

THE *EBONY* SEX SURVEY AND THE SEX LIVES OF AFRICAN-AMERICAN WOMEN: A CALL TO HEALTHCARE PROVIDERS

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INTRODUCTION

The *Ebony* Sex Survey was developed to answer questions about sex and sexuality that African-American women have but have rarely asked or had answered. A total of 7800 African-American women responded. In this report, the results are examined and we provide suggestions for healthcare providers to address the sexuality concerns of these women.

Methods

The participants of the survey were a convenience sample of *Ebony's* subscribers as well as women who buy the magazine off the rack. Participants who read about the survey in the magazine could either go to the *Ebony* website to fill out the survey or call a toll-free number to receive the paper-and-pencil form. The survey was not published in the magazine itself because publishers felt that the content was not appropriate for young children.

Limitations of the study included the use of a convenience sample. By using only the readership of *Ebony*, the results of the survey cannot be generalized to the larger population. Self-reporting is always a limit in studies, since researchers rely on the truthfulness of the respondents. Another limitation of the study was a respondent's ability to use the Internet to fill out the survey, although a hardcopy survey was available for those not proficient in computers. The survey instrument went through a rigorous validity process.

Data analysis is currently being completed to determine significant correla-

tion between variables. Findings reported in this article are obtained from preliminary data.

STUDY SAMPLE

Ebony's total circulation is five million national and international households. Of the magazine's subscribers who participated in the survey, 92% were heterosexual, and 8% identified as being part of a lesbian, gay, bisexual, or transgendered (LGBT) community. Most participants (43%) were between the ages of 21–29 years, and 34% were 30–39 years old. Twenty-two percent of the participants were 40–59 years of age, and <1% were ≥ 60 years. Half of participants (50%) were single, never married; 28% were married; and 18% were divorced, separated, or widowed. Of participants who were single or divorced/widowed, 20% were in committed monogamous relationships, 16% were not dating or committed, and 14% were dating in monogamous relationships. Most participants (53%) had achieved at least some college as their highest level of education.

RESULTS

As shown in Figure 1, many participants (31%) first learned about sex from their peers. Sexual experimentation was the second highest source of sexual knowledge (19%), and parents were the third most frequently cited source (15%). When asked about their first feelings about the information they received, 30% responded that the message was positive. Forty-six percent of

Abuse, sexual satisfaction, and sexual dysfunction are issues that are not readily addressed in the African-American population, but they are on the minds of many. *Ebony* decided to pose these and other questions to African-American women in a survey titled, "Are You Satisfied?" Respondents were subscribers to *Ebony* as well as newsstand readership. Participants either filled out the survey on the *Ebony* website or sent in a paper copy to be tabulated. African-American women ($N=7800$) from all walks of life responded and discussed their abuse histories, their relationships, their ability or inability to reach orgasm, their medical histories and level of comfort in discussing their problems with their physicians, as well as many other issues. Results indicate that 37% of the sample self-reported early sexual abuse at the hands of immediate and/or extended family members; 15%–18% have been treated for high blood pressure, STDs/HIV, and/or fibroids; and 33% have experienced an inability to achieve orgasm in the last year. Of the sample 47% stated that they had not discussed these problems with their physicians. (*Ethn Dis.* 2005;15[suppl 2]:S2-40–S2-44)

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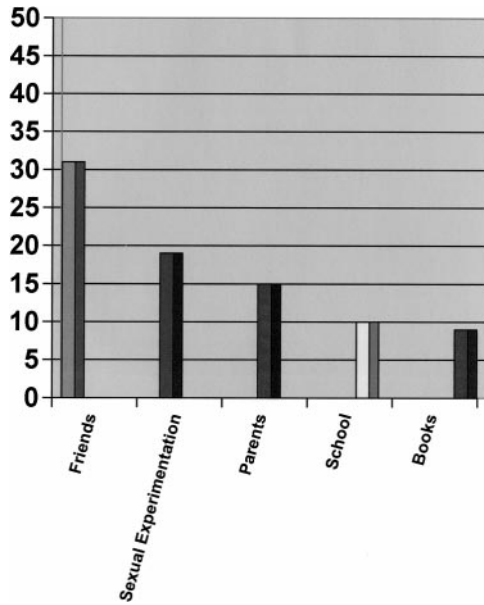


Fig 1. First knowledge of sex

the sample stated that they had no message at all, and 16% stated that the message they received was negative (“Sex is dirty.”), and 7% were told that sex was meant for procreative purposes only.

Of the respondents, 49% were between 11–16 years old when they first had consensual sexual intercourse. Thirty-seven percent were between the ages of 17–19 years, and 2% were younger than 11 years old. Weinberg and Williams¹ found that Blacks engaged in premarital sex earlier and more frequently than Whites. Most of the sample had their first sexual encounter with a man

(94%), and 5% had their first sexual encounter with a woman.

Participants were also asked whether they had been sexually abused before they turned 18 years old. Figure 2 shows their responses.

The majority of those participants who acknowledged being sexually abused were between the ages of 6–8 years when they experienced the abuse (11%). Ten percent of the respondents were between the ages of 9–11 years old, and 7% were between 12–14 years old. A smaller number (5%) were 5 years old or younger.

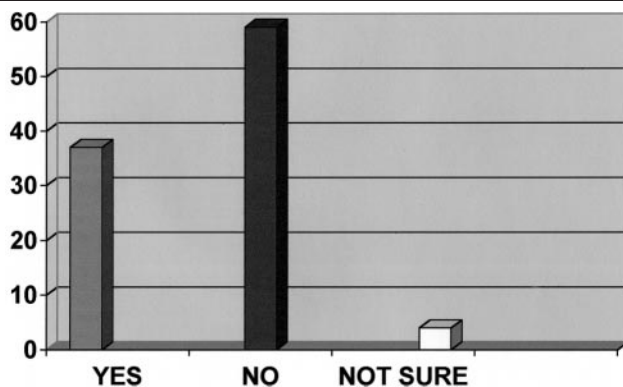


Fig 2. Early history of sexual abuse

Sexual Satisfaction

When participants were asked whether they were satisfied with their sex life, 16% responded that they were completely satisfied, 25%–27% answered mostly to somewhat satisfied, and 18% answered mostly to completely dissatisfied. Currently, 42% engage in sexual intercourse once a week or more, and 23% have sex two or three times per month. However, 32% would like to have sex daily, while 58% would like to have sex once a week or more.

When asked how often they experienced orgasm, 26% responded “sometimes,” 25% responded “often,” 22% responded “very often,” 18% answered “once in a while,” and 8% answered “never.”

Forty percent of the participants reported that oral stimulation is the most successful method to achieve orgasm. Penile penetration (33%) was second for participants to be able to achieve orgasm, and 19% responded that manual stimulation was the best method to achieve orgasm. Figure 3 shows the positions that respondents find most satisfying during sex.

The participants were asked about masturbation. 27% responded that they masturbated once in a while, and 26% of the sample stated that they never masturbated. According to Weinberg and Williams¹ compared to White women, Black women were less likely to masturbate. Table 1 shows participant responses about masturbation.

Fifty-six percent, over half the sample, stated that they would like more foreplay before, during, and after sex. Staples^{2,3} stated that a lack of foreplay is a grievance often expressed by Black women. Thirty-eight percent were happy with the mixture of foreplay and intercourse in which they currently engage.

Libido

Figure 4 depicts the sexual dysfunction complaints of the survey participants, and Table 2 describes other health conditions of the sample.

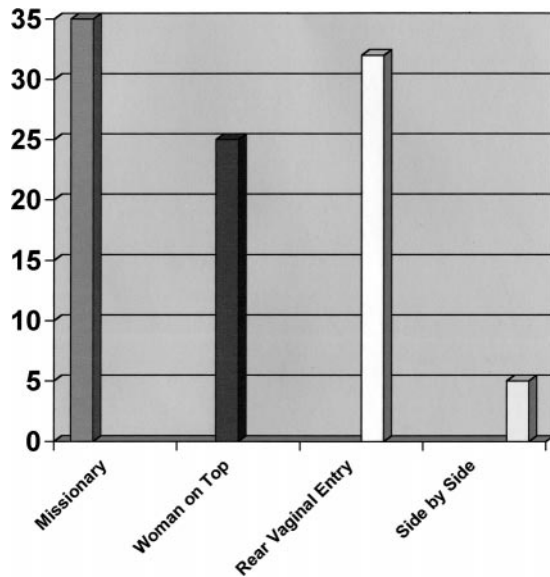


Fig 3. Satisfying sexual positions

Many (43%) participants rated themselves as having high libido, and 50% of the participants also rated their partner's libido as being high. Forty-one percent rated themselves as having an average but not exceptional libido, and 33% of the participants rated their partners as having an average libido. Eleven percent felt that they had low libido, whereas 9% of participants felt that their partner's libido was low (9%). Four percent felt that their libido was nonexistent, and 7% felt that their partners fit into this category.

Communicating

Only 37% were comfortable talking to their partners about what they want

Table 1. Views on masturbation

Views	%
I think masturbation is healthy and normal	60
I believe masturbation is morally wrong	6
It is dirty to touch myself	1
I do not know how to masturbate	3
I do not get any pleasure from it	5
My partner satisfies all my needs	7
I simply prefer not to	14

sexually. Others (25%–27%) stated that they were comfortable to somewhat comfortable in talking about their sexuality issues. When asked whether they discussed any of their sexual problems with their physician, 47% answered no. When asked why they hadn't, 15% stated that what they were experiencing was normal. When asked if they discussed these issues with their partners, 27% said no and 33% said yes. Ten percent stated that what they were experiencing was normal when asked why they hadn't talked to their partner.

Table 2. Other health conditions/complaints

Health Concern	Percentage %
High blood pressure	18
STDs; HIV/AIDS	16
Fibroids	15
Depression	14
Problem pregnancy/miscarriage	14
Hysterectomy (partial or full)	8
Menopause	6

Infidelity

When asked whether participants ever cheated on their partners, 44% responded yes, and 41% responded no. However 14% stated that they had considered cheating. The reasons participants gave for cheating on their partners are shown in Figure 5.

Participants were asked what they would do if their partners were caught cheating; 39% stated they would not tolerate cheating and would end the relationship. More than half the sample (52%) stated that their response would depend on the circumstances. Two percent agreed with the statement, "Everybody cheats, so it is no big deal."

Figure 6 depicts participant concerns about men who consider themselves heterosexual and have wives or girlfriends but who secretly have sex with other men. These men do not categorize themselves as bisexual or gay.

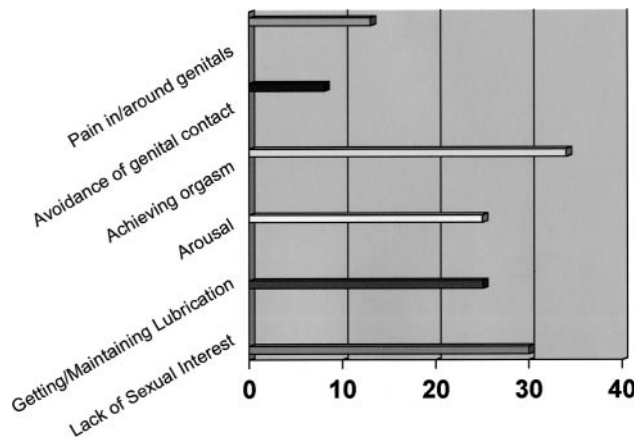


Fig 4. Sexual dysfunction complaints

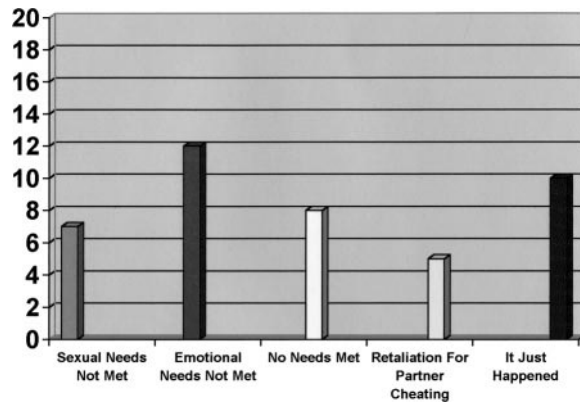


Fig 5. Reasons for infidelity

The participants were asked whether they practice safe/protected sex. Thirty-one percent answered sometimes, 25% answered all the time, and 30% answered never.

DISCUSSION

Sexuality is an important aspect of emotional and physical health.⁴ There are many myths among the African-American community that stem from years of sexual exploitation during the years of slavery. According to D' Emilio and Freedman,⁵ relations with Black women provided White men with both a sexual outlet and a means of main-

taining racial dominance. This exploitation in turn supported and maintained the stereotypical views of women of color as sexually available and likely to be prostitutes. As shown by the Ebony sex survey, African-American women have many questions and are dissatisfied with their sex lives. The survey pointed out areas of concern not only for the participants who responded to the survey but also for healthcare providers who treat these women.

Healthcare providers should talk with parents and help them to begin the conversations about sex and sexuality with their children. As physicians develop relationships with their patients (especially adolescents) they should ask

pertinent questions about their sexuality and show that they are open to answering questions. Sometimes a physician is a young woman's only source of accurate information on sex.

How Physicians Can Be a Source of Positive Information on Sex

- Have magazines in the waiting room that appeal to adolescents.
- Read up on the latest styles and fads that are prominent with adolescents.
- Learn the lingo of adolescents; most times they have their own language.

Recognizing Sexual Preferences

Healthcare providers often assume that all patients are heterosexual. Eight percent of the participants of the Ebony survey identified as lesbian, bisexual, or transgendered. A few tips for provider communication with members of this population include:

- Have magazines in waiting rooms that address LGBT issues.
- Develop intake forms that have questions about a patient's sexual orientation.
- Ask questions of their patients to ensure appropriate treatment and prevention counsel. A number of medications have an effect on sexual function. Asking patients if they have had a decrease or change in sexual response or activity since starting a medication is essential to dealing with these side effects
- Provide education for your patient. Educating patients about basic sexual anatomy and physiology is also important. Many women are not informed as to how their bodies work. Providing this information during a routine visit can produce many questions from patients.
- Assess and respond to a patient's abuse history, as needed. Abuse history can have long-lasting effects on adult sexual functioning. Thirty-seven percent

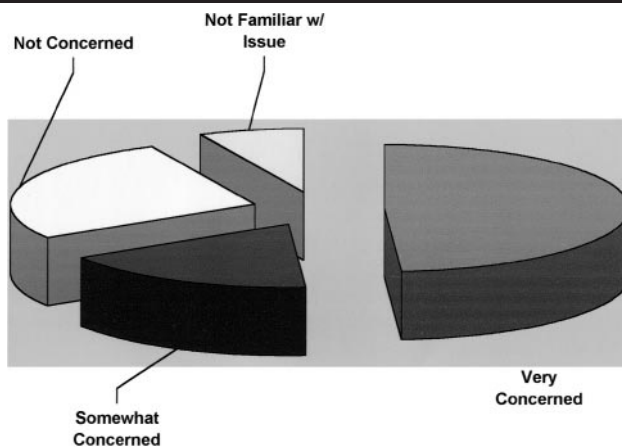


Fig 6. Participant concerns about men who consider themselves heterosexual but have sex with other men

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of the survey sample acknowledged being abused before the age of 18 years. Wyatt⁷ found that 62% of her sample of women had experienced at least one incident of sexual abuse before age 18 years.

CONCLUSION

Healthcare providers need to become proactive and must be adequately trained about the physiologic and emotional aspects of sexuality.⁶ Medical professionals are often the first line of care for sexual problems. With improved communication between these first-line

providers and their patients, more Black females can begin to understand that sexual dysfunction is not "normal" and that they can experience sexual satisfaction.

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