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SEXUAL BEHAVIOR AND CULTURE

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I. Sexual Permissiveness

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V. Conclusions

Agrarian Living from the management or distribution of land.

AIDS Acquired immune deficiency syndrome.

Double-standard Arbitrary use of two different sets of rules for two distinct groups.

Globalization The sharing and adoption of new ways resulting from the increasing interconnectedness of the nations of the world.

HIV Human immunodeficiency virus responsible for the development of AIDS.

Hunter-gatherer Nomadic people living from hunting of wild game, fishing and the gathering of nuts, fruits and other plant products growing in the wild.

Industrial society Community where industry is the principal activity of the society.

Pandemic Disease affecting a whole country or the whole world

Sexual permissiveness Toleration of a wide variety of sexual behaviors and attitudes.

Sexual behaviors and values are important components of all cultures. Societies may differ greatly in the meanings they attribute to sex, their sexual permissiveness, the expression of their sexual values, their views on contraception and pregnancy control, and the health issues they face. Despite their infinite variety and the individual differences within each culture, some broad generalities can be identified. Their commonalities and differences in behaviors and beliefs are determined by cultural, socioeconomic and historical contexts, and, in recent years, by globalization and technological advancement. By engaging in

social comparison, people garner their understandings of naturalness and normality, thereby forming their attitudes toward sexual issues and determine what is sexual and sexually acceptable.

I. Sexual Permissiveness

A society's general level of sexual permissiveness most likely originates from complex interactions between several cultural factors. For example, a culture's technological sophistication, the influence of particular faiths, and the importance of economic exchange at marriage may all have impacts on the place of sex in a society. Acceptable forms of sexual expression are also determined by the importance placed on reproduction. Engaging in homosexual activity, for example, may be viewed more negatively in those cultures that hold procreation but not pleasure as an acceptable motivation for sex.

A. Permissive Societies

Many cultures see sexual expression as natural and beneficial. Cultures that can be labeled as sexually permissive hold generally positive attitudes toward sexual development, seen as essential to healthy social adjustment. There are usually fewer social restrictions placed upon sexuality. Children in these societies are not as sheltered from sexual knowledge. As with the Muria of central India, they may even be highly exposed to nudity and sexual activity through ritual and institutional practices. This is not seen as problematic, because healthy sexuality is considered necessary for marital happiness and mature functioning. Both males and females in such cultures tend to equally value pleasure associated with sexual expression. Premarital sex is commonly accepted as a reality for both males and females.

B. Restrictive Societies

By contrast, sexually *restrictive* cultures attempt to limit both the occurrence of sexual expression and the ways it can be expressed. Sex itself is either seen as holding a unique and dangerous power, or is considered harmful because it is closely connected with negative outcomes, such as early pregnancy or venereal disease transmission. Adults in restrictive societies generally try to limit children's understanding of sexuality for longer periods of time, though for different reasons. In the United States, for example, parents' long-term goals for children's development include later marriage and prolonged education. The possible negative consequences of sexual activity are seen as antithetical to these goals, and thus abstinence may be emphasized and become the cultural norm for moral and acceptable behavior. Thus, in restrictive cultures, virtue is often associated with premarital chastity. Sexual abstinence before marriage is stressed

for one or both sexes, most often women. In cases where female chastity is emphasized, males are typically permitted at least some greater amount of sexual freedom.

C. Sexual Double Standard

When inequalities in sexual freedom are found, sexual activity and associated pleasure tend to be more valued by the gender whose behavior is less restricted. This describes what is referred to in Western literature as the sexual “double standard”. In many cultures, males are often encouraged to seek out and acquire sexual experience with many partners, while women are expected to delay sexual activity until after marriage. This double-standard can produce different sexual motivations for men and women. Men are more likely to endorse reasons of enjoyment and pleasure, and women reasons of love and emotional commitment. Though this double standard has eroded considerably in industrial countries, it can still be observed under some circumstances; people are generally more tolerant of men who engage in casual sex or unusual sex practices than of women who do so. In most African and Asian nations, a double standard is still frequently reported.

II. Sexual Expression

Sexual expression varies widely from one culture to another. These differences include but are not limited to cultural views and behaviors related to premarital and extramarital sexuality, homosexuality, transgenderism, genital modification rituals, contraception and birth control, and issues related to the HIV/AIDS pandemic.

A. Premarital Sexuality

1. Agrarian and Hunter-Gatherer Societies

In agrarian and hunter-gatherer societies, premarital intercourse is often perceived negatively. While the absence of reliable birth control and the disastrous social consequences of unwanted pregnancies are good incentives for compliance, early age of marriage and late sexual maturation also make this social expectation bearable. In such cultures, a promise of marriage is often the only acceptable situation where premarital intercourse is considered acceptable. For some cultures, it is sexual maturity rather than marriage that counts. For the !Kung of southern Africa, married men may take prepubescent brides, but must wait for the girl’s menarche to have sex with her.

2. Industrial Societies

In many industrial societies, the increasingly permissive attitudes toward premarital sexual activity can partly be explained by women's empowerment through oral contraception and advances toward economic equality between men and women. Also, delaying marriage until a later age increases the gap between sexual maturity and marriage and makes premarital abstinence an unrealistic goal for many. Yet, despite the prevalence of more permissive attitudes, for most young people in industrial societies, sex is still expected to involve some level of affection and commitment between partners.

B. Extramarital Sexuality

1. Agrarian and Hunter-Gatherer Societies

In many agrarian and hunter-gatherer societies, extramarital relations are considered to be "appropriate" for men under certain socially established conditions. In Thailand, for example, young males are viewed as having an insatiable sexual drive that they have a right to satisfy, even after marriage, through visits to sex workers. In some African societies, the importance of a large family to a man's status gives him the right to copulate with another woman if his wife is infertile.

2. Industrial societies

Researchers do agree that two changes are evident in recent years in industrial societies: (1) The sexual double standard is eroding. Men and women are becoming similar in their willingness to experiment with extramarital sex. (2) Men and women are experimenting with extramarital relations earlier, more often, and with more partners than in the past.

C. Homosexual orientation and behaviors

Homosexuality generally refers to sexual attraction or behaviors towards people of one's own biological sex. Differences in how "sex" is defined in a particular culture and the meanings that are imparted upon different sexual behaviors between people of the same sex can often lead to contrasting ideas about what "homosexuality" actually entails, and which behaviors are associated with it. In cultures where sex is defined in very narrow terms, such as consisting solely of penile-vaginal intercourse, a great deal of same-sex intimate behavior may be acceptable between people of the same sex. Sometimes, behaviors that would be considered highly sexual in one society are given a different, non-sexual meaning in others. For example, young adolescent males in the Sambia culture of Papua, New Guinea, ritually fellate older males as a way of absorbing their strength and masculinity. However, they are later expected

to continue on to exclusive heterosexual marriages and relationships and adult same-sex relationships are highly frowned upon. In Ancient Greece, concurrently with their heterosexual marriages, important older men often took younger men as sexual partners.

Homosexuality is highly connected to perceptions of gender roles in a number of cultures. For many peoples in Latin, African, and Middle-Eastern countries, as well as among many ethnic minorities in America and Europe, males may engage in same-sex behaviors, yet still identify as “heterosexual.” They are able to engage in these behaviors, without incurring the stigma that accompanies a label of homosexuality, due to the roles they play in these sexual activities. Men in these cultures who take the “inserting” role in same-sex encounters are still seen as masculine and heterosexual, presumably because they are adhering to sexual-cultural norms for their gender. On the other hand, males who take an “insertee” role, which is commonly viewed as a female’s role in sex, are typically viewed as feminine, and are labelled “homosexual”.

In contrast, in the United States and much of Western Europe, rather than being defined by gender roles, homosexuality is perceived to be an intrinsic aspect of the individual. Therefore, in the United States and Western Europe, men who identify as homosexual experience a much greater interchangeability in their sexual role-taking. The Western conceptualization of homosexuality has been bolstered in recent years by a plethora of scientific information and political assertions that homosexual orientation has a genetic etiology.

As globalization continues to proliferate, many cultures are shifting their notions of homosexual behavior to be more consistent with Western (particularly American) ideologies. Still, cultural differences are numerous. In multi-cultural societies like the United States, cultural differences in the conceptualization of homosexuality should be considered in social marketing campaigns, and other interventions, that are geared toward homosexuals of specific minority groups.

D. Transgenderism

The term “transgender” applies to people who experience a deep life-long preference for the identities or gender roles usually associated with being a member of the opposite sex. Some people who consider themselves transgendered have chosen to live out the conventional roles assigned to them by society. Many others have taken a variety of approaches to socially identify with what they feel is their true

gender. Some choose to wear clothes and ornaments of the opposite sex, adopt the postures, gestures, behaviors and roles of the opposite sex and/or undergo sex reassignment surgery and become transvestites or cross-dressers, drag-queens or kings, transsexuals. Yet, this does not imply that becoming a cross-dresser or a drag-queen or king is always motivated by transgenderism.

In most Western societies, the challenges that transgenderism poses to traditional Western gender roles still result in widespread stigmatization. In fact, in Western culture, transgenderism, transvestism and transsexuality are often labelled as forms of a mental disorder called gender-dysphoria. In contrast, in many non-Western societies, transgendered, transvestites and transsexuals have been and are valued for their uniqueness. Historically, in the Zuni culture of New Mexico for example, as well as in many island cultures of the Pacific, male children who displayed feminine characteristics were considered to be endowed with great power. They dressed as a woman and performed functions of healer and arbiter. In today's Samoa, humorous entertainment provided by cross-dressers is used to diffuse violence in public gathering. In India, the hijras, a group of men who have had their genitalia removed and only have sex with other men, make a living by dancing, signing and offering blessings at weddings. In recent years, many hijras have been elected to public office because of a perception that they are less likely than other public officials to be corrupted.

E. Genital Modification Rituals

Male circumcision is probably the most common form of genital modification. From Ancient Egypt to modern day Africa and America, circumcision has been practiced under all kinds of justifications. In America, circumcision was popularized into the 1900s as a cure for masturbation and as a way to ensure good hygiene and prevent diseases. Today, undergoing circumcision is still common practice in many cultures, especially Jewish and Moslem cultures.

In many sub-Saharan societies and Moslem Arab groups, females undergo genital alterations and mutilations. The modifications range from removing the clitoral prepuce (sunna circumcision) to removing the entire clitoris and most of the labia, and stitching together the two sides of the vulva allowing only a small opening for the passage of urine and menstrual blood (infibulation). Many of these gruesome procedures result in health problems and in extreme cases, in death. In the United States, they have been

outlawed since 1996.

F. Future Directions

The meanings a culture gives to sex, the sexual expressions it recognizes and its level of permissiveness are in constant flux. Globalization and rapid technological development are increasing the rate of such changes and forces all cultures to reexamine their beliefs about issues related to sexual permissiveness and sexual expression. Many Western practices such as prolonged adolescence and delayed marriage serve to remove sexuality from family control and place it in the hands of the individual. Agrarian and hunter-gatherer societies increasingly adopt the ways of the West, forcing on their cultures some rapid changes. Some changes, such as relaxing premarital sexual standards and promoting gender equality, permit more individual freedom. Other changes impose new restrictions on cultures, such as laws regulating genital modification rituals.

III. Contraception and Birth Control

In both developing and industrial societies around the world, women are perceived to be responsible for preventing unwanted pregnancies. In many developing nations, women are under the economic control of men, have little access to modern contraceptives and are expected to bear the responsibility of preventing unwanted pregnancies even if they have low control. Not surprisingly, most of the world's births occur in developing nations. In industrial societies, the situation of women is quite different. Success of pregnancy prevention is increased by gains in equality of rights, economic independence, and access to modern contraceptives that do not require the cooperation of the male partner.

A. Developing Societies

In rural cultures of the developing world, children are an economic asset. From an early age they become active contributors to the survival of the family through a variety of labor tasks such as those related to food cultivation or sibling caretaking. In an effort to maximize efficiency of the family unit and reduce health risks, women in these societies generally try to maintain a birth spacing of two to three years. To control this spacing, they usually rely on abstinence and on the reduced fertility offered by lactation. In many African and South-East Asian cultures, there is an expectation that husbands will abstain from having sex with their wife for a period of time after the birth of a child, but are not necessarily expected cease sexual activity completely. Common culturally acceptable alternatives for men include extramarital sex,

visits to sex workers and to a lesser extent, polygamy. Women are usually expected to remain abstinent post-partum.

Despite the fact that a large number of people in developing countries live in rural areas, as a result of globalization and industrialization, an increasingly larger number live in overcrowded cities. For these people, the economic asset provided by children is often replaced by them becoming an additional strain on already compromised financial means.

B. Industrial Societies

In most industrial societies, where childhood is usually spent in school, children represent an economic cost rather than an asset. Pregnancy is often planned and heavily controlled by the individual through the use of contraceptives. In some cases, like in China, pregnancy is also restricted by the state in an effort to manage overpopulation.

In the United States, the current political administration promotes abstinence as the only acceptable alternative to prevent pregnancy and sexually transmitted diseases among teenagers. Yet, many organizations have successfully promoted the use of various modern forms of contraception to prevent pregnancy in teenagers and adults alike. Recent trends show a decline in unwanted pregnancy among U.S. adolescents. Still, the United States maintains a disproportionate number of abortions in comparison to other Western industrial countries. In countries such as Holland, Sweden, France and Great Britain, it is believed that the general endorsement by individuals, society, government officials and the media of the message that protected sex rather than abstinence is expected from teenagers has facilitated the decline in abortions and the delay in the onset of sexual activity.

C. Future Directions

Under the influence of globalization, beliefs about individualism, human rights and gender equality are having a growing impact on the sexual behaviors and attitudes of people from developing nations. Unfortunately, these nations usually lack the medical and financial resources to adopt modern contraceptive methods proven successful in the wealthier industrialized nations. In our increasingly interconnected world, overpopulation in developing countries is a universal concern. All societies must collaborate to address the old and new challenges that arise from living in an interconnected world.

IV. Sexuality and HIV/AIDS

The awareness of the link between sexuality and health is not new. Every year, it is estimated that 333 million new cases of curable sexually transmitted diseases occur worldwide. Yet, it is only since the first diagnosed case of AIDS that sexually transmitted diseases have come to the forefront of global health concerns. Since the early 1980s, more than 42 million people worldwide have been infected with HIV, making HIV/AIDS the most devastating sexually transmitted disease in the world's history.

A. Condom Use

1. Developing Societies

HIV/AIDS has been especially devastating in Sub-Saharan Africa, South-East Asia and Latin America. In an effort to control the spread of HIV/AIDS, the most common approach used worldwide has been to promote the use of male condoms and provide education on the virus and its transmission. This approach is especially adequate in developing countries where most of the transmission results from heterosexual intercourse. Yet, the success of this intervention varies widely across cultures and even between genders. Many societies do not have the literacy, education and access to condoms necessary for successful prevention of HIV/AIDS. The use of condoms is often heavily stigmatized. Beliefs that condoms are only appropriate with prostitutes, or that only promiscuous women carry condoms, are common. Health beliefs can also interfere with the use of condoms. In Cambodia, for example, condoms are believed to disrupt the balance of the body and burn the womb.

Still, condoms have had tremendous impact on the AIDS epidemic in many developing countries. In Southeast Asia, for example, where the commercial sex industry had fueled the AIDS epidemic, several countries have succeeded in increasing condom use among sex workers and their clients. Thailand, with its 100% condom use policy in brothels, is a prime example of the successful implementation of a condom use program in a high-risk population.

2. Industrial Societies

In industrial countries, the male condom is still the only effective protector against HIV/AIDS. In recent years, many attempts have been made to develop competing alternatives. The male condom has been criticized for being a barrier to women's empowerment in protecting their health. It was hoped that female condom, which consists of a malleable tube with a flexible ring at both ends (one which can be inserted by the woman into the vagina, the other resting at the opening of the vagina) was going to give women the

empowerment they had been hoping for. Unfortunately, proper use of the female condom still requires active cooperation from the male partner during insertion. In addition, despite promising theoretical efficacy, its use efficacy proved to be much lower than the male condom.

B. Gender Differences

1. Developing Societies

Women in developing countries are at a further risk of HIV than men because they usually are less educated and do not have the societal position or financial means to obtain condoms. Their disadvantage is further compounded by the fact that HIV is more easily transmitted from men to women. Furthermore, the only known effective barrier to HIV infection, condoms, requires male cooperation. For women, risk of infection is sometimes exacerbated by the practice of dangerous cultural habits. In Sub-Saharan Africa, which has the highest prevalence of HIV/AIDS in the world, the custom of dry sex is common. In this practice, women prepare themselves to pleasure their husband by drying their vagina with a mixture of powdered stem and leaf, and water; soil mixed with baboon urine; detergents; salt; cotton; or shredded newspaper. These increase dryness, friction, vaginal lacerations and the suppression of the vagina's natural bacteria which, in turn, increase women's risks of acquiring sexually transmitted diseases, especially HIV/AIDS. The Muslim Hausa of Nigeria perform cuts on the walls on the vagina to cure women suffering from a variety of maladies. In addition to exposing the women to risk of hemorrhage and infection, the cuts provide the AIDS virus with a direct access to the blood stream during intercourse.

Targeting women with interventions in developing countries could have a large impact on the HIV/AIDS pandemic, as women can also transmit the HIV to their infants through delivery and breastfeeding. In developing countries, women rarely have access to highly active antiretroviral treatments (HAART) to limit the transmission during delivery. Also, in countries with high prevalence of water-borne diseases such as cholera, breastfeeding is often the only viable mean of survival for infants. Therefore, prevention interventions with mothers would also have a significant impact on the health of their children.

2. Industrial Societies

In Western countries, since the 1980s, gay/bisexual men and IV drug users have been recognized as high-risk populations for HIV/AIDS. Still today, 82% of the estimated cumulative 877,275 cases of AIDS in the United States are among males. Of these, 55% are men who have sex with men and 26% are

injection drug users. Although in America, childbearing-age women are the fastest growing population of AIDS cases, 70% of new HIV infections still occur among men. Yet, because of prevention intervention efforts, the estimated number of new HIV infections per year in the United States has decreased from approximately 100,000 to 40,000 per year, and with the advances in HIV treatments, especially the advent of HAART, great progress has been made in reducing the number of new AIDS cases as well.

C. Future Directions

Efforts should continue to be made to improve women's control over their own protection against HIV/AIDS. More likely, the solution will come in the form of a microbicide if issues of genital irritation can be resolved.

In both developing and industrial countries, one group that has not been adequately targeted in HIV/AIDS intervention is adolescents. In addition to being behaviorally and physiologically more vulnerable to HIV/AIDS and other sexually transmitted diseases, adolescents are often socially disadvantaged. They lack independent income, and often are not offered the privacy of information that is necessary for open communication with a health care provider.

Currently, in the United States funding for prevention efforts is shifting from targeting non-infected to infected individuals. The progress made in preventing new cases of HIV/AIDS seems to justify this new approach, yet, efforts should be maintained to continue prevention efforts with high-risk populations and fast-growing groups.

V. Conclusions

Globalization has propelled the societies of the world in an interaction that transforms cultures and redefines the sexuality of every nation. It has simultaneously positive and negative effects. On one hand, it encourages the sharing of perspectives and medical advancements that can help societies to adopt sexual norms and beliefs that are compatible with a healthy life. However, it facilitates the spread of disease and reduces cultural diversity in the human sexual experience. Hopefully, through collaboration between industrial and developing nations, both healthy sexuality and gender equality will, in the future, become a part of every distinct society, and discrimination will become a rarity in the lives of individuals who belong to stigmatized groups such as homosexuals, transgendered and victims of HIV/AIDS.

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