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"Fulfilling His Needs, Not Mine": Reasons for Not Talking About Painful Sex and Associations with Lack of Pleasure in a Nationally Representative Sample of Women in the United States

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ABSTRACT

Introduction: Although much research has examined correlates of pain during sex, far less research has examined why women have sex despite having pain and why they avoid telling their partner.

Aim: The purpose of our study was to examine women's reports of painful sex, including location of pain, whether they told their partner, factors associated with not disclosing their pain, and their reasons for not disclosing.

Methods: We used data from the 2018 National Survey of Sexual Health and Behavior, a probability-based online survey of 2,007 individuals ages 14 to 49 years. We limited our sample to adult women who reported a sexual experience that was painful in the past year (n = 382; 23.2%). The primary outcome in quantitative analyses was whether women told their partner they experienced pain during sex. Associations with social identities and sexual health were explored via logistic regression. Those who did not tell their partner about painful sex were asked why; their accounts were coded and analyzed qualitatively.

Main Outcome Measure: Women were asked, "To what extent was this sexual experience physically painful for you?" Those who reported any pain were asked, "Did you tell your partner that you were in pain during sex?" and, if applicable, "Why didn't you tell your partner that you were in pain during sex?"

Results: Of those reporting pain during sex, most said it was "a little painful" (81.6%) and occurred at the vaginal entrance (31.5%), inside the vagina (34.4%), or at or around the cervix (17.4%). Overall, 51.0% (n = 193/382) told their partner about their pain. Adjusting for age and wantedness, women who reported little or no event-level sexual pleasure had nearly 3-fold greater odds of not telling a partner about painful sex (adjusted odds ratio = 3.24; 95% CI, 1.43–7.37). Normalizing painful sex, considering pain to be inconsequential, prioritizing the partner's enjoyment, and gendered interactional pressures were the predominant themes in women's narratives.

Clinical Implications: Providers should ask about painful sex, if the woman continues intercourse despite pain, and how she feels about this as a means of assessing any sexual and social pressures.

Strengths & Limitations: Strengths include the use of social theory in nationally representative survey research to examine how contextual factors influence sexual health, but experiences were largely limited to heterosexual interactions.

Conclusion: Many women do not discuss painful sex with their partners, lack of pleasure is significantly more likely among this group, and gender norms and cultural scripts are critical to understanding why. **Carter A, Ford JV, Luetke M, et al. "Fulfilling His Needs, Not Mine": Reasons for Not Talking About Painful Sex and Associations with Lack of Pleasure in a Nationally Representative Sample of Women in the United States. J Sex Med 2019; XX:XXX–XXX.**

Key Words: Painful Sex; Sexual Pleasure; Gender Norms; Cultural Scripts; Women

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INTRODUCTION

Why do people, especially women, engage in or continue to have sex that is painful? How, and in what contexts, do they tell a partner that they feel discomfort or, conversely, avoid making any negative comments about the experience? Is there a threshold of pain at which point women speak up? And is this communication associated with not just managing the pain but also better, more enjoyable sex? A number of studies have explored pain during sex from a variety of conceptual perspectives, including critical feminist views,[1–5] and through clinical, psychological, and sexological lenses.[6–13] Among women in the United States, 30% have reported pain during vaginal sex and 72% have reported pain during anal sex, compared to 7% and 15% of men, respectively.[14] Although research has largely focused on heterosexuals and pain during penetration, lesbian, gay, bisexual, transgender, and queer individuals also experience pain with sexual activities,[15] and many women describe pain during non-penetrative activities.[16]

Historically, the medical domain has classified recurrent and distressing painful sex among cisgender women as dyspareunia and vaginismus (involuntary spasm of muscles around the opening of the vagina), now classified as genito-pelvic pain/penetration disorder in the DSM-5.[17] The causes include vaginal dryness (eg, due to menopause or lactation), lack of sexual arousal, rough or aggressive sex, and a wide variety of medical conditions that can produce genital pain, such as endometriosis, irritable bowel syndrome, vulvar dermatoses (skin disorders that affect the vulva), vulvodynia (chronic pain of the vulva, which can be localized to the vestibule or clitoris or generalized to the entire vulva and occur spontaneously or provoked by touch), and, in particular, provoked vestibulodynia (the most prevalent subtype of vulvodynia involving provoked pain localized to the vaginal entrance).[18,19] However, feminist medicalization theorists have long argued against reducing women's experiences of pain to dysfunctional parts of the body, or even emotions and relational experiences, urging researchers to consider the broader social, cultural, and political context of painful sex for women.[3] Of particular relevance to the current paper, recent research suggests that many women continue to have sexual intercourse despite pain[20,21] and do not discuss their experiences of pain with their partners.[14,22] For example, in a sample of 1,566 young Swedish women ages 18 to 22 years, 33% reported not telling the partner about their pain and 22% feigned enjoyment.[22] Understanding why women avoid pain-related discussions, and whether communication might assist in making experiences less painful and possibly more pleasurable, is important personally and politically to increase the likelihood that sex is mutually enjoyable and to integrate women's rights to pleasure into the public discourse about sex.

The studies on this are few. Qualitative research emphasizes a range of social factors framing women's decisions to endure unwanted, uncomfortable, and/or painful sex and not tell their partner. These include the mundane (eg, it was just easier to go along with it than to make a big deal), drawing on gendered sexual scripts (eg, women are taught to be coy and passive and to put men's desires and pleasures before their own), investing in intimacy or avoiding conflict in relationships, and interactional pressures, including some that are generic (eg, avoiding awkwardness) and others that are gendered (eg, women are expected to be deferential, accommodating, and polite).[23–25] Yet, studies of women experiencing provoked vestibulodynia have found that talking about pain can help decrease its intensity,[26,27] presumably through fostering intimacy or through couples adapting their sexual activities beyond penetrative intercourse. Previous literature also suggests that the relationship qualities that matter for coping with pain in intimate situations vary by sexuality, with higher communication mitigating queer women's perception of pain and greater love affecting the experience of pain among heterosexual women.[15] Whether discussions about pain can also improve sexual pleasure is less studied, although greater communication on sex-related matters more generally has been linked to a number of positive sexual health outcomes, including greater sexual satisfaction and sexual functioning.[15,28–31]

Beyond sexual communication between partners, however, feminist scholars have argued for the need, in heterosexual practices, to look critically at the role of male sexual privilege in female sexual displeasure.[31–34] This is because women's experiences of pain frequently overlap with larger power structures, including the predominant social positioning of penetrative intercourse as "normal" sex and the differential cultural standards for pleasure applied to male and female sexuality. Although an exhaustive review is beyond the scope of this paper, in her work on the meanings of satisfying sexual experiences Sara McClelland argued that women (and in particular, women with multiple marginalities) are taught to expect less and tend to imagine the low end of the sexual happiness spectrum to include pain and discomfort, whereas for men less sexual satisfaction often means sex without orgasms.[35]

The #MeToo movement, which was started by US activist Tarana Burke in 2006[36] and proliferated into a global phenomenon in 2017,[37] is challenging the patriarchal, racist, classist, and heterosexist contexts that continue to shape sexual relationships and practices. Stories continue to multiply today about not just sexual harassment and assault but also "bad sex," in which women go along with sexual experiences that meet men's needs even if it induces physical or psychological discomfort for them.[38,39] These grayer areas of sex, although debated for being discussed within the context of the #MeToo movement,[40] are all too common and highlight the relative subordinate position of female sexuality compared to men's.[41] This current discourse may act as a catalyst for change in the way people negotiate and discuss sexual matters such as sex that may be unwanted or uncomfortable. Still, studies show larger proportions of women than men (especially young women) agreeing to sex they do not want,[42,43] and only 50% of 14- to 26-year-old women in the United States feel they can always communicate with their partner about aspects of their sexual

encounters, such as their desires to make love differently or that their partner is being too rough.[44] Only 55% feel they could always refuse to have sex even if they had previously enjoyed sex with that partner.[44]

Using a nationally representative sample of women ages 18 to 49 years in the United States, we had primary objectives for this study: (i) to understand the context of painful sex (its frequency, severity, location, and duration); (ii) to examine the prevalence of not telling a partner about these experiences and associated factors, focusing on social identities and indicators of sexual health (eg, sexual wantedness, pleasure); and (iii) to explore, qualitatively, women's reasons for not engaging in pain-related discussions with their partners. We hypothesized that the disclosure of pain would be lower among younger women, heterosexual women, and women with lower income and education. Additionally, we hypothesized that, although women would report a wide range of reasons for not discussing sexual pain with their partners, the most common reasons would relate to the normalization of painful sex for women and prioritization of pleasurable sex for men, as well as women's broader engagement in care work, including the management of relationships and emotions.

METHODS

Study Design

Data were from the 2018 National Survey of Sexual Health and Behavior (NSSHB), a probability sample of adults and adolescents ages 14 to 49 years in the U.S. The NSSHB is a multi-wave population-based, cross-sectional survey of human sexual behavior among adolescents and adults in the U.S. Data for the 2018 NSSHB were collected from February to March 2018, via GfK Research's KnowledgePanel® (Menlo Park, California). Individuals were recruited into this probability-based internet panel using address-based sampling, which entailed the use of the U.S. Postal Service's Delivery Sequence File (alist of all U.S. residential addresses)and covers approximately 98% of all U.S. households. From this, randomly selected addresses were recruited to the web panel via a series of mailings and telephone follow-ups. Potential study participants for the NSSHB were selected from the panel using an equal probability selection method. All selected households received a recruitment message from GfK that provided a brief description of the NSSHB and invited them to participate. After initial screening and consent to participate in the NSSHB, the survey was completed online and self-administered by study-eligible respondents. The median time for survey completion was 13 minutes for adults. GfK operates a modest incentive program that includes raffles and sweepstakes with both cash rewards and other prizes for completing the survey. All study procedures were approved by the institutional review board at Indiana University, Bloomington.

Study Population

A total of 8,950 individuals were screened for eligibility to participate in the survey; of these, 5,448 (60.9%) completed the screener and 4,554 (50.9%) completed the 2018 NHSSB survey. The participants included in this analysis were adult women ages 18 to 49 years (n = 2,007). Of this total, we excluded 400 women who reported that their most recent sexual experience with a partner occurred more than 1 year ago, and 32 women who chose not to reveal whether this experience was physically painful. Among the remaining 1,575 women, 1,190 (76.8%) reported no pain, and an additional 3 participants did not respond to the main question of interest, which asked whether or not they told their partner that they were in pain during sex. Thus, the final analytic sample for the quantitative component of this study included 382 women reporting any painful sex. To enhance the representativeness of the U.S. population, post-stratification weights, provided by GfK, were applied to align the study sample with benchmarks from the 2017 Current Population Survey. Only those who did not tell their partner that they were in pain during sex (n = 189, 49.0%) were included in the qualitative portion of the study. Of these, 158 (83.6%) provided a reason for their non-disclosure, the analysis of which is described below.

Key Variables

Variables examined quantitatively included those related to painful sex, disclosure of pain to sexual partner, wanted sex, sexual pleasure, self-rated sexual health, and women's social positions. The qualitative data in this study relate to reasons for not reporting painful sex to a partner. Queries about sex were all event-level questions referring to the most recent time that women engaged in sexual activities with someone within the last year. "Sexual activities" were defined for women as "sexual touching, oral sex, vaginal or anal sex, etc." Participants were told that "someone" could mean "a spouse, someone you were dating, a boyfriend/girlfriend, a friend, or someone you just met," and that we would refer to this person as their "partner" even if they were not in a relationship with them or exclusive with them. Importantly, this paper focuses specifically on pain during women's most recent consensual sexual experience with a partner in the last year; that is, those reporting non-consensual sex were not asked key variables and were excluded from analyses.

Self-Reported Ratings of Painful Sex

Women were asked about painful sex using the following question, utilized in previous waves of the 2015 NSSHB and in the 2015 Campus Sexual Health Survey: "To what extent was this sexual experience physically painful for you?" Possible responses were "not at all painful," "a little painful," "moderately painful," "quite a bit painful," and "extremely painful."

Disclosure of Pain to Sexual Partner

Those reporting any pain (ie, the latter 4 responses) were then asked, "Did you tell your partner that you were in pain during sex?" ("no" or "yes").

Reasons for Not Disclosing Pain

Participants who indicated that they did not tell their partner that they experienced some degree of pain during sex were asked, "Why didn't you tell your partner that you were in pain during sex?" and provided with a text box to elucidate their reasons.

Sexual Wantedness

The question about wanted sex was based on an item used in the 2015 NSSHB and in the 2015 Campus Sexual Health Survey[45] that read, "How did you feel about this most recent sexual experience?" Responses included "I wanted this sexual experience very much," "I wanted this sexual experience moderately," "I wanted this sexual experience a little bit," "I didn't want to have sex, but I agreed/said yes anyway," and "I was assaulted or raped; I said no." The third and fourth responses were combined due to low numbers, and those who reported sexual violence were provided with resources for support and were not asked subsequent event-level questions (eg, about pain, pleasure).

Sexual pleasure

Using an item from previous NSSHB,[46,47] sexual pleasure was measured using a 5-point Likert scale: "How pleasurable was this most recent sexual act?" Responses were collapsed into 3 levels: "extremely/quite a bit," "moderately," and "a little/not at all pleasurable."

Self-Rated Sexual Health

Participants were asked to what extent they agreed or disagreed with the following statement: "I consider myself to be sexually healthy." Those reporting "strongly agree" or "agree" were grouped together, as were those answering "strongly disagree" or "disagree."

Social Positions

Social variables examined in quantitative analyses included age (18–24, 25–29, 30–39, or 40–49 years), ethnicity (measured according to U.S. Census Bureau data as white/non-Hispanic, black/non-Hispanic, other/non-Hispanic, Hispanic, multiple ethnicities/non-Hispanic), sexual orientation (heterosexual vs lesbian, bisexual, asexual, or other orientations), household income in U.S. dollars (less than $25,000, $25,000–$49,999, $50,000–$74,999, $75,000 or more), education (less than high school, high school, some college, bachelor's degree or higher), and most recent sexual act partner (spouse or domestic partner, boyfriend/girlfriend or significant other, friend, other). Although heterosexual women predominated, we decided not to limit the sample to male-female sex and view this as both a strength (ie, the focus is on women's experiences, all identities and partner genders) and a limitation (ie, we do not have sufficient numbers of those reporting female-female sex), which we consider further in the Discussion section.

Analysis Plan

We calculated the proportion of participants who described not reporting painful sex to a partner compared to those who did, and we compared social identities and sexual health experiences between these groups. We tested crude associations using the Pearson's chi-squared test and included variables having $P < .2$ in logistic regression analyses. Both unadjusted and adjusted odds ratios (ORs and AORs) and 95% confidence intervals were reported, which describe the strength of associations with not reporting painful sex to a partner, using those who did report as the reference group. Weights were applied to all quantitative analyses, and unweighted frequencies (n) and weighted percentages (%) are reported within the tables and text. For the qualitative component of this study, the first author read through all the narratives, noting common and contrasting themes, and developed the coding framework to guide the categorization of open-ended responses. The second and third authors acted as independent reviewers; they reviewed preliminary responses and the draft framework (which was then revised) and then coded the answers. Agreement between reviewers was high (85%). The first reviewer examined both sets of codes, and all 3 authors met to discuss disagreements. This discussion led to the resolution of discrepancies, as well as combining categories and refining the meaning and labels of those categories (eg, avoiding awkwardness was eventually conceptualized under interactional pressures). All applied codes were mutually agreed upon and mutually exclusive. Very few quotes (fewer than 6) included more than a single theme; upon analysis, we determined that within these cases there was one theme in particular that best described each woman's experience. Themes were quantified to show which ones were substantial groups; however, these estimates do not reflect prevalence.

RESULTS

Women's Social Contexts

The median age of participants was 33 years (interquartile range 28–40). Most women identified as heterosexual (86.6%) and were either married or living with their partner (69.8%). Participants were diverse in terms of ethnicity, education, and income: 58.5% were non-Hispanic white, 11.6% were non-Hispanic black, and 18.2% were Hispanic; 40.3% had a bachelor's degree or higher; and 48.2% lived in households where the annual income was $75,000 or greater. Table 1 shows these characteristics in more detail. Of note, most included participants described their most recent sexual act partner as male (95.3%) and as a spouse or domestic partner (63.8%), followed by a boyfriend, girlfriend, or significant other (20.2%), as opposed to someone they were dating/hanging out with (7.9%), a friend (4.9%), or someone they just met (2.8%).

How Painful Sex Intersects with Wantedness and Pleasure for Women

About one-quarter (23.3%) of the women surveyed reported that their most recent sexual act with a partner was physically painful (Table 2). Of these, most said that the experience was "a little painful" (81.6%) and lasted less than 5 minutes (72.9%). Pain occurred most often at the vaginal entrance (31.5%), inside the

Table 1. Baseline characteristics of women ages 18–49 years in the United States who reported painful sex the most recent time they engaged in sexual activities with someone within the last year: National Survey of Sexual Health and Behavior 2018 (N = 382)

Sociodemographics	n (%)*
Age (y)	
18–24	41 (11.7)
25–29	86 (24.6)
30–39	157 (37.3)
40–49	98 (26.4)
Ethnicity	
White, non-Hispanic	209 (58.5)
Black, non-Hispanic	104 (11.6)
Other, non-Hispanic	16 (10.2)
Hispanic	43 (18.2)
Multiple ethnicities, non-Hispanic	10 (1.5)
Sexual orientation	
Heterosexual or straight	332 (86.6)
Lesbian, bisexual, asexual, other orientations	50 (13.4)
Household income (US)	
Less than $25,000	101 (17.2)
$25,000–$49,999	69 (15.5)
$50,000–$74,999	76 (19.0)
$75,000 or more	136 (48.2)
Education	
Less than high school	18 (6.9)
High school	61 (21.0)
Some college	120 (31.7)
Bachelor's degree or higher	183 (40.3)
Relationship status	
Single and not dating	44 (11.0)
Single and dating/hanging out with someone	42 (8.5)
In a relationship but not living together	49 (10.6)
Married or living together	247 (69.8)

*Percentages have survey weights applied.

Table 2. The context of sex among women ages 18–49 years in the United States who reported painful sex the most recent time they engaged in sexual activities with someone within the last year: National Survey of Sexual Health and Behavior 2018 (N = 382)

Variables	n (%)*
Extent to which sex was physically painful	
A little painful	313 (81.6)
Moderately painful	48 (11.4)
Quite a bit painful	15 (5.1)
Extremely painful	6 (2.0)
Length of time that pain lasted	
Less than 5 min	272 (72.9)
Less than an hour	74 (18.1)
More than an hour	28 (6.0)
A day or more	8 (2.9)
Location of pain	
Inside my vagina	129 (34.4)
At my vaginal entrance	115 (31.5)
On my vulva (eg, outside parts of the genitals such as the clitoris, vaginal lips)	20 (5.2)
Deep inside my vagina or at/around my cervix	73 (17.4)
Inside or around my anus	22 (5.8)
Not sure exactly—somewhere inside my pelvic/abdominal area	66 (17.2)
Somewhere else (eg, back, breasts, hip)	20 (5.8)
Told partner that they were in pain during sex	
Yes	193 (51.0)
No	189 (49.0)
Sexual wantedness	
I wanted this sexual experience very much	226 (62.4)
Moderately	76 (18.5)
A little bit/I didn't want to have sex but I agreed or said yes anyway	80 (19.1)
Sexual pleasure	
Extremely/quite a bit	220 (59.8)
Moderately	85 (20.2)
A little/not at all pleasurable	77 (20.0)
I consider myself to be sexually healthy	
Agree	326 (86.0)
Disagree	55 (14.0)

*Percentages have survey weights applied.

vagina (34.4%), or at or around the cervix (17.4%). The outside parts of the genitals such as the clitoris—the primary source of female sexual pleasure—were the least painful places on women's bodies (5.2%). Despite feeling some pain during sex, the majority of participants said that they wanted the sexual experience "very much" (62.4%), and that it was "extremely/quite a bit" pleasurable (59.8%). One in 5 women reporting painful sex said that they wanted the sexual experience "a little bit or didn't want to have sex but said yes anyway," and 1 in 5 said the overall sexual encounter was "a little or not at all pleasurable." About 87% of women considered themselves to be "sexually healthy." Overall, only half (51.0%) told their partner that they were in pain during sex.

Association Between Not Talking About Painful Sex and (Lack of) Pleasure

Tables 3 and 4 show the bivariable and multivariable associations between disclosure of painful sex to a partner and social and sexual correlates. For example, 26.6% of those who did not tell their partner that they were in pain during sex reported their most recent sexual act as "a little/not at all pleasurable," compared with only 13.7% of women who told their partner about their pain ($P = .02$). In addition, disclosure of sexual pain was lower among those who reported that their most recent sexual act was a little painful, relative to moderate, quite a bit, or extremely physically painful ($P = .02$). Women across diverse ages, ethnicities, and social positions were equally likely to not talk about painful sex. In logistic regression analyses, women who described their most recent sexual act as "a little/not at all pleasurable" had more than 3 times greater odds of not talking to their partner about painful sex compared to women who said the

Table 3. Bivariable associations with disclosure of painful sex to a partner among women ages 18–49 years in the United States: National Survey of Sexual Health and Behavior 2018 (N = 382)

Variables	Total n (%)*	Disclosure of painful sex to partner		*P* value
		Yes (n = 193, 51.0%) n (%)*	No (n = 189, 49.0%) n (%)*	
Sociodemographic indicators				
Age (y)				.21
18–24	41 (11.7)	16 (8.5)	25 (15.0)	
25–29	86 (24.6)	49 (28.9)	37 (20.3)	
30–39	157 (37.3)	78 (37.1)	79 (37.4)	
40–49	98 (26.4)	50 (25.5)	48 (27.3)	
Ethnicity				.69
White, non-Hispanic	209 (58.5)	108 (59.4)	101 (57.6)	
Black, non-Hispanic	104 (11.6)	48 (10.4)	56 (12.8)	
Other, non-Hispanic	16 (10.2)	9 (10.7)	7 (9.5)	
Hispanic	43 (18.2)	22 (17.9)	21 (18.3)	
Multiple ethnicities, non-Hispanic	10 (1.5)	6 (1.5)	4 (1.8)	
Sexual orientation				.59
Heterosexual or straight	332 (86.6)	166 (85.6)	166 (87.7)	
Lesbian, bisexual, asexual, other orientations	50 (13.4)	27 (14.4)	23 (12.3)	
Household income (US)				.54
Less than $25,000	101 (17.2)	55 (17.7)	46 (16.7)	
$25,000–$49,999	69 (15.5)	40 (18.2)	29 (12.6)	
$50,000–$74,999	76 (19.0)	32 (17.8)	44 (20.4)	
$75,000 or more	136 (48.2)	66 (46.3)	70 (50.3)	
Education				.51
Less than high school	18 (6.9)	12 (9.1)	6 (4.6)	
High school	61 (21.0)	30 (19.0)	31 (23.1)	
Some college	120 (31.7)	61 (31.3)	59 (32.1)	
Bachelor's degree or higher	183 (40.3)	90 (40.5)	93 (40.1)	
Partner at most recent sexual event				.55
My spouse or a domestic partner	218 (63.8)	115 (67.7)	103 (59.8)	
Boyfriend, girlfriend, or significant other	90 (20.2)	46 (18.2)	44 (22.4)	
Friend	37 (7.9)	16 (7.4)	21 (8.5)	
Other	34 (5.8)	14 (6.7)	20 (9.4)	
Sexual health indicators				
Sexual wantedness at most recent sexual event				.26
I wanted this sexual experience very much	226 (62.4)	122 (65.0)	104 (59.7)	
Moderately	76 (18.5)	37 (19.6)	39 (17.3)	
A little bit/I didn't want to have sex but I agreed or said yes anyway	80 (19.1)	34 (15.4)	46 (23.0)	
Sexual pleasure at most recent sexual event				.02
Extremely/quite a bit	220 (59.8)	123 (66.3)	97 (52.9)	
Moderately	85 (20.2)	41 (19.9)	44 (20.5)	
A little/not at all pleasurable	77 (20.0)	29 (13.7)	48 (26.6)	
Extent of pain at most recent sexual event				.02
A little painful	313 (81.6)	151 (76.1)	162 (87.3)	
Moderate, quite a bit, or extremely painful	69 (18.4)	42 (23.9)	27 (12.7)	
Extent of pain at most recent sexual event				.80
Less than 5 minutes	272 (72.9)	141 (73.5)	129 (72.2)	
Less than an hour, more than an hour, a day or more	110 (27.1)	60 (26.5)	60 (27.8)	
I consider myself to be sexually healthy				.51
Agree	326 (86.0)	167 (87.3)	159 (84.6)	
Disagree	55 (14.0)	26 (12.7)	29 (15.4)	

*Column percentages are shown. Percentages have survey weights applied.

Table 4. Multivariable logistic regression results showing factors associated with not disclosing painful sex to a partner among women ages 18–49 years in the United States: National Survey of Sexual Health and Behavior 2018 (N = 382)

Variables	Unadjusted OR* (95% CI)	Adjusted OR* (95% CI)
Age (y)		
18–24	1.65 (0.69–3.93)	1.43 (0.60–3.42)
25–29	0.66 (0.32–1.34)	0.66 (0.31–1.42)
30–39	0.94 (0.50–1.77)	0.86 (0.45–1.62)
40–49	Reference	Reference
Sexual wantedness		
I wanted this sexual experience very much	Reference	Reference
Moderately	0.96 (0.51–1.78)	0.79 (0.40–1.61)
A little bit/I didn't want to have sex but I agreed or said yes anyway	1.62 (0.87–3.04)	0.88 (0.39–1.99)
Sexual pleasure		
Extremely/quite a bit	Reference	Reference
Moderately	1.29 (0.70–2.39)	1.63 (0.79–3.35)
A little/not at all pleasurable	2.42 (1.26–4.62)†	3.24 (1.43–7.37)†
Extent of pain at most recent sexual even		
A little painful	2.16 (1.12, 4.17)	2.84 (1.29, 6.23)
Moderate, quite a bit, or extremely painful	Reference	Reference

OR = odds ratio.
*Survey weights are applied.
†Estimates excluded the null.

experience was "extremely/quite a bit pleasurable," while controlling for age and sexual wantedness (AOR = 3.24; 95% CI, 1.43–7.37). Women who reported that the experience was "a little painful" were also more likely not to disclose sexual pain (AOR = 2.84; 95% CI, 1.29–6.23). No other factors were independently associated with the outcome; 18- to 24-year-olds had AORs above 1 (ie, they were more likely not to disclose pain than 40- to 49-year-olds), although the 95% CIs suggest a range of possible effects and included the null value.

Reasons Why Participants Did Not Tell Their Partner About Painful Sex

Overall, 155 women provided a written response to the question about why they did not tell their partner about painful sex (82% of those eligible). Within these narratives, we identified 4 major themes: normalizing painful sex, pain as inconsequential, prioritizing the partner's enjoyment, and gendered interactional pressures.

Normalizing Painful Sex

About 30% of participants (n = 46/155) who did not tell their partner that they were in pain during sex described their experiences in a normalizing way. We identified 2 themes within this category. In the most prevalent theme, participants often asserted that the pain was an expected and accepted part of sex (n = 25/155; 16%) through such statements as "It's just normal," "It was nothing out of the ordinary," or "I thought it was a normal sexual pain." Within this subtheme, the normalization was very specific, with women attributing pain to their age (eg, "Because the pain isn't that bad and is common for someone my age"), virginity (eg, "Because it was a bearable pain; I'm a virgin, so I expected it to hurt a little bit"), or infrequent penetration (eg, "No need to tell him; it has been awhile since we had sex"). Others indicated that dryness and pain at the start of intercourse were a relatively normal occurrence. Although this discomfort was short lived for some and accompanied by enjoyment (eg, "He is a little big for me, so it just hurts a tiny bit when he puts it in the first time; once we get going the pain goes away and everything feels really good"), it was downgraded by others (eg, "It was just because I was dry and not excited—not a big deal").

The second most common normalizing script employed by participants was that the pain was typical, routine, and sometimes tied to a health issue (n = 21/155; 14%). The ordinary nature of pain within their sexual experiences was evident in statements such as these: "It always happens; nothing new" or "It's pretty typical that I will have some amount of pain during sex; if we stop just because it hurts, we'd never have sex." Some women described health issues underlying their pain, including a broken pelvis, an inflamed gland, a hysterectomy, ovarian cysts, and swollenness due to pregnancy. Within these narratives, some women noted continuous and ongoing communication about the issue: "Because it happens nearly every time and he knows so

he is gentle. The pain doesn't last long, but he always asks if I'm in pain." Other women reported past discussions of pain, as if to suggest that when the topic of pain has been discussed then there is no need to discuss it again: "It is something we have discussed earlier in our relationship." There was also an interesting point of divergence between women who took steps to minimize their pain ("I have an issue with the pain, something about an inflamed gland; with the help of a doctor, we are trying to see what works to fix it") and women who felt that it was chronic and unfixable ("No need; ever since my hysterectomy in 2008, I always have pain"). For those seeking medical advice, some doctors seemed to unwittingly reinforce the idea that pain was a normal part of having sex: "I've discussed it before with him and I've told my doctor. She said it's natural to feel that way sometimes. It's mostly initial pressure of him stretching me from inside followed by some tenderness around my ovaries from him thrusting. It's not unbearable and it fades away."

Pain as Inconsequential

Approximately 24% (n = 37/155) of women characterized their pain as effectively inconsequential and thus not worth mentioning. Within this category, some women (n = 9/155; 6%) described the pain they experienced as minimal: "It did not hurt that much" or "It wasn't that painful." Others (n = 13/155; 9%) indicated that it was time limited: "Because it didn't last that long" or "It was brief and went away." In addition, about 1 in 10 women (n = 15/155; 10%) framed their experience as "not serious," "not a big a deal," or "insignificant." Similar to women reporting known health issues or persistent pain, some participants within this category managed their discomfort through communication (eg, "I knew it was temporary and asked him to go slowly") or by trying a new position (eg, "I repositioned him, and that fixed it"). Collectively, these responses and others (eg, "There was not enough pain to scream ouch!") may indicate that there is a continuum of pain and a threshold or duration that, when reached, will prompt a woman to tell her partner about the pain.

Prioritizing the Partner's Enjoyment

A third major theme centered around prioritizing the partner's enjoyment (n = 22/155; 14%). Women's accounts were divided into 2 subthemes: instances where women regarded their partner's satisfaction as more important than their own (n = 15/155; 10%) and instances where women in heterosexual encounters said it was their partner who prioritized male pleasure (n = 7/155; 5%). In the first regard, some women continued to have sex despite pain and avoided telling their partner because they wanted the experience to be over: "I figured it would be over quickly," "It's brief in duration; I just wanted to get it over with," or "I wanted him to just finish." Others described wanting to satisfy their partners (eg, "I wanted him to be able to have an orgasm") or to not interrupt or spoil their enjoyment (eg, "I didn't want to stop his pleasure," "I believed the sex would become less enjoyable for him"). Still others acknowledged taking a subordinate position in sexual interactions (eg, "Because I was fulfilling his, needs not mine"), including in longer term relationships, where participants drew on relational discourses to explain their experience, playing the part of a "pleasing woman," as evidenced by the following quote: "I felt a little pain. I was on top, so I was being careful. I knew my partner wanted it because we had not been sexual in two weeks." Examples of quotes in which heterosexual women felt their partner prioritized male pleasure include the following: "He wouldn't have cared," "He don't have a caring spirit; he feel that I will say anything to avoid sex," and "He already knows that I have pain most of the time, but still insists on having sex." Of course, pleasure can be derived from a partner's pleasure; therefore, it is possible that women might be enjoying the fact that their partner is feeling pleasure, even in instances where they feel some pain. Yet, these narratives stand in stark contrast to earlier quotes that emphasize women's needs and highlight partners who are caring and attentive.

Gendered Interactional Pressures

Within the fourth and final major theme (n = 23/155; 15%), reasons for not telling a partner about painful sex included efforts to avoid making the situation awkward or uncomfortable (n = 14/155; 5%) and protecting the partner's feelings or managing the relationship (n = 9/155; 6%). In the first subtheme, participants described feeling "awkward" or "too embarrassed." Several others mentioned not wanting to "ruin the mood," with one woman saying she would interrupt if the pain became substantial enough. In these instances, it may be important to differentiate between very mild pain and a desire for interactional smoothness versus enduring severe pain. In the second subtheme, some women seemed to comply to gender norms, such as not wanting to be difficult, demanding, or negative: "Because I did not want to complain." Often, women expressed a desire to keep their partner's masculinity intact: "I did not want to make him feel insecure and uncomfortable," or "My husband was previously deployed for six months; I did not want to discourage or embarrass him as it had been awhile since we were last intimate." Other women described doing work to manage not only the quality of sex but also emotions and the quality of the relationship (eg, "I didn't want to cause worry nor did I want to stop," "Because my partner might think that the cancer might kill me or that I might be dying; it might cause stress level to go up for my partner"), and they placed blame on themselves for their experiences: "He should know. Not his fault. I am sensitive."

Other, Less Common Themes

In addition to the themes above, a few women described their pain as pleasurable (eg, "It was enjoyable to a degree because I asked for her to go harder") (n = 8/155; 5%). Some felt that they didn't want or need to discuss it or they didn't want their partner to know (n = 8/155; 5%), and others provided responses such as "I just didn't" or "I don't know" (n = 8/155; 5%).

DISCUSSION

In this national, population-based sample of sexually active American women ages 18 to 49 years, painful sex was reported by about one-quarter. This pain was generally mild and, for the vast majority, associated with penetrative intercourse. Pain was rarely around the outside (usually most pleasurable) parts of the genitals such as the clitoris. Significantly, about half of women did not discuss painful sex with their partner, and a reported lack of pleasure was significantly more likely among this group. The reasons why women engaged in painful (often penetrative) sex and did not tell their partner were related to a number of gendered social and cultural aspects of sexual behavior and interaction. This is the first American study to explore these patterns using nationally representative data collected in the #MeToo era, where women's rights to not just mutually consensual but also mutually pleasurable sexual experiences have been brought to the forefront of public discourse, and these findings add to the international scientific research in this area.

Historically, women's pleasure has taken a subordinate position in sexual interactions, at least in the context of heterosexual intimacy (which applies to 87% of this sample), as noted by differences in orgasm frequency between men and women,[48] women's partner-focused evaluations of their own sexual happiness,[49,50] and a large body of research showing a range of gender and social pressures to engage in sexual practices that may feel uncomfortable or not pleasurable.[8,22,23,51–54] Although women in this study are certainly not helpless victims, evident in responses in which they deliberately chose to continue intercourse and to not tell their partner for a variety of and often strategic reasons (eg, because they didn't want to, because they felt pleasure, because they were on top and in control of their experiences), study findings and women's narratives also illustrate some larger, covert powers at play in personal decisions and interactions regarding sex. We found no evidence that nondisclosure of pain varied significantly by age, race, sexuality, or socioeconomic group, although the best estimate for 18- to 24-year-olds vs 40- to 49-year-olds was above the null value of 1. This contrasts with the body of feminist qualitative research on painful, uncomfortable, or unwanted sex[23–25] and may be because we do not have sufficient numbers to examine pain disclosure in relation to social identities. Our finding that communicating openly about painful sex was associated with greater sexual pleasure mirrors results from other research showing that, when women are able to communicate about sexual concerns, they experience reductions in discomfort and pain.[26] This may be through enhanced emotional closeness and intimacy, changes to physical positions and movements, or an interaction of both increased intimacy and physical responsiveness.[27] Just as pleasure is not always physical, the experience of pain may be influenced by how much women feel their partner is attentive, communicative, and loving.[15] This emotional and relational element to pain may mean that 2 women with the same levels of physical pain may have very different subjective experiences of the pain depending on the dynamics of the relationship. Further, expressing pain and having a partner check-in, adjust their behavior, or otherwise acknowledge and address the experience of pain could lead to greater intimacy, trust, and real reductions in the pain, in addition to reducing the possible emotional distance associated with such pain.

Consistent with other research showing that some women frame bad experiences with sex as natural and expected,[25] the decision by some participants in our study to have or continue sex despite experiencing pain and not to engage in pain-related discussions was oftentimes situated as normal, inconsequential, and unproblematic. The normalization of pain played out in a number of different ways, with the pain always being present, ordinary and routine, or unimportant, and sometimes this normalization was specific (eg, it's normal to be dry and not excited). Some narratives showed more agency (eg, adjusting positions or taking things slowly to minimize pain), but others viewed pain as inevitable or they downgraded the issue because it had been discussed previously or because it was a long-lasting issue. Although sex in any relationship or life phase is unlikely to be consistently good, pain should not be expected or considered normal, even in those who have considerable experience.

In addition to normalizing discourses, women in this study appeared to demonstrate an internalization of the broader system of gender norms and cultural scripts critiqued by others,[25,41] such as men controlling sex, penetration being normal and necessary, women being expected to assume a docile or submissive sexual persona, and women not wanting to be rude or demanding. Consequently, some women chose to prioritize their partner's enjoyment, and, ultimately, go along with painful sex without discussing it. Others did so in order to avoid a situation that might become awkward or uncomfortable or to protect their partners' ego or feelings. The former context is consistent with theories of social interaction where people try to avoid awkwardness or disruption of this situation.[55] The latter underlies many heterosexual interactions, including positive ones as seen in research, for example, on women's orgasms as related to men's masculinity achievements.[56] Here, the emotional labor some women are expending in their relationships was quite evident, such that women were responsible for satisfying men's sexual urges, managing their feelings, and keeping the relationship intact. These dynamics are also seen in research on other sexual matters.[57,58]

Meanwhile, there may be social costs or emotional ramifications to stopping sex in the middle. Physical excitement may decline, partners may get angry or upset, or women may be seen (or see themselves) as abnormal or inadequate, for example. The pressure to participate in sex and anger at sexual refusals were evident in some narratives, a finding that is consistent with other work.[12] In a Dutch sample, the best predictor for continuing painful sex was an actual negative response from the partner.[59] These issues may sometimes also be exacerbated in the process

of seeking care for sexual pain, when medical opinions associate normal sex with penetration and penetration with pain.[2,3] Conversely, there may also be social and emotional costs to continuing sex that hurts (eg, lower feelings of self-worth, decreased feelings of connectedness with partner, frustration). It is worth noting that these psychosocial tensions and processes also appear in men's accounts of their sexual experiences.[55] Regardless of the reason for engaging in painful sexual activity and despite the abounding social norms and pressures surrounding heteronormative sex, it is still possible to unlearn old and unrewarding sexual scripts and behaviors and replace them with new, better serving, and more pleasure-inducing ones—and this may begin with communication of sexual desires and the ways in which sex pleases or pains the involved parties.

There are some limitations to this study. The first is that the sample excluded incarcerated, institutionalized, and homeless women, which may affect the representativeness of the sample of women. However, this is an inescapable problem of studies that utilize address-based sampling techniques for panel establishment. Another limitation is the relatively small sample of women in same-sex relationships and those having casual sex. These small sample sizes prevented us from being able to make any definite conclusions about these populations. Also, the online, structured, self-administered nature of the survey meant that we were unable to clarify how participants might be interpreting unclear survey questions (eg, one woman said she "told [her partner she was in pain] after [sex]" not "during sex") and to probe deeper into women's stories, including how typical the their most recent sexual experience was. This study also has notable strengths, including the use of a nationally representative sample; the intertwining of social, psychological, and feminist theories with both quantitative statistics and qualitative narratives; the documentation of pain during a range of sexual experiences as opposed to analyses focused solely on vaginal or anal intercourse (though these were the most painful acts); and the representation of women across ages, ethnicities, socioeconomic status, and other social locations. Future research should explore experiences of painful sex among transgender women, in addition to the giving and receiving of pleasure. Studies should also attempt to reveal the pains and pleasures of sex among those in same-gender-loving relationships and the varied ways these may be experienced in the context of committed and casual sex.

CONCLUSION

This should go without saying: Pain is not a sexual affliction that women should have to endure. Moreover, although pleasure is not always desired in a sexual encounter, it should not be a privilege enjoyed by few. It is clear that critical factors in women's social, relational, and cultural environments may affect their sexual expectations, behaviors, and interactions, making the "personal" choice to have painful sex without talking about it one that is shaped by outside forces, likely unbeknownst to women. For some, a shift in the culture of "fulfilling his needs, not mine" and even more so of "men fulfilling their needs such they don't notice their partner's needs" may be a necessary step towards making sex less painful and also more pleasurable for women as the historically less sexually privileged group. At the individual and dyadic level, increased sexual agency and stronger sexual communication skills may also be helpful. Still, other avenues to pain-free sex may involve addressing broader, social factors (eg, gender and economic equality) that have nothing (and yet everything) to do with sex itself.[60] Many women, and men, are not taught how to have open, honest, and broadminded conversations about sex, and they are socialized based on the education (or lack thereof) received during childhood and adolescence, and therefore in adulthood, to accept (or expect) mediocre sex. Thus, some women and men may not have the knowledge, agency, or courage to communicate about feelings of pain or discomfort. At the same time, in relationships where power asymmetries are particularly pronounced, women may in fact be using their agency to create the life situations they need at that time (including for their own safety, perhaps).

For those wanting to improve their sexual experiences, women and their partners might be supported, through research, education, and/or sexual health counseling, in their efforts to learn to communicate about sex in an open, positive, and shame-free manner, discussing, for example, if they want to have sex, what sex means to them and to the relationship, what kinds of sexual activities they prefer, whether they are enjoying their sexual experiences or feeling pain, and what might help to alleviate any pain. Women and their partners might also find it helpful to broaden their sexual repertoire, switching to other ways of "having sex," and to build sexual self-confidence and respectful relationships, such that they feel comfortable about stopping sex if or when the pain persists and the sex is not enjoyable, despite interactional pressures. Several studies have examined the importance of sexual communication, sexual assertiveness, sexual autonomy, and women's rights not just to reject unwanted, unpleasant, and uncomfortable sex but also to expect and request mutually desired and pleasurable sex.[33,57,61–64] As this study highlights, and as the larger discourse on women's rights and gender equality in the intimate domain emphasizes, women are still far from being equal with men—sexually, socially, and politically. Women's sexual pain is not inconsequential. Women's sexual pleasure matters, too.

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