



Exploring Intersectional Variations in Sexual Pleasure, Sexual Autonomy, and Important Correlates

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Abstract: Research suggests that pressure to meet gender norms can limit social behaviors and ultimately promote poor health outcomes, such as disparities in decreased sexual pleasure, which are considered a central component of human rights and well-being. Previous studies have shown that sexual pleasure and sexual autonomy are gender-related, but little is known about these indicators in diverse populations. This study used data from a probabilistic sample of Cape Verdean immigrant (n = 127) and Portuguese native (n = 133) women and men who were in an intimate relationship enrolled in the FEMINA (Fertility, Migration and Acculturation) project to explore intersectional variations in sexual pleasure, sexual satisfaction, and distress considering their interplay with sexual autonomy and social representations regarding sexuality. For all participants and especially among men, sex is a very important part of life. Sexual autonomy was positively associated with sexual pleasure among Cape Verdean and Portuguese women and Portuguese men. Sexual distress was negatively associated with sexual pleasure among women, especially Cape Verdean women who reported higher sexual distress. This small-scale study is an example of an intersectional approach to sexual health and rights.

Keywords: sexual health; health equity; empowerment; gender; race/ethnicity; intersectionality; telephone survey

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1. Introduction

Throughout human history, discussions on sexuality have been closely interconnected with the cultural, medical, and academic concerns of risk, danger, sin, and shame (Gianotten et al. 2021). Recently, sexual pleasure has gained greater visibility due to the claims made by several researchers and clinicians about its centrality as a sexual and human right (Coleman et al. 2021). Sexual pleasure has been a focus of research, especially in western societies; however, different scholars have claimed a sexual justice frame on the study of sexual pleasure, as knowledge produced within different cultures may contribute to a better understanding of specificities, imbalances, and disparities and therefore sexual justice and sexual rights across the globe (Laan et al. 2021; Schwartz 2000). In 2019, the World Association for Sexual Health (WAS) adopted a World Congress of Sexual Health Declaration on Sexual Pleasure, which explicitly calls for an intersectional, interdisciplinary, and multisectoral approach to research, programs, service delivery, and advocacy that fully considers the links between sexual health and sexual rights and pleasure (Gruskin and Kismödi 2020; Declaration on Sexual Pleasure | World Association for Sexual Health (WAS), 2019).

1.1. Sexual Satisfaction, Pleasure, and Distress

Sexual satisfaction, pleasure, and distress are important outcomes of sexual activity and fundamental indicators of sexual health. Though closely related, they are conceptually distinct. Sexual satisfaction has been more prevalent in research studies, namely different meta-analyses and literature reviews that consider it a relevant outcome of sexual activity (e.g., Sánchez-Fuentes et al. 2014) and has gained attention from the research community for a longer period of time compared to sexual pleasure, which is also an important positive outcome of sexual activity but that has only received more attention recently (e.g., McKee et al. 2021). Sexual satisfaction is an umbrella term referring to the global appraisal people make about their sexual life (which may include being satisfied with having no sexual activity) that integrates, among other correlates and predictors, self-disclosure (MacNeil and Byers 2009) and sexual functioning (Pascoal et al. 2018) and that is differently defined by different social groups (e.g., gender, sexual orientation, cultures) (Calvillo et al. 2020; Gremigni et al. 2018; Pascoal et al. 2019).

Sexual pleasure is more specific, as it refers to an outcome derived from sexual activity and can be defined as a joyful, sensorial sexual-related experience that translates into positive feelings, not necessarily orgasm, and is an important and relevant motivation for engaging in sexual interactions (Meston and Buss 2007). Sexual pleasure is an important positive outcome of sexual activity and a sexual right, resulting from the interaction of biological, emotional, interpersonal, and social factors and it works as a motivator for future sexual experiences influenced, among other factors, by sexual autonomy in women (Global Advisory Board for Sexual Health and Wellbeing 2016; Gruskin and Kismödi 2020; Laan et al. 2021; Reis et al. 2021).

Both sexual satisfaction and sexual pleasure are influenced by a person's autonomy and perception of having a voice, i.e., feeling open to expressing one's sexuality (Laan et al. 2021; Pascoal et al. 2019; Pascoal et al. 2014). Complimentarily, sexual distress is usually linked to sexual function and dyadic sexual activity (Cann et al. 2010). Sexual distress, in line with what has occurred in terms of sexual pleasure and satisfaction, has also been linked to culturally and socially shaped factors, namely sexual autonomy, assertiveness, and entitlement, especially in women (Laan et al. 2013; Laan and Rellini 2012; Rosenbaum 2013). Therefore, sexual autonomy and overall feeling of autonomy and assertiveness seem to be important conditions to experience positive outcomes related to both men's and women's sexuality and relationship quality (Anderson 2020), as well as negative outcomes, such as sexual distress. The consequent discussions around sexual autonomy have often been subdued in the context of wider human rights discussions that encompass reproductive, privacy, and bodily rights (Amado 2004; Shannahan 2009). In this work, we intend to use sexual autonomy as an example of a socially embedded correlations of sexual outcomes to explore its associations with relevant sexual outcomes (pleasure, satisfaction, and distress) in different social groups.

1.2. The Role of Ethnicity and Gender

The evolution of the research on sexuality predominantly included the exploration of a wide range of influencing factors such as sexual identity, religion, family, and relationships (Higgins et al. 2022). However, the role played by the intersection of ethnicity and gender has been largely omitted, hence highlighting the need for further exploration in this area (Laan et al. 2021).

In most cultures, normative expectations regarding gendered heterosexual sex roles and socially ingrained gender inequities negatively affect women's relative sexual power and ability to engage in sexual negotiation with male partners (Crissman et al. 2012; Delgado Amaro et al. 2021; Farvid et al. 2016). Traditionally, in many patriarchal cultures, such as in the Portuguese case, even with the very positive achievements in human and sexual rights that ensure greater parity there is still widespread male dominance and gender inequality (Alarcão et al. 2015). Similarly, Cape Verdean women have complex

lives—despite being strong and independent, they nonetheless follow patriarchal cultural norms. Despite the recent strong investment of the country in matters of sexual and reproductive health (notably in family planning), traditional gender roles and the importance of protecting the family continue to “support” Cape Verdean women’s silence about the violence they experience (Carter and Aulette 2009; Challinor 2017; Thomas 2018). Gender norms suggest female submissiveness extends to men’s and women’s behavior in intimate relationships. Hence, heterosexual men are expected to take on a more agentic role and act as the initiators of sexual activities as well as those with more experience and knowledge of sexual activities; on the other hand, heterosexual women are socialized to take on a submissive or passive role during sexual activity associating the female role in sex with submission.

To advance sexual health research, it is necessary to explore whether people’s beliefs on the importance of sex in their lives relate to meaningful sexual outcomes, a meaningful socially embedded subjective experience, and finally, if this putative association differs across relevant social groups that are usually neglected in research that tends to neglect migrant populations.

Intersectionality is a theoretical–methodological tool used to highlight the importance of centering the needs of marginalized groups and reveal processes of interaction between power relations and categories—such as sex and gender, class, race, and ethnicity—in individual contexts, collective practices, and cultural/institutional arrangements to address their specific concerns (Boone and Bowleg 2020). For Black women, in particular, multiple forms of oppression converge to shape their worldviews and sexual experiences (Collins 2000; Crenshaw 1991). Intersectionality theory may be used to understand how social identities influence Black women’s sexualities (Hargons et al. 2021).

This paper aims to explore intersectional variations in sexual satisfaction, pleasure, and distress while considering sexual autonomy in Portugal, a catholic southern European post-dictatorship country. It uses sexual health data of an under-researched population, such as immigrant women and men who emigrated from Cape Verde, an archipelago on the African coast that gained independence from Portugal in 1975 (Villela et al. 2018) to uncover similar and different positioning within and between groups.

2. Materials and Methods

2.1. Study Design and Participants

This study draws on data from the FEMINA (Fertility, Migration and Acculturation) study.

A cross-sectional computer-assisted telephone interviewing survey was conducted among a probabilistic sample of 400 Cape Verdean immigrant and Portuguese native women and men of reproductive age residing in the Greater Lisbon area between March and September 2020. Participants were selected through multistage sampling.

The Portuguese Central Administration of the Health System has a central system of information from all the primary health care centers, which enabled the acquisition of sampling data (sex, age, nationality, and contact information) while assuring that the participation was independent of the regular use of the National Health System.

First, invitation letters were mailed to the sampled individuals to forewarn a future telephone call to explain the purpose and nature of the study and to provide the contact details of the lead researcher. Secondly, individuals were contacted by telephone to verify their eligibility and check their willingness to participate.

The telephone in-depth interviews followed a biographic structure to consider the complex relationships linking sexual and reproductive life events. The average length of the interviews was 40 min. The interviewers were social science researchers with specific training in the topics under study.

The general inclusion criteria included: (a) age—between 18 and 49 years old in the case of women (i.e., adult childbearing age) and between 18 and 54 in the case of men (i.e., when it's more likely that they have or will have children); (b) born in Portugal or Cape Verde; (c) both parents born in Portugal (for those born in Portugal) or both parents born in Cape Verde (for those born in Cape Verde); (d) able to give informed consent to participate in the research.

Survey design and data collection have been previously detailed (Alarcão et al. 2019).

This paper focuses on participants (n = 260) in an intimate relationship and sexually active within the last six months before the interview.

2.2. Measures

Socio-demographic questionnaire. Several socio-demographic variables were collected, including gender, age, country of birth, age at arrival in Portugal (for those born in Cape Verde), educational level, occupational status, and relational situation.

Sexual pleasure was measured using the Sexual Pleasure Scale (Pascoal et al. 2016). This is a brief and easy-to-implement instrument that assesses the extent of sexual pleasure experienced from sexual relationships, sexual activities, and sexual intimacy on a scale from 1 (not pleasurable at all) to 7 (very pleasurable). Total scores could range from 3 to 21, with higher values indicating more sexual pleasure. In the current study, Cronbach's alpha was 0.65, a value below the recommended threshold, which can be explained by the low number of items. Nevertheless, the results for each item separately are presented since this provides more detailed information about the construct.

Sexual satisfaction was measured with a single question: "Concerning your sex life, in general, you are (...)" with the following possible answers: 1—very unsatisfied, 2—unsatisfied, 3—satisfied, 4—very satisfied. Literature has demonstrated that a single-item approach to evaluating sexual satisfaction is reliable and may, therefore, be useful in reducing survey length (Mark et al. 2014).

Sexual distress refers to distress with sexual function and was assessed based on the NATSAL-National Survey of Sexual Attitudes and Lifestyles study (Mitchell et al. 2013) and has been used in other Portuguese studies (Pascoal et al. 2019). Participants were asked whether they had experienced any of a list of eight difficulties with their sex life in the past 6 months. These were: 1—lacked interest in having sex, 2—lacked enjoyment in sex, 3—felt anxious during sex, 4—felt physical pain as a result of sex, 5—felt no excitement or arousal during sex, 6—did not reach a climax (experience an orgasm), or took a long time to reach a climax despite feeling excited or aroused, 7—reached climax (experienced an orgasm) more quickly than you would like, and 8—had an uncomfortably dry vagina (asked of women only), and had trouble getting or keeping an erection (asked of men only). For each item, the participants were asked how often symptoms occurred (data for each item is not presented in this article) and how distressed they felt about the problem on a scale from 1 (no problem), 2 (no distress) to 6 (extremely distress). The total can vary from 8 to 40, with higher scores indicating higher levels of sexual distress with sexual function-related problems.

Beliefs about sexuality were measured with two items on a scale from 1 (completely disagree) to 7 (completely agree). The following two items were included and analyzed separately "Sex is a very important part of life" and "It's important to have pleasure during sex". Higher values indicate that the belief is less flexible, i.e., more rigid.

Sexual autonomy was assessed by Sanchez and colleagues' (Sanchez et al. 2005) adapted scale from self-determination research on relationships and the Portuguese version of the scale, adapted by Pascoal in 2011 and currently under validation. It consisted of three items measuring the extent to which participants felt their sexual behaviors were self-determined. Participants were asked to indicate their agreement with the following statements on a scale from 1 (completely agree) to 7 (completely disagree) following the stem "When I am having sex or engaging in sexual activities with someone: (i) "...I feel free to be who I am"; (ii) "... I have a say in what happens and I can voice my

opinion"; and iii) "... I feel controlled and pressured to be certain ways" (reversed score). In the current study, Cronbach's alpha was 0.50, a value that shows low internal consistency, and, therefore, in the analyses, we chose to use the three items separately instead of using a mean or total score of the three items.

2.3. Statistical Analyses

Descriptive statistics [frequency (percent) or mean and standard deviation (SD)], stratified by gender and country of birth, were calculated for demographic and socioeconomic variables, and relationship variables. Bivariate associations between gender and country of origin, and related variables under study (sexual beliefs, sexual satisfaction, sexual autonomy, and sexual pleasure) were tested using Chi-Square tests, or one-way ANOVA (subsequent post-hoc Scheffe or Games–Howell tests, according to the equality or non-equality of the variances), as appropriate. Correlations between variables (sexuality-related variables and social and acculturation-related measures) were performed for the four groups using Pearson's R. The data were analyzed using IBM SPSS Statistics version 28.

2.4. Ethical Considerations

The protocol was approved by the appropriate Ethics Committees (Centro Académico de Medicina de Lisboa and Lisbon Regional Health Administration) before the participants' enrollment and data collection processes. This study has been implemented following the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments (World Medical Association 2013). The sampled individuals received invitation letters by mail informing them about the project's aims and their rights. Participants were informed that they could interrupt their participation at any moment and that their involvement would not require effort besides answering the questions and giving their oral informed consent before participation. Each participant was attributed a code number to preserve anonymity.

3. Results

3.1. Sample Characterization

The characteristics of the study population are displayed in Table 1. Cape Verdean ($n = 133$) immigrant women and men were younger and with less education than Portuguese ($n = 127$) native women and men. Considering the occupation status, both Portuguese and Cape Verdean women and Cape Verdean men had higher unemployment rates compared with Portuguese men.

In terms of relationship status, more Portuguese natives were living with a partner than Cape Verdean immigrants, regardless of having children. All participants except two Portuguese women and one Cape Verdean woman reported being heterosexual.

There were gender and nativity differences considering the age at first sexual intercourse and the number of sexual partners. Men, particularly Cape Verdean immigrant men, reported earlier sexual activity initiation and a higher lifetime number of sexual partners.

Table 1. Sample characterization.

	Portuguese Native Women (PNW) n = 82	Portuguese Native Men (PNM) n = 51	Cape Verdean Immigrant Women (CVIW) n = 87	Cape Verdean Immigrant Men (CVIM) n = 40	p Value
Age (years), mean	37.88 (8.56)	40.45 (9.60)	31.52 (7.56)	32.62 (10.56)	≤0.001 ^a
Age group (years), %					
18–29	15 (18.3)	8 (15.7)	42 (48.3)	17 (42.5)	
30–39	29 (35.4)	14 (27.5)	33 (37.9)	12 (30.0)	≤0.001
40 and over	38 (46.3)	29 (56.9)	12 (13.8)	11 (27.5)	
Educational level, %					
Until primary education	15 (18.3)	11 (21.6)	28 (32.2)	24 (60.0)	
Secondary	26 (31.7)	18 (35.3)	41 (47.1)	12 (30.0)	≤0.001
Higher education	40 (48.8)	21 (41.2)	12 (13.8)	4 (10.0)	
Occupation status, %					
Employed	66 (80.5)	46 (90.2)	68 (78.2)	29 (72.5)	
Unemployed	10 (12.2)	1 (2.0)	12 (13.8)	6 (15.0)	n.s.
Inactive	6 (7.3)	4 (7.8)	7 (8.0)	5 (12.5)	
Living with partner, % yes	66 (80.5)	44 (86.3)	59 (67.8)	27 (67.5)	0.038
With children, % yes	57 (69.5)	34 (66.7)	60 (69.0)	24 (60.0)	n.s.
Sexual orientation, %					
Heterosexual	80 (97.6)	51 (100.0)	86 (98.9)	40 (100.0)	
Homosexual	1 (1.2)	-	1 (1.1)	-	n.s.
Bisexual	1 (1.2)	-	-	-	
Other	-	-	-	-	
Age at first sexual intercourse (years), mean	17.49 (2.57)	16.86 (2.94)	17.50 (2.57)	15.15 (2.60)	≤0.001 ^b
Number of sexual partners	3.80 (3.04)	8.16 (9.07)	3.65 (2.30)	12.85 (11.49)	≤0.001 ^c

n.s. – not significant; ^a Equal variances not assumed post-hoc Games–Howell (PNW = PNM) ≠ (CVIW = CVIM); ^b Post-hoc Scheffe (PNW = PNM = CVIW) ≠ (CVIM); ^c Equal variances not assumed post-hoc Games–Howell (PNW = CVIW) ≠ (PNM=CVIM).

3.2. Sexual Pleasure, and Associated Variables

Sexual pleasure and associated variable distribution among native and immigrant women and men are displayed in Table 2. There were gender and nativity variations in terms of sexual autonomy, sexual beliefs, and sexual distress. Statistical differences were found in the sexual autonomy item, “I feel controlled and pressured to be certain ways”, with Portuguese native men reporting the highest levels of pressure. Women reported higher sexual distress, in particular, Cape Verdean immigrant women.

In terms of beliefs about sexuality, participants highly rated that “Sex is a very important part of life”, this being particularly true for Portuguese native and Cape Verdean immigrant men, and that “It is important to have pleasure in sexual intercourse”, which presents equivalent levels across groups. In addition, the overall satisfaction with sexual life did not differ between groups and was highly rated.

Table 2. Sexual pleasure, sexual autonomy, and associated variables.

	Portuguese Native Women (PNW) n = 82	Portuguese Native Men (PNM) n = 51	Cape Verdean Immigrant Women (CVIW) n = 87	Cape Verdean Immigrant Men (CVIM) n = 40	p Value
Sexual pleasure ^a	19.09 (1.92)	18.66 (2.34)	19.32 (2.22)	19.47 (2.06)	n.s.
Pleasure with sexual intercourse	6.28 (0.75)	6.16 (0.86)	6.33 (0.93)	6.31 (0.95)	n.s.
Pleasure with sexual activities	6.24 (0.86)	6.08 (1.10)	6.19 (1.22)	6.47 (0.70)	n.s.
Pleasure with sexual intimacy	6.53 (1.11)	6.43 (1.07)	6.70 (0.62)	6.61 (0.95)	n.s.
Sexual autonomy ^b					n.s.
... I feel free to be myself	6.44 (1.00)	6.47 (0.83)	6.41 (1.14)	6.67 (0.79)	n.s.
... I have a say in what happens and I express my opinion	6.53 (1.20)	6.39 (0.83)	6.34 (1.26)	6.31 (1.22)	n.s.
... I [don't] feel controlled and pressured to be certain ways	6.20 (1.62)	4.80 (2.17)	5.57 (2.27)	5.77 (2.29)	0.003 ^f
Sexual distress ^c	12.81 (4.33)	10.04 (2.13)	15.38 (5.78)	11.97 (3.42)	<0.001 ^g
Sexual beliefs ^d					
Sex is a very important part of life	6.29 (0.87)	6.61 (0.75)	6.15 (1.29)	6.55 (0.85)	0.041
It's important to have pleasure during sex	6.87 (0.34)	6.94 (0.24)	6.91 (0.33)	6.85 (0.48)	n.s.
Satisfaction with sexual life ^e	3.45 (0.55)	3.27 (0.60)	3.23 (0.68)	3.33 (0.69)	n.s.

^a Scale from 1 (great displeasure) to 7 (great pleasure) "Considering your current relationship and your sex life in the last six months, what value would you attribute to (...)"; ^b Scale from 1 (totally untrue) to 7 (totally true) "When I am having sex or engaging in sexual activities with someone (...)"; ^c Total score of 8 items; ^d Scale from 1 (totally disagree) to 7 (totally agree); ^e Scale from 1 (not satisfied at all) to 4 (very satisfied) "Concerning your sex life, in general, you are (...)"; ^f Equal variances not assumed post-hoc Games–Howell (PNW = CVIW = CVIM) ≠ PNM; ^g Equal variances not assumed post-hoc Games–Howell (PNW = CVIM) ≠ PNM ≠ CVIW; n.s.—not significant.

To better understand the intersectional variations in sexual pleasure, satisfaction, distress, and sexual autonomy, a correlation map of these variables, and sexuality-related variables, and social and acculturation-related measures were performed (Table 3).

None of the variables under study correlated to sexual pleasure among Cape Verdean men; however, they represented the smallest sample subgroup in the study, so maybe significance was not achieved due to this factor.

Sexual pleasure was positively associated with sexual autonomy among Cape Verdean and Portuguese women and Portuguese men. Sexual pleasure was negatively associated with sexual distress among women, especially among Cape Verdean women who reported higher sexual distress. None of the variables was negatively correlated to sexual pleasure among men. The sexual belief that "It is important to have pleasure in sexual intercourse" was correlated to sexual pleasure both among Portuguese women and men, while the sexual belief that "Sex is a very important part of life" was correlated to sexual pleasure among Cape Verdean women. Overall satisfaction with sex life was correlated to sexual pleasure among Cape Verdean and Portuguese women and Portuguese men.

The sexual autonomy item, "When I am having sex or engaging in sexual activities with someone, I feel controlled and pressured to be certain ways", was correlated to sexual distress among Portuguese women, and the sexual belief that "It's important to have pleasure during sex" among Cape Verdean women and Cape Verdean men. Among the latter, it was also correlated to the sexual belief that "Sex is a very important part of life". The sexual autonomy item, "When I am having sex or engaging in sexual activities with someone, I have a say in what happens and I can voice my opinion", was positively correlated to the age at arrival in Portugal among both Cape Verdean women and men.

Autonomy ^b (I feel controlled-reversed)	-0.11	0.40 *	0.35 *	1								
Distress ^c	-0.29	-0.18	-0.25	-0.26	1							
Beliefs ^d (Sex is a very important part of life)	0.03	0.07	0.13	0.36 *	-0.06	1						
Beliefs ^d (It's important to have pleasure during sex)	0.10	-0.03	0.08	0.39 *	-0.08	0.52 **	1					
Satisfaction with sex life ^e	0.22	0.00	-0.44 **	0.09	-0.07	-0.01	-0.00	1				
Age at the arrival	0.12	0.24	0.44 **	-0.04	0.25	0.01	0.02	-0.32	1			
Length of stay	0.14	0.08	-0.11	0.02	-0.12	0.02	0.22	0.18	-0.27	1		
Age	0.20	0.26	0.37 *	-0.04	0.18	0.01	0.14	-0.19	0.82 **	0.32 *	1	
Educational level	0.01	-0.26	-0.11	0.02	-0.23	-0.00	-0.07	0.01	-0.34 *	0.04	-0.32 *	1

* $p < 0.05$; ** $p < 0.01$; ^a Scale from 1 (great displeasure) to 7 (great pleasure) "Considering your current relationship and your sex life in the last six months, what value would you attribute to (...)"; ^b Scale from 1 (totally untrue) to 7 (totally true) "When I am having sex or engaging in sexual activities with someone (...)"; ^c Total score of 8 items; ^d Scale from 1 (totally disagree) to 7 (totally agree); ^e Scale from 1 (not satisfied at all) to 4 (very satisfied) "Concerning your sex life, in general, you are (...)?"

4. Discussion

The comparative work between the native Portuguese population and the Cape Verdean immigrant population implies a simultaneous consideration of the two contexts, with their norms and cultures. On the one hand, Portugal, a European country, and, on the other hand, the Cape Verdean context, one of its former African colonies. Studying gender in the African diaspora implies questioning the subordinate position of women vis-à-vis men, and the socioeconomic complexities that place African women in a position of economic, sexual, and medical vulnerability (Rodrigues 2005). In Cape Verdean society, strict moral standards co-exist with contemporary and globalized lifestyles producing a variety of representations and practices related to gender, sexuality, and reproduction (Vilela et al. 2018). The sexual behaviors and the sociocultural, historical, and personal contexts in which they occur are varied and dynamic, and therefore the definitions and experiences of sexual pleasure, sexual autonomy, and sexual distress are nuanced and in transformation. Having in mind that sexualities are social and culturally shaped, the main results of this study will be discussed first using an intersectionality lens, and secondly with a focus on sex positivity and rights perspectives.

4.1. Contributions from Applying an Intersectionality Lens to Sexual Pleasure and Sexual Autonomy

A closer look at different correlates of the variables of interest (pleasure, satisfaction, distress, and autonomy) reveals an aspect that may be better approached with an intersectional lens: for both Cape Verdean men and women, age is an important correlate of the personal perception of one's sexual life. This result is not replicated in native men or women. This finding may reflect cultural beliefs about age and sexual freedom and empowerment, but it may also be related to other aspects that are linked with age, such as relationship status. The educational level, an important social factor that reproduces or abolishes social inequalities across groups, was negatively associated with the level of sexual satisfaction and inflexible beliefs about the importance of sexuality in one's life within the sample of native Portuguese women.

On the one hand, women with higher education may have other areas of their lives that are a focus of concern and investment, such as their career; on the other hand, it may also mean that they are more informed about sexual diversity, sexual satisfaction and are more demanding concerning their sexual rights; finally, it can also be that in a society where there is a substantial wage gap, especially among highly qualified people, women who are more educated are exposed to more pressure, more tasks and more uncertainty about their future, investing, therefore, more on their education and ongoing professional commitments which may result on more fatigue and less focus on sexuality (Amâncio and Santos 2021). This result needs to be further explored with a qualitative approach that could allow us to understand the role and place that sexuality takes on the personal development of highly educated women and its association with perceived societal demands and expected roles.

Although Portuguese women did not report high levels of loss of control over their sexual lives, the self-perception of pressure to be certain ways when having sex or engaging in sexual activities (indicators of sexual autonomy) was associated with higher levels of sexual distress. This finding is in line with previous research that demonstrated that undermined autonomy jeopardies the development of healthy and satisfying sexual relationships (Sanchez et al. 2005), and conforming to culturally imposed gender roles can increase sexual distress and limit one's sexual expression (Alarcão et al. 2015). This result highlights the important role that sexual autonomy has as a factor that may compromise negative sexual experiences, such as sexual distress, and places sexual autonomy as a predictor not only of positive outcomes but also as a significant factor to consider in negative sexual outcomes.

Sexual beliefs related to the importance of sex in life and of pleasure in sex were associated with self-perception of loss of sexual control among both Cape Verdean women

and men. Previous work has acknowledged that a diminished sense of sexual control may be related to more sexual compliance, that is, a willingness to engage in unwanted sex, for a variety of motives and with a variety of consequences, from emotional reactions to sexual risk-taking, and sexual violence (Impett and Peplau 2003; Willis and Smith 2021). In this line, our result seems to support that giving too much importance to sexual life may compromise societal roles, as it may be related to less sexual control or a perceived perception of more social loss of control.

4.2. Contributions from Looking at the Interconnections between Sexual Health, Sexual Rights, and Sexual Pleasure

In our study, Cape Verdean women are the ones who present higher levels of distress which is in line with studies with western native populations that indicate that men report less sexual distress levels compared with women (Hendrickx et al. 2016). Also, the belief about the importance of sex in one's life appears to be significant. This is a small result that points to the need to explore the meaning that sexuality in general and specific aspects of sexuality (e.g., sexual activity, sexual function) assume in different cultures and how this may relate to emotional experiences and behaviors and influence overall health and well-being (Gianotten et al. 2021).

Black sexualities tend to be narrowly presented within a negative discourse regarding sex, sexuality, and sexual behavior and there is still an empirical void on sexual satisfaction, sexual pleasure, and sexual function, among other topics not directly related to sexual risk (Bowleg et al. 2017; Hargons et al. 2021). Lewis (2004) highlighted two domains of discourse regarding race and ethnicity in sexual health: a public health-oriented domain of discourse concerned with the prevention of disease, and a domain of discourse concerned with the attainment of sexual pleasure within a moral context. Research on the sexual health of ethnic minority populations is typically focused on the first preventive sexual health domain. This study contributes to exploring aspects of eudaemonic sexual health. Results indicate a common representation among participants of sexuality as an integral part of human life and with the ability to foster pleasure. Moreover, sexual pleasure was correlated to a representation of sexuality as an important component of human life among Cape Verdean women. This is in line with the relevant literature that highlights these important and related aspects of sexual health and sexual rights (Edwards and Coleman 2004; Giami 2015).

Further analysis of the representations and experiences of Cape Verdean men and women within multiple relational and social contexts is necessary. Scientific research serves not only to inform societal understandings of human life and experience but also multisectoral policies; therefore, intersectional frameworks and comprehensive and inclusive approaches to sexual health and marginalized racial, gendered, classed, and sexual identities are needed to fully understand the diversity of peoples' sexual experiences and to promote healthy and pleasurable lives for all people (Jones 2018).

5. Limitations, Future Directions, and Conclusions

This is a small-scale study designed to study sexual health in general and not specifically focused on sexual pleasure or sexual autonomy. However, the inclusion of Cape Verdean immigrant women and men contributed to narrowing the existent empirical gap of marginalized groups at different intersectional positions and allowed us to identify several commonalities and nuances as well as to highlight the need for a more nuanced and culturally sensitive approach to the study of sexual outcomes.

Regarding our sample, it is not representative of the groups addressed and presents shared high levels of sexual satisfaction, which frames the way the results should be interpreted. Negative sexual experiences may be underrepresented, and therefore, gender and cultural specificities that shape each group's results may be overshadowed by the sample's characteristics. Moreover, our results also reveal some specificities that are worth

looking at from an intersectional perspective; more specifically, Portuguese women feel more pressured to behave in certain ways and Cape Verdean women experience higher levels of sexual distress than other groups.

A limitation of this research is that the measures used have not been validated or considered from an inclusive perspective. This shall be an important next step for future research, including adequate measures for the different populations under study and having broader inclusion criteria. Our study still calls attention to existing differences among groups; these may reflect group differences as well as the lack of specificity of the measures used. In both cases, the need for culturally sensitive approaches is warranted. Sexual pleasure, sexual satisfaction, sexual autonomy, and sexual distress constructs are presently limited and inadequately measured for women and men who experience limited sexual rights because of their minority status. Therefore, within an intimate justice framework, research should focus not only on looking for group differences but also on questioning definitions used by individuals (and groups) to determine levels of equity (McClelland 2010). This leads to the need to develop participatory qualitative research, to improve understanding of the meanings and processes associated with sexual outcomes in different social groups, as well as to improve evaluation of how much the importance given to sexuality differs across cultures and in what ways this may or may not impact sexual outcomes.

The presented results are limited to heterosexual relationships because of the residual number of non-heterosexual participants. Additional research on issues related to sexual health and well-being, sexual pleasure, sexual autonomy, and access to sexuality-related services, is needed among different minority groups in terms of sexual orientation, gender identity and expression, ethnicity/race, age, functional diversity, and any other individual and/or cultural status to capture different vulnerabilities and avoid monolithic representations while ensuring that all people may exercise a full complement of sexual rights (Bay-Cheng et al. 2021).

Studies across multiple sexual identities and ages have found that solitary and partnered sexuality are overlapping yet distinct components of sexuality (Goldey et al. 2016). Therefore, future investigations should study sexual pleasure, sexual autonomy, and sexual distress both in solitary and different partnered contexts. The conceptualization of sexual pleasure and sexual satisfaction as multifaceted and context-dependent has implications for the promotion of pleasure as a sexual health outcome (Pascoal et al. 2016).

Our study focused only on people born in Cape Verde in the immigrant subsample. We launch the challenge for future studies that focus on sexual satisfaction, pleasure, and distress to incorporate first and second generations of migrants to understand to what extent there exists an approximation to the culture of the country of origin or maintenance of the culture of origin.

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