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# SEXUALITY IN FRANCE



PRACTICES, GENDER & HEALTH



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## 26 **Sexuality, Gender and Health: The Contributions of the "Context of Sexuality in France" Survey**

*Nathalie Bajos and Michel Bozon*

**A** survey of sexuality is not a self-evident undertaking. Is it legitimate to make a quantitative investigation of such an intimate domain? The reality is that there is no phenomenon more social than sex — an interpersonal practice which is socially organised and carries multiple meanings.

### THE WHY AND THE HOW OF SEXUAL SURVEYS

A survey of sexuality is always embedded in a set of historical and cultural circumstances which set the boundaries of the meaning and the social justification of such an *exchange of speech* about intimacy [Giarni, 1991]. The Simon survey of 1970 "Enquête sur le comportement sexuel des Français"<sup>1</sup> took place at the moment when medical contraception began to be disseminated in France, during the aftermath of the movement of May 1968, at a time of heightened freedom of speech about sexuality and of "will to know" [Simon *et al.*, 1972]. The survey "Analyse des comportements sexuels en France"<sup>2</sup> (ACSF) in 1992 was undertaken at the peak of the mobilisation against AIDS, which for most people justified a frank investigation of sexual behaviour with the aim of health protection [Spira, Bajos *et al.*, 1993]<sup>3</sup>. The "Contexte de la sexualité en France"<sup>4</sup> survey (CSF) of 2006, for its part, was conducted in a period of diversification of affective and sexual trajectories and of questioning of sexual norms, but also of uncertainty

about disease-preventive behaviour, as a result of the social and political normalisation of AIDS. The survey reflected a search for knowledge about fundamental changes in society, as well as a need to evaluate and quantify behaviour in order to feed into public policy.

Because of its scientific aims and design, a survey differs from an exchange of confidences between partners or friends, and from clinical interviews on sexual subjects. The great majority of those invited to participate in the CSF survey — even more so than in previous surveys — agreed to respond, in full knowledge of what was involved. Why were they willing to speak about themselves so readily? Firstly, a telephone interview is a reassuring format for a survey on a sensitive topic, as the ACSF survey in 1992 showed. Not seeing the person asking the questions, and having a guarantee of anonymity, makes it possible to speak about oneself without the danger of being judged. Yet one needs to trust the enterprise. The interviewers made a point of presenting participation in the survey as an act of citizenship: respondents would be giving their time to create knowledge useful to society. Furthermore the questionnaire itself, through the progressive and planned exploration of the topic it offered, stimulated the interviewees to respond seriously and precisely. People generally do not display tension or hostility towards talking seriously about sexuality and intimate subjects, provided that favourable conditions for expressing themselves have been created by the research arrangements (chapter 2). In the end, the survey was judged to be interesting by nine out of ten subjects, with no difference in this respect between women and men; and despite its length very few abandoned the interview midway (chapter 5).

Reliability of results flows from the arrangements put in place. When they feel that they are really speaking in confidence interviewees give reliable responses — that is, responses which reflect their actual practices and opinions rather than those they judge to be socially more acceptable. In this survey *a posteriori* analysis also confirmed the high degree of consistency between responses given over the course of individual questionnaires.

A survey of sexuality demands an exceptional degree of commitment on the part of the interviewers. They have to learn to find their right place in a research operation requiring competence, social skill, neutrality and kindness. Here their work was difficult both because of the potentially contradictory demands it made on them, and because of the length of the data collection period (six months), which could lead to burn-out. In this survey a thorough-going structure of support for the interviewers had to be established (chapter 6).

The findings of the CSF survey permitted the conclusion that sexuality was spoken about differently, and more easily, in 2006 than it had been in 1992 and in 1970. One dimension of the changes that have taken place over

this interval is that certain experiences which were hitherto passed over in silence can now be referred to, because their social image has changed and because a greater degree of tolerance is expressed nowadays — for example towards the diversity of sexual behaviours. Real changes in behaviour have taken place over the generations, but there are also some sexual practices which are reported more often today because they are better accepted, in particular for women. All these changes reflect a modification, practical or mental, of people's relationship with sexuality.

This general population study constitutes a reference framework through which surveys dealing with particular population groups can be better interpreted, such as for example migrants or descendants of migrants, the inhabitants of the overseas territories and those originating there, the socially precarious, the disabled, or old people and those living in institutions.

#### FROM ONE CENTURY TO ANOTHER: CHANGE AND PERMANENCE

##### *The New Context in which Sexuality is Exercised*

In the past few decades many changes have affected French society and have worked together to remodel the context in which sexuality is expressed.

In the first place improvement in the social status of women, linked to a remarkable upsurge in female education and to the entry *en masse* of women into the salaried labour market, has contributed to strengthening their autonomy vis a vis men [Ferrand, 2004]. Since the 1970s one element of this autonomy for women has been the growing control they have gained over procreation (through modern contraception and recourse to voluntary termination of pregnancy), which has profoundly transformed their aspirations and their sexual experiences [Bajos and Ferrand, 2004].

Secondly, affective and conjugal trajectories have diversified. The institutional organisation of marriage has greatly weakened. A growing percentage of individuals live together in couples without being married; and those who do marry do so much later, almost always after having already lived through a period of cohabitation, and often having already had children. Since 2000, moreover, the civil partnership or PACS, which creates a more flexible framework for non-married couples (including those of the same sex), has become quite popular. And finally, unions appear to have become less stable, with separation occurring in one in three marriages and one in two cohabiting unions. This means that individuals increasingly experience alternation between living alone and living in affective or conjugal unions [Bozon, 2002]. The resulting diversification of experiences contributes to the widening of the range of possible scenarios for sexual relationships, and to the redrawing of the boundaries between youth and adulthood, which in the past were clearly separated by marriage.

Sex has become the founding experience for conjugal and affective relationships [Bozon, 1998]. The progressive movement from a statutory model in which the right to sexual relations is derived from marital status, to that of an interpersonal model in which sexual exchange itself functions as the basis and driving force of relationships [Béjin, 1990; Marquet, 2004] generates new social expectations with regard to sexuality, and in particular a recognition of the rights of individuals — and of women in particular — to a fully developed sexual life. Formerly taken-for-granted views are questioned through new discourses and images of sexuality, which render it more present and more visible. One can think here of the debates on questions relating to sexuality [Fabre and Fassin, 2003], of the increased social visibility of homosexuality *via* the debates on the PACS and on same sex parenthood, or, in a different order of ideas, of the relatively commonplace occurrence of explicit representations of sexual acts in the cultural realm or in literature [Detrez and Simon, 2006]. Medicalisation of sex, which took a further step at the turn of the 21st century with the medical management of erectile dysfunctions, also reflects in its own way new social expectations with regard to sexuality.

The past decades have also been marked by the growing marginalisation, both social and economic, of some social groups. Women in particular have been affected by unemployment and difficulties in daily living, as have young people of immigrant origin. As a result the contrast between those who benefit from economic, medical and cultural progress and those whose access to these benefits is limited has grown increasingly stark [Castel, 2003].

Finally, the advent of the HIV epidemic, mainly transmitted by sexual contact, has overturned representations of the risks associated with sex, and has completely altered preventive practice, especially at the time of sexual debut [Bajos, Bozon *et al.*, 2008]. Through an accumulation of social, economic and affective vulnerabilities, the epidemic has increasingly been affecting women and socially and economically insecure populations [InVS, 2007], in terms both of the management of the risks linked to sexuality and of the social and care trajectories of persons living with AIDS [Bajos and Paicheler, 2008].

Today, now that sufficient hindsight is possible, we can capture the impact of these social changes on the conditions in which sexuality is exercised. The three scientific studies of sexuality carried out in France in 1970, 1992 and 2006 provide an exceptionally rich source of material. And analysing the data of the 2006 survey by cohort enables us to follow the transformation in sexual trajectories and repertoires, and to study the scale — and the limitations — of the narrowing of the gap between male and female behaviours in different social groups, and so to evaluate the degree of autonomy which changes in sexuality have with respect to changes in

society in general. These data also enable us to observe the impact of the HIV epidemic on sexuality two decades after its emergence. Changes in practices can be viewed alongside changes in representations of sexuality, which reconstitute themselves slowly but without necessarily calling into question the traditional image of a divide opposing female and male sexuality. By focussing on two stages in particular, that of sexual debut and that of sexual life after reproductive age, these data permit us to make a detailed examination of the ways in which the relationship with sexuality constructs itself at two moments whose significance in individual life trajectories has substantially altered.

#### FEMALE AND MALE TRAJECTORIES: AN ATTENUATION OF DIFFERENCE

##### *Female and Male Sexual Debut*

One of the major changes which has taken place over the past decades is undoubtedly the narrowing of the gap between the ages at sexual debut of women and men. At the end of the 1950s, women made their sexual debut two years later than their male counterparts (at 18.8 *versus* 20.6 years old), while today the gap between the two sexes is only a few months (17.2 *versus* 17.6 years old). The greatest changes took place in the 1960s, before medical means of contraception became widely available, and before the movement of May 1968. In the 1980s and 1990s age at first intercourse levelled off, both for men and women, before beginning to fall again in the years since 2000 (chapter 7).

But although ages at first intercourse may have converged, female and male experiences of this event remain very different. For example, more women than men still have their first sexual experience with a partner who has already had intercourse, and who is at least five years older. However, it is noteworthy that with successive generations women are increasingly likely to experience their sexual debut as something expected and planned for.

The fact that the behaviour of young people is no longer so strongly controlled by their families does not make the differences between women and men in their sexual socialisation disappear or diminish. Through initiation into masturbation during pre-adolescence, one can say that men continue to experience an early training in individual desire, backed by cultural representations, rather than in relationships. By contrast young women are still educated, for the most part, to consider sexual debut as an experience which has to do with feelings and relationships. It may be that this representation of sexual initiation for women is linked to the responsibility which is still socially attributed to them, that of engaging men in interest in the couple, even if this is only as an end result.

So while some differences by sex and social group are tending to diminish over the generations, this stage of life still reads very differently for the two sexes.

*Sexual Youth: Training in Conjugal Sexuality for Women, in Personal Experience for Men*

Another striking feature of changing sexual debut is that it signifies less and less the beginning of an official conjugal history, a change which is particularly notable for women. Fifty years ago two thirds of women and a third of men had their first experience of sex with their future conjugal partner. Today this is true of only one individual in ten (for both women and men). At the same time, age at first union, and even more at the birth of the first child, has risen markedly [Prioux, 2005]. So in France, as in many countries of both North and South [Wellings *et al.*, 2006], first sexual intercourse now ushers in a period of "sexual youth", between adolescence and adulthood, but one which is still lived out differently depending on whether one is a woman or a man.

For women the phase of active sexual life before the first union has doubled in length in the space of a few decades, from 2 years for women of the cohorts of 1936 to 1945, to 4 years for those born between 1971 and 1980. This change has been much less significant for men over the same period: from 5.5 to 6 years respectively (chapter 9).

Differences between women and men in age at sexual debut and in number of partners during this initiation period are becoming blurred. Nevertheless they still define, today as in the past, an opposition between a pre-conjugal model for women characterised by more long lasting relationships, and a non-conjugal model, more typical of the male experience, in which there is a succession of partners and where periods without sexual activity are more frequent.

*The Youngest and the Oldest*

In the 1970 survey young people's sexual attitudes were found to be radically different from those of previous generations. This was no longer the case in 2006; continuity was the main feature of the attitudes and representations of the different generations, a phenomenon also observable in other domains, for example in politics or in values in general [Galland, 2004]. For young people some breaks with the past are no longer there to be made: marriage is no longer the main passage into adulthood, and the right to a sexual life before first union is scarcely contested. More generally the representations of young people are no more "advanced" than those of adults or of the old: so, for example, a majority among the young still considers that "by nature men have more sexual needs than women". In this survey it was only in

a few areas, such as the acceptance of homosexuality, that they revealed themselves to be more open-minded than their elders. And finally and most surprisingly, there was a significant proportion of young men (a fifth of those between 18 and 24) who showed no interest in either sexuality or the couple (chapter 24). This is probably one of the elements contributing to the explanation of the decline in the number of partners men have during their youth.

*Partners Over the Course of a Lifetime: A Re-Drawing of the Boundaries of Entry into Adulthood*

The erosion of differences between women and men is confirmed by the data for the number of partners after the first union. Here women still report fewer partners than men, but the gap is less marked in the younger generations.

From one survey to another, the proportion of women reporting only one lifetime partner has diminished considerably: 68% in 1970, 43% in 1992 and 34% in 2006 (compared with 18%, 21% and 16% for men). The overall differences between women and men in their total numbers of lifetime partners are getting smaller. Women of 30 to 49 were reporting 1.9 partners on average in 1970, 4.0 in the 1992 survey and 5.1 in 2006. By contrast the numbers reported by men of the same ages have remained stable: 12.8 in 1970, 12.6 in 1992 and 12.9 in 2006. But women's memories still appear to be selective, although less so than in the past: even today they apparently tend to report only those partners "who counted" [Béjin, 1993], or, more exactly, declare only what it appears to them to be socially legitimate to report, whereas men count as sexual partners all those with whom they have had intimate contact.

This greater propensity of women nowadays to report a diverse sexual life is also found in relation to same-sex experiences (chapter 12). Whereas the numbers of men reporting same-sex experiences have remained at similar levels over several surveys, those of women have risen sharply and have reached levels equivalent to those of men (an average of 4% over the whole lifetime).

If we analyse the data taking into account the historical contexts in which the different generations made their sexual debut, we can see clear patterns of change. Those born between 1956 and 1970, who began their sexual life between the introduction of modern contraception and the outbreak of AIDS, are those who had the highest numbers of partners before the age of 30, in sharp contrast to those born between 1936 and 1955, who made their sexual debut before the legalisation of contraception. This period of "sexual liberation" affected men in particular, and all social classes. Men of the cohorts of 1971 to 1987, interviewed in 2006 (aged 18 to 35 at the time of the survey), who made their sexual debut after the first AIDS prevention campaigns, reported a significantly lower number of partners than those

of the 1956 to 1970 cohorts in the 1992 survey (aged 18 to 35 at the time of the 1992 survey). So it seems clear that the rate of acquisition of partners before the age of 30 has slowed for men in the most recent cohorts, while it has tended to increase somewhat for women (chapter 11). Why has a decline between 1992 and 2006 in the number of sexual partners during the youthful period affected men more than women? As men report more partners than women, it is easier for them to reduce their number. For young women, on the other hand, it may be that because the initial level was relatively low, the historic trend towards reporting more partners has balanced out a possible decline in their number.

At the time of the survey, two thirds of individuals between 18 and 69 were living in couples; 12% were in stable non-cohabiting relationships; and 20% did not report being in any stable relationship at all. In total a third of women and men aged 35 to 49 had already experienced at least one *conjugal separation* in their lives.

The experience of separation, bringing to an end a life as a couple or in a stable relationship, has thus today become an important stage in personal life-histories, and one which occurs increasingly early in life. One person in five had experienced a separation in the five years preceding the survey. The search for new partners which begins with such an event does not lead immediately to new stable relationships; this suggests that there is a trend towards more rapid turnover of partners throughout life, and that the phase in which new ones are acquired regularly is no longer limited to youth as it was in the past, but is gradually being extended over the whole of the sexual life. However one should note that meeting new partners is more difficult for women over 35; but this difficulty, which is partly due to the fact that men are looking for younger partners, is no greater for those with children (chapter 10). Because of the heightened conjugal and affective mobility of today, future generations will probably have more partners after the age of 30 than their predecessors. A kind of blurring of the threshold between youth and adulthood, which has been observed in other areas of life [Bessin, 2002], would appear to be taking effect also in the sexual and affective sphere.

Differences between social groups or by religious affiliation have become less distinct with succeeding generations among men; on the other hand, these contrasts remain sharp between women of different groups, with the less educated, and those professing the Muslim faith and for whom religion is very important, reporting the lowest number of partners.

#### *More Active Sexuality at Older Ages*

Comparison between the 1970 and the 2006 surveys shows that sexual aging has changed profoundly, but that deep divides still remain today between the experiences of women and men aged over 50. The sexual lives of

older people today have been marked by the whole set of changes that have affected life trajectories in the past few decades: medical management of the menopause, increasing autonomy of women, and the effects on life histories of greater conjugal mobility. In addition those over fifty have experienced the progressive diffusion of medical contraception in the course of their sexual lives, and the emergence of AIDS when they were between the ages of 30 and 50. Their attitudes to sex show none of the conservatism which was characteristic of older people in 1970.

The survey found a large increase in the proportion of women aged over 50 and living in couples who had an active sexual life (nearly 90% in 2006, compared with 50% in 1970), and equally in their frequency of sexual intercourse. But many more women than men had no sexual partner (37% of women between 60 and 69, compared with 16% of men). Men were manifesting greater and more prolonged interest in sex in its own right, and this was sometimes reflected in the use of Viagra (by 6% of men over 50). By contrast women more often, and much earlier in life than men, experienced a degree of withdrawal of interest in sexuality, even those who had a partner. Nevertheless an absence or insufficiency of desire, which was frequent in women over 50, was rarely considered by them to be a serious problem [Bajos, Bozon *et al.*, 2008].

#### MODES OF ENCOUNTER AND SEXUAL REPERTOIRES ARE INCREASINGLY DIVERSE

##### *Sexual Socialisation via the Internet*

Ways of meeting partners have been transformed over the generations. There is much greater freedom for young people to socialise, largely as a result of the generalisation of secondary education, and this has meant that encounters no longer take place under the eye of adult relatives. Encountering a first partner in an educational setting, or that of parties among friends, is more and more common, with a corresponding decline in meetings in public places (dances, festivals).

Since the year 2000 the introduction of new communication technologies has had an immediate effect on the landscape of sexual sociability and on the scenarios of affective and sexual encounters, for both women and men. More than 10% of those surveyed had visited Internet dating sites (chapter 13). As was to be expected, young people made more use of these. Especially noteworthy was the proactive attitude of young women, who visited dating sites as much as young men, although they less often had sexual partners met *via* the Internet than their male counterparts. It is as if they have taken to the Internet for its communication potential, which allows them to explore the universe of encounters more freely and to escape from

the normative pressure prescribing a more reserved approach for them than for boys.

We can safely predict that this mode of encounter, which is after all very new but which affects all social categories, will continue to spread. What we see today are only the first stages of the upheaval the Internet is bringing to sexual socialisation, in particular through the enlargement of potential networks.

*Sexual Practices, Personal Experience and Construction of Relationships*

Frequency of sexual intercourse appears to have remained remarkably stable over time since the 1970s (about nine times per month). However the content of sexual play between partners seems to be changing over time, in tune with the growing dissociation of sexuality from procreation. This steady and continuous enlargement of individual sexual repertoires is largely a matter of diversification of female experience, while that of men has changed much less (chapter 13).

Thus women in 2006 were much more likely to report practising masturbation (60% said that they had experienced it) than they were in 1992 (42%) and even more so than in 1970 (16%), although the gap between them and men (90%) in this respect was still marked. This trend is a good illustration of the growing social acceptability of behaviours which do not form part of conjugality, and which appeared in the past to be reserved for men.

In the case of oral sex, the differences between the sexes have also narrowed over time. The practices of fellatio and cunnilingus underwent a wide diffusion in the 1970s and 1980s, and this continued into the 1990s and 2000s. They have become an ordinary part of sexual activity (more than two thirds of surveyed women and men between 25 and 49 practised them regularly). This is not true of anal penetration, which has spread only slowly as a practice, without becoming commonplace or entering the ordinary repertoire of couples (9% of women and 14% of men reported practising it regularly in 2006).

The survey also showed that sexual repertoires were much more diversified than they might appear. In particular, non penetrative sex, which had not been studied as a separate practice in previous surveys, appeared to be frequent. Far from being a practice adopted by default, it was revealed as a source of pleasure in its own right (chapter 14).

The consumption of pornography, which men discover along with masturbation during their early adolescence, has become a common practice. Women were taking up this activity earlier in 2006 than in 1992: one man in two regularly watched pornographic films, but only one woman in five. Women were doing this more often in the company of a partner, while men's consumption of pornography was more of a solitary occupation.

Encounters made through partner-swapping events, which particularly concerned men between 25 and 49, have remained an activity of a small minority and have not spread since the 1990s. Recourse to prostitutes, most frequent among men aged 20 to 34, has not diminished since 1992.

#### SOCIAL DIFFERENTIATION OF WOMEN'S SEXUAL BEHAVIOUR

The 2006 survey findings converged in showing clearly a growing diversification of women's sexual experiences at every stage of the sexual trajectory and according to all the indicators, while those of men appeared to have changed little. Although they are less rigidly discriminating today, the classic social hierarchies continue to have a differentiating effect on the organisation of sexual experiences, particularly those of women.

Among women there is a social divide, constructing and reinforcing itself throughout the course of the life trajectory. On one side women who have long educational careers embark on their sexual lives somewhat later but report having more sexual partners, and are more inclined to practise oral sex and masturbation while showing a certain distaste for pornography and anal penetration. On the other, women in less well-off positions begin their sexual lives earlier and report fewer partners, are more inclined to report that they watch pornographic films and practise anal penetration, but report practising oral sex less often, and masturbation much less often. Another divide separates women who make early sexual debuts from those who make them later, and this holds for all cohorts and social backgrounds: these initial differences are replicated in their later sexual and affective trajectories, which show a greater diversity in practices and a higher frequency of changes of partner among those who make earlier debuts.

But whatever their social capital, women continue to give notably more importance to the relational aspect of sexuality, starting from the time of their sexual debut and continuing to display this in the practices they adopt when adult. It is true however that the most privileged of them do succeed in detaching themselves from this to some extent, at least in their actual practice.

#### SEXUAL VIOLENCE

The CSF survey recorded a large rise in reports of sexual assaults (touching, attempted forced intercourse, sexual intercourse under duress) compared with previous surveys and particularly with the ENVEFF survey of women carried out in 2000 [Jaspard *et al.*, 2003]. The publication of the ENVEFF results and the social and political measures taken in recent years have contributed to a lowering of the threshold of social rejection of this, one

of the most basic manifestations of male domination in the field of female and male sexuality. Analysis of the CSF survey suggests that this shift in the threshold of rejection is also the principal factor explaining the doubling in just a few years of the reported frequency of forced intercourse (including attempts) (chapter 18). More precisely, it was assaults suffered in childhood and adolescence which were more reported in 2006, particularly those committed by a man who was a member of the family. And it is very likely that the levels recorded in a scientific survey such as the CSF are only minimum estimations of the scale of the phenomenon, given how difficult and painful it remains for many women and men to speak about such traumatic events, and especially when the aggressors were conjugal or stable partners. The survey also revealed high levels of sexual violence undergone by men during childhood and adolescence, and which were relatively under-reported or spoken of to others: in relation to these kinds of assaults social campaigning has only just begun.

#### EXPERIENCES AND REPRESENTATIONS OF SEXUALITY: BETWEEN RECONSTITUTION AND PERMANENCE

The positions taken by women and men with regard to new social expectations in the field of sexuality reflect some new issues. While in the past the production of sexual norms derived above all from institutions with powers of control (State, Church, local communities, the family), today it operates from bases in much more diffuse sources, which no longer exercise control directly over individuals (the medical profession, school, popular psychology, the media, literature, cinema, social campaigns, surveys of sexuality...), and which emit messages which may be contradictory. The traditional arsenal of controls has thus given way to a requirement for individuals to make their own consistent sense of norms or recommendations [Foucault, 1976; Singly, 2003; Bozon, 2004]. And the ideal put forward at the end of the 1960s, of a "liberated" sexuality defined by the yardstick of the valorised criteria of male sexuality (a diversity of experiences, a recreational sexuality without affective engagement) has gradually shifted and been internalised as an idea of individual responsibility and of a need for "self-government" aiming at the optimal realisation of all one's possibilities, including the sexual [Ehrenberg, 1998]. Although the number of individuals who are sexually inactive has clearly diminished in recent decades, periods of life without sexual activity are far from exceptional; and an individual who does not have a satisfying sexual life is still viewed as incomplete in the eyes of the majority, although age is admitted as an excuse for sexual disengagement especially for women (chapter 16).

At the beginning of the 1970s there was a real conflict between the generations in matters of sex. Older people characteristically espoused a

traditional version of morality, opposition to the current reforms in the fields of contraception, abortion and divorce, and a lower level of interest in sexuality in general. In the decades which followed, these dividing lines have faded to the point where there are no longer very significant differences in attitudes between the generations.

But this reconstitution of the relation to sexuality has not affected women and men in the same way. A valorisation of sex as an individual experience has consolidated itself over time for men, while women find its meaning principally in a relationship framework. In 2006, among the youngest cohorts, men were more inclined than their elders to dissociate sex and affect; whereas whatever their generation and their social background, women were much less likely to separate them. The gulf between the sexes is in fact more pronounced for younger generations today than it was in 1970.

Women's sexual life, both in terms of their practices and — even more — of their representations, continues to be set against a framework of relationships: one in which procreation can be envisaged even though at the same time economic dependence on men has greatly diminished. And the belief that men's sexual needs are by nature greater than those of women, to which the majority of men and an even larger majority of women adhere even in the youngest cohorts, seems to be the ultimate justification of gender differences in sexuality (chapter 25).

It is as if the autonomisation of the sexual sphere were only partly achieved. And indeed our findings shed light on this observation. Adhering to a "differentialist" vision of sexuality, situating in nature the origin of differences in sexuality between women and men, by a homology with what happens in the process of reproduction, seems to be one way of resolving the normative tensions women are subject to in other social spheres (chapter 25). Egalitarian claims and demands are put forward today in all domains [Picq, 1993], but a notable dissonance remains between aspirations which are clearly egalitarian and practices which resist them [Maruani, 2005]. In particular, the involvement of women in the sphere of work has not been accompanied by a reciprocal involvement of men in the domestic sphere [Devreux, 2005], and this has generated new tensions between couples. And it is women who adhere to egalitarian representations but whose daily experience is of inegalitarian sharing of domestic tasks, who support even more than others the differentialist view of sexuality. The social roles of the sexes construct the sexual roles, and when the former are tested by difficult life circumstances women's and men's relation to sexuality is affected (chapter 19). Thus men whose role as economic provider is threatened, because they are unemployed or have serious financial problems, have less interest in sex. As for women, when they are working but also have to take care of all the domestic tasks at home they tend to turn away from sexual activity and report that they feel a lessening of desire.

In a context in which female sexual practices are diversifying, this persistent asymmetry in how sexual and affective life is perceived, whereby male desire and "quasi-physiological" needs and female affective aspirations and availability are inexorably opposed to each other, has its effects on how sexual relationships are managed in daily life (chapter 17). The greater liberty granted to women has undeniably led them to be more demanding and to express their expectations more forcefully, but still on a relational canvas whose fabric is woven from male thread.

In the end we have to recognise that women and men remain subject to the tensions resulting from the inequality of the social roles of the sexes. Renouncing equality in sexuality seems to relate to a mode of reproduction of public and private injustice, to use Singly's [2007] expression, as much as to a fear of the potentially indistinguishable sexual roles which, it is often imagined, would result in the death of desire (chapter 25).

#### SOME CONSIDERATIONS FOR PUBLIC POLICY

To the extent that all public policy, whether in sexual education, in anti-discrimination or in public health rests on knowledge about sexual and affective life, the findings of the CSF survey may be pertinent to debate and may be eligible to be brought into reflection on policy. Some are relevant because they refer to significant changes in the context in which sexual experience unfolds; some because they bring to our attention facts which are more permanent but which find their meaning only in a wider social context.

##### *Sex Education*

The new role of the Internet in the social lives of young people, but also of many adults, has played a part in developing new scenarios for sexual encounters. The CSF survey shows the wide diversity of relational frameworks in which sexual relations occur. In sexual life, relationships where the two partners are in love represent only one situation among many. A high proportion of young people have relationships which they regard as casual; when asked about their sexual partners, one woman in five and almost one man in two, taking all ages together, said that they had had partners who were not important to them. Others had had partners with whom there had never been penetrative sex (chapter 11). Following a separation, individuals often have relations with partners who are already involved in other relationships. But none of these situations should be seen as necessarily problematic. Looking for personal and erotic experiences outside a romantic or conjugal setting does not imply a lack of respect or inevitably lead to failure in disease prevention — provided always that the female partners do not find themselves dominated or stigmatised.

A new reality in sexual trajectories is the large number of separations people experience and, by corollary, an accelerating rate of re-partnering, which is not restricted to the youthful period. The fact that sexual life consists less and less of a single life-long relationship, and that meeting a new partner is becoming a repeated experience for a part of the population, may give rise to new ideas and ways of thinking about sex education.

The diversity of situations and settings in which sexual relationships take place has also to do with the fact that individuals have diverse attitudes and orientations towards sexuality, which are not necessarily convergent. So among young people the range of attitudes, among girls as well as boys, is relatively wide. Not all girls have attitudes which are romantic or focussed on the life of the couple; and although more boys than girls are interested in sexual experiences which have no reference to life as a couple, there are also boys — more than there are girls — who are not particularly interested in the sexual life (chapter 24). Sex education at school could help students to guard against stereotypical views of individuals of the opposite sex and of their expectations with regard to sexuality.

#### *Discrimination Against Homo-/Bisexual People*

The public granting of the same rights to homosexuals as are enjoyed by heterosexuals, and the development of a principle of tolerance towards homosexuality, notable among young people in particular, have not brought about radical changes in private attitudes towards homosexuality. A parallel may be drawn with the situation of women, who obtained formal and legal equality with men towards the mid 1980s, but without this producing major changes in their situation, in particular in the domestic sphere. The private aversion to homosexuality can be seen especially clearly in rejection of same-sex parenthood, which is closely related to negative reaction to the idea of one's own child being homosexual. The fact that the family and the peer group are closed off as sources of support for young people who engage in same sex relationships creates fertile ground for depressive problems and suicide attempts, which are particularly frequent among young homo-bisexuals (chapter 12). The vulnerability of this group can also be seen in the high incidence of forced intercourse suffered by them. A more voluntarist policy towards intolerance of homosexuality might target the process of socialisation as a whole and be conducted in a more vigorous manner in the educational setting [Velter, 2007].

#### *Public Health Policies*

The HIV epidemic which reached France in the mid 1980s is a major health event whose specific effects on sexuality are hard to measure, given that it has occurred in a context which is also one of profound social change. Sexual behaviour evolves over the long term and is always structured by

eminently social dimensions; within these, issues of public health are only one element among many others. However we may question whether the recent resumption of the decline in age at sexual debut, following a period of stability in the 1980s and 1990s, reflects, at least partly, the weakened social impact of the epidemic which has been observed for some years [Beltzer *et al.*, 2005]. In addition, the cohorts which began their sexual lives in the AIDS era have a slower rate of acquisition of new partners than earlier cohorts during the period known as "sexual youth". It now appears that they may experience a more rapid turnover of partners once this period of youth has passed. This is a change taking place against a background where the boundary between sexual youth and adult sexuality is less and less distinct. Moreover this phenomenon of extended youth is not peculiar to the sexual sphere. New social time scales which no longer exactly fit the model of a clear one-way transit from youth to adulthood, and allowing a greater fluidity over the whole life course, can be seen in many social spheres including educational, occupational and conjugal trajectories [Bessin, 2002; Galland, 2004]. It seems that the impact of the AIDS epidemic was part of, and took its meaning from, a transformation of practices and social attitudes which was already under way. This way of looking at things also tallies with previous work by Michael Pollak [1988], analysing the modes of adaptation of homosexual men, very severely impacted by the epidemic, in the light of the social issues which underlie the mobilisation for the recognition of homosexuality.

At a more individual level the 2006 survey also showed that the repercussions of health problems on sexuality have to be seen in the context of life-histories. Thus the perceptions that individuals may have of sexual difficulties such as absent or insufficient sexual desire, or orgasm or erection problems, are strongly linked to social expectations and sexual experiences for both women and men, as these vary over the life-course and the couple-cycle. For example, difficulties in achieving orgasm occur often for women at the outset of sexual life and at older ages, but are less common at middle ages. For men increasing sexual function difficulties are strongly related to increasing age, and affect almost 15% of men over 60 (chapter 22). In the same way, the sexual experience of individuals suffering from chronic disease varies with the relational situation and with the phase of the life cycle. Individuals suffering from chronic depression are less often living in couples, and women with depression over 35 have lower levels of sexual activity (chapter 23). The survey however highlights the fact that the sexual function difficulties which confront women and men are far from necessarily representing a problem in their daily sexual lives, particularly when they occur only occasionally — as they do in the great majority of cases. These findings raise some questions with regard to the growing trend towards medicalisation of these difficulties.

As for the effects of prevention policies on practices, the CSF survey confirms that these are significant. In two decades the use of condoms at first sexual intercourse has undergone a major increase; a threshold does seem to have been reached today, but at an extremely high level of use, of the order of 90%. However the meanings of this use have also changed over time, and while the condom has become a part of the code of sexual debut this is not just as a health passport but also as an item in relationship terms. Use of this method of protection has become a way of managing the uncertainty attached to the beginning of a relationship, which is all the greater today because of the increased dissociation between first partner and first couple union. This perspective also sheds light on the way condom use is abandoned once the partners feel trust in each other, even though its preventive justification might still be valid.

Looking at other moments in sexual life, the findings of the survey of 2006 highlight the persistence of frequent risk-taking, and especially when individuals have multiple partners. Here the numbers of those never using condoms are high. The CSF survey contributes to the picture of an AIDS-preventive landscape still marked by social inequalities twenty years after the outbreak of the epidemic (chapter 20). Firstly by sex inequality, whereby women still have greater difficulty in getting acceptance for the use of a condom, particularly when they are living a sexual life which departs from the socially valorised model of a *conjugal relational* female sexuality. This is especially the case when they have to deal with a separation from a partner they regard as important in their lives. Secondly there is class inequality, as shown by the lower propensity of the least educated to use condoms at first intercourse or to have themselves screened for an STI; such inequalities are probably a result of greater social separation from preventive discourse, or of financial difficulties. Minority groups, in particular those descended from immigrant populations, may find themselves in social and institutional situations which accentuate their difficulties in access to disease prevention or to health care. Then there are inter-generational inequalities, in that individuals over 35, who today have more partners once they have passed the stage of sexual youth, are less inclined to use condoms when they start a new relationship than younger people. The majority of these individuals did not use condoms at their first intercourse, and prevention campaigns usually target younger people as a priority. Finally there are inequalities of sexual practice, in which individuals — and particularly women — conducting a homo-bisexual sex life which is (or which they perceive to be) stigmatised, have more difficulty in adopting preventive practices.

As the CSF survey clearly demonstrates, it is the social conditions in which sexuality is exercised which create vulnerability in terms of disease prevention. The paradigm of *individuals at risk* is not very helpful, and it is

rather in terms of *risky situations* both relational and social that the issues of prevention need to be grasped [Bajos, 1997]. In addition the preventive logic which relies on taking risk factors into account excludes *de facto* a number of individuals, and of women in particular, who have bisexual relations and who are particularly affected by the risks of sexually transmitted infections (chapter 21). The category "homosexual" itself also needs examination, since our findings highlight the fact that it accounts only partly for a complex social and sexual reality. This reality emerges very differently depending on whether one defines it as same sex attraction or actual practice, whether one considers practices over the life course or a more recent period, whether one looks at bisexual or only homosexual experiences, or indeed whether one takes account of the definition individuals give of their own sexuality (chapter 12).

The 1992 survey showed that individuals were going well beyond the disease preventive advice being given, which was based on the promotion of condoms, and most notably in their selection of partners [Bajos *et al.*, 1995]. The 2006 survey enables us to demonstrate that preventive and contraceptive issues are closely intertwined. And these findings also raise questions concerning the institutional divisions which operate in the field of sexual and reproductive health, whereby issues relating to contraception are separated from those which have to do with prevention of HIV infection. And the latter are themselves all too often unrelated to those concerning the prevention of other STIs. *Chlamydia trachomatis* infection, although widespread, remains considerably under-diagnosed, as is shown by the prevalence study carried out for the first time in France in the general population as a section of the CSF survey (chapter 21).

A recent analysis of HIV prevention established that the most effective actions were those aiming to modify the social determinants of sexual and preventive practices [Wellings *et al.*, 2006], and our data also confirm the pertinence of such an approach. In the same perspective they also underscore the ineffectiveness of policies which aim solely to change social representations of sexuality. Differentialist representations of female and male sexuality remain a strong indicator of social inequalities between the sexes in other social spheres. The main issue in disease prevention is in fact creating conditions of equality between the sexes in actual practice in different social spheres.

Finally, the results of the CSF survey are an invitation to consider sexual activity, its varied dimensions and its evolution over the past decades, in the context of a society in rapid and profound change. And this society is characterised by social relations, class relations and relations between the generations, but also and above all gender relations, which are inegalitarian.

It is only in the light of the social logic which structures sexual activity that questions of sexuality-related health can be clearly understood.

And if the social and political objective is one of equality between the sexes, from the realm of sexuality to that of public life, there is much still to be achieved.

## NOTES

1. "Survey of French sexual behaviour".
2. "Analysis of sexual behaviour in France".
3. A specific section for young people aged 15 to 18 was included [Lagrange and Lhomond, 1997], and also a section dealing with individuals resident in the French *départements* in the Americas [Giraud, 1999].
4. "Context of sexuality in France".

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# SEXUALITY IN FRANCE PRACTICES, GENDER & HEALTH

Edited by  
*Nathalie Bajos*  
& *Michel Bozon*

Research coordinated by  
*Nathalie Beltzer*

This book presents the most recent and comprehensive scientific study of the sexual behaviour and attitudes of the French. Published for the first time in English, the work is based on a major research survey conducted in 2006–7 with 12,000 participants, and supported by the main social research and health agencies in France.

The results of the study are described in full and analysed according to the key issues concerning variations in sexual behaviour and attitudes and their consequences for the sexual health of the French population. The book provides detailed information on and analysis of the changing practices in sexual relations for all sections of French society. It offers an authoritative account of age and gender differences that influence sexual behaviour and attitudes, and a comprehensive discussion of issues relating to heterosexual and homosexual practices, sexual dysfunction, and the dichotomy between emotions and sexual urges in the representation of sexuality.

The findings of this important study paint a fascinating picture of the evolution of attitudes, behaviours, sexual practices and health issues in contemporary France. A major contribution to knowledge about sexual attitudes and behaviour, the work provides important information of concern to social scientists, health professionals and social workers alike, and to all those interested in a better understanding of contemporary sexual life.



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