularly given past research indicating that perceived quality of significant relationships are important for well-being (e.g., Jackson, Chatters, and Neighbors 1986) and that these relationships may relate to well-being more strongly for blacks than for whites (Thomas and Holmes 1992).

A number of limitations of this project deserve mention. First, our sample is restricted to heterosexual women in established sexual relationships, which limits the extent to which these findings are generalizable. By design, the sample excludes lesbian women, women younger than 20 and those older than 65, women who do not have a partner, and women who have not lived with their partner continuously for 6 months. On the one hand, these exclusions provide us with a more direct comparison of black and white women in relationships. On the other hand, this limits the extent that we can extrapolate to the sexuality of black women in the U.S., in general. It is recognized that there is a shortage of ‘marriageable’ black men for black women to have stable relationships with (Mahay et al. 2000; Sterk-Elifson 1994; Tolman 1996; Wilson 1986). As a result those who are able to establish such relationships may either be more sexually attractive than the average black woman or may regard themselves as more attractive as a consequence. To address these issues and to further explore the interactions between race, gender and sexuality, we should collect data using broader samples to compare women and men’s assessments of their sexual well-being across and within a wider range of racial and ethnic groups and in terms of sexual preference.

Our findings reflect the survey’s focus on the past four weeks, which is a relatively brief window of time. This time period was chosen because it allows more accurate recall of details of sexual activities and associated feelings and responses. However, we cannot take the past four

weeks to be representative of a woman's life experiences. Limitations of the study also include the cross-sectional nature of the data. Without longitudinal data, we are not able to assess causality. Endogeneity may be an issue as our survey data makes it impossible to know whether causality runs primarily from sexual attractiveness to own sexuality or vice-versa. It seems reasonable that women form their views of their sexual attractiveness based on their personal characteristics (e.g., age, weight, and sexual experiences) and use these as factors in their ratings of their own sexuality. However, there is likely to be some reciprocal influence and without longitudinal data, this is impossible to ascertain.

In conclusion, the extent to which black and white women differ in their evaluations of their own sexuality and in the predictors for their assessments of their sexual relationship suggests that race impacts sexual well-being. Black women may be making more of a distinction between their sexual relationship and their own sexuality in their evaluations of their sexual well-being while white women see little difference between these two dimensions. This pattern coincides with evidence showing that black women are socialized to be more independent and self-sufficient and to follow different sexual scripts than white women. Regardless of the reason for these differences, the racial differences observed in this study warrant interest in and further research into sociocultural determinants of women's sexual well being.

ENDNOTES

¹ Although Laumann et al. (2006) study men and women cross-culturally, they do not examine race. Tomic et al. (2006) studied middle-aged women in Maryland and found no difference between the sexual satisfaction of white, black, and “other” race women as assessed with the question, “Are you satisfied with your partner as a lover?”; however, race was not their focus.

² For example, a search in *Sociological Abstracts* using the keyword “well-being” shows that this is the subject of 287 articles in peer-reviewed journals in 2005 and 143 in 2006. Of these 430 peer-reviewed articles, 57 included “psychological well-being” as a keyword and 98 included “life satisfaction,” while 0 included “sexual well-being.”

³ To construct these scales, each item of the scales was recoded so that more positive or pleasurable feelings reflect higher values. The binary items constructing the scale signify whether the respondent reports these responses occur at least 80 percent of the time. Due to missing cases on questions comprising these scales, we imputed values for missing data using the partial set of indicators for 16 cases in terms of the physical response scale and 31 cases for the subjective response scale. If only one response was missing from the items comprising the scale, we imputed the remaining item using the responses given on the two or three questions answered. The imputed values have above a 0.9 correlation with the scales based on all measures.

⁴ Supplemental analyses examining all five response categories showed the largest racial differences in the “excellent” and “fair” categories. Twenty-seven percent of black women compared to 14 percent of white women rate their own sexuality as “excellent,” and 7 percent of black women compared to 15 percent of white women rate their own sexuality as “fair.”

⁵ We refer to this category as “moderate/low” because it includes responses of “good,” “fair,” or “poor.” The category of “high” includes responses of “excellent” or “very good.”

⁶ When it is included in the model, women’s assessments of their partner’s sexual attractiveness is also significantly related to their evaluations of their own sexual attractiveness; Results not included here.

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