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To cite this article: Devon J. Hensel, Christiana D. Von Hippel, Rebecca Sandidge, Charles C. Lapage, Nicole S. Zelin & Robert H. Perkins (2021): “OMG, Yes!”: Feasibility, Acceptability, and Preliminary Efficacy of an Online Intervention for Female Sexual Pleasure, The Journal of Sex Research, DOI: [10.1080/00224499.2021.1912277](https://doi.org/10.1080/00224499.2021.1912277)

To link to this article: <https://doi.org/10.1080/00224499.2021.1912277>



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Published online: 27 Jun 2021.



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“OMG, Yes!”: Feasibility, Acceptability, and Preliminary Efficacy of an Online Intervention for Female Sexual Pleasure

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ABSTRACT

The purpose of this study was to evaluate the acceptability, feasibility, and preliminary efficacy of using an online educational resource that presents research-informed strategies for women’s pleasure, OMGyes.com, as a resource to empower women to broaden the ways in which they understand, advocate for, and enjoy sexual pleasure. A cohort of 870 adult women was given access to OMGyes.com and asked to explore the resource over a four-week period and complete online pre/post questionnaires. Participants reported a high level of satisfaction with the relatability, usefulness, and functionality of OMGyes.com. We observed statistically significant, large effect size increases in participants’ knowledge about their own pleasure preferences, their confidence and positivity about that knowledge, as well as how pleasurable their sexual experiences were during both masturbation and partner sex. Many participants reported that after using OMGyes.com they felt more motivated to explore their preferences and more confident to explain their preferences to their partners. Our data suggest that OMGyes.com may be useful for positively impacting how women think about sexual pleasure, how they understand their own specific preferences, how they advocate for what they enjoy with partners, and how they actually experience pleasure.

Introduction

The purpose of this study was to evaluate an online, person-centered educational resource—OMGyes (<https://www.omgyes.com>)—as a resource to increase adult women’s sexual pleasure. For the purposes of this work, we consider sexual pleasure to broadly engage “...the positive intrapersonal and interpersonal sensual experiences associated with sexuality, sexual relationships, and sexual practices.” (Abramson & Pinkerton, 2002) Using this definition allows to focus on both the multiple elements that scaffold pleasure for different individuals and the ways in which sexual enjoyment positively contributes—particularly for women—to well-being across the lifespan (Diamond & Huebner, 2012; Hensel et al., 2016; Huebner & Howell, 2003). Existing empirical evidence has demonstrated the promotive value of sexual enjoyment to physical health, including lower cardiovascular disease risk, less arthritis and lower diabetes risk (Lee et al., 2016), higher cognitive performance (Wright & Jenks, 2016), and to emotional/psychological health, including higher levels of happiness and lower levels of depression, stress and anxiety (Davison et al., 2009; O’Leary et al., 2012; Sánchez-Fuentes et al., 2014). Sexual pleasure also contributes to social health in relationships, including greater relationship satisfaction, intimacy, and commitment (McNulty et al., 2016; Sánchez-Fuentes et al., 2014; Sprecher et al., 2004; Yoo et al., 2014).

Viewing women’s sexual pleasure through a well-being lens is important because it critically reframes both their access to and experiences of sexual enjoyment as a fundamental human right,

rather than as a psychological or medical problem to be “fixed” or “solved” (Gruskin et al., 2019; Wampold, 2014). This reframe is an explicitly *person-centered* means of understanding sexual pleasure – that is, it deliberately honors women’s lived experiences with sexual pleasure within their everyday life contexts (Ford et al., 2019). A person-centered perspective is also *strengths-based* because it affirms women’s right to access the positive skills (e.g., communication, knowledge, autonomy) – and where necessary, facilitates the opportunities to develop those skills – that help them actively self-advocate for sexual pleasure within those life contexts (Starrs et al., 2018). Resources that help women and/or their partners actually build skills are likely to have a more sustained impact on sexual pleasure than resources that pathologize or “treat” sexual pleasure problems (Diamond & Huebner, 2012; Impett et al., 2013).

Web-based sexual education programming offers the potential as a person-centered platform for the delivery of accessible and accurate sexual pleasure information. Internet use has increased ubiquitously across most demographic groups in the United States, particularly for accessing health-related information (Calixte et al., 2020). Web-based resources allow users the flexibility to access them on a device of their choosing, in a location of those choosing, on their own timetable (e.g., specific times of day), with their own frequency (e.g., once vs. multiple times), as well as to remain anonymous while doing so (vs. disclosing information about, or asking another person about, potentially stigmatizing or embarrassing topics) (Ebert et al., 2017, 2018). Accessing resources online can also

overcome sexual health barriers associated with the proximity of a clinic/medical center, transportation challenges, health-related problems that preclude in-person education or loss of income if time is taken off work to receive education, or stigma associated with seeing a health professional (Cuijpers et al., 2008). Web-based resources also allow individuals to seek out the sexual health information that they find to be most pertinent to them (vs. receiving standardized material), from the point of view of those who have also had the same sexual health experiences (Wu et al., 2019). Research affirms the efficacy of web-based resources to increase sexual health knowledge, via the primary focus of enhancing people's understanding about prevention of adverse outcomes (Scull et al., 2019; Wadham et al., 2019). To our knowledge, no study has examined how sexual pleasure knowledge and experience can be enhanced through person-centered, web-based resources (Baunacke et al., 2018).

To address this gap, we describe the use of an online educational resource – OMGyes (<https://www.omgyes.com>) – as a resource to increase women's sexual pleasure. OMGyes.com is a person-centered web resource intended to expand the ways in which women understand and experience sexual enjoyment. The objective of the current study was to establish proof-of-concept in using this resource to positively impact key aspects of sexual enjoyment in a cohort of new OMGyes.com users. We leveraged evidence-based design principles validated in the first author's feasibility work (Hensel et al., 2012, 2015; Roth et al., 2014) to analyze current resource proof-of-concept. Specifically, we examined the following: 1) *feasibility*, including participant recruitment and retention, participant compliance, and resource usage; 2) *acceptability*, including participant perceptions of resource usefulness and resource impact, and ratings of study participation; and 3) *preliminary efficacy*, including effect size and changes in sexual agency, sexual knowledge confidence and positivity, sexual pleasure self-knowledge, and experience of sexual pleasure in partnered and solo sex.

Background

Overview of OMGyes.com Development, Design and Features

OMGyes.com is a web-based resource presenting research-informed strategies for all individuals to broaden the ways in which they understand and enjoy sexual pleasure. Resource design began with a series of large-scale, strengths-based qualitative and quantitative studies to generate information about women's experiences with sexual pleasure. During the qualitative research phase (2014–2015; Indiana University School of Medicine IRB #2003603806), OMGyes.com staff conducted more than 1000 semi-structured video interviews with women of varying ages from across the United States. Interviews focused on eliciting women's sexual pleasure histories, with emphasis on the specific physical, psychological, and communication techniques women found pivotal to increasing sexual pleasure during solo and partner sex. Examples of the pleasure-promoting techniques identified in the semi-structured interviews are presented in Table 1. In

Table 1. Pleasure-promoting techniques from 2014 to 2015 OMGyes qualitative and quantitative research.

Pleasure-Promoting Strategy	Description ^a	Sample variation
Framing	Techniques to focus more on the moment and decrease distracting thoughts that can inhibit pleasure.	Removing self-imposed and partner-imposed goal-oriented pressure to orgasm.
Signaling	Styles and strategies to comfortably and specifically communicate desires and give feedback on how touch can be more pleasurable.	Directional questions and feedback (e.g., Higher like this or lower like this? Lower) instead of confirmation questions and feedback (Do you like that? Is that good? Yes/no).
Staging	Ways preferred types of touch change across different stages of arousal.	Light, gentle touch over the mouth, nipples or thigh creases during the initial building desire phase.
Edging	Delaying orgasm to achieve more pleasure or a stronger orgasm.	Stopping all touch just prior to orgasm. Once the feeling of impending orgasm dissipates, starting stimulation again as from the beginning.
Rhythm	Touching the genitals in a repeated rhythmic motion.	Constant pulsating movement, in which movements are so rapid they almost blur.
Hinting	Teasing by approaching sensitive areas but then passing by them.	Repeated slow and gentle touch from thigh to thigh, teasingly passing just around the vulva.
Consistency	Motions that repeat in exactly the same way, especially as orgasm approaches.	Consciously locking in on the speed, rhythm, path and directionality of motion and repeating them as precisely as possible.
Surprise	Ways of constantly changing the motion to make it unpredictable.	Repeating each touch a few times prior to switching to a new type of touch, without creating a predictable pattern.
Multiples	Ways of overcoming sensitivity after orgasm and building subsequent orgasm(s).	After orgasm, avoiding the clitoris and rewinding to type of touch preferred during the initial, warm-up stage.
Accenting	Putting extra emphasis on one part of a repeating motion – for instance, more pressure every time you touch the left side.	While touching the clitoris in a repeated circular motion, adding extra pressure as touch passes the part that feels best with extra pressure, whether that's the left, the right, the top left, the top right, etc.
Layering	Stimulating the clitoris indirectly by moving the surrounding skin rather than directly touching the clitoris, itself.	Squeezing the outer labia together around the clitoris and stimulating the clitoris through that skin.
Orbiting	Continuous motions that circle around the clitoris.	A repeated, circle-shaped movement on the clitoral hood that occasionally dips down to directly touch the exposed clitoris.

^aDescriptions expanded from table 6 in Herbenick et al. (2018).

the second stage of research (2015), using findings gleaned from the qualitative study, the fourth and sixth authors designed a nationally representative survey (OMGYES Pleasure Report: Women and Touch) in collaboration with the first author of the papers describing results from that survey (Herbenick et al., 2018, 2019). The OMGYES Pleasure

Report: Women and Touch assessed specific genital touch technique preferences for sexual pleasure and orgasm, and attitudes toward and experiences of communicating those preferences to intimate partners. A majority of women (N = 1055) in the sample endorsed several of the pleasurable touch techniques (Herbenick et al., 2018). For example, 66.5% endorsed stimulating their clitoris indirectly by moving the surrounding skin rather than directly touching the clitoris itself, 65.5% endorsed delaying orgasm to achieve more pleasure or a stronger orgasm, and 71.2% endorsed teasing by approaching sensitive areas but then passing by them.

Once these initial stages of research were completed, OMGyes.com researchers and designers focused on translating both the qualitative and quantitative study findings into a collection of designed website resource features that users would find engaging, unthreatening and easy to use. The intent of each design feature was to connect users with lessons about sexual pleasure learned through the experiences of thousands of research respondents. Research has found that when people negotiate a challenging health experience, it can be helpful for them to connect to a community of others who have traversed the same road before them – who can both empathize with the challenge and offer solutions to it that have actually worked (Gabriel, 2004; Schaffer et al., 2008). Connecting with relatable “role models” – or peers – who have navigated similar “real world” sexual pleasure experiences is important for both normalizing the pleasure strategies, as well as for providing an important source of social support and/or solidarity (Gage, 2013; Gage-Bouchard et al., 2017; Ziebland & Wyke, 2012). We expected that providing a venue for women to tap into the sexual pleasure expertise of their peers would scaffold a “safe space” (Chalfen et al., 2010; Rich, 2004) for them to explore and expand their own sexual experiences, sexual self-understanding, and sense of sexual agency.

To this end, OMGyes.com staff recruited a subset of participants from the initial stages of qualitative research to present their stories, insights and techniques as part of OMGyes.com. Specifically, individuals whose interviews were most resonant with the identified pleasure-promoting techniques were offered post-study opportunities to be filmed discussing their own experiences in more depth, demonstrating while verbally narrating how they successfully implement their techniques and recording the ways they verbally guide sexual partners and give them feedback. Women who agreed to be a part of these segments had additional interview and recording days set up with OMGyes.com staff and were compensated for their time.

It is important to acknowledge that OMGyes.com is not intended to be a diagnostic tool or a medical treatment. Medical information is not assessed as a part of membership or as part of participation in research or video production from which website content is developed. In keeping with a person-centered view of sexual pleasure, the resources provided are intended to benefit everyone wherever they happen to be in their sexual lives. This means that some individuals who access the site may be looking for adjunctive support for challenges they face with sexual function, while others may be seeking ways to further expand their already satisfying sex life. As described in more detail below, website content intentionally integrates stories and experiences from a wide variety of

women such that there is something for everyone to engage with in their own lives.

Primary Design Features

OMGyes.com was designed as a resource for all individuals to gain information about ways to increase sexual pleasure through vaginal and vulvar touch. We describe five primary features that make up the OMGyes.com resource: 1) first-person video and text narratives; 2) precise terminology for pleasure-promoting techniques; 3) statistics from the nationally representative quantitative study; 4) interactive animated diagrams and touch demonstration videos; and 5) touch and communication simulations. A web-based supplement (<https://www.omgyes.com/figure-1>) provides examples and additional information about each design feature presented below.

- (1) **First-person video and text narratives.** The first key person-centered content design feature of OMGyes.com is first-person narratives of women recounting their own journeys, discoveries and perspectives with that pleasure-promoting technique, in or outside of relationships (Hinyard & Kreuter, 2007; Rieger et al., 2018; Shen et al., 2015). These person-centered accounts allow each participant to narrate her own “sexual pleasure story” – to autobiographically illustrate key points of navigating sexual pleasure *as they live it in everyday life* (Keller et al., 2008). These unscripted narrative chronicle – in an open and honest way – women’s day-to-day successes as well as the challenges they have faced while using the pleasure-promoting technique in their lives. Discussions ranged from describing individual sexual preferences (e.g., “When my partner tried X, it didn’t work so well . . .” or “This is the type of touch that is really effective for me”), to strategies for overcoming barriers to communication, to simply offering verbal solidarity to others in the same situation (Kindig et al., 2004; Rich et al., 2000). Such first person “every day expert advice” (Falzon et al., 2015) is intended to help women – and their partners – build their confidence and knowledge regarding their own and/or their partner’s pleasure in an honest, practical, non-clinical and unthreatening way.
- (2) **Precise terminology for pleasure-promoting techniques.** The second content design feature is to provide users with precise terminology for the specific external (including, but not limited to, vulvar and clitoral) stimulation techniques shown to be prevalent and pleasure-promoting in the formative qualitative and quantitative studies we conducted. Research consistently demonstrates that sexual vocabulary about external vulvar or clitoral touching is often learned or communicated in ambiguous slang terms (e.g., “finger banging”) (Braun & Kitzinger, 2001; Gordon, 1993), in medically and/or sterile terms (e.g., “manual-clitoral stimulation”) (Marcus & Snowden, 2020), or lumped in with groups of behaviors associated more generally with “foreplay” (McCormick, 2010) or “outercourse” (Bakaroudis, 2014). When studies do focus on genital touching, they typically examine *where* touching occurs (e.g., stimulating body parts, such as the clitoris)

rather than describe the specific, practical variations in *how* women prefer to be touched (e.g., pressure or pattern) (Herbenick et al., 2018). Resources that help increase women's verbal precision in communicating to partners what they like and how they like it enhance sexual communication (Frederick et al., 2017) and studies suggest that better sexual communication is associated with higher sexual satisfaction (Blunt-Vinti et al., 2019; Mark & Jozkowski, 2013)

Pleasure-promoting strategies identified in the formative prior research (Herbenick et al., 2018) were given a precise but nonclinical term (e.g., "Orbiting"). OMGyes.com users are presented with a clear description of what is meant by that term (e.g., "different ways to circle the clitoris") as well as terms for the specific ways that women in the research successfully implemented the technique (e.g., varying pressures: gliding, moving skin, firm massage, and varying locations: on the hood, off and on, direct hit). In developing this resource, OMGyes.com staff theorized that the specificity of terminology used to name and describe pleasure techniques across the website could provide a more precise repertoire of vocabulary for pleasure preferences which could empower women to better explore their pleasure on their own as well as to discuss with and convey to partners what feels good to them.

- (3) **Statistics from the nationally representative quantitative study.** Throughout OMGyes.com, data about the prevalence of each pleasure-promoting technique from the nationally representative OMGYES Pleasure Report: Women and Touch survey conducted by OMGyes.com staff and consultants in 2015 appear as percentages (e.g., "65.5% of women build longer, more intense orgasms by repeatedly approaching orgasm – but preventing it before it happens.") (Herbenick et al., 2018). These statistics are meant to reinforce for the user that while the videos and quotes represent individual women's perspectives, those personal experiences represent experiences shared by a large percentage of women in the population.
- (4) **Interactive animated diagrams and touch demonstration videos.** An additional two content features work in tandem to increase the user's understanding of the pleasure-promoting techniques: interactive animated diagrams and touch demonstration videos. Both features were designed to provide different means of scaffolding a user's ability to understand and apply the motor actions associated with any touch technique. Research supports the idea that being able to observe a new skill (e.g., throwing and/or catching a ball) increases a person's ability to implement that skill on their own (Kim et al., 2017). The process of *seeing* that skill successfully completed by others helps build the motor imagery that enables users to rehearse how they themselves can perform the same action (Moran et al., 2012). In the context of sexual pleasure, this means being able to *visually* observe exactly how a given touch technique can be performed, as well as *aurally* observe a peer's frank and positive description of how she personally

engages a technique, may help users more confidently implement that technique themselves.

The animated diagrams show the nuances of touch techniques that may be obscured in video or in real-life. A moving diagram can let individuals "see beneath" a fingertip that may occlude the anatomy it is touching. An example of one such diagram is presented in the web-based supplement (see supplementary material) for the technique, "Orbiting." When users click on any of the given combinations, the associated motion is animated on the vulva diagram. This allows users to see and compare variations of a technique, side-by-side, which can help make subtle movement distinctions clear.

In the touch demonstration videos, the same women who appeared in the narrative videos talk through their own steps in applying the technique while demonstrating on their own bodies. Users can see a wide variety of women enact and hear different women describe, each technique in an experience-near context which can clarify the range of ways users, themselves, can apply each touch technique.

- (5) **Touch and communication simulations.** While research suggests that women want to effectively communicate with their partners about sexual preferences (Frederick et al., 2017), there is a gulf between the abstract idea of communicating and the reality of verbalizing specific feedback about genital touch to a partner "in the moment." Other research funded by OMGyes.com demonstrated that the most prevalent reason women gave for not communicating their pleasure preference to their partner was not wanting to hurt their partner's feelings, not being comfortable going into detail, thinking it would be embarrassing and not knowing how to ask (Herbenick et al., 2019). Within our working framework of developing a safe sexual learning space by connecting users with "role models," we expected that listening to peers model the specific ways they give partners feedback, in real time, would help users choose and implement a strategy for themselves (Chalfen et al., 2010; Gage, 2013; Gage-Bouchard et al., 2017; Rich, 2004; Ziebland & Wyke, 2012). The women who appear in the videos were recorded giving hundreds of audio feedback prompts in the comfortable, conversational styles that were effective in their lives when guiding a sexual partner's touch.

In the touch and communication simulations, the user can perform the touch technique they just learned on their touchscreen or with their mouse/trackpad as they are guided by the audio of that woman's verbal feedback. For example, as the site user moves their finger or mouse in an upward and downward direction on the photo-realistic vulva, they might hear the resulting audio that says, "I like the downward part of the stroke, but could you not move upward onto my clitoris, it hurts when you do that. Could you just repeat the downward part?" There are eleven such simulations in total, meant to expose users to a range of feedback styles and approaches and to scaffold their confidence in verbally guiding their own partners.

The Current Study

The purpose of the current study was to establish proof-of-concept in using this resource to positively impact key aspects of sexual enjoyment and sexual pleasure knowledge in a cohort of new OMGyes.com users. We leveraged evidence-based design principles from the first author's feasibility work (Hensel et al., 2012, 2015; Roth et al., 2014) and examined three areas of viability: 1) *feasibility*, including participant recruitment and retention; participant compliance, and resource usage; 2) *acceptability*, including participant perceptions of resource usefulness, resource impact and ratings of study participation; and 3) *preliminary efficacy*, including effect size and changes in sexual agency, sexual knowledge confidence and positivity, sexual pleasure self-knowledge, and experience of sexual pleasure in partnered and solo sex.

Method

Procedures and Participants

We evaluated the effects of OMGyes.com resource use among a sample of new site users between February and April 2018. Immediately after purchase, but before being granted OMGyes.com site access, some potential participants (N = 18,737) were randomly selected to receive a popup message advertising the study. Individuals could opt to receive more information or to decline and immediately begin accessing the website. Those who indicated they wanted more information were taken to a page detailing the components of the study as well as information about compensation. Compensation was 50 USD paid after completion of the exit survey. We also refunded the purchase price of participants' OMGyes.com access, which cost 39 USD at the time the study was conducted.

Individuals who wanted to enroll in the study were taken to a study screener. Potential participants who reached the screener were asked if they were a) 18 years of age or older and b) identified as a woman and had a vagina. We refer to these individuals as "women" in the rest of the paper. Those who answered no to either and/or both questions were told they did not meet the study criteria, were thanked for their time, and were provided immediate site access. Those who answered "yes" to both questions were then taken to a page to complete informed consent, provide an e-mail address for study-related correspondence, and complete the baseline survey assessing questions related to background, sexual experiences, and sexual attitudes. This information was only asked of new users who consented to be in the study; neither new OMGyes.com users in general nor new users who did not enroll in the study provided this information. Participants could opt to delay survey completion, but they would not be able to access the website until doing so. All individuals were given a two-week window to complete the baseline survey and received two reminder e-mails to do so. Individuals who consented to participate in the study but did not complete the baseline within two weeks were timed out of the survey completion window and received access to the OMGyes.com website. Individuals could opt out of the study at any time and immediately access the OMGyes.com website content.

Following baseline survey completion, participants were given access to OMGyes.com and were asked to explore OMGyes.com over a four-week period. No other instructions on frequency or approach to resource use were given. Reminder e-mails were sent at one- and three-weeks to prompt participants to use the resource. At the end of the fourth week, participants received an invitation to complete the exit survey. The exit survey assessed the same questions on the baseline survey, with the addition of items assessing participants' experience of using the site as well as of participating in the study. Participants were not provided a specific definition of sexual pleasure on either the entry or the exit survey and were only queried about sexual pleasure from specific behaviors when they indicated engaging in the behavior in the past four weeks (e.g., participants who did not indicate solo masturbation would not have been asked items about sexual pleasure during solo masturbation). Table 2 provides the characteristics of those who did and did not complete the full study. Race/ethnicity was associated with completion: slightly fewer white-identified individuals finished (85.06%) than did not finish (89.06%) the study; individuals who identified as "other" more frequently completed the study (6.42%) than did not (3.35%). This study was approved by the Indiana University Institutional Review Board (#1804144522).

Measures

Feasibility

Our first proof-of-concept area of investigation was feasibility, which focused on aspects of study execution. We assessed two markers of feasibility – participant recruitment and retention and resource usage patterns (frequency and typology).

Participant Recruitment and Retention. We included an assessment of the *number of participants who viewed study information but did not enroll*, the *characteristics of participants who consented to the study*, and the *characteristics of participants who completed the study versus those who did not*.

Resource Usage Patterns. This concept examined the frequency and typology of OMGyes.com site interaction. Items included *number of times logged into the website*, *number of devices on which they accessed the site*, *number of total sessions on the site during the study period*, *average time spent on the site and spent on watching site videos*, *number of pages viewed*, *total number of and average number of videos seen*, and *number of simulation resources accessed*. We also analyzed one item that assessed how participants used the resource: *when you looked at OMGyes.com, did you do so by yourself, with your partner, or . . . ?* (5-point Likert type item: entirely by myself–entirely with my partner). We additionally compared these measures for those who did and did not complete the study.

Acceptability

These measures assessed the participant *process* – the extent to which individuals subjectively experienced taking part in the study. Higher acceptability may increase participant adherence to the study protocol, which has important downstream implications for resource use fidelity as well as overall resource

Table 2. Characteristics of participants stratified by study completion and non-completion.

Characteristic	Did not complete study	Completed study	Chi-square (df)
	n (%)	n (%)	
Age	<i>N</i> = 1008	<i>N</i> = 870	4.15 (5)
18 – 24	183 (18.15)	163 (18.74)	
25 – 34	483 (47.92)	432 (49.66)	
35 – 44	200 (19.84)	172 (19.77)	
45 – 54	90 (8.93)	73 (8.39)	
55 – 64	40 (3.96)	22 (2.53)	
65 – 74	11 (1.09)	7 (0.80)	
75 – 84	1 (0.10)	0 (0)	
85 or older	0 (0)	0 (0)	
Race	<i>N</i> = 997	<i>N</i> = 859	8.01 (3) *
Asian (including any region, Asian-American, Asian British or Asian Scottish)	51 (5.12)	35 (4.07)	
Black (African-American, African, Caribbean, Black British or Black Scottish)	34 (3.41)	26 (3.03)	
White	848 (85.06)	765 (89.06)	
Other	64 (6.42)	33 (3.35)	
Hispanic/Latin(o)(a)(x)	<i>N</i> = 998	<i>N</i> = 863	3.00 (1)
Prefer not to say	5 (0.5)	4 (0.46)	
Yes	74 (7.41)	46 (5.33)	
Education	<i>N</i> = 1008	<i>N</i> = 868	2.93 (4)
Less than a high school degree or Other	10 (0.99)	5 (0.58)	
High school degree/secondary school (e.g., GED, A-Level, IB)	51 (5.06)	39 (4.49)	
Bachelor's degree/tertiary school (3–5 year university study after secondary school)	430 (42.66)	378 (43.55)	
Some university (1–2 years of study after secondary school)	153 (15.18)	116 (13.36)	
Graduate, post-graduate or professional degree, (e.g., MA, MS, PhD, MD, JD)	363 (36.01)	329 (37.90)	
Sexual Orientation	<i>N</i> = 1008	<i>N</i> = 870	0.03 (1)
Heterosexual/straight	747 (74.11)	642 (73.79)	
Sexual minority	261 (25.89)	227 (26.12)	
Bisexual	157 (15.58)	145 (16.67)	
Homosexual/gay or lesbian	38 (3.77)	28 (3.22)	
Queer	28 (2.78)	30 (3.45)	
Asexual	6 (0.60)	3 (0.34)	
Other	32 (3.17)	21 (2.41)	
Gender Identity	<i>N</i> = 1008	<i>N</i> = 870	0.91 (1)
Cisgender female	998 (98.61)	852 (97.93)	
Something else	17 (1.69)	22 (2.06)	
Genderqueer	9 (0.89)	6 (0.69)	
Trans – man to woman	3 (0.30)	0 (0)	
Nonbinary/gender non-conforming	5 (0.50)	11 (1.26)	
Other	0 (0)	1 (0.11)	
Current Relationship Length	<i>N</i> = 1008	<i>N</i> = 870	5.49 (6)
Less than 6 months	386 (38.29)	364 (41.84)	
6 – 12 months	112 (11.11)	84 (9.66)	
1 – 2 years	97 (9.62)	95 (10.92)	
3 – 5 years	138 (13.69)	104 (11.95)	
6 – 10 years	116 (11.51)	88 (10.11)	
10 – 20 years	114 (11.31)	101 (11.61)	
More than 20 years	45 (4.46)	34 (3.91)	
Current Partner Gender	<i>N</i> = 1008	<i>N</i> = 869	0.01 (1)
Cisgender male	936 (92.86)	774 (88.97)	
Something else	133 (13.19)	39 (10.91)	
Cisgender female	95 (9.42)	95 (13.91)	
Transgender woman	5 (0.50)	1 (0.11)	
Transgender male	5 (0.50)	1 (0.11)	
Genderqueer	10 (0.99)	2 (0.23)	
Nonbinary/gender non-conforming	11 (1.09)	1 (0.11)	
None – have had no partners	7 (0.69)	0 (0)	
Other	0 (0)	56 (6.44)	
Sexual and reproductive characteristics	<i>N</i> = 1007	<i>N</i> = 868	9.19 (5)
Are pregnant/Gave birth within past 6 months	13 (1.29)	12 (1.38)	
Have young children in your household	140 (13.9)	147 (16.94)	
Are in perimenopause	44 (4.37)	28 (3.23)	
Are post-menopausal	55 (5.46)	45 (5.18)	
Currently on medications with sexual side-effects	119 (11.82)	75 (8.64)	
None of the above	636 (63.16)	561 (64.63)	

****p* < .001, ***p* < .01, **p* < .05.

efficacy (Sekhon et al., 2017). We assessed three acceptability concepts: perceptions of resource, rating of study experience, and site use impact on sexual attitudes. All these items were assessed on the exit survey only, and all items were reverse coded for analysis.

Perceptions of Resource Utility and Acceptability. This concept assessed how useful participants perceived the OMGyes.com resource to be. Items included the following: *Overall, how do you feel about the content on OMGyes.com?* (7-point Likert-type item: very negative–very positive); *How useful was the site*

content compared to your expectations? (7-point Likert-type item: useless–very useful); Did you get what you were hoping for from the site? (5-point Likert-type item: not at all–definitely yes), and How likely are you to recommend OMGyes to a friend or colleague? (10-point Likert-type item: very likely–very unlikely).

Rating of Study Experience. This concept examined participants' evaluation of participating in the study. Items included the following: *This survey was too long* (7-point Likert-type item; strongly agree–strongly disagree); *The monetary compensation for my time was fair* (7-point Likert-type item; strongly agree–strongly disagree); and *I would participate in another OMGyes.com survey in the future* (7-point Likert-type item; strongly agree–strongly disagree). These items have been used in previous feasibility studies conducted by the first author (Hensel et al., 2012; Roth et al., 2014).

Perceived Impact of Resource Use on Sexual Attitudes. This concept assessed the extent to which participants perceived using OMGyes.com as having an impact on their sexual pleasure attitudes (all 7-point Likert-type items; strongly agree–strongly disagree; reverse coded for analysis). We examined the *relatability* of OMGyes.com with two items: *I related with the women in the videos on OMGyes.com* and *The women in the videos on OMGyes.com shared insights that I felt could apply to my own life*. We examined the extent to which OMGyes.com impacted *sexual pleasure optimism* using two items: *Seeing women of a variety of ages being open about their sexual journeys made me feel hopeful that my sexual pleasure will get better over my lifetime* and *Using OMGyes.com made me feel hopeful about improving sexual pleasure in my own life*. Finally, we examined the extent to which OMGyes.com impacted *sexual pleasure empowerment* using four items: *Using OMGyes.com and seeing women share diverse preferences motivated me to explore more about my own specific pleasure preferences*; *Seeing women in videos on OMGyes.com confidently explain what they like in such detail made me feel more confident I might be able to do the same*; *Using OMGyes.com made me realize that there's more room for my sexual pleasure to grow*; and *Using OMGyes.com helped me see that women have a wider range of ways to find pleasure than I had previously thought*. These items were developed for the current study and, similar items were used by the first author in prior feasibility studies.

Preliminary Efficacy

We assessed preliminary efficacy in four conceptual areas: sexual agency, sexual knowledge confidence and positivity, sexual pleasure self-knowledge, and solo and partnered sexual pleasure experiences before and after study participation.

Sexual Agency was three items (all 7-point Likert items, strongly agree–strongly disagree; reverse coded for analysis) based on existing work (De Santis et al., 2019; Kleinplatz et al., 2009): *Over the past four weeks, I've spoken up in a sexual setting when I wanted things to be different than they were ... During sexual activity, I have tried ways of guiding my partner's touch that I had not tried before ...*

I have discovered new ways to guide my partner so that their touch gives me more pleasure.

The first item was original to this study and was not piloted. The second and third items were originally 6-point (not at all – yes, a lot) during our first-round pilot testing and were found to have negligible (0.05) and slight negative skew (–1.21), respectively. Following the first pilot, we expanded the measurement valence (from six to seven points) and rephrased these same two items so that they asked specifically about whether things have changed “in the past four weeks.” These items were then subjected to a second round of pilot testing, and the skew value was negligible for both items (0.26 and 0.06, respectively).

Sexual Knowledge Confidence and Positivity items were based on the Multidimensional Sexual Self-Concept Questionnaire (Snell, 1998) and included (all 7-point Likert items: strongly agree–strongly disagree; reverse coded for analysis): *Over the past four weeks ... I have developed more positivity about my knowledge of my own sexual pleasure and desires ... I've developed more confidence in my knowledge of my own body and what feels good to me sexually ... I have developed a stronger sense of self-pride about my understanding of my own physical pleasure.*

All items were originally 5-point (strongly agree–strongly disagree) during our pilot testing. After one round of pilot testing, all items were found to be prone to moderate negative skew (–1.38, –1.07 and –1.08, respectively). Following the first pilot, we expanded the item measurement valence (from five to seven points) and rephrased the items so that they asked specifically about whether things have changed “in the past four weeks.” All items were subjected to a second round of pilot testing, and the skew value was negligible for all three items (0.33, 0.42 and 0.41, respectively).

Sexual Pleasure Self-Knowledge items were based on the Multidimensional Sexual Self-Concept Questionnaire (Snell, 1998) and included (all 7-point Likert items, strongly agree–strongly disagree; reverse coded for analysis): *Over the past four weeks ... I have discovered new ways to describe the kinds of things I like sexually ... I have discovered new words or language to describe the kinds of things I like sexually ... I have discovered new things about how to give myself sexual pleasure.* All items were originally 5-point (strongly agree–strongly disagree) during our pilot testing. After one round of pilot testing, all items were found to be prone to strong negative skew (–1.40, –1.18 and –1.32, respectively). Following the first pilot, we expanded the item measurement valence (from five to seven points) and rephrased items so that they asked specifically about whether things have changed “in the past four weeks.” All items were subjected to a second round of pilot testing, and the skew value was negligible for all three items (0.15, 0.28 and 0.18, respectively).

Sexual Pleasure Experience items were based on the Sexual Pleasure Scale (Pascoal et al., 2016) and included the following: (all 7-point Likert items, very pleasurable – not pleasurable at all; reverse coded for analysis): *Over the past four weeks, when you masturbated alone ... how pleasurable were your orgasms? ... how pleasurable was the experience overall? and Over the past four weeks, when you engaged in sexual activity with a partner ... how pleasurable were your orgasms? ... how*

pleasurable was the experience overall? These items were validated as part of the source study.

Data Analysis

We used descriptive statistics to evaluate all measures. Chi-square tests were used to compare percentages of individuals with like responses for each demographic variable among those who completed the study versus those who did not complete the study. Independent means *t*-tests were used to compare the means of each resource usage pattern for those who completed the study versus those who did not complete the study. We examined the effect size change in usage patterns through Cohen's *D*. Effect magnitude was evaluated using thresholds defined as follows: "small:" ≤ 0.20 ; "small to medium:" 0.21–0.49 "medium:" 0.50; "medium to large;" 0.51–0.80; "large:" ≥ 0.81 (Cohen, 2013).

Nonparametric Wilcoxon rank sum tests were used to assess differences in each individual ordinal sexual pleasure item before (entry survey) and after (exit survey) the 30-day OMGyes.com usage period. Because we had ordinal data (vs. continuous data), we reported effect sizes as Cliff's Delta using median values (vs. Cohen's *D* using mean values) (Cliff, 2014). Effect magnitude was assessed using thresholds defined as follows (Romano et al., 2006): 0–0.147 is "negligible," 0.148–0.330 is "small," 0.331–0.474 is "medium" and 0.475–1.00 is "large."

All analyses were conducted in R using both the describeBy command in the "psych" package and the wilcox.test function in the "stats" package (R Core Team, 2017). The Bonferroni correction was applied to the *p*-values for all items compared pre- and post-use of OMGyes.com to address the potential for inflated type I error from multiple single-item analyses. Raw data were available to both the first and third authors; the third author conducted all primary data analysis, which was subsequently reviewed and confirmed independently by the first author.

Results

Feasibility

Participant Recruitment and Retention

At the time of analysis, 1878 participants had enrolled in the study, 46.3% ($N = 870$) had completed the study and were used in the current study's sample. The non-completing group ($N = 1008$; 53.7% of all enrolled) included 45 participants who completed informed consent but did not complete the enrollment baseline survey, use the resource, or complete the exit interview and 20 individuals who did not complete the follow-up survey.

Participants who completed the study were not statistically different from those who did not complete the study in terms of age, educational completion, sexual orientation, gender identity, current relationship length, current partner's gender, and other sexual and reproductive characteristics, including use of medications with sexual side effects, parity, menopausal status or pregnancy status. Slightly fewer white-identified individuals finished (85.06%) than did not finish (89.06%) the study; individuals who identified as "other" more frequently completed the study (6.42%) than did not (3.35%). The characteristics of the completing and non-completing sample are presented in Table 2.

Resource Usage Patterns

Table 3 shows the different ways in which participants used the resource during the four-week study period. The majority of participants who completed the study ($n = 868$; 99.8%) logged onto the resource at least once (data not shown) with an average of four times in the study period. Two participants never logged onto the resource but completed both the entry and exit surveys. Each participant used between one and five devices to access the resource, showed an average of three or four sessions total and in total across all sessions, they spent

Table 3. Participant resource usage patterns stratified by study completion and non-completion.

Domain	Participants who completed the study				Participants who did not complete the study				Cohen's <i>D</i> comparing group means	
	<i>N</i>	Mean (<i>SD</i>) or %	Median	Range	<i>N</i>	Mean (<i>SD</i>) or %	Median	Range	Effect size	Threshold interpretation ^a
Number of site logins	870	3.95 (2.78)	3	0–27	1008	3.30 (2.47)	3	0–22	0.25	Small to medium
Number of devices used to access the site	870	1.19 (0.49)	1	1–5	1008	1.20 (0.54)	1	1–6	–0.02	Small
Number of site sessions***	870	3.63 (2.62)	3	0–25	1008	2.99 (2.27)	2	0–22	0.26	Small to medium
Number of pages viewed***	870	6.78 (3.28)	7	0–12	1007	5.48 (3.22)	5	0–12	0.40	Small
Number of interactive events***	870	47.73 (33.85)	40	0–260	1008	36.42 (31.21)	28	0–249	0.35	Small to medium
Percent of all videos watched***	870	35.06 (23.38)	32.14	0–100	1008	25.89 (21.27)	21.43	0–100	–1.64	Large
Number of minutes on site***	870	92.96 (73.52)	73.41	0–540	1008	70.63 (63.81)	53.03	0–596.02	0.33	Small to medium
Number of minutes watching videos***	869	31.32 (23.30)	26	0–171	1008	23.50 (21.61)	18.18	0–180.02	0.35	Small to medium
Number of simulation resources accessed	867	2.72 (2.00)	2	0–36	-	-	-	-	-	-
When you looked at OMGyes.com, did you do so by yourself, with your partner, or ... ?	506	-	-	-	-	-	-	-	-	-
Entirely by myself	289	57.1%								
Mostly by myself, some with my partner	120	23.7%								
Some by myself and some with my partner	55	10.9%								
Mostly with my partner	30	5.9%								
Entirely with my partner	12	2.4%								

*** $p < .001$, ** $p < .01$, * $p < .05$.

^aThreshold boundaries: small: ≤ 0.20 ; small to medium: 0.21–0.49; medium: 0.50; medium to large: 0.51–0.80; large: ≥ 0.81 .

about 93 minutes on the resource during the intervention time frame. Individuals viewed seven pages of the resource (of 12 total available; range: 0 – 12). Participants on average watched a third of all videos available, spending about 31 minutes watching videos during the four-week intervention period. Participants typically accessed two or three of the 11 available simulation resources. Finally, of all people who responded to a question about how they used the site ($n = 506$), about half of participants (57.1%) used the resource entirely by themselves, while about a third of individuals engaged with the resource mostly by themselves and some with their partner (23.7%), or some by themselves and some with their partner (10.9%). Other usage patterns are presented in Table 3.

We also examined the usage patterns of individuals who did not complete the study in comparison with those who did (Table 3). The two groups were significantly different in number of site logins, number of site sessions, number of pages viewed, number of interactive events, percentage of all videos watched, number of seconds on site, and number of seconds watching videos. The effect sizes of these differences were mostly small. There was no difference between people who completed the study and those who did not in terms of the number of devices used to access the site.

Acceptability

Table 4 illustrates the descriptive statistics associated with acceptability measures.

Perceptions of Site Utility

At the exit interview, participants provided their perceptions of how useful the OMGyes.com content was. The majority (79%; $n = 686$) agreed or strongly agreed that they had gotten what they hoped for from the site (median = 4), and half stated that the site was either better or much better than they had expected (57.2%; $n = 497$). Two-thirds (67%; $n = 569$) strongly agreed that they

would recommend the site to a friend/colleague (median = 8) and over half said that they felt very positively ($n = 462$; 53%) about the overall content of OMGyes.com (median = 7).

Rating of Study Experience

About half of participants (53% [$n = 458$]; median = 7) strongly agreed that they would participate in another OMGyes.com survey in the future and that the monetary compensation for the time spent on study activities was fair (44% [$n = 385$]; median = 6). Two-thirds of individuals tended to disagree that the survey was too long (66.6% [$n = 580$]; median = 4).

Perceived Impact of Resource Use on Sexual Attitudes

Participants also provided feedback on the exit survey about the impact the site resource had on their sexual pleasure attitudes. In *relatability*, one-third of participants strongly agreed both that they could relate to individuals featured in the videos (median = 6) and that they could apply the insights from the women in the videos to their own lives (median = 7). With respect to *sexual pleasure optimism*, resource content linked to the participants' strong agreement that in using it, they felt hopeful about improving their own sexual pleasure (median = 6). Finally, we also found support for *sexual pleasure empowerment* as participants strongly agreed that in using OMGyes.com they saw wider possibilities of pleasure as described by other women (median = 6), realized that their own pleasures could grow (median = 6) and developed confidence and/or motivation to explore new avenues of pleasure in their own lives (median = 6).

Preliminary Efficacy

Table 5 illustrates preliminary efficacy with pre- and post-use of OMGyes.com information on sexual pleasure concepts. We observed statistically significant medium to large effect size

Table 4. Participant perceptions of resource website acceptability, site use impact on sexual attitudes, and study experience.

Items ^a	N	Mean (SD)	Median
Perceptions of site utility and acceptability			
Did you get what you were hoping for from the site?	870	4.06 (0.84)	4
How useful was the site content compared to your expectations?	868	5.44 (1.28)	6
How likely are you to recommend OMGyes to a friend or colleague?	855	8.09 (2.01)	8
Overall, how do you feel about the content on OMGyes.com?	870	6.43 (0.72)	7
Perceptions of study experience			
I would participate in another OMGyes.com survey in the future.	870	6.43 (0.72)	7
The monetary compensation for my time was fair.	870	6.37 (0.68)	6
This survey was too long.	870	3.7 (1.52)	4
Relatability			
I related with the women in the videos on OMGyes.com.	870	5.88 (1.15)	6
The women in the videos on OMGyes.com shared insights that I felt could apply to my own life.	870	6.09 (0.92)	6
Sexual Pleasure Optimism			
Seeing women of a variety of ages being open about their sexual journeys made me feel hopeful that my sexual pleasure will get better over my lifetime.	870	6.3 (0.85)	6
Using OMGyes.com made me feel hopeful about improving sexual pleasure in my own life.	870	6.26 (0.83)	6
Sexual Pleasure Empowerment			
Using OMGyes.com and seeing women share diverse preferences motivated me to explore more about my own specific pleasure preferences.	363	6.33 (0.87)	7
Seeing women in videos on OMGyes.com confidently explain what they like in such detail made me feel more confident I might be able to do the same.	870	6.11 (0.98)	6
Using OMGyes.com made me realize that there's more room for my sexual pleasure to grow.	363	6.37 (0.91)	7
Using OMGyes.com helped me see that women have a wider range of ways to find pleasure than I had previously thought.	870	6.28 (0.94)	6

^aAll are 7-point Likert scaled items (1. strongly disagree – 7. strongly agree; 1. useless – 7. very useful; or 1. very negative – 7. very positive) except for "How likely are you to recommend OMGyes.com to a friend or colleague?" which was on a 10-point scale (1. very unlikely – 10. very likely), and "Did you get what you were hoping for from the site?" which was on a 5-point scale (1. not at all – 5. definitely yes).

Table 5. Preliminary efficacy analysis: pre- and post-resource changes in sexual pleasure concepts.

Items	Pre			Post			Wilcoxon W Statistic <i>p</i> -value ¹	Cliff's Delta	
	<i>N</i>	Mean (<i>SD</i>)	Median	<i>N</i>	Mean (<i>SD</i>)	Median		Estimate ^b	Effect Size ^b
Sexual Agency									
I've spoken up in a sexual setting when I wanted things to be different than they were	859	3.04 (1.63)	2	869	4.94 (1.46)	6	<.001*	0.407	medium
During sexual activity, I have tried ways of guiding my partner's touch that I had not tried before	617	2.78 (1.58)	2	645	5.40 (1.27)	6	<.001*	0.760	large
I have discovered new ways to guide my partner so that their touch gives me more pleasure.	868	2.78 (1.58)	2	868	5.40 (1.27)	6	<.001*	0.740	large
Sexual Knowledge Confidence and Positivity									
I have developed more positivity about my knowledge of my own sexual pleasure and desires	868	3.04 (1.63)	2	869	5.72 (1.08)	6	<.001*	0.796	large
I've developed more confidence in my knowledge of my own body and what feels good to me sexually	867	2.91 (1.61)	2	869	5.69 (1.07)	6	<.001*	0.806	large
I have developed a stronger sense of self-pride about my understanding of my own physical pleasure.	870	3 (1.64)	2	870	5.58 (1.17)	6	<.001*	0.767	large
Sexual Pleasure Self-Knowledge									
I have discovered new ways to describe the kinds of things I like sexually	870	2.64 (1.53)	2	870	5.51 (1.17),	6	<.001*	.817	large
I have discovered new words or language to describe the kinds of things I like sexually	868	2.41 (1.36)	2	868	5.37 (1.26)	6	<.001*	0.843	large
I have discovered new things about how to give myself sexual pleasure	869	2.73 (1.63)	2	830	5.78 (1.18)	6	<.001*	0.822	large
Sexual Pleasure Experience									
When you engaged in sexual activity with a partner, how pleasurable were your orgasms, on average?	456	3.88 (1.20)	4	515	5.11 (1.09)	5	<.001*	0.536	large
When you engaged in sexual activity with a partner, how pleasurable was the experience overall?	618	4.13 (1.26)	4	642	5.22 (1.16)	5	<.001*	0.474	large
When you masturbated alone, how pleasurable were your orgasms, on average?	704	3.90 (0.97)	4	804	5.16 (1.13)	5	<.001*	0.606	large
When you masturbated alone, how pleasurable was the experience overall?	614	3.82 (0.86)	4	663	5.10 (1.06)	5	<.001*	0.638	large

^aAll *p*-values had a Bonferroni correction of $p < .0039$. All remained significant at $p < .001$ with this correction.

^bThreshold boundaries: negligible: $|d| < 0.147$, small: $|d| < 0.33$, medium: $|d| < 0.474$, large: $|d| \geq 0.474$.

increases in participants' *sexual agency*, including discovering and trying new ways to guide a partner so that their touch is more pleasurable and speaking up when they wanted things to be different than they were in a sexual setting ($p < .0039$). There was also a statistically significantly large effect size increase in participants' *sexual knowledge confidence and positivity*, including developing positivity about their knowledge of their own sexual desires ($p < .0001$), developing confidence in their knowledge of their own body ($p < .0001$) and developing self-pride in their understanding of their own physical pleasure ($p < .0001$). Additionally, we observed statistically significant large effect size increases in participants' *sexual pleasure self-knowledge*, including finding new ways ($p < .0001$) and/or new words or language ($p < .0001$) to describe the things they like sexually and discovering novel touch-associated methods for giving themselves more sexual pleasure ($p < .0001$). Finally, participants also reported statistically significant large effect size increase in *sexual pleasure experience*, including overall pleasure level during solo masturbation ($p < .0001$) and partnered sex ($p < .0001$) as well as in the pleasure associated with orgasms during solo masturbation and partnered sexual activity (both $p < .0001$).

Discussion

This study evaluated the feasibility, acceptability and preliminary efficacy of a person-centered, internet-based pleasure resource to

improve sexual agency, sexual knowledge confidence and positivity, sexual pleasure self-knowledge, and experience of sexual pleasure in partnered and solo sex among a cohort of new users of the pro-pleasure website, OMGyes.com. Our findings demonstrate – particularly considering the well-noted challenges associated with internet-based recruitment – that it is feasible to gather participants for a one-month study of online educational resource use. Participants rated the pleasure-focused resources as well as the study experience to be highly acceptable. Our data also suggest that resource use may be useful for positively changing both how women think about and advocate for their own sexual pleasure.

While we had no *a priori* hypotheses in our feasibility aim regarding how participants might use OMGyes.com, we did want to understand how people could individualize their resource interactions to better fit within their own life circumstances. Our data demonstrate diversity in how participants accessed the site, how often they used the site, what resources they used on the site and whether they used the site alone and/or with a partner. This diversity of access and use – especially considering our instruction for participants to use OMGyes.com as they wished during the study period – underscores the importance of flexible resource options that support people where they are. As we suggested earlier in this paper, the general lack of open discussion of sexuality (Anderson, 2013) means that individuals have relatively few non-clinical, relatable, pleasure-affirming options for accessing research-informed information about sexual pleasure. The model in the

current study – where research gathers successful strategies from a population and presents the findings back to the population through peer “role model” resource content – is currently used in the literature for health outcomes, such as weight loss and smoking cessation (Kraschnewski et al., 2011; Stuckey et al., 2011; Whittaker et al., 2011) but underexplored for sexual pleasure. This focus could represent a next-generation approach for health and wellness outcome improvement within socially taboo parts of life. From this perspective, our resource model provides a potentially innovative means by which research could be translated into educational material that is easy to disseminate.

Our acceptability aim demonstrated high acceptability for site resource format and content. A primary site content innovation was first-person narrative interviews featuring women describing their experiences with specific evidence-based pleasure-promoting techniques. In keeping with existing health narrative research (Chalfen et al., 2010; Keller et al., 2008; Kindig et al., 2004; Rich et al., 2000) participants identified with women featured in the interviews and gleaned usable pleasure-promoting strategies for their own lives (Falzon et al., 2015; Gabriel, 2004; Schaffer et al., 2008). Participants also reported greater post-study optimism about the possibility of improving their own sexual pleasure in the future, as well as greater motivation and confidence to emulate the insights and strategies shared by women in the videos. Currently, few studies center on research-informed strategies shared through “role model” first-person peer narratives to improve participant well-being (Gage, 2013; Gage-Bouchard et al., 2017; Ziebland & Wyke, 2012). Our data provide evidence that the ability of users to “see themselves” in the information they are given contributes to both their comfort and their confidence to implement resource content. Comfort and confidence are likely to be especially important for site users who know less about their own or their partner’s anatomy or who may feel less empowered to be able to explore that anatomy (Waskul et al., 2007).

We found preliminary evidence that using OMGyes.com promotes positive changes in women’s sexual agency, sexual knowledge, confidence and positivity, sexual pleasure self-knowledge, and solo masturbation and partnered sexual pleasure experiences. After using the resource for one month, participants reported that they developed a wider repertoire of ways to talk about what they liked sexually and that they felt more positive and confident about understanding what felt good to them personally. This greater precision of knowledge and communication may be one reason women noted that they had found new ways of engaging pleasure both by themselves and with partners; clear names and moving animations facilitate women’s ability to see different techniques as distinct to try them out and to combine and modify them to their own preference. This framework of variability around known, named, prevalent pleasure-promoting techniques could offer a potentially more realistic and practical model of women’s sexual pleasure – one that in the current study was associated with greater overall pleasure of solo and partnered sexual experiences, as well as greater pleasure of orgasms during solo and partnered sex.

Limitations, Strengths, and Future Research

Some limitations of the current study should be noted. First, we used an observational study design, without a control group, so we are unable to assess if and/or how any over-time changes in study outcomes changed among individuals who did not complete the study. We did, however, observe some differences in site usage among those who did not complete the study. An important aspect of future research will be to understand in more detail the extent to which specific types and frequencies of use – as compared to the participant-driven use in this study – impact changes in pleasure outcomes. One possible design to engage in future research to accomplish this goal could be a randomized control trial. Furthermore, our data relied on participants’ retrospective self-report of sexual pleasure beliefs, attitudes and experiences, which could have been affected by recall and/or reporting biases. Ongoing work may seek to consider prospective measurement techniques as a means of increasing the ecological validity of sexual pleasure concept data (Shiffman et al., 2008).

In addition, because we did not follow up with participants after the study completion, we have no information on the extent to which changes may have persisted following the study. Studies engaging this type of usage paradigm may seek to explore how different resource engagement time frames (for example, two, four, six, or eight weeks) could impact feasibility and acceptability, as well as to follow participants after the intervention concludes to understand how changes persist. Furthermore, because this was a feasibility study, our goal was to understand method, process, and preliminary effects. While we do provide revisions made to items following pilot testing, we did not build confirmatory or explanatory modeling into this project. Formal psychometric analysis will be an important aspect of future research.

Moreover, because this study was not intended as a clinically diagnostic study or as a study to evaluate sexual function treatment, we did not ask participants about any past and/or current sexual challenges. Future work may seek to engage a population facing sexual challenges to better understand how self-guided use of person-centered sexual pleasure education resources could address their needs. We also did not link specific OMGyes.com resource usage patterns to change in sexual pleasure knowledge, attitudes, experiences– ongoing work may elucidate how specific typologies of use and/or volume of use of OMGyes.com could drive different differences in people’s pleasure outcomes. In addition, because this paper was focused on broad examination of feasibility, acceptability and preliminary data, we did not conduct analyses on these concepts in specific subgroups of participants. It will be important to understand in future work how web-based resources, such as these, can be leveraged to facilitate access for traditionally marginalized groups. Finally, we are unable to comment on the role that sexual partners may have played in participants’ resource use and/or their sexual pleasure concept changes. Dyadic dynamics influence sexual experiences, and additional studies would benefit from directly engaging a research arm focused on intimate partnerships.

Implications and Conclusion

We have provided proof-of-concept of research-informed techniques presented through an interactive, web-based, peer role modeling of research-informed sexual pleasure strategies resource framework as a feasible way to improve sexual pleasure. The study showed evidence of the feasibility of recruiting individuals to participate in this study. We also found potential for OMGyes.com to broaden how women think about sexual pleasure, how they discover their own preferences, how they advocate for what they want with partners, as well as how they experience pleasure and orgasm during solo and partnered sex. Although our resource delivery method is currently underexplored in the literature, it could represent an important future means by which a greater number of individuals can access practical, research-informed ways to improve health and well-being outcomes, particularly in under-researched and socially taboo parts of life.

Acknowledgments

The authors would like to thank Dr. Jennifer Arter for her contributions to statistical analysis. We are grateful to Austin Eschenbach for his technical support in developing and maintaining the OMGyes.com research and user membership infrastructure.

Disclosure Statement

All authors have disclosed these relationships fully to the *Journal of Sex Research* Editorial Board and to the Taylor & Francis Group through submission of International Committee of Medical Journal Editors (ICMJE) Disclosure of Potential Conflicts of Interest forms. The research team additionally followed ICMJE recommendations for instrumentation, data analysis, and manuscript preparation. This process is described in more detail in the paper.

Funding

The study was funded by For Goodness Sake, LLC. The first, third, and fifth authors received consulting fees from For Goodness Sake, LLC for their work on this paper, and the second, fourth, and sixth authors are employees of For Goodness Sake, LLC.

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