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# Latin American Women´s Beliefs, Views and Ideas About Sexual Assertiveness: A Focus Group Study in Cuenca (Ecuador)

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*In an attempt to extend our understanding of how social contexts co-create female sexuality in Latin America, the aim of the current study was to explore the beliefs, views, and ideas about sexual assertiveness in Latino emerging adult women. Seventeen women between 22 and 30 years old living in Cuenca, Ecuador, participated in focus groups. A constructivist grounded theory approach was used to analyze the data. Findings suggest that the overall views about sexual assertiveness in emerging adult women can be grouped into five categories: (1) gender role schemata; (2) concerns about the partner's thoughts and reactions; (3) gendered attitudes towards the use of specific methods of contraception; (4) talking about sexual histories as a challenging task; and (5) replication of family patterns. The findings of this study are discussed within existing literature that highlights the influence of gender role schemata on sexual assertiveness. Finally, a plea for more culturally sensitive research is formulated as well as some educational – the need to reinforce sex education programs – and clinical – highlighting the ability to be sexually assertive from the start of a relationship – implications are mentioned.*

In most Latin American countries, reproductive and sexual health of adolescents and young adult men and women is often negatively affected by unplanned pregnancies, unsafe abortions, sexually transmitted diseases and partner violence (Alvarez, Bauermeister, & Villarruel, 2014; OPS, 2008). These negative effects of sexuality especially affect poorer and marginalized individuals who have limited access to health care and family planning services (Wurtz, 2012). It was shown that Indigenous populations are at higher risks of unplanned pregnancies which may again reinforce their poor living conditions (WHO, 2018). These negative sexual health indicators in Latin American countries may result from social norms that inform decision-making about sexual behavior (Alvarez et al., 2014; Manago, Ward, & Aldana, 2015).

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Social norms for sexual behavior of women in Latin American are complex. For instance, a study on young Latina's meanings of sexuality revealed that control of, and restrictions on the access to information about sexuality reinforce women to be quiet about sexual issues (Faulkner & Mansfield, 2002). This study revealed that for women, having a sexual past, that is, having had sexual experiences with a previous partner, is a cause of concern and guilt, and that women are expected to be reluctant to talk about their sexual desires (Faulkner & Mansfield, 2002). It is not surprising that in such a restricting context for women's sexuality, sexual and reproductive health indicators are so negative and that it has been suggested that these negative outcomes could be prevented by improving women's sexual assertiveness (SA) (Loshek & Terrell, 2014; Morokoff et al., 1997; Noar, Morokoff, & Harlow, 2004).

The current study was initiated to explore the social contexts that co-create sexuality of Latino emerging adult

women by exploring the beliefs, views, and ideas about SA of emerging adult women in an urban region of Ecuador. To contextualize this study, the definition and role of SA in human sexuality are introduced first, followed by an analysis of SA in emerging adulthood, and some background information about characteristics of Latino culture in general and about the city of Cuenca (Ecuador) in particular – where the study took place.

## Sexual Assertiveness

SA is defined as "the possibility to recognize and prioritize one´s own limits, desires and needs in a sexual situation" (Zerubavel & Messman-Moore, 2013, p. 2). This definition has been operationalized differently by scholars. Some scholars have studied SA by assessing initiation and refusal strategies for sexual encounters, as well as insistence on condom use (Morokoff et al., 1997, 2009; Noar, Morokoff, & Harlow, 2002), while others have focused on communication fostering safe sexual activity and the ability to discuss and share each other´s sexual histories (Quina, Harlow, Morokoff, Burkholder, & Deiter, 2000). Still other scholars emphasized the ability to discuss sexual desires and satisfaction (Santos-Iglesias, Vallejo-Medina, & Sierra, 2013). This shows that a range of studies on SA merely focused on one conceptual dimension of SA while not taking into account other dimensions.

Other studies have also explored the role of SA in human sexuality (Santos-Iglesias & Sierra, 2010). SA has been found: (a) to be positively related to sexual functioning and sexual satisfaction (Ménard & Offman, 2009; Santos-Iglesias, Sierra, & Vallejo-Medina, 2013); (b) to act as a protective factor against unplanned pregnancies and sexually transmitted infections (STIs) via condom use (Noar et al., 2002, 2004); and (c) to enable voluntary and impede coercive sexual encounters (Greene & Faulkner, 2005; Livingston, Testa, & VanZile-Tamsen, 2007).

In the current study, SA is broadly interpreted and can be characterized by five elements, that is: (1) the ability to express sexual needs, feelings and thoughts directly to a partner without undue anxiety or guilt (Loshek & Terrell, 2014); (2) the ability to communicate about sexuality to initiate sexual encounters (Emmerink, Van Den Eijnden, Ter Bogt, & Vanwesenbeeck, 2017a) or (3) the ability to communicate about sexuality to refuse sexual encounters (Morokoff et al., 1997); (4) the capacity to negotiate and agree on the use of condoms or other methods of contraception (Noar, Carlyle, & Cole, 2006); and (5) the ability to discuss and share each other´s sexual past (Loshek & Terrell, 2014; Quina et al., 2000).

### Sexual Assertiveness in Emerging Adulthood

SA as a concept seems to be especially relevant in young adulthood. Arnett (2000, 2007) coined the term 'emerging adulthood' to refer to an in-between age (between 18 and 29 years old), in which individuals are often struggling with unresolved issues from their adolescence while already starting to feel responsible for parts of their adult life. During emerging adulthood, establishing intimate relationships and exploring sexuality in varying relationship types is considered normative (Shulman & Connolly, 2013).

Previous studies have shown that during emerging adulthood, individuals learn how to communicate about sexuality with a partner through a process of trial and error (Beres, 2010; Shulman & Connolly, 2013). There is, however, huge variability in how relationships and sexuality are formalized across cultural contexts (Arnett, 2000). In Western cultures, the changing significance of committed relationships is often reflected in an increased tendency to cohabit rather than marry (Shulman & Connolly, 2013), whereas in Ecuador, marriage still remains the primary option for emerging adults to formalize their relationships. In fact, marriage is seen as beneficial for young women (Goicolea, Torres, Edin, & Öhman, 2012) and most marriages occur during this stage of life (INEC, 2016). This norm is also related to the fact that in a highly religious city such as Cuenca (Ecuador), sexual intercourse is only accepted between married partners because sexual activity is considered a dangerous activity if it occurs at a too young age or outside a romantic relationship or formal union. In addition, it is believed that young people are not fully aware of its possible negative implications (Goicolea, Wulff, Sebastian, & Öhman, 2010). This standard implies that the phase of 'emerging adulthood' should be interpreted differently in a Latin American context such as the city of Cuenca in Ecuador, compared to Western cultures.

### Sex Research and Gender Stereotypes in Latin America

Although the importance of adopting a contextual approach, that is, one that takes into account specific cultural factors that may influence sexuality, is valued in sex research, there is relatively little scientific literature available from Latin American countries (Caricote, 2006; Puentes, 2008). Araujo and Prieto (2008) suggested that this dearth may reflect the fact that in Latin America sexuality is still a much-stigmatized subject in need of regulation rather than a valid topic of study. There are, however, specific characteristics of Latin American culture that are likely to have an important impact on young people's sexual development.

Although Latin American countries represent a wide range of backgrounds, racial and ethnic groups, there exist several commonalities between these countries (Valdes, 1996), one of which is gender stereotypes. Indeed, there are common gender stereotypes and cultural values that apply to both men and women such as *caballerismo, la mujer buena, respeto, machismo, marianismo*, and *familism* (Auslander, Baker, & Short, 2012; Beattie & Beattie, 2002; Castillo, Perez, Castillo, & Ghosheh, 2010). These cultural stereotypes exist in Cuenca,

a highly religious city in Ecuador where eight out of 10 individuals self-identify as Catholics, a city that is also characterized by a high prevalence of early pregnancies and gender-based partner violence (INEC, 2012, 2018; MSP, 2017). Three values in particular are of interest here in this study of SA. *Machismo* refers to an image of superiority, and hence, the belief and practice of male dominance over female partners (Alvarez & Villarruel, 2013). *Marianismo* refers to an image of a submissive, chaste and self-sacrificing woman (Goicolea et al., 2010). This gender stereotype for women is reinforced by the system of *familism*, which in turn prescribes women´s adherence to a collectivistic-oriented view of women, stating that they are in charge of supporting the family, taking care of housework, and raising the children. Furthermore, according to the *familism* system, a "good woman" is expected to prioritize her partner´s needs above her own (Castillo et al., 2010).

As a result of these gender stereotypes, women are expected to be passive and submissive in partner relationships, but also to be sensitive to their partners' sexual needs and desires regardless of their own interests (Firmin, 2013; Rudman, Fetterolf, & Sanchez, 2013). This stereotypical view of women within society is often based on gender inequality, which constitutes a risk factor for women's sexual agency (i.e., the perceived power to communicate one's own sexual desires) and which appears to be related to SA (Fetterolf & Sanchez, 2015; Zerubavel & Messman-Moore, 2013). As a consequence of gender inequality, women are limited in their freedom to express their sexuality, resulting in the increased likelihood of coerced sexual intercourse and unplanned pregnancy (Goicolea et al., 2010). Gender inequality may also result in some women participating in unwanted sexual intercourse by means of sexual compliance – even in committed relationships (Firmin, 2013; Impett & Peplau, 2003).

Based on these gender-related issues, it has been suggested that there still exists a sexual double standard, which is defined as the differential sexual role expectations prescribed by a society for men and women (Emmerink et al., 2017a). As an outcome of the sexual double standard, men and women express themselves differently within intimate relationships (Tolman, Davis, & Bowman, 2016). Women who openly show themselves to be sexually experienced, who seem interested in sexual activity, and who take the initiative to have sex are more likely to be stigmatized by their partner and, as a consequence, may restrict the expression of their own sexual desires (Fetterolf & Sanchez, 2015).

Related to this sexual double standard, women are often portrayed within the so-called "charmed circle" of approved sexual behavior (Bay-Cheng, 2015). Using a hierarchical model, this circle describes several aspects of sexual behaviour that are considered "normal" or "acceptable" (i.e., marital, monogamous, reproductive) in contrast to others that are considered "bad" or "abnormal" (i.e., unmarried, promiscuous, non-procreative) (Rubin, 1998). There is evidence that in a number of Asian and Latin American countries, this circle is framed within conservative social norms (Goicolea et al., 2012; Ho, 2008), whereas in several Western countries, this circle may be widening and becoming more permeable (Bay-Cheng, 2015). In daily life, women now have to cope with various ambiguities regarding the way they communicate about sexuality with their partners (Emmerink et al., 2017a) as the result of the "prude" hegemony, which is considered to be a new form of double standard. This prude hegemony reflects a distinct point between the binaries of the ideal woman who is, on the one hand, sexually expressive, while on the other hand, chaste and virginal (Tolman, Anderson, & Belmonte, 2015). According to this prude hegemony, a woman should be able to express her sexual needs to a partner (i.e., based on sexual agency), while at the same time maintaining an image of chastity by feigning fewer sexual experiences than she actually had (Fetterolf & Sanchez, 2015).

### The Current Study

While the concept and the role of SA in human sexuality has been addressed in previous studies (Loshek & Terrell, 2014; Morokoff et al., 1997; Quina et al., 2000; Santos-Iglesias & Sierra, 2010), there is still a need to better understand the complexity of sexual interactions within intimate relationships of Latin American women. As studies have found that being sexually assertive is more difficult for women than for men (Sierra, Santos, Gutiérrez-Quintanilla, Gómez, & Maeso, 2008; Vannier & O'Sullivan, 2011), it has been suggested that studies should focus on the experience of women´s SA (Emmerink, Van Den Eijnden, Ter Bogt, & Vanwesenbeeck, 2017b). There is a great need for research on sexuality in less liberal cultural contexts (Emmerink et al., 2017b). The current study focused on the experience among emerging adult women living in Cuenca, Ecuador.

As qualitative studies addressing SA are scarce, and mainly restricted to sexual health communication (Alvarez & Villarruel, 2013; Faulkner & Mansfield, 2002), the aim of the current study was to further our understanding of the social contexts influencing female sexuality. Therefore, the central research question of the current study was: What are the beliefs, views, and ideas about SA in Latino emerging adult women? The data presented in this manuscript are part of a larger study, in which both women and men participated in separate focus groups.

## Method

### Participants

Participants were 17 female emerging adults with a mean age of 24.76 ($SD$ = 2.43) (ages ranged from 22 to 30 years old) and all residing in the city of Cuenca, Ecuador. At the

time of the focus groups, seven women were married, of which five had children under the age of five, one participant was divorced and had a baby, and nine were in a non-cohabiting relationship. Regarding participant´s educational and professional background, 10 were undergraduate students, of which three combined this with a part-time job, four had a professional degree and three were working.

Participants could be included if they had at least once in their life been in a committed heterosexual relationship in which they were sexually active. Based on a pilot study (2013) in which it proved difficult to find 18 to 20-year-olds who were willing to openly talk about their sexual activity, we decided to recruit women aged between 20 and 30 for the current study.

### Focus Group Protocol

Focus groups were selected as the data collection method because of their suitability for providing insights into attitudes and beliefs that underlie behavior (Carey & Asbury, 2012). An interview guideline was designed incorporating open questions and sub-questions which aimed to facilitate fluent discussion among the participants (Carey & Asbury, 2012). The content of the questions was based on the five components of the broader concept of SA (Loshek & Terrell, 2014; Morokoff et al., 1997, 2009; Quina et al., 2000) in an attempt to cover a broad vision of participant´s beliefs, views, and ideas about SA.

The guideline was initially written in English to facilitate the involvement of and feedback from the second and fourth author at this stage. Once the interview guideline was reviewed and approved, it was translated into Spanish and discussed at the research unit in Cuenca, Ecuador, to ensure the correct use of terminology and language. Hence, suggestions from Spanish-speaking researchers were also received and incorporated into the final draft of the guideline. The final draft of the guideline comprised two vignettes as a way of facilitating group rapport, followed by six main questions and two complementary questions (see Appendix A).

### Procedure

Participants were recruited based on their common experience with the topic at hand (Carey & Asbury, 2012), in this case being sexually active. This purposive sampling for this study started with advertisements on a Facebook group with more than 6000 members, all belonging to the target group of our study, and recruitment of participants was further based on the chain referral technique (Guest, Namey, & Mitchell, 2013). We made use of the possibility to advertise our study on that Facebook page. Women who reacted to the advertisements and who met the inclusion criteria in terms of age range, city of residence and relationship status were initially contacted by the first author and upon participation in the focus groups, these women subsequently provided us with other possible participants that were contacted later. In total, three focus group sessions were conducted: two of them comprised of six and one of five women. Focus groups were conducted at the research unit that is located near the central part of the city of Cuenca.

Before the focus group sessions started, the purpose of the study was explained, both orally and written using an informed consent form. The participants were reassured that the information they provided would only be used for research purposes and that the confidentiality of their identity was guaranteed. Participants signed the informed consent form before the focus group discussion started. All focus groups sessions were led by two women who were both in the same age range as the participants: the first author moderated the sessions, and the third author acted as an assistant. The focus group discussions lasted between 65 and 80 minutes and they were audiotaped, transcribed *verbatim* and checked for accuracy.

### Qualitative Data Analysis

In keeping with the importance of developing new insights inductively from close examination of data, we adopted a constructivist grounded theory strategy (Charmaz, 2006; Lyons & Coyle, 2007) while analyzing participants' beliefs, views, and ideas about SA. This strategy enabled us to prioritize in our analysis the phenomena as constructed and perceived by the participants themselves. While the five elements of SA (see above; the ability to initiate and refuse sexual encounters, the capacity to negotiate contraceptive methods, the capacity to discuss their sexual past and the communication of desires) were the basis of the focus group guideline, both as a theoretical background and as sensitizing concepts, the step-by-step analysis of the empirical data was intended to be a bottom-up process. In essence, constructivist grounded theory identifies new meanings that emerge from the data, as well as the conditions under and/or the social context in which such meanings arise (Charmaz, 2006). The data analysis consisted of several phases: transcribing, analyzing and collecting more data until no new codes emerged (Creswell, 2007).

For each transcript, after the accuracy of the transcribed information was verified by repeatedly reading the texts while listening to the audiotapes, we started open line-by-line coding that enabled us to capture the meaning within the data, making use of Atlas-ti software. During this coding process, the first and the third author who are Spanish-speaking researchers analyzed the data separately. Afterward, a consensus was reached with regard to the meaningful units that had been identified and labeled. All codes and quotes were then translated into English for the further course of the analysis, during which the second and fourth author participated as auditors to ensure validity and reliability.

Afterward, a focused coding and constant comparison of data was performed (Charmaz, 2006; Lyons & Coyle, 2007). By comparing quotes and codes, higher-order themes were defined; subsequently, we analytically related codes and higher order themes in order to construct categories. By adopting this strategy, the findings resulted in 25 higher-order themes, and five categories. Parallel to this analysis, a schema that summarizes the categories, higher-order themes, codes, and quotes was adapted and discussed on an ongoing basis with the second and fourth author who gave feedback on the analysis. The second author is a clinical psychologist and researcher with specific experience of qualitative research in the field of family psychology and family therapy. The fourth author is a clinical sexologist and researcher with particular expertise in research related to sexuality.

A discussion of the results allowed us to understand how participants built their beliefs, views, and ideas related to SA. Moreover, differences between participants were also identified and are reported in the current manuscript (Charmaz, 2006).

## Results

Our findings reflect participants‘ beliefs, views and ideas regarding the conceptual elements of SA that, through the application of principles of the constructivist grounded theory, resulted in the following five categories: (1) gender role schemata; (2) concerns about the partner's thoughts and reactions; (3) gendered attitudes towards the use of different methods of contraception; (4) talking about sexual histories is a challenging task; and (5) replication of family patterns. These five categories seemed to capture the meaning-making processes in relation to SA in emerging adult women living in Cuenca, Ecuador. All categories are interrelated and describe how women perceive their ability to communicate about their sexual thoughts, needs, and desires in their partner relationship.

### Gender Role Schemata

The analyses revealed different gender role schemata regarding the initiation and refusal of sexual encounters for women and men. As participants´ ideas were in line with the schemas they had towards initiation or refusal of sexual encounters, they shared contrasting ideas of what is common for them and what is common for their partners.

**Different Beliefs regarding the Initiation of Sexual Encounters.** When participants talked about taking the initiative to have sexual intercourse, their first reaction was that taking the initiative was mostly a "male duty" as stated by Pamela[2] (24): "The man is the one who proposes, the woman is the one who consents," which means that a sexual encounter depends on the man's will. Yet, the married participants mostly identified with this statement, as they explained they did not initiate sex in their daily lives. When participants further elaborated on this statement, they mentioned they did not think about sexual activities because they were in charge of running the household and overseeing educational activities which, according to them, took most of their time and energy. The women acknowledged being tired all of the time as a result of their household and childcare responsibilities, while they reported that men were not accountable for such activities. Thus, the women concluded that in daily life men were willing to have sexual intercourse more often than they did.

"Sex becomes less important when you have to take care of children and they take up most of your time. When I am tired, I just want to sleep. I mean, literally, I put my head on the pillow and I fall asleep" (Rebe, 26).

"Men come straight home from work, while women have to take care of other things [household activities]" (Meche, 24).

However, not all participants agreed on this and some tended to question the idea that initiative comes always from the partner. They described how certain "conditions" facilitated them taking the initiative, such as closeness and trust with their partner and the sense of stability that may develop in a relationship over a period of time. Therefore, for some participants, confidence, trust, and feeling connected seemed to be core elements for taking the initiative as they mentioned that, at the beginning of their relationship, they had remained more distant from their partner.

"I also believe that [female] initiative arises from all the experiences that the couple has been through, and how both have fallen in love, the closeness and the trust that emerges over time and so on" (Carmita, 22).

"I started having more confidence after we started having sexual intercourse, not before. I mean, I used to be more distant" (Geovanna, 22).

Furthermore, when participants reflected on how sexual intercourse was initiated, they described that the "acceptable" ways to do so are different for men and women. These differences were mainly explained by the prescribed gender roles that allow men to use direct messages, as exemplified by Belén (24), "I think a man should just say, ´sweetie, today we're going to make love. Full stop! ´ I mean, they should just be upfront about it!" Contrarily, women are expected to express themselves in a different way, namely by using indirect affective-based messages to express the same desire. When it comes to expressing their desire, women labeled themselves as shy.

"Men are more direct [in taking the initiative] and they are driven by their wild instinct… On the contrary, women are sweeter and shy about certain things" (Patty, 24).

In addition to the participants' recognition that men use direct messages, these women also stated that they would prefer their partners to use more affective and seductive strategies when initiating sex.

[2] To guarantee the confidentiality of the identity of participants, the names of participants were changed by pseudonyms.

"Well, a man is supposed to be seductive when taking the initiative… to be able to guide a woman, so she can also get to that place [aroused]. Because there are times… there are cases in which a man only wants sex and doesn't care about the feminine aspect, I mean, how a woman feels" (Carmita, 22).

Consistent with the acceptable ways of initiating sexual intercourse prescribed for women, the participants also mentioned that they used indirect messages for this, such as creating the right atmosphere, as suggested by Patty (24), "If you cook something delicious for your husband, then that's that [a way of taking the initiative]." In these women's experience, their partners undoubtedly understand such indirect messages. Furthermore, several examples of indirect methods of initiating sex used in committed relationships were mentioned.

"As a married woman, I could sometimes wear certain lingerie to give my husband the message that I want something [sexual intercourse], because although I absolutely won't say ´I want sex´, by wearing [sexy] lingerie I can let him know what I want… I may hint at it in this way" (Rebe, 26).

**Different Visions Towards Refusing Sexual Activity.** When we addressed the topic of refusing to have sexual intercourse, participants' first reactions were that they could refuse their partner's initiative. However, they stated that in doing so there are certain scripts that should be followed, mostly referring to empathy as a core female characteristic.

"I think there are ways of saying no. For example, you can say, ´sweetie, today I´m not in the mood… I had a [particular] problem… I swear, tomorrow I will be the one who sets the ball rolling.´ [sexual intercourse]… I have done it like that and it worked for me" (Belén, 24).

However, when it comes to the way they perceived men, the participating women observed that while they are allowed to refuse sex, men are not supposed to do this. For example, Pamela (24) said, "There have been times when I have not wanted to do it [have sexual intercourse], but not the other way around…never." Isabel (26) said, "Here is the thing: if I want it [sexual intercourse], I want it – full stop! My husband just wants it all the time anyway."

For those who disclosed experiences of having been rejected, their accounts revealed that they had difficulties with accepting such refusals. It seems that such rejections have negative implications for women, such as the possibility of being cheated on by their partner, or a sense of insecurity about their body during pregnancy and/or following pregnancy and childbirth.

"A woman is always affected, sentimentally speaking, and we always try to find reasons for the refusal such as, ´He is probably seeing another woman´ or ´He doesn't love me anymore´ or ´It must be because I look like this´. We look for reasons [to explain male refusal]" (Magi, 25).

"I believe that for us, as women, it is a bit more difficult, and even more difficult after we become mums, because our bodies change, and if he says no after that, it's like… it's hard… it's frustrating" (Meche, 24).

Within these perceptions of being refused, there were other accounts revealing an apparently broader vision. According to these accounts, men's refusals can be more easily accepted when certain conditions are met, suggesting that for men there are also acceptable ways of refusing to have sexual intercourse. According to the participants, it is important that men explain and give sufficient reasons for their refusal.

"He should give convincing arguments…. so that the other person [the female partner] doesn't get upset" (Pamela, 24).

"Of course, it is *all* about the way he says it [how men refuse]. It must be awful if he says no and turns away, ignoring you… do you know what I mean? If they say, ´No, honey, today I´m tired, I have had a super stressful day. Let's go out for dinner tomorrow… let's go to the movies and I will make it up to you.´ then it is easier to accept" (Carmita, 22).

### Concerns about the Partner's Thoughts and Reactions

When reflecting on how they communicate with their partner, participants expressed a range of concerns about how to address sexual desire, initiative, and refusal. They mentioned that a woman's interactions concerning sexuality with her partner must be in line with social norms, implying that her real sexual desires must remain hidden.

**Concerns that Impede Taking the Initiative.** Participants admitted that in order to comply with the image of chastity, they often held back from taking the initiative to have sexual intercourse regardless of their desire to do so. This seems to be related to the importance given to what the partner might think when a woman initiates sex. Thus, participants recognized that the initiative to have sex mostly depended on the male partner while their role as women was to either accept sexual intercourse or not.

"As women, we also want [to take the initiative], so why don't we do that? Because afterwards, we come across as crazy [sluts]! That is why the man should always get things underway" (Carmen, 22).

**Reluctance to Talk about Sexual Desire.** Participants confirmed that the communication of sexual desires and fantasies is influenced by social norms that prescribe what is and what is not acceptable. In fact, participants labeled themselves as conservative with regard to talking about desires, based on concerns about what their partner might think if they would express what they wanted. Once again, these concerns underscore the importance of women protecting their reputation and the image of chastity they are supposed to uphold to their partner in an intimate relationship. Moreover, it seems that women do not feel comfortable talking to their partner about their desires.

"I'm very conservative. I don't like that [talking about desires], because I have this silly thought that he might think

bad things about me, like, ´She knows everything´ and ´Was she not a virgin´ I mean, I just don't feel like telling him about what I desire" (Magi, 25).

**Concerns about Refusing to Have Sexual Intercourse.** When participants were asked to reflect on the topic of refusal to have sexual intercourse, again several concerns were raised. Participants wanted to avoid conflict based on negative experiences they had previously had when they refused to have sex. Furthermore, participants reflected on the emotional implications of refusal and consequently stated they did not want to hurt the person they loved.

"Refusing my partner is more complicated than anything, because I love him so much, and I don't want to hurt the person I love. So, how can I say 'no' to him?" (Pamela, 24).

"He said, ´You don't want to be with me, and you don't love me´…" Gabriela (24).

Based on participants' previous experiences in which refusing their partner led to a negative dynamic in their relationships, some stressed their willingness to comply sexually. For them, sexual compliance is one mechanism by which the risk of being abandoned by their partner is avoided. Moreover, women seemed to fear their partners' reaction if they refused, and they suggested that even in a committed relationship a woman should always agree to having even undesired sexual intercourse. "When someone is [emotionally] dependent and, out of fear, keeps things that way by not saying no to avoid taking the risk of being abandoned" (Belén, 22). This willingness to have undesired sexual intercourse was also related to the women's aspirations of keeping their partners happy.

"The only way to keep your husband happy is by never rejecting him" (Carmita, 22).

Furthermore, participants identified several things that should be done if they did reject their partner, as mechanisms of compensation. For the participating women, it seems that refusing a partner's advances should be compensated afterward in order to avoid an argument with him.

"[When I rejected him once,] the next day I told myself, 'I shall do it tonight!' because if I don't, he will get upset" (Rebe, 26).

"By saying, ´Tomorrow, I will make it up to you´. That way [after saying no] has worked for me" (Belén, 24).

Yet, during the focus groups, one participant stated that for her refusing to have sexual intercourse was easier than for the others, based on the right she felt in her relationship to freely express what she feels.

"It's a woman's right to say no. That´s our decision" (Meche, 24).

### Gendered Attitudes Towards the Use of Specific Methods of Contraception

According to the participants, the negotiation and use of different types of contraception mainly depends on the method used. Yet, according to them, there are different methods designed for each person, meaning men and women are expected to negotiate and hence use different methods.

With regard to the use of condoms, participants stated that using condoms relies on the male partner's willingness to do so and on their attitudes towards condoms. When men have a negative attitude towards condoms, participants alluded to inconsistencies in their use as explained by Patty (24), "He may feel uncomfortable since many men claim that it is not the same." In fact, some women do not even dare to suggest to their partner to use a condom, given that, as men are the ones who have to wear it, they should decide on its use.

"I wouldn't say anything [suggest the partner to use a condom] because they [men] are the ones who wear it, so they have to decide if they do so or not…. They are the ones who have to wear it" (Patty, 24).

"That [the use of condoms] is his decision, because if a girlfriend says, 'I want to be safe' then she should find another way [apart from condoms] to stay protected" (Magi, 25).

For participants, it was evident that women are responsible for the decision about using hormonal contraceptive methods in order to avoid unplanned pregnancies. Women stated that they are more often worried about the risk of unplanned pregnancies. Therefore, as Clara (30) mentioned, "Men assume that the woman is the one who should be taking care of [contraception]" and women are mainly in charge of birth control methods which do not confer the ability to prevent sexually transmitted infections.

"I think the woman is often more concerned, at least that is what happened in my case when I made a decision to use [hormonal] contraceptive methods. Who were they [hormonal contraceptive methods] designed for? For women right? And if you try to find an alternative method for men, they don't exist, except a vasectomy. That is stupid because a vasectomy is a major thing" (Rebe, 26).

In addition, it is important to mention that in committed relationships, participants stated that men undoubtedly rely on the fact that women use hormonal contraceptives. For example, Patty (24) pointed out that, "Men assume that women are the ones who should be using contraception." Moreover, when participants further embellished on this idea, it was mentioned that in a committed relationship, negotiation about condom use becomes scarcer.

"I got pregnant because neither my partner nor I ever mentioned anything about condoms. We never said anything. I got pregnant after we had been dating for a while" (Isabel, 26).

During the focus groups, participants also referred to the participation of the partner in decisions about contraceptive methods. According to them, their partner's participation in this matter may reflect a good dynamic in the relationship. They provided two contrasting examples: (1) "It's good when your partner goes along with you [to the gynecologist], as people say, if there are girls who are married and yet go alone, I don't know whether it is

because the male partner is unable to go, because I think it's different when you feel your partner's support" (Belen, 24); (2) "It is awful when the other person is not there…he [her husband] told me, 'Rebe you'd better see what is best for you'…but that's not the point!. So, I used to go alone and that was awful…That is why it would be nice if both husband and wife could go: so that he could also face this situation and see what it's like" (Rebe, 26). These examples suggest how important it is for participants to feel their partner's support when they visit a gynecologist to decide on methods of contraception.

### Talking about Sexual Histories Is a Challenging Task

Participants reported that talking about and disclosing one's sexual history to each other is a complex, unpleasant and unappealing task.

**Complexities.** As recalled by Meche (24), "I asked that question [about his sexual history] upfront, and he replied, 'You don't trust me? What's wrong with you?" Participants recognized that having a conversation about both partners' sexual histories was important, but saw this act as difficult because they often did not know how to address this topic. For them, this interaction could have a hidden meaning, i.e., a perceived lack of trust in the partner. Hence, participants also observed that it is important to justify this conversation, as they would need to provide arguments to their partner:

"[Referring to one possible outcome of a question about his past] What if he replies, 'How come?' and you say, 'What was your relationship with your ex-girlfriend like?′ Then he would understand what you mean and he would reply, 'Come off it!′ So you should always give a reason for asking about that" (Clara, 30).

The complexities of discussing sexual history were also reflected in the women's accounts, revealing that both partners would tend to lie about their sexual histories. For example, Paz (30) reported, "I also think it is important [to ask about their sexual history], but I'm not a hundred percent sure if they will tell the truth. I mean they won't tell you the whole story about their sexual history." Indeed, for participants, there is a cultural conception that men are the ones who would certainly have a repertoire of sexual experiences but would surely lie about it, while women are focused on proving their chastity and appearing to have no (or fewer) sexual experiences than they had actually had.

"In this case, the saying that *'men have no memory and that women have no past*' is applicable" (Rebe, 26).

As participants stated that it is important to prove their chastity and have few[er] sexual experiences, they explained their reasons for lying about their real sexual history. It seems that women feel restricted when it comes to admitting their real history, as expressed by Belén (24), "The thing is, if we, as women, say 'You know, I have slept with 10 men', he will think 'What happened to her! Where has she been?" Therefore, participants mentioned that, since women are not meant to have a sexual past, they would not agree to being asked the same kind of questions.

"I wouldn't like to be asked the same question [about sexual history]" (Paz, 30).

**Postponing Conversations.** For these participants, it was clear that enquiring about their partner's sexual history was an important way to practice safe sex. They did, however, admit that these conversations and interactions often took place only after the couple had already become sexually active, and had been for quite a while. It seems that, as for other kinds of conversation, trust in the partner and a sense of stability in the relationship are both important aspects that facilitate this kind of interaction.

"The person won't just come out and ask, 'How was your sex life?' On the contrary, one starts by getting to know the person and by that time [when a woman dares to ask] you are already having sexual intercourse with him" (Geovanna, 22).

Furthermore, for participants, there is a difference between recognizing the importance of having this kind of conversation and what happens in reality. This statement underscores the importance of the duration of a relationship for women to be able to discuss their own and their partner's sexual past. Yet, they recognized that postponing this conversation implies a higher risk of acquiring a sexually transmitted infection.

"I think we all go through a process in a relationship because, as I say, you ask and we answer… I would ask, but at the moment you are there [in front of him], you won't necessarily ask… but it will take time…like for…. what if that person has AIDS? This [spread of the disease] won't stop just because the person didn't ask [about possible risks] early in the relationship" (Isabel, 26).

### The Replication of Family Patterns

Participants mentioned that an assertive stance towards taking the initiative, refusing to have sexual intercourse and negotiating the use of contraception, is learnt at home. Yet, when participants were invited to identify factors that may have played a negative role in their interactions with their sexual partner, they mentioned (the replication of) family patterns. For example, they referred to advice they had received within the family context, including messages that seek to support the idea that a woman should be submissive and not control her own sex life. In addition, participants stated that this kind of advice came from both their own immediate families and their in-laws. It appears that through these messages, older women seem to steer the next generation of women towards more 'correct behavior'.

With regard to their family of origin, the participants explained that, even after getting married, mothers usually suggested that their daughters should wait for their partner's proposal before having sexual intercourse. This advice

seems to reinforce gender role expectations in relation to submissiveness in women´s sex lives.

"My mum is *curuchupa* [conservative] and she barely talked about these things, but regarding taking the initiative to have sexual intercourse she used to say, 'Respect yourself! The woman is not the one who proposes action, the man is the one who proposes [sex] and the woman is the one who consents'…" (Meche, 24).

Remarkably, participants' stories about the advice coming from their in-laws were rather similar. Gender stereotypes and submissiveness seem also to be reinforced by older women who often seek to reinforce how a younger woman should behave.

"Most relationships and marriages are controlled by the mother-in-law, or the in-laws who usually say things like, 'No, you shouldn't say this and that' [the family advises the woman to keep quiet] … and the extent to which one is influenced by this kind of things is often quite negative" (Pamela, 24).

Moreover, participants highlighted specific pieces of advice they had received from their mothers as single women. In these cases, mothers usually encouraged their single daughters to refuse to have sexual intercourse if they were not yet married. For these participants, the advice was based on the idea that a woman should not have sexual intercourse before getting married, regardless of her age or the duration of a relationship.

"[When we were still single] I don't think any of our mums ever came to us and said, 'This is a contraceptive method you might like to use' or 'Go to the gynecologist to start using contraception'… even if you were in a three-year serious relationship, they always said, 'You mustn't give away the milk before selling the cow' [don't have sexual intercourse before getting married]" (Magi, 25).

Along the same lines, participants also mentioned examples of messages given by mothers about how to refuse sex in a marriage by using indirect cues as illustrated here by Susy (25), "My mum used to say to me: Susy, you know? If he wants to have sexual intercourse you should say, 'I have a headache'…'I mean I [the mother] would reply like that'…." Thus, mothers' advice may still interfere with their daughters' sexuality, even once their sex lives are accepted within the family context, that is, as part of a marriage.

It is important to point out that when it comes to advice regarding the use of contraception, participants referred to messages they had heard their mothers give to their sons. They recounted that these messages aimed to advocate that the son should carry a condom at all times, and needed to be aware of girls who may seek to get pregnant so as to benefit from the situation.

"My mother used to tell my brother, 'Son, take a condom out with you; nowadays women are willing [to have risky sexual intercourse] just for the alimony.'…" (Meche, 24).

"My mum also used to talk to my brother in this way, 'Son, take care [use a condom]'… 'Think about the diseases, the alimony.'…" (Clara, 30).

One participant revealed that she had only once received a message about the use of contraception at home and that was from her father. She mentioned that this conversation had been uncomfortable suggesting that, in the family context, a daughter should only talk about sex with her mother.

"My dad told me, 'If something happens with him [a boyfriend], take care of yourself [use contraception]'… But hearing this from my dad! I mean, he's a man! .. I don't know… it felt embarrassing. I think it's because I grew up with taboos and fears, and hearing that from him made me feel ashamed" (Susy, 25).

Moreover, participants not only referred to messages received at home, but also to how their immediate family used to avoid talking about sexual matters in general and how they now tend to avoid the same kinds of conversations in their current relationships.

"In my family, we weren't allowed to talk about sex in such a way… so it is very common for us to adopt this kind of [silent] behaviour with our partners, and also to think that maybe our partners wouldn't be willing to talk about it either" (Geovanna, 22).

The replication of family patterns extended our understanding of SA as it can now be seen as an (in)ability that is shaped even before the participants start their own sex lives.

## Discussion

The current study is one of the first studies that included all earlier described dimensions of SA in the literature. The five categories that were found in this study are interrelated and provide a framework that might be helpful to better understand how emerging adult women in committed relationships in Cuenca perceive SA in the context of their romantic partnership and also contribute to our understanding of the complex ways of how the cultural context of Cuenca influences SA in women.

First, this study found that gender role schemata differ for men and women and that there exist contradictory views regarding the "acceptable" ways in which men and women should interact with each other about sexuality. For women, it is still very important to fit into the socially prescribed image of *marianismo*, an image that implies that they have to be reluctant to show themselves as interested in and having experience with sexual activities (Fetterolf & Sanchez, 2015). As a result, men and women assess and interpret the same behavior differently, resulting in the following double standards that characterize the society in Cuenca: taking the initiative towards having sexual intercourse is seen as a "male duty" implying that women – even in a committed relationship – tend to wait for their partner´s proposal for sex (Fetterolf & Sanchez, 2015; Firmin, 2013; Santos-Iglesias, Vallejo-Medina, & Sierra, 2013; Vannier & O'Sullivan, 2011); men should never reject an offer to have sexual intercourse since they are expected to be sexually driven while women should be sexually manageable (Bay-

Cheng & Eliseo-Arras, 2008; Goicolea et al., 2012); women are expected to prevent unplanned pregnancies, yet to barely consider other risks such as STIs because condom use relies on the male partner´s willingness to use these (Sastre et al., 2015); and, women are responsible for preventing pregnancies by using hormonal contraceptives, partly based on the perception that men are unreliable and inconsistent in their condom use (Goicolea et al., 2010).

These double standards are reinforced in women's heads by enduring concerns about their partner´s negative thoughts and reactions if they would decide to break the prescribed conventional 'silent' scripts for women and open up about their past sexual experiences and sexual desires. The current study also revealed that refusing sexual intercourse is a complex and difficult task for women in Cuenca. Women confided that they complied with their partners' sexual requests to avoid difficulties in the relationship (Impett & Peplau, 2003; Loshek & Terrell, 2014). In fact, sexual compliance seems to characterize the interactions with their partner for many women in committed relationships (Bay-Cheng & Eliseo-Arras, 2008). In our study, women admitted they used excuses to avoid having sexual intercourse because saying ´no´ directly seems particularly difficult in this societal context. They also complied sexually based on concerns that are rooted in previous negative experiences (e.g., heavy arguments, partner violence) when they refused to have sexual intercourse with their partner. This study also revealed several ambiguities, including women's willingness to fulfill the expectations as pictured in the "charmed circle" of approved sexual conduct (Rubin, 1998) as well as the need for and importance of women´s agency (Emmerink et al., 2017a). Such experiences may hinder the necessary learning process – that is mainly based on trial and error – of learning to communicate with a partner about sexuality in a relationship (Beres, 2010). From a sexual and reproductive health perspective, it is striking that the duration of the relationship is key in facilitating "assertive" communication with a partner. Women said that only a longer duration of a relationship enabled them to feel confident enough to take the initiative to have sexual intercourse, as well as to be able to ask their partner about their sexual past. In this way, this lack of SA (especially at the beginning of a relationship) is an important threat for the reproductive and sexual health of both young women and men who are at the start of building up a sexual life.

In line with other studies, the current study confirmed that heterosexual, monogamous women in committed relationships face the following complex combination of challenges (Bay-Cheng, 2015; Tolman et al., 2015). Women are challenged: (1) to express their sexual desires while avoiding the possibility of presenting and appearing as a desirous woman (Fetterolf & Sanchez, 2015) by using indirect messages – as prescribed by the social norm; (2) to be responsible for their reproductive health by using hormonal contraceptives, but to protect their sexual health they have to passively rely on their partner´s willingness to use condoms (Mfecane, 2013; Morokoff et al., 2009; Noar et al., 2002); (3) to assume responsibility for household chores and childcare but, at the same time, create favourable circumstances for having sexual intercourse with their partner (Castillo et al., 2010); (4) to maintain an image of chastity and own up to few(er) sexual experiences because women are not supposed to have a sexual past (Fetterolf & Sanchez, 2015); and (5) to adhere to the cultural female script of empathy and kindness when refusing sexual intercourse with her partner (Kitzinger & Frith, 1999), and hence make it up to him after she has refused.

Finally, this study revealed that, women identified their families to be an important barrier in the development of SA. Indeed, they saw their family as the first, natural and important social environment where most of the characteristics of *machismo, marianismo* and *familism* were introduced and learned (Goicolea et al., 2012). They also identified older women, both their mothers and mothers-in-law, as an important source of specific and skewed advice (Brown, Rosnick, Webb-Bradley, & Kirner, 2014) that seeks to reinforce the ideal of a woman's submissive role in the next generation and they recognized that this advice was inhibiting the young generation from becoming more sexually assertive (Castillo et al., 2010; Fetterolf & Sanchez, 2015). Along the same lines, women emphasized the negative influence of the family on single emerging adult women's lives because their parents did not entirely understand or accept their single lifestyle and regarded any kind of sexual life as risky (Brown et al., 2014; Goicolea et al., 2012; Manago et al., 2015). Moreover, women stated that their sex life was neither accepted nor addressed within their family context, but they considered having sexual intercourse to be normative during emerging adulthood (Goicolea et al., 2010; Shulman & Connolly, 2013). While this study has shown that women´s sexuality is still very much framed within conventional gender roles, the findings also suggest that women are sometimes willing to go beyond the traditional, restricting stereotype of both *marianismo* and the system of *familism*.

The five categories that were found in this study reflect in fact important difficulties that decrease women's ability to be sexually assertive. Although SA is seen as important in committed relationships (Greene & Faulkner, 2005; Noar et al., 2002; Santos-Iglesias, Sierra, et al., 2013), the participants in this study perceived and experienced that asserting sexual thoughts was a challenge. While participants were aware of their right and willingness to express what they want in terms of sexuality, these women were still very much focused on displaying minimal sexual experience and not disclosing their own sexual desires (Faulkner & Mansfield, 2002). This inability to discuss sexuality in an open way may contribute to the negative sexual and reproductive health indicators in Ecuador. This suggests that improving SA in women is probably an important way to foster and realize better reproductive and sexual health of women, especially in a cultural context such as Ecuador that is characterized by negative sexual and reproductive health indicators such as early and unwanted pregnancies and gender-based partner violence in all types of relationships (Instituto Nacional de

Estadísticas y Censos (INEC) [National Institute of Statistics and Census], 2012; 2018; Roldós & Corso, 2013, 2013; Wurtz, 2012).

### Limitations and Suggestions for Future Research

The outcomes of this study should be interpreted while taking into account some noteworthy limitations. First, since the focus groups were held in Spanish, staying true to the original intended meanings in an accurate translation of the quotes into English was a challenge. However, we double-checked the translation of the quotes with a bilingual assistant to assure the validity of our results. Second, the limited generalizability of the results should be acknowledged. In line with the aims of qualitative research, the chosen sample allowed us to better understand how a specific group of highly educated, heterosexual women living in the urban area of Cuenca, Ecuador, gives meaning to SA. This implies that our findings do not necessarily reflect the beliefs, views, and ideas about SA of other groups of Latino emerging adult women. A further study using a purposive sampling of emerging adult women from a different background and who are living outside of the urban area of Cuenca may offer an alternative understanding of SA. Third, it is evident that emerging adulthood is a rather heterogeneous period of the life course (Arnett, 2007). Therefore, some difficulties arose when managing the qualitative data, such as contrasting data from a recently married woman without children to those who referred to pregnancy and motherhood as possible barriers experienced when communicating with their partner. It is, therefore, suggested that SA should be further studied while narrowing the inclusion criteria of participants to ensure more homogeneity in the sample, or that longitudinal studies are conducted which may offer additional input to better understand the processes underlying the development of SA during this period of emerging adulthood. Fourth, managing the dynamics of focus groups is often a challenge. As in most groups, also in these focus group sessions, there were participants that were very active in the discussions and that acted as informal leaders, while others were relatively passive and had more difficulty to share their own thoughts. As a consequence, it is possible that some women in the sample echoed the discourses of participants who were leading the focus groups, while they had other ideas of their own. We tried to address this potential issue by following the guidelines for conducting focus groups to ensure that all participants shared their thoughts (Guest et al., 2013).

## Conclusion

This study revealed that the development of sexual assertiveness in emerging adult women is hindered by gender inequalities that reflect a strong adherence to traditional gender-related social scripts that still exist in Cuenca, Ecuador. Further, it was found that for emerging adult women in Cuenca, a sense of trust, closeness, and connectedness – experienced in relationships of a longer duration – are key to facilitate the level of communication needed to partake in safe sexual encounters. Therefore, considering the benefits of SA for reproductive and sexual health, it is clear that we should teach women to not blindly follow and reproduce the silencing traditional sexual scripts, but empower them and strengthen their agency (Emmerink et al., 2017a). The current study is important for teachers as well as therapists, who could stress the importance of SA right from the beginning of a relationship, and the importance of gender equality when it comes to fulfilling each other´s expectations. This should improve reproductive health, sexual well-being and satisfaction for both women and men in (emerging) partner relationships.

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# Appendix A

**FOCUS GROUPS GUIDE**

**QUESTIONS:**

First, I would like to introduce you to the topic with the following examples:

A 21-year-old woman started dating with a 23-year-old man for one year and they started to have sexual intercourse six months ago. Both are very happy with and enthusiastic about the relationship. However, the woman has experienced two episodes in which her menstrual periods came late and alerted her boyfriend of a possible pregnancy. Nothing happened in both cases. But now she is worried because they never use any contraceptive method during their sexual intercourses and they have not spoken about this when they started to have sexual intercourse. She wants to start using condoms, but she does not know how to address this topic in a conversation with her partner.

- *Do you think she should talk with her partner?*
- *If no, why not?*
- *If yes, how do you think she should talk with her partner?*
- *What do you think will happen when she talks about this with her partner?*
- *What will the man think in this situation?*
- *What should his reaction be according to you?*

Now we will analyze a second story:

A 26-year-old man is dating a 23-year-old woman for one year. They started to have sexual intercourse a few months ago and he uses condoms to prevent an unwanted pregnancy. But sometimes he forgets to carry condoms; when that happens, they don´t enjoy their sexual encounters as much, but neither of them say anything. Therefore, he has been thinking that since they are in a stable relationship, it would be a good idea to use another contraceptive method to be completely safe and to be able to enjoy their sexual encounters. However, he does not know how to talk about this with his partner.

- *Do you think he should talk to his partner?*
- *If no, why not?*
- *If yes, how do you think he should talk to his partner?*
- *What do you think will happen when he talks about this with his partner?*
- *What should be her reaction be according to you?*

Thank you all for your contributions to these two stories. Now I would like to ask some further questions with regard to communication between partners related to sexual activities.

For example when it comes to having sexual intercourse for the first time with a partner:

1. How do you think the couple should communicate to each other to start having sexual intercourse?
   - Possible prompt: who should have the initiative?

Now, in an ongoing relationship:

2. What strategies should be used by people to communicate their desire to start a sexual encounter?
   - Possible prompt: How do you think men should communicate about this?
   - Possible prompt: How do you think women should communicate about this?

3. If the male partner wants to have sexual activity and the female partner doesn't, what should she then do? Can she refuse? If not, why? If yes, what are the strategies women can use to refuse?
   - Possible prompt: do you agree with such refusal yes or no and why?
   - Possible prompt: how would it be the other way around? If the female partner wants to have sexual activity and the male partner doesn´t, what should he then do? Can he refuse? If not, why? If yes, what are the strategies men can use to refuse?

4. How do you think a couple should make decisions about practice safe sex? i.e. being protected for STI´s?
   - Possible prompt: do you think one of the partners is (more) responsible for such decisions? Who? And why?

5. If you have a new partner: Do you think it is appropriate, necessary or needed to ask about his/her sexual history?
   - Possible prompt: Do you agree? Why?
   - Possible prompt: When would you ask this and why?
   - Possible prompt: When would you not ask this and why not?

6. Should people communicate their sexual likes and dislikes to their partner?
   - Possible prompt: If not, why?
   - Possible prompt: If yes, how should they do that?
   - Possible prompt: If yes, what could be barriers to communicate likes and dislikes to the partner?
   - Possible prompt: What strategies should be used to communicate dislikes to the partner during sexual activities?

After discussing common practices related to communication about sexual activities, I kindly invite you to reflect on one last topic:

7. What are, according to you, the barriers impeding a good communication between partners about the topics already discussed?

8. What could be helpful to improve couple´s communication about sexual topics?
   - Possible prompt: Who do you think is responsible for such changes? Why do you think men are more responsible for such changes? Why do you think women are more responsible for such changes?

## GUÍA DE GRUPOS FOCALES

**PREGUNTAS:**

Primero, me gustaría hacer una introducción al tópico mediante el siguiente ejemplo:

Una joven de 21 años de edad empezó a salir con un joven de 23 años de edad desde hace un año y han empezado a tener relaciones sexuales desde hace seis meses. Ambos se encuentran muy felices y entusiasmados con la relación. Sin embargo, la mujer ha experimentado dos episodios en los que sus ciclos menstruales se han atrasado y les han hecho sospechar de un posible embarazo. No pasó nada en ambos casos. Ahora ella está preocupada porque nunca ha usado ningún método anticonceptivo para sus relaciones sexuales y ellos no hablaron sobre esto cuando empezaron relaciones sexuales. Ella quiere usar preservativo, pero no sabe cómo traer a colación este tema con su pareja en una conversación.

- *¿Creen que ella debe hablar sobre esto con su pareja?*
- *Si es que no, por qué?*
- *Si es que si, ¿cómo creen que ella debe hablar con su pareja?*
- *¿Qué piensan que podría pasar cuando ella hable de esto con su pareja?*
- *¿Qué va a pensar el chico en esta situación?*
- *¿Cuál debe ser la reacción de él?*

Ahora vamos a analizar otra historia:

Un joven de 26 años está en una relación de pareja desde hace un año con una joven de 23 años. Empezaron a tener relaciones sexuales hace algunos meses utilizando preservativo para evitar un embarazo no deseado. Pero a veces él se olvida de llevar consigo preservativos; cuando eso pasa, no disfrutan de sus relaciones sexuales, pero ninguno de ellos dice nada al respecto. Por lo tanto, èl ha estado pensando que ya que ellos se encuentran en una relación de pareja estable, sería una buena idea utilizar otro método anticonceptivo para estar completamente seguros y disfrutar de sus relaciones sexuales. Sin embargo, él no sabe cómo hablar de esto con su pareja.

- *¿Creen que debería hablar con ella?*
- *Si es que no: ¿por qué?*
- *Si es que si, ¿cómo creen que él debería hablar con su pareja?*
- *¿Qué creen que pasará cuando él hable con su pareja?*
- *¿Cuál debería ser la reacción de ella de acuerdo a ustedes?*

Gracias a todos/as por sus contribuciones a estas dos historias. Ahora me gustaría preguntarles sobre la comunicación entre las parejas relacionado a actividades sexuales.

Por ejemplo cuando se trata de tener relaciones sexuales por primera vez con la pareja:

1. ¿Cómo creen que la pareja debería comunicarse para empezar a tener relaciones sexuales?

- Complemento: ¿Quién debería tener la iniciativa?

Ahora, en una relación estable:

2. ¿Qué estrategias deberían ser usadas para comunicar deseo de tener relaciones sexuales?

- Complemento: ¿Cómo creen que el hombre debe comunicar esto?
- Complemento: ¿Cómo creen que la mujer debería comunicar esto?

3. Si es que el hombre quiere tener relaciones sexuales y la mujer no, ¿qué debe entonces hacer ella? ¿Puede rechazar? Si es que no, por qué? Si es que si, ¿qué estrategias puede usar la mujer para rechazar?

- Complemento: están de acuerdo con este rechazo? Sí, no y por qué?
- Complemento: ¿Cómo sería al contrario? Si la mujer quiere tener relaciones sexuales y el hombre no, ¿qué debe entonces hacer él? ¿Puede rechazar? Si es que no, ¿Por qué? Si es que si ¿Cuáles serían las estrategias que el hombre puede usar para esto?

4. ¿Cómo creen que la pareja debería tomar decisiones sobre sus Actividades sexuales seguras? Por ejemplo: protegerse contra infecciones de trasmisión sexual

- Complemento: ¿Creen ustedes que uno de los dos es más responsable de estas decisiones? ¿Quién y por qué?

5. Si es que tienen una nueva pareja: ¿Creen que es apropiado, necesario preguntarle sobre su vida sexual pasada?

- Complemento: ¿Están de acuerdo? ¿Por qué?
- Complemento: ¿Cuándo le preguntarían esto y por qué?

6. ¿Debe la gente comunicar las cosas que les gusta y no a su pareja?

- Complemento: si es que no, ¿por qué?
- Complemento: si es que si, cómo deberían hacer esto?
- Complemento: si es que si, ¿Cuáles podrían ser las barreras para comunicar lo que les gusta y no a la pareja?
- Complemento: ¿Qué estrategias deberían ser usadas para comunicar las cosas que nos les gusta durante las relaciones sexuales?

Preguntas suplementarias:

Luego de discutir las prácticas comunes relacionadas a las Actividades sexuales, les invito a reflexionar sobre un último tópico:

7. ¿Cuáles son, de acuerdo a ustedes, las barreras que impiden la adecuada comunicación entre las partes de la pareja sobre los tópicos que hemos discutido hasta ahora?

8. ¿Qué serviría de ayuda para mejorar la comunicación sobre temas de la sexualidad?

- Complemento: ¿Quién creen que es responsable de estos cambios? ¿Por qué creen que los hombres son más responsables? ¿Por qué creen que la mujer es más responsable?