
Orgasms for Sale: Profit, Politics and Women's Sexual Satisfaction

by Amy Allina

Thirty years after the publication of *Our Bodies, Our Selves (OBOS)*, feminist health activists are still fighting the same battles over how to approach female sexuality. These battles are both political and economic, and they are taking place in research institutions, clinical settings, legislatures and policy-making bodies nationwide.

OBOS challenged the assumption that women who didn't enjoy sex were frigid, and that their concerns could be addressed by doctors and other so-called experts who focused exclusively on the mechanics of sex. Instead of defining women's sexual problems in terms of repression or failure to reach orgasm, the *OBOS* authors wanted to consider women's relationships to sex and their bodies in the context of the social, political and economic forces that affect all aspects of women's lives.

Unfortunately, medical experts in 2002 are promoting a way of thinking about women's sexual problems that is based on a corporate medical model. Fueled by the overwhelming response to the introduction of Viagra, the drug for male impotence, medical researchers and health care providers, pharmaceutical companies and medical device manufacturers are looking for the next blockbuster sex-enhancing product—the one that will solve the problem they call “female sexual dysfunction.”

These parties focus efforts on solutions that can be manufactured, marketed and sold to women, solutions that will make money. In doing so, they steer us away from considering approaches that acknowledge that for many women who experience sexual dissatisfaction, cultural, political and relational forces contribute as much, if not more, to their problems.

This bias of the corporate medical model has a controlling effect on the research conducted and programs implemented. More broadly, it also

affects the public discourse regarding women's sexual experience.

Product Development Drives the Research Agenda

Pharmaceutical research budgets are so much larger than other sources of financial support for health research that the corporate agenda inevitably drives research. In the field of sexuality research, this means that many interesting and important questions that might well shed light on the socio-cultural, economic or political factors contributing to women's sexual dissatisfaction are less likely to be examined because they are not likely to lead to a new drug treatment. Yet many women might benefit from a more developed understanding of such questions as:

- What are effective strategies for couples who are dealing with the impact of major life crises (e.g. serious illness of a child, parent or self, job loss, etc.) on sexual desire?
- How does an economic power imbalance in a relationship affect women's sexual satisfaction?
- How does exercise affect sexual desire, and does it differ by gender?
- Are there differing levels of sexual satisfaction between women with male partners and women with female partners?
- What is the effect on women's sexual satisfaction of narrow media images of feminine beauty that emphasize an unattainable ideal?
- What is the range of ways that women define and experience sexual satisfaction?

Unfortunately, industry funds do not go to such work. And public funding for considering these questions is often limited by legislators and government officials who fear that support for sexuality research may expose them to political attack.

It is telling that at the major national meeting of female sexuality researchers and clinicians in 1999, half the participants identified themselves as being from industry, and many papers and presentations were uncontrolled studies

on the effects of sildenafil (Viagra). But no paper explored the relationship between social class and genital pain, or between sexual dissatisfaction and knowledge about bodies, feelings and gender socialization.¹ Occasionally someone mentioned domestic violence or sexual assault, but nobody acknowledged the widespread nature of these experiences or their significance to women's sexual dissatisfaction. The conference was sponsored by Pfizer (the manufacturer of Viagra), Schering Plough and several other pharmaceutical companies.

Until we generate the political will to publicly fund a more diversified sexuality research agenda, the private sector's market-driven research will continue to dominate the scope of so-called knowledge about women's sexual experience, and women's own knowledge of our experiences will continue to be undervalued.

Political Hypocrisy and “Morality” Undermine Effective Programs

Lack of political will also weakens sexuality education and information sharing. Policy issues come into play most directly around school-based sex education programs, but the problem is much broader than that. Discomfort with discussing sexuality is a barrier to developing positive, healthy sexual relationships for adults as well as for adolescents and youth who need information to aid them in the decision-making they will inevitably face around sex.

Comprehensive, age-appropriate sexuality education programs for children and youth have been shown to be effective in preventing unintended pregnancy and sexually transmitted disease (STD), and in laying the foundation for the development of positive and satisfying sexual relationships. In the United States, however, such programs are all too rare. On the contrary, federal and state governments spend millions of dollars every year on ineffective abstinence-only education programs that promote sexual abstinence as the only

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acceptable choice outside of marriage and do not include information on contraception, STD prevention, masturbation or homosexuality.

The World Health Organization reviewed 35 programs from a number of different countries and found that abstinence-only programs were less effective than those that promoted safer sex practices as well as delay of first intercourse.² The government focus on abstinence-only education not only reflects a lack of courage, but also ignores the reality that the majority of parents do not support this approach.³

Moreover, the need for accurate and confidential sources of information about sexuality is not limited to school-age children. Each year, almost half the pregnancies in this country are unintended, and 15 million people become infected with an STD. Roughly half of them contract a lifelong infection.^{4,5} Despite the public focus on teen pregnancy, these problems are not limited to adolescents. Syphilis rates, for example, are highest among women in their twenties and men 35-39 in spite of the fact that this is a curable disease.⁵

Sexual dissatisfaction also lurks under the public radar. For most people, the most accessible source of information on sexual matters is women's magazines, with their sensational headlines and stories that are often very thin on accurate, evidence-based information. Making appropriate information available and accessible in diverse communities for all ages would be a giant step forward in this country.

The situation in Europe is notably different. There, television ads promote condoms and contraception; sex education is widely available in schools. Condoms are sold in vending machines on street corners. Here, companies promote Viagra on television, but the networks refuse to air condom ads. (Ads for Viagra, as for all prescription medications, are not permitted on European television.) And what are the consequences of these different approaches? In the countries where this sexual health information is widely available, there are fewer unplanned pregnancies and fewer abortions.

Medical professionals, too, lack reliable and independent sources of information about sexuality. Just as pharmaceutical companies influence the research agenda, they also control much of the information flowing to health care providers through advertising, sales visits and medical education. Pharmaceutical companies spend \$8,000-\$13,000 per physician per year to affect drug-prescribing practices. A study of these sales presentations found that 11 percent of the statements made by company representatives on such visits was inaccurate.⁶

Clinical education programs are subject to corporate influence as well. State law requires that health care providers obtain continuing medical education credits every year to keep their licenses; those credits are now almost entirely provided by drug company-sponsored conferences and lectures. In the sexuality field, Pfizer's speaker's bureau dominates the landscape, producing teleconferences, Internet courses and professional journal inserts as well as panels that crisscross the country. Marcia Angell, former editor of the *New England Journal of Medicine*, has become a formidable critic of these developments, reminding readers in her editorials that academic medicine should not be "for sale."⁷

A Constructive Sexuality Policy Agenda

As long as drug prices remain exorbitant in this country, companies will have plentiful financial resources for product development research and drug promotion. Conservative activists, organized and effective in advancing their shortsighted sexuality education agenda, have forced feminist health activists, public health advocates and educators to devote their resources to fighting defensive battles against funding for abstinence-only programs instead of working to build public demand for better approaches.

Activists must challenge corporate control over sexuality research and conservative control over sexuality policy making, while demonstrating public support for a constructive sexuality policy agenda. This agenda includes:

- Implementation of comprehensive sexuality education curricula.

- Increased access to accurate and confidential sexuality information in communities.
- Expanded federal resources for a diversified research agenda on sexuality.

Parents, educators, public health advocates and feminist health activists must work together to build the political will to make the needed changes.

Amy Allina is the Network's program director. This article, written with input from Wendy Sanford, is adapted with permission from an essay in A New View of Women's Sexual Problems (\$49.95 hardcopy, \$19.95 softcopy), published in 2002 by The Haworth Press. Available in bookstores and by calling 800-429-6784.

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