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Fear as a Sexual Expression in Mexican Women Experiencing Emerging Adulthood

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Fear as a Sexual Expression in Mexican Women Experiencing Emerging Adulthood

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Abstract

Female sexuality during emerging adulthood represents a period of identity, relational, and sexual exploration that may be shaped by experiences of fear, influencing how women live and interpret their sexual encounters. The aim of this study was to interpret fear as a sexual expression among Mexican emerging adult women. A qualitative, empirical, cross-sectional, and interpretive study was conducted using a hermeneutic approach. Fifteen sexually active, single women aged 18 to 29 years were recruited through purposive sampling until theoretical saturation was achieved. Data were collected through semi-structured interviews and analysed using hermeneutic content analysis. Findings revealed that sexual fear among Mexican women is structured across three phases of the sexual experience: initial, transitional, and post-sexual. Fears emerged in association with sexual inexperience, bodily insecurity, coercion, sexual compliance, fear of romantic attachment, vaginal pain, anorgasmia, guilt, dissatisfaction, unplanned pregnancy, and sexually transmitted infections. Fear constitutes a central expression within the sexual experience of Mexican women, shaping how they interpret their bodies, regulate desire, and establish affective bonds. These findings lay the groundwork for developing a quantitative instrument to assess female sexual fears in emerging adult populations.

Keywords: sexual fear; sexual expression; Mexican women; emerging adulthood; qualitative research



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1. Introduction

The aim of this study is to interpret fear as a sexual expression among Mexican women experiencing emerging adulthood. Fear can be understood as an adaptive emotion that arises in response to unpleasant experiences, when a person perceives an inability to cope with a real, imagined, or anticipated threat that places them in a position of vulnerability—feeling immobilized before defensive responses and generating mental schemas that influence the interpretation of present experiences and may orient integrated responses in thought, emotion, and behaviour, directed toward avoidance or confrontation [1–3]. In the realm of sexuality, fear may manifest in ways specifically associated with the experiences and meanings that individuals attribute to their sexual encounters.

Accordingly, sexual fear is defined as a person's apprehension toward something, someone, or a specific situation—such as harassment, sexual assault, violence, and dangerous sexual experiences—that constrains sexual development, depending on prior experiences and personal identity [4]. It may also be understood as a psychological response that emerges when a person perceives any sexuality-related context as threatening. Its configuration encompasses both the cognitive appraisal of potential adverse consequences and the emotional responses of fear, worry, tension, or anxiety that accompany the anticipation or enactment of the sexual experience [5].

Between the ages of 18 and 29, individuals enter the stage of emerging adulthood, characterized by a progressive transition toward specific adult roles, including the construction of personal identity, professional development, the establishment of personal relationships, and the formation of more stable affective bonds [6]. During this period, the exploration of sexuality intensifies, alongside the pursuit of romantic partnerships and the construction of deeper emotional connections, within which sexual relationships may also be integrated [7]. In this context, women tend to be selective in their choice of partners while remaining open to casual sex, prioritizing compatibility, commitment, and deliberateness in their relationships [8].

Nevertheless, some women may navigate this stage under conditions of confusion, vulnerability, and fear. This experience is not solely an individual matter, but is strongly shaped by the social and cultural expectations imposed upon women's bodies and sexuality, as well as by the messages they have received regarding what a woman "should be" sexually. These external pressures may lead women to perceive themselves as unprepared to assume the responsibilities of adulthood or to adequately respond to sociocultural expectations. This perception is often associated with a lack of self-assurance and clearly defined personal goals. In this context, limited autonomy and a scarcity of prior experiences may create fertile ground for the emergence of sexual fears, which extend beyond the sexual act itself to encompass the meanings it acquires in terms of identity, commitment, and affective bonds [9].

Thus, the sexual experience may become a site of fear, rather than being lived as a space of openness and trust [10]. Sexual fears arise when women experience sexuality-related situations negatively, generating cognitive, emotional, and behavioral responses that shape unfavorable meanings around their sexuality [1,11]. In women, negative sexual emotions and self-schemas—including anxiety, shame, and concerns about body or genital self-image—may interfere with desire, arousal, orgasm, pain, and overall sexual well-being [12].

One study analysed sexual fear associated with pain in a sample of 48 women; the results demonstrated that fear of pain inhibits genital arousal, reducing both genital and subjective sexual response. The study concluded that emotional states play a determining role in female genital response, influencing both healthy women and those presenting sexual dysfunction [13]. Similarly, researchers examined fear of pain during sexual intercourse in women under 30 years of age with male partners; results indicated that fear of genital pain is associated with reduced frequency of sexual activity, relationship difficulties, and the presence of sexual dysfunctions. Furthermore, catastrophic beliefs about sexual intercourse were found to promote avoidance behaviors, constraining sexual development [14].

Recent research has demonstrated that various psychological factors influence the female sexual response in Iranian women aged 20 to 45, with sexual response difficulties being related to body image and self-perception [15]. Another study conducted with Ecuadorian women aged 18 to 50 concluded that sexual response is inhibited when women hold negative schemas about sexuality associated with contextual factors and sexual fears [16]. Likewise, a study found that sexual shame related to bodily exposure affects female sexual

functioning, interfering with processes such as arousal, desire, and orgasm, and even promoting the onset of pain during sexual intercourse [12].

Within this context, fear is a natural emotion in women's lives that may arise in situations of threat or danger, affecting physical and psychological integrity. It manifests through various bodily and physiological reactions, triggering the release of hormones such as adrenaline and epinephrine, which produce biological changes including tachycardia, hyperhidrosis, chills, tremors, xerostomia, weakness in the limbs, pupillary dilation, and tachypnea, as well as abdominal discomfort [17]. Sexual fear may result from negative mental schemas in adult women, originating in social, cultural, and religious discourses that regulate female sexuality and constrain the expression of desire [18], giving rise to sexual dysfunctions such as dyspareunia, vaginismus, reduced sexual desire, inability to achieve sexual arousal, anorgasmia, and insufficient vaginal lubrication [19,20].

In this regard, research indicates that 42% of Mexican women present some form of sexual dysfunction, which impacts sexual health during the productive and reproductive stages of life [21]. This situation gives rise to the following research question: How do Mexican women experiencing emerging adulthood interpret fear as a sexual expression?

This study is important because fear can trigger a process of maladaptation when physiological and emotional responses generate distress, affecting the personal, familial, social, and professional domains [22]. The relationship between fear and sexuality suggests that negative experiences during childhood—such as violence, abuse, or neglect—are closely associated with maladaptive sexual behaviors in adulthood [23]. Although fear is present in most health-related disorders and may emerge as a response to illness or stressful situations, it also serves an adaptive function through the activation of physiological and somatic responses [24].

The relevance of this study lies in interpreting women's sexual fears through a qualitative approach that enables an in-depth understanding of the sexual experience, contributing new knowledge on a topic characterized by a notable absence of research of this nature.

2. Materials and Methods

This was a qualitative hermeneutic study, empirical, cross-sectional, and interpretive in nature, employing an interpretive technique [25].

2.1. Study Sample

Participants were 15 women in the emerging adulthood stage, aged between 18 and 29 years. Purposive sampling was employed, a participant selection technique in which individuals are chosen based on their ability to provide information relevant to the research objective [26] data collection continued until theoretical saturation was achieved. Inclusion criteria were sexually active, single, Mexican women who expressed willingness to participate in the study, attended a preliminary interview to learn about the study's objective, the time and location of the interview, consented to audio recording of the interview, and signed the informed consent form.

Exclusion criteria included having a physical or mental condition that prevented them from responding to the interview, or failure to complete the interview.

Participant characteristics were as follows: five were currently enrolled in undergraduate programs, nine had completed undergraduate degrees, and one held a graduate degree. Ten were employed. The total sample reported an average of five sexual partners. Regarding religious affiliation, thirteen identified as Catholic, one as Evangelical Christian, and one practiced Yoruba.

2.2. Instrument and Data Collection Technique

A semi-structured interview was conducted based on a guide developed from three central categories aligned with the study's objectives: Sexual experience, Sexual fear, and Sexual expressions. The guiding questions were as follows: How have your sexual experiences been? What fears have you experienced in your sexual encounters? And what are your expressions of fear when engaging in a sexual relationship? The questions were validated by three subject-matter experts through an interview process to confirm their objectivity.

Additionally, in-depth interviewing was employed. At the outset, participants were asked for permission to be interviewed individually, in person, in a private, well-lit, ventilated space with comfortable seating. Interviews lasted between 40 and 60 min and were audio recorded using a Sony ICD-P520 recorder (Sony Corporation, Tokyo, Japan) after participants had signed the informed consent form, ensuring confidentiality at all times.

Interviews were conducted respectfully, ensuring that each participant was allowed to complete her responses and express her lived experiences in relation to each question. Rapport was established so that conversation flowed naturally, and genuine interest was demonstrated in each response throughout the interviews. A field logbook was used to record observations regarding verbal and nonverbal aspects. The study was conducted from November 2024 to October 2025.

2.3. Content Analysis

Content analysis is a qualitative method aimed at organizing the content of extensive texts into codes and categories that enable the description and interpretation of the shared meaning of a studied phenomenon [27]. The interviews conducted with participants were transcribed, yielding a total of 130 pages, with each interview averaging eight pages, from which 20 substantive codes, six nominal codes, and three semantic fields emerged. In this study, a substantive code refers to an expression or phrase extracted directly from the participants' narrative text that represents a key concept related to sexual fear. A nominal code, in contrast, constitutes a second-level abstraction that groups several substantive codes under a broader, more comprehensive concept. For example, the substantive codes "sexual inexperience," "bodily insecurity," and "bodily pain" were grouped under the nominal code "Sexual predisposition." Semantic fields represent the highest level of abstraction, in which multiple nominal codes are organized around a central theme, such as "Initial fears," "Transitional fears," and "Post-sexual fears." Data organization and analysis were carried out using the hermeneutic method for qualitative research, which facilitated the articulation and comprehension of meanings [28]. The data were organized in three phases:

1. Data reduction: the process began with the verbatim transcription of the interviews, followed by the identification of substantive codes expressing experiences of sexual fear; each was assigned a nominal code and organized into semantic fields.
2. Data arrangement and transformation: nominal codes were grouped and consolidated by affinity and semantic fields.
3. Interpretation and analysis of substantive codes through hermeneutics, which enables the transcendence from descriptive texts of sexual experiences to the meanings of the sexual fears identified within those lived experiences. This process was conducted as follows [28]:
 - (A) Meaning of the experience: once the participants' textual fragments were organized into initial categories, central codes, and nominal codes, the researcher returned to the experiential texts to comprehend the meaning of what had been expressed. Interpretive questions were formulated, such as the following: What did they feel? What does this experience mean to them? What does

this fragment reveal about the fear experienced? In this way, the literal content of the discourse was transcended to identify the underlying meaning of sexual fear.

- (B) Movement between the parts and the whole: nominal codes were interpreted in relation to the totality of each participant's narrative and, subsequently, in relation to the set of narratives grouped within each category. This iterative movement between nominal codes and the whole allowed for the revision and deepening of initial interpretations, ensuring that the identified meanings remained anchored in the experiences expressed by the participants.
- (C) Convergence of meanings across experiences: the meanings identified in participants' narratives were compared with the purpose of recognizing similarities, differences, and recurring elements in the way each sexual fear was experienced. Through this comparison, shared meanings were identified across women's experiences without losing the particularities present in their individual narratives.
- (D) Deepening of the phenomenon's meaning: through repeated reading, rereading, reflection, and comparison of nominal codes, the shared meanings were deepened to comprehend what sexual fears represented within the women's lived experience. The final interpretation remained anchored in the participants' textual fragments, enabling the transcendence from description to the conceptualization of sexual fears.

The results of the code organization and analysis were validated by three expert researchers in the field of sexuality, who reviewed the codes, the emergent categories, and the coherence of meanings to ensure the credibility and interpretive reliability of the study.

2.4. Ethical Considerations

This research adhered to the ethical principles of the Declaration of Helsinki and the national bioethical standards for studies involving human subjects, in accordance with the Mexican Regulations of the General Health Law on Health Research [29]. Due to the sensitive nature of the topic—sexual fears in emerging adult women—strict measures were taken to ensure the respect, dignity, safety, and well-being of the participants. The project was evaluated and approved by the Ethics Committee of the Faculty of Nursing and Obstetrics of the Autonomous University of the State of Mexico, under file number 016/2024, guaranteeing compliance with the principles of respect, justice, beneficence, and non-maleficence. In cases where participants exhibited emotional vulnerability or sensitivity regarding the topics discussed, Psychological First Aid (PFA) was provided in accordance with the guidelines of the World Health Organization (WHO) [30]. Participants who had experienced sexual violence reported being in ongoing psychological treatment at the time of the interview; therefore, referral to additional support services was not required. Participation was entirely voluntary, and all participants signed an informed consent form that included the right to withdraw from the study at any time without consequence.

3. Results

The results generated three semantic fields: (I) Initial fears, (II) Transitional fears, and (III) Post-sexual fears; six nominal codes: A. Sexual predisposition, B. Compliant sexuality, C. Impersonal sexuality, D. Painful bodily responses, E. Sexual dissociation, F. Sexual neglect; and 20 substantive codes: 1. Inexperience, 2. Bodily pain, 3. Bodily insecurity, 4. Painful feelings and memories, 5. Coercion, 6. Sexual compliance, 7. Falling in love, 8. Loneliness, 9. Casual partners, 10. Sexual exchange, 11. Lubrication, 12. Vaginal pain, 13. Anorgasmia, 14. Disconnection, 15. Frustrated pleasure, 16. Guilt, 17. Dissatisfaction,

18. Sexual risk-taking, 19. Unplanned pregnancy, 20. Sexually transmitted infections (see Table 1). Each of these is described, analyzed, and interpreted below.

Table 1. Categorization and Codes of Sexual Fear in Women Experiencing Emerging Adulthood.

Core Category	Initial Categories	Core Codes	Nominal Codes
Fears in Sexual Experience	I. Initial Fears	A. Sexual Predisposition	1. Sexual Inexperience 2. Bodily Pain 3. Body Insecurity
		B. Obligatory Sexuality	4. Painful Feelings and Memories 5. Coercion 6. Sexual Compliance
		C. Impersonal Sexuality	7. Falling in Love 8. Loneliness 9. Casual Partners 10. Sexual Exchange
	II. Transitional Fears	D. Painful Bodily Responses	11. Lubrication 12. Vaginal Pain 13. Anorgasmia
		E. Sexual Dissociation	14. Disconnection 15. Frustrated Pleasure 16. Guilt 17. Dissatisfaction
		F. Sexual Neglect	18. Risky Sexuality 19. Unintended Pregnancy 20. Sexually Transmitted Infections

Source: Data obtained from in-depth interviews, 2025.

(I) INITIAL FEARS

Initial fears arise when women have their first sexual experience. For women, the first sexual experience is an event of great significance that symbolizes becoming an adult, extending beyond a merely sexual act with another person to encompass an event with multiple meanings depending on the level of responsibility, security, affection, trust, and satisfaction involved [31,32]. The first sexual experience is thus a unique lived experience that marks the life of an adult woman—it is not merely a mechanical coital act, but involves feelings, communication, emotions, and a sense of security for it to be a positive experience. For women, the first experience often proves to be far from positive, giving rise to initial fears comprising three types: (A) Sexual predisposition, (B) Compliant sexuality, and (C) Impersonal sexuality.

(A) Sexual Predisposition

Sexual predisposition refers to the way each woman responds to sexual situations, either by becoming aroused and experiencing desire or, conversely, by experiencing fear and inhibiting herself before sexual activity. This predisposition can activate sexual arousal but may also trigger fears that function as psychological inhibitors in sexual contexts [33]. Sexual predisposition comprises three specific codes: (1) Sexual inexperience, (2) Bodily pain, and (3) Bodily insecurity.

(1) Sexual Inexperience

Sexual inexperience is defined as the absence of urogenital vaginal and anal sexual intercourse, a condition that may stem from personal decisions, religious beliefs, absence of sexual attraction, or difficulties in establishing intimate personal relationships [34]. Women recounted the following: “It was not what I honestly expected, because we had no sexual

experience... the times we have had sexual intercourse have not been satisfying, either for me or for him" [P9]. Women tend to lack experience in sexual situations at the onset of their sexual lives, facing them without any prior practical reference, which may intensify uncertainty, performance anxiety, fear of pain, or bodily insecurity [35]. Consequently, women initiating their sexuality feel inexperienced, uncomfortable, and displeased, ultimately considering their first sexual experience as negative and unsatisfying.

(2) Bodily Pain

Pain during the first sexual encounter is an idea accepted by women as something that must occur, representing a bodily sacrifice in which they tolerate pain in order to comply with what is considered a "normal" act of intercourse [36]. In their words: *"He had already told me that it would hurt a little at first..." [P1], "When I was having my first sexual encounter, I remember being afraid that it would hurt..." "My best friends always told me "You will feel a little pain" and my cousin said "it will hurt a little, but do not worry, it will pass", so during my first time, I had that fear that it was going to hurt..." [P8]. Women believed that their first sexual intercourse with penetration would inevitably be painful. The meaning of pain depends on the expectations, emotions, sexual values, prior experiences, and relational conditions surrounding female sexual initiation [37]. Thus, women assume and accept that their first sexual encounter will be painful, because society—friends, family, and partners—has conveyed that this is normal, and they experience pain as necessary during the first sexual experience.*

(3) Bodily Insecurity

Bodily insecurity is a psychological condition in which a woman becomes preoccupied with the appearance of her body during sexual activity, engaging in self-criticism and fearing negative evaluation from her partner, which affects her sexual experience [38]. In their words: *"I did not want him to see my abdomen or even my legs..." [P1], "A boyfriend told me "You are fat" and I stayed with that idea..." [P2], "I am afraid that someone will see me naked, see my abdomen or my legs... [P3], "I have had these fears about showing my body... I felt insecure about myself... scars, stretch marks..." [P4], "My biggest fear was about my body with a new partner; I had been with someone else and did not know how he would react. Before having sex with him, I told him: "I do not have a hegemonic body, do not expect anything extraordinary..." [P6], "When I started having sex, I have been self-conscious about my body..." [P7], "I was afraid to expose my body. The times I have had sex, it has been "quickly," I do not give myself time to undress... when I undress, I get scared, and I tell my partner "Do not look at me, turn off the light"... I still feel that fear... it is like thinking "do not look at me..." [P9]. Women feel afraid of showing their naked bodies, as it signifies vulnerability to being observed, evaluated, and potentially rejected by their partner. "Bodily insecurity means that women develop a negative self-consciousness about the appearance of their bodies during sexual encounters, generating feelings of devaluation, discomfort with nudity, fear of bodily evaluation, and distraction from sexual sensations and desires" [38]. Consequently, some women hold a negative perception of their bodies prior to engaging in sexual activity, due to insecurity about their partner's reaction upon seeing their naked body, which leads to inhibition during sexual experiences.*

(B) Compliant Sexuality

Compliant sexuality refers to circumstances in which a woman feels obligated, coerced, forced, or intimidated into engaging in sexual activity with someone she does not desire [39]. This category comprises three specific codes: 4. Painful feelings and memories, 5. Coercion, 6. Sexual compliance, which generate fears.

(4) Painful Feelings and Memories

A woman who has a forced, unwanted, and non-consensual sexual experience—constituting sexual rape—retains a traumatic memory that leaves painful feelings and may re-experience them during consensual sexual encounters [40]. The women interviewed stated: *“It was sad... the first time I had sex was because my cousin abused me, I was fourteen years old, we were in secondary school...”* [P13], *“Overall, I was afraid, because I did not want what happened in my childhood to repeat itself, and the opposite happened—my fear became real. I kept getting memories of what I experienced as a child and I felt afraid, because he became someone bad for me, and it was also disappointing...”* [P15]. Some women had violent and forced sexual experiences, which for them signified abuse and a rupture of their being as persons, leaving physical and emotional pain, feelings of displeasure, and fear of reliving the experience. Painful feelings and memories express the emotional and bodily persistence of an adverse sexual experience that, although belonging to the past, continues to manifest in the woman’s present experience. When evoked by thoughts, words, people, or sexual encounters, the experience reactivates shame, disgust, anger, or anguish, such that the event is not only remembered but felt again in the body and in the relationship with oneself [41]. Thus, for some women who have experienced sexual rape, when they have consensual sexual encounters, they feel emotionally and sexually harmed—emotions of sadness arise, along with thoughts of abuse by their sexual partner and a fear of reliving the painful memory of the forced sexual encounter.

(5) Coercion

Engaging in sexual activity under conditions of pressure is known as sexual coercion, defined as a situation in which a person uses verbal, psychological, or physical means persistently to convince another person to have sex without their free and voluntary consent; typically, the person complies to avoid being abandoned by their partner [42]. Women stated: *“I had sex at 18, at my house with my boyfriend... he just told me “Let us try, shall we?” and I said yes, only because I was afraid, he would stop loving me, so I agreed. I do not remember much...”* [P13], *“...I did not enjoy it, I did not like it, it hurt, I felt obligated, and I did not know what was done or what it felt like...”* [P14]. Participants feel that refusing to have sex means causing problems with their partner, so their autonomy is overridden by the pressure of a sexual proposition, which they accept even without desiring it. Sexual coercion is any type of psychological or physical pressure aimed at obtaining a partner’s compliance with sexual activity after it has been initially refused [43]. Thus, some women agree to have sex without genuine desire out of fear that their partner will abandon them, resulting in an uncomfortable and obligated experience.

(6) Sexual Compliance

Sexual compliance is defined as consenting to sexual activity without being forced or coerced, yet without genuinely desiring it, because the person assumes it is their duty within the relationship [44]. One participant stated: *“I felt it was like a whim, like saying “fine, here you go,” rather than something I genuinely desired. It was more of a “we do it so you are happy” than something on my own initiative... it was a somewhat uncomfortable experience and not entirely by choice...”* [P14]. Some women feel that having sex is an obligation—for them it means they must comply with a task or activity that is implicit in the relationship, and it does not arise from their own freedom, autonomy, or sexual desire. Sexual compliance refers to apparently consensual participation in unwanted sexual activities, motivated by relational obligations, gender expectations, or internalized sociocultural pressures, such that the externally expressed acceptance is incongruent with the woman’s internal desires and feelings [45]. Thus, women in romantic relationships assume it is their duty to engage

in sexual activity without desiring it, without being forced or manipulated, in order to avoid conflict, even when it proves uncomfortable.

(C) Impersonal Sexuality

Impersonal sexuality occurs when a person maintains connections with occasional, casual, and uncommitted partners, regarding the sexual act as physical gratification—a superficial union accompanied by feelings of emptiness, loneliness, sadness, and frustration [46]. This category comprises: 7. Falling in love, 8. Loneliness, 9. Casual partners, 10. Sexual exchange.

(7) Falling in Love

Falling in love is a phenomenon in which a person fears developing an emotional and sentimental connection with the person with whom they have had sexual relations, which may occur before, during, and after the sexual encounter [47]. One participant expressed: *“I am afraid of falling in love when I have sex with other people...”* [P1]. Women feel that, by having sex, they may develop emotions and feelings for the other person, placing them in a position of affective vulnerability amid thoughts of possible rejection of an intimate emotional relationship. The fear of falling in love represents the tension between the desire to establish an affective relationship and the need to protect oneself from potential emotional harm. In this experience, falling in love means becoming vulnerable to the other, losing emotional security, and exposing oneself to rejection, abandonment, or the dissolution of the bond [48]. Thus, women’s fear is not of having sex itself, but of the emotional vulnerability to which they become exposed and the connection that may develop before, during, and after a sexual encounter—one that may represent potential emotional harm—leading them to avoid all intimate emotional contact.

(8) Loneliness

Loneliness refers to the fear of being alone or single, defined as the anguish of being without a romantic partner, which drives the individual to seek potential partners randomly, without subjective criteria, and to accept unsatisfying relationships [49]. One participant recounted: *“...the next sexual encounter was because I just wanted to be with that person, because he was attentive when we talked about sex. I believed that would help me feel better, feel loved and wanted, but it was not so—he just took advantage, because afterward he stopped paying attention to me...”* [P12]. Some women fear being single, as loneliness represents emotional insecurity and instability; therefore, they tend to engage in sexual activity believing that, if they comply, the other person will establish an emotional relationship with them, providing stability and security. However, when the other person connects sexually but not emotionally, women feel they have been emotionally exploited. Fear of loneliness is understood as the worry, anxiety, or distress a woman experiences at the present or future possibility of being without a romantic partner [50]. In this sense, some women prefer to maintain sexual relationships out of fear of loneliness, under the illusion of feeling better, loved, wanted, and valued by their partner, despite subsequently being abandoned.

(9) Casual Partners

A casual sexual relationship is defined as sexual activity carried out without an emotional or romantic bond with the other person, who does not need to be a stable or known partner, and which tends to disproportionately affect women’s self-esteem and social self-perception [51]. As participants stated: *“Well, yes, I was afraid because I did not know him at all, and we had sex... after that, I did not have sex with anyone again... I started to feel bad...”* [P2]. Some women feel apprehension toward an unknown person; however, this diminishes when a sexual proposition arises, possibly due to curiosity about the unknown and novel, though feelings of regret and shame appear afterward. Women engage in

sexual activity with casual partners even when they recognize that the encounter may place them in a vulnerable position. In these cases, fear does not necessarily paralyze their sexual behavior; rather, it persists as a tension between the desire to live the experience and the need to protect oneself from a person whose intentions and reactions cannot be fully anticipated [52]. Under these conditions, women choose to engage in casual sex with unknown partners, possibly to gain new sexual experiences, attempting to construct a certain sense of security through communication, consent, situational control, trust, and various measures of sexual, emotional, and social protection.

(10) Sexual Exchange

Sexual exchange occurs when a person utilizes economic resources, emotional investment, or offers benefits such as gifts or favors in order to obtain access to sexual activity, whether or not they are in a romantic relationship [53]. In the participants' words: *"...I do not have sex with just anyone. After my first time, I understood that in my future relationships, the person who wants to be with me has to earn it..."* [P1]. For some women, sex is experienced as a reward or benefit granted to the partner under certain conditions. The partner must earn it through economic investment, specific actions, or gifts, and in return, women grant sexual access. Sexual exchange is thus an interaction in which sexual relations are linked, explicitly or implicitly, to the acquisition of material resources, economic support, gifts, favors, protection, social recognition, or affective expressions [54]. Therefore, women in adulthood tend to consider sexual relations as an achievement granted to the partner; in this way, they are selective with their sexual partners, which includes the partner's effort to commit to a romantic relationship in order to access benefits such as sexual activity.

(II) TRANSITIONAL FEARS

Transitional fears arise during sexual activity, becoming activated through physical interaction, sexual approach, and physical and genital contact, which may generate inhibition, avoidance, or emotional distress and suppress the sexual response [55]. According to the results, transitional fears comprise two types: (D) Painful bodily responses and (E) Sexual dissociation, which are described below.

(D) Painful Bodily Responses

Painful bodily responses refer to the pain women report feeling in their bodies, particularly in the genital area, which arises during and after sexual activity and is typically triggered by intimate sexual contact and physiological, physical, and neurophysiological factors [56,57]. According to the results, painful bodily responses comprise three specific codes: (11) Lubrication, (12) Vaginal pain, (13) Anorgasmia, which are described below.

(11) Lubrication versus Vaginal Dryness

Vaginal lubrication is one of the sexual responses elicited by sexual arousal and stimulation in women; vaginal fluids are produced as a result of vascular changes and genital secretions, which prevent friction and facilitate penetration during sexual intercourse. Lubrication is closely related to both physiological sexual processes and the subjective experiences of arousal in each individual [58]. Conversely, vaginal dryness is the reduction or absence of natural lubrication of the vaginal mucosa, which generates dryness, irritation, and pain during sexual activity. This condition may affect women at any adult age due to biological and psychological factors [59]. Participants reported: *"I had very little lubrication, so I had to wait a long time... but it still burns and becomes uncomfortable, so I cannot continue with sex..."* [P6], *"Yes, I am afraid, because I do not lubricate well, and the person I first had sex with was not patient enough to wait for me to lubricate—I think that is why it hurt..."* [P7], *"I did want to have sex, but at that moment my mind and body shut down—I mean, I had no lubrication. I thought the problem was me, that maybe I was 'frigid'..."* [P10], *"I did not lubricate out of*

fear. My boyfriend was the first person I undressed in front of, and I was afraid he would reject me because of my belly..." [P11], "I was not wet... I remember reaching down to touch myself to see if I was wet, but I could not get there..." [P12]. Women felt their partner's impatience to penetrate them during sex, generating incongruence between sexual desire and the body, causing vaginal dryness and pain at the moment of penetration. This meant for them that every subsequent sexual encounter would be uncomfortable and painful, attributing the absence of moisture solely to a failure of their own. Vaginal dryness is experienced as a body that does not accompany sexual desire: the absence of lubrication interrupts spontaneity and pleasure, anticipates pain during penetration, and generates insecurity regarding one's own sexual response [60]. In particular, some women experience sexual encounters without vaginal lubrication due to their partner's impatience for penetration, fear of partner rejection, and prior negative experiences, generating burning, pain, and discomfort, ultimately preventing them from continuing sexual activity.

(12) Vaginal Pain

Vaginal pain, clinically termed dyspareunia, is experienced before, during, or after penetrative sexual intercourse and may be superficial or deep [61]. It is not merely a physical symptom but a painful psychological experience involving physiological and psychosocial factors, such as shame, social normalization of pain, sexual self-esteem, and limited communication within the couple [62,63]. Participants reported: "I was afraid—when he entered me, it felt strange, it was uncomfortable, it hurt..." [P2], "At first I felt a little pain because the first penetration hurts..." [P5], "Sexual activity was painful and I did not bleed. I was afraid of not bleeding..." [P6], "My vagina hurts, my skin is very sensitive, and the constant friction causes burning—I feel very raw, it hurts me, and it is uncomfortable..." [P7], "Yes, there was pain. I was afraid it would hurt; I had already heard from some older friends, and indeed, it did hurt..." [P9], "My body did not accept it. I felt a lot of pain, very uncomfortable physical sensations. I felt like my vagina was very tight, so it hurt a lot..." [P10], "I felt a small pain—that is when I remembered everything I had heard from my friends, 'that it hurts a lot,' and my body tensed up..." [P11], "Yes, it hurt because I was not wet, and I had that fear because of what I had heard from other people, that it tends to hurt, and it happened to me too..." [P12], "Only when I do not like someone does it hurt during sex, because they do not arouse me..." [P13]. Women felt genital pain at the moment of penetration; this pain meant that they focused exclusively on the uncomfortable sensations, generating greater tension from complying with the sexual activity for their partner's sake rather than for their own sexual enjoyment, turning it into a negative sexual experience accompanied by fear of feeling pain again. Vaginal pain thus represents the rupture of the lived body experience during the sexual encounter, as penetration ceases to constitute a possibility of intimacy and pleasure and becomes a bodily experience of threat, fear, and suffering. This pain integrates physical sensations, emotions, memories, and sociocultural meanings that affect the woman's relationship with herself, with her sexuality, and with her partner [64]. Therefore, vaginal pain during sexual activity manifests in women as irritation, discomfort, burning, hypersensitivity, abrasion, and even bleeding upon penetration. However, this experience is not limited to painful physical sensations but represents a lived experience of psychological suffering that may be normalized through sociocultural discourses as well as through previously internalized negative thoughts.

(13) Anorgasmia

Anorgasmia is the persistent absence or diminished frequency and intensity of female orgasm that occurs despite adequate conditions of stimulation and sexual arousal, caused by internalized thoughts, relationship dynamics, and emotional distress, which affects women's sexual satisfaction [65]. In the participants' words: "It was not pleasurable, neither

during nor after—I did not have orgasms. Maybe it was because there was nothing emotional and my mind was somewhere else...” [P4], “My partner did not have a full erection, and I was afraid of not having orgasms...” [P5], “When I almost reach orgasm, I feel guilty—my body stops it, evades it, and psychologically I feel like I hold it back. I feel bad, I am afraid to experience it...” [P8], “I never had orgasms...” [P9]. Some women who have not experienced orgasm feel emotionally and physically disconnected from their partner, causing the sexual encounter to cease being pleasurable and become mechanical, giving rise to feelings of guilt for not experiencing pleasure. Female anorgasmia thus signifies the experience of a pleasure that fails to reach consummation—not solely due to the absence of a physiological response, but because the lived body is immersed in sexual practices, gender expectations, and cultural meanings that may constrain the attention, expression, and realization of one’s own pleasure [66]. Within this context, the absence of orgasm in women can be understood not only as a physiological symptom but also as a sexual expression. Even when adequate conditions exist during the sexual encounter, a woman may experience the inhibition of pleasure associated with emotional or mental disconnection from her partner, as well as with self-critical internal dialogues linked to guilt or negative beliefs about sexual pleasure. These factors directly influence sexual satisfaction.

(E) Sexual Dissociation

Sexual dissociation refers to a phenomenon characterized by experiences of depersonalization during sexual activity with a partner. The woman experiences a sensation of separation from her body, living the sexual encounter in an automatic, detached manner. This fragmentation interferes with the experience of pleasure, attention, and memory encoding of the sexual event [67]. According to the results, sexual dissociation comprises four specific codes: (14) Disconnection, (15) Frustrated pleasure, (16) Guilt, and (17) Dissatisfaction, which are described below.

(14) Disconnection

Disconnection refers to the subjective state of emotional and psychological detachment from the sexual experience, in which the woman perceives herself as not being integrated with her own body, sensations, and emotions during sexual activity. This phenomenon is expressed due to traumatic experiences, sexual violence with a partner, low self-esteem, emotional distancing, sexual dissatisfaction, and genital pain [68,69]. Participants reported: “Yes, I was like sad and angry and confused, and I just wanted to distract myself, to stop thinking and just get out of the moment...” [P2], “My body is so connected with my mind and with my fear that I could not have sex...” [P10], “My cousin abused me when I was a child. I felt a strong urge to scream but I could not—I went into shock. It was very strange and awful, because I never expected that to happen to me at that age, and especially not by my cousin. It did not hurt, or I think I have blocked that part. . .” [P13]. Some women feel a separation between thoughts and body during sexual activity, where the body participates in the sexual act but the mind and feelings do not. This fragmentation of the person is derived from painful memories of violent sexual experiences in the past, which prevents women from being able to enjoy sexual activity with their partner. In this context, sexual disconnection signifies a distancing from oneself during the sexual encounter, where women cease to recognize their desires, affects, and needs as their own possibilities and orient their behavior toward the partner’s expectations or sociocultural mandates. In this way, sexuality is lived from a place of inauthenticity—more as a response to what is expected than as a genuine expression of oneself [70]. Therefore, for women, disconnection is a form of dissociative forgetting or avoidance in the face of a sexual experience perceived as negative and painful on both the sexual and emotional planes. This experience generates the sensation of rupture or fragmentation between the body, sensations, and emotions.

(15) Frustrated Pleasure

Frustrated pleasure is an emotional and cognitive experience derived from the discrepancy between expectations of satisfaction, desires, and needs for pleasure during sexual activity, despite the presence of adequate stimulation. This experience is characterized by affective tension, feelings of inadequacy, persistent negative emotions, and subjective distress [71]. Participants reported: *“With another partner, when he was about to enter me, I thought ‘what am I doing?’ and that thought made me not enjoy it—in fact, I did not enjoy anything. I did not lubricate, it hurt, and I did not even finish...”* [P12], *“It was over very quickly, and when I was just starting to enjoy it a little, the person finished, and I did not say anything. I was afraid to tell him I did not like it...”* [P12], *“I did not like it, because I did not feel any pleasure at all...”* [P14]. Some women have not had the opportunity to enjoy and savor their pleasure, as it is interrupted primarily by negative self-referential thoughts and by prioritizing the partner’s pleasure, giving rise to feelings of frustration, anger, devaluation, and even fear of communicating the experience to their partner, as this would signify a failure as a woman. In this context, frustrated pleasure is the experience in which a woman’s process of sexual satisfaction is interrupted or subordinated by a heterosexual script that organizes the encounter around penetration and male orgasm. The experience expresses a lack of correspondence between the temporality of the female body and the socially established conclusion of the sexual encounter [72]. Therefore, adult women frustrate their sexual pleasure due to the discrepancy between their own sexual desires and pleasure, opposing thoughts, negative affective states, and internal distress—all of which prevent women from feeling and enjoying sexual pleasure.

(16) Sexual Guilt

Guilt is defined as those thoughts, desires, and sexual behaviours that are perceived as contradictory to personal norms, beliefs, and values, expressed as a negative emotion characterized by self-imposed guilt and remorse. Such guilt directly influences sexual dysfunction, reducing desire, arousal, and sexual satisfaction [73]. Participants reported: *“When I had sex, I felt guilty and bad, because I felt I was in a vulnerable moment—I was alone, and nobody tried to stop me. It was with protection, I did not like it, I was not comfortable... I was not in the right state of mind and did not have the will to say no, although it was not by force either. And from there, I did not have sex with anyone again... I started to feel very guilty. I feel I should not have done it that way...”* [P2]. Women feel they should not have had sex, reproaching themselves for exercising their sexuality, which signifies that they should have had the willpower to refuse sexual activity, and upon accepting, they feel they have violated internalized acceptable norms, giving rise to feelings of guilt and remorse. Sexual guilt is the experience of self-reproach and self-punishment that arises when a woman interprets her desires, decisions, or sexual experiences as a transgression of the moral, familial, cultural, or religious norms she has internalized, producing a rupture between her lived sexuality and the image of who she believes she should be [74]. Therefore, women who exercise their sexuality under conditions of incomplete consent or coercion tend to feel guilty, believing they have broken the norms they have set for themselves, undermining their self-worth and arriving at devaluation and remorse regarding the sexual act, wishing it would never happen again and halting their sexual lives.

(17) Sexual Dissatisfaction

Dissatisfaction is defined as the intrapersonal discrepancy regarding the appraisal of the quality of sexual relationships, characterized by frustration and discontent that fail to meet personal or relational expectations. This insufficiency is based on physiological, emotional, and cognitive factors [75]. Participants stated: *“It was not what I expected. I did not feel forced or obligated at all—it was something I wanted to experience and that I consciously decided,*

but it was not as magical or special as I had expected..." [P3], *"My first sexual experience was not satisfying. I was very afraid and did not know what I was supposed to do—it was not pleasurable for me..."* [P4], *"In the end, when I started to enjoy it, the other person finished quickly and I did not finish..."* [P12]. Women feel an incongruence between the expectations they held for sexual activity and the reality of what occurred, which signifies discontent, frustration, anger, and self-reproach. Sexual dissatisfaction is the experience of discrepancy between the sexual experience a woman desires and the one she actually lives, in which her expectations of pleasure, intimacy, reciprocity, recognition, or orgasm remain partially or fully unmet. Its meaning is not exclusively bodily but relational and sociocultural, given that the criteria by which a woman evaluates her satisfaction are shaped by gender norms, expectations regarding the partner, and learned meanings about what a satisfying sexual experience should be [76]. Women do not feel satisfied with the sexual experiences they have had in their initial and subsequent encounters, possibly due to elevated physiological, cognitive, and emotional expectations, resulting in a disruption between what was expected and what was lived.

(III) POST-SEXUAL FEARS

Post-sexual fears arise after the sexual encounter, as a result of emotional reactions typically expressed through fear, anxiety, sadness, and apprehension about the possible consequences of the sexual encounter—such as pregnancy, sexually transmitted infections, partner withdrawal, and social judgment—generating psychological distress and leading the person to negatively reevaluate the sexual experience [77]. According to the results, post-sexual fears are comprised within one type: (F) Sexual neglect.

(F) Sexual Neglect

Sexual neglect refers to sexual behaviours and practices in which barrier protection methods, such as condoms, are not used consistently, and is associated with psychological, emotional, and relational factors that influence sexual decision-making [78]. According to the results, sexual neglect comprises three specific codes, (18) Sexual risk-taking, (19) Unplanned pregnancy, and (20) Sexually transmitted infections, which are described below.

(18) Sexual Risk-Taking

Sexual risk-taking consists of patterns of sexual behaviour that increase the likelihood of negative health consequences, such as pregnancy or the acquisition of sexually transmitted infections. These behavioral patterns include the inconsistent or inadequate use of protection methods, encounters with multiple partners, or sexual encounters under the influence of harmful substances that diminish risk perception [79]. Women stated: *"For me, it is a rule to always have sex with protection, because once I had sex with a guy without a condom, and afterward I thought: 'this is the first and last time I am with him,' because I did not want to risk getting infected or pregnant..."* [P3], *"On one occasion, neither of us had condoms, so we did it without, and we saw that nothing happened and stopped using condoms. But on another occasion, I found some in his wallet, which made me think he was already having sex with someone else, and that made me afraid he could infect me with something..."* [P5], *"I was afraid of what could happen afterward, because we did not use protection, and in fact, since the beginning of my sexual life I barely used protection—that is why I feared contracting some disease..."* [P10], *"He told me he did not have condoms, and I was intoxicated with alcohol, so I chose not to use one and to take an emergency pill. But afterward, he told me he had many sexual partners, and I was really, really scared. The truth is I went and got tested, and it came back clean—it was just a huge scare..."* [P13]. In this context, women feel it is risky to have sex without any barrier protection, which signifies a potential danger to their physical health given the

possibility of infection through their partner or an unplanned pregnancy. Women engage in sexual practices that compromise their bodily, emotional, or social safety because their decision-making capacity is traversed by affective needs, the pursuit of pleasure, substance use, relational pressures, economic inequality, or sociocultural conditions. Its meaning resides in the tension between the immediate desire for satisfaction, belonging, or relief and the future possibility of harm, loss of control, or regret [80]. In this sense, participants recognize the risk in their sexuality after having had sex. This is related to the presence of behaviours that affect health, such as not using barrier methods (condoms) or consuming alcohol—situations that hinder informed decision-making in the moment and increase the likelihood of acquiring a sexually transmitted infection through the partner.

(19) Unplanned Pregnancy

Unplanned pregnancy is a conception that occurs when a woman did not expect it at that point in her life, either because she chose not to conceive or planned to do so in the future, which entails confronting the disruption of current and future life plans [81]. Women indicated the following regarding the idea of pregnancy: *“My greatest fear was pregnancy...”* [P3], *“Even though we used a contraceptive method, I was very afraid of getting pregnant...”* [P5], *“My fear after doing it was pregnancy, which was really instilled by my friends...”* [P6], *“My fear afterward was maybe getting pregnant...”* [P8], *“I have been afraid since I was very young, because my mom told me I could get pregnant—that is why I preferred not to have sex. But after having sex, I was afraid of getting pregnant...”* [P9], *“I was afraid of pregnancy...”* [P11], *“I would think afterward, “what if I am pregnant?”—so yes, it is a very strong fear...”* [P13], *“I am afraid of getting pregnant and watching all my future plans disappear because I was going to be a mother...”* [P14], *“A little fear of pregnancy...”* [P15]. Women feel fear at the idea of a possible pregnancy, as for them it signifies the abandonment of their future lives and the advancement of a stage of greater responsibility for which they feel unprepared. Unplanned pregnancy signifies for women the premature irruption of motherhood at a moment perceived as inadequate, which confronts their life projects with their economic, affective, and relational resources, generating fear and uncertainty about their capacity to face the future consequences [82]. In this sense, for participants, the fear is not of pregnancy itself but of what it represents for them, given that it would disrupt their future life plans, advancing the experience of conceiving and raising a child at a life stage for which they consider themselves unprepared.

(20) Sexually Transmitted Infections

A sexually transmitted infection (STI) is defined as an infection acquired through sexual contact from one person to another via vaginal, oral, or anal routes, caused by microorganisms such as viruses, fungi, parasites, and bacteria. However, the consequences of acquiring a sexually transmitted infection extend far beyond the loss or deterioration of physical health to include psychological and emotional dimensions [83]. A cascade of negative emotions is triggered, including anxiety, shame, fear of rejection, and stress. These emotional responses originate from negative cognitive interpretations of the diagnosis and from cultural attitudes toward sexuality [84]. Women stated: *“Yes, I am afraid of sexually transmitted infections and of getting infected...”* [P3], *“I was afraid of having an STI, because then I would have to stop studying, start working to pay for treatment, and be taking medications...”* [P9], *“I am afraid of getting infected...”* [P10], *“I am afraid of getting sick from an STI...”* [P12], *“I feared getting infected with something, because my partner had other sexual partners—yes, I was afraid of getting an STI...”* [P15]. Participants felt apprehension at the thought that their partner could transmit a sexual disease, which signifies a threat to their emotional and personal stability given the possibility of losing their health and being stigmatized by society. A sexually transmitted infection signifies the irruption of disease into the intimate experience of the

body and sexuality, through which women cease to experience their body as a spontaneous possibility of pleasure and encounter and instead experience it as vulnerable, potentially transmissive, and exposed to the judgment of others [85]. In this sense, emerging adult women indicate that fear is not limited to the potential loss of health from an infection transmitted by a sexual partner; rather, the disease acquires a broader meaning: it implies distrust in the partner, social confrontation with the diagnosis, and practical consequences such as medical treatment and the purchase of medications.

4. Discussion

Sexual fear is understood as an experience of apprehension that arises in specific situations, with particular people, or in contexts associated with a sexual experience—such as harassment, sexual assault, violence, and practices perceived as risky [4]. Therefore, women interpret their sexual experiences negatively, leading them to shape unfavourable thoughts, emotions, and behaviours regarding sexuality [8]. From this perspective, the study's results allow us to interpret fear as a central sexual expression among Mexican women experiencing emerging adulthood. The participants experience a range of fears when engaging in heterosexual sexual activity, which manifest at the beginning, during—referred to as transitional fears—and after the sexual act—post-sexual fears—with fears present throughout all stages of sexual activity. The fears most frequently experienced in their sexual encounters are generated by: bodily insecurity, sexual compliance, loneliness, vaginal pain, frustrated pleasure, unplanned pregnancy, and sexually transmitted infections.

In this study, Mexican women reported experiencing bodily insecurity prior to sexual encounters, reporting that they frequently experience negative thoughts regarding the perception of their naked bodies, resulting in constrained sexual behaviour and experiences. These results are similar to research conducted with women in various countries—the United States, Europe, and Asia—during early and middle adulthood (ages 18–40), which also found that bodily insecurity is frequently anticipated and experienced negatively, resulting in impaired sexual functioning and dissatisfaction [15,86,87].

Another fear identified in this study was sexual compliance; Mexican women described this as engaging in sexual activity without genuine desire, primarily motivated by the desire to avoid conflict with their partner, fear of loneliness, and a perceived sense of obligation within the relationship bond. This aligns with research conducted with Spanish university women, who reported engaging in sexual activity without desire, feeling pressured to fulfil gender role expectations, with significant consequences for their sexual health and wellbeing [88]. Thus, these findings suggest that women feel compelled to engage in sexual activity out of fear of rejection and abandonment, rendering their sexual experience one of obligation rather than genuine desire.

A third fear expressed in the sexual lives of emerging Mexican adult women was vaginal pain during sexual activity—notably the most frequently reported fear in this study—as it not only represents physical pain in the genitals but also includes emotional distress during sexual activity, directly interfering with arousal, pleasure, and orgasm, rendering the sexual experience painful and conducive to avoidance behaviour. One study found that vaginal pain is a clinical problem resulting from physiological factors that impact women's sexual experience and health [89]. However, the results of the present study indicate that it is not solely a clinical problem, as vaginal pain is understood here as a subjective experience mediated by fear, negative anticipation, and the sociocultural meanings associated with sexuality. Therefore, it impacts not only the physical dimension during sexual activity but also the emotional and cognitive dimensions, interfering with pleasure and generating trajectories of sexual frustration consistent with those reported in this research.

Notably, Mexican women in this study identified frustrated pleasure as another expressed fear, as vaginal pain generates discomfort, genital irritation, burning, and hypersensitivity—causing the sexual experience to transition from pleasurable to a source of psychological suffering rooted in painful sensations—ultimately preventing orgasm and generating feelings of dissatisfaction. This aligns with research demonstrating that pain significantly reduces the occurrence and frequency of orgasm, establishing a direct relationship between pain and low sexual satisfaction [90]. Thus, frustrated pleasure constitutes one of the key expressions of sexual fear among Mexican women. Furthermore, research demonstrates that women frequently normalize the absence of pleasure and orgasm in their sexual lives, and this normalization is further reinforced by partners due to limited communication, shame, stigma, and social norms surrounding sexuality [91].

One of the consequences of engaging in unprotected sexual activity is the possibility of pregnancy, and according to the results, the meaning of pregnancy is not one of fear of parental disapproval, as is often the case in adolescence, but rather something unexpected at that point in their lives, signifying a disruption and modification of future plans—such as postponing or abandoning university studies and entering the workforce prematurely. Recent research with Latin American university women aligns with these findings, demonstrating that pregnancy at this stage of life carries an ambivalent meaning; that is, it is unexpected, yet not entirely rejected, since it is not perceived as a failure, but rather as a latent possibility that materializes sooner than expected—representing maturity, changes in life plans, and independence, while providing an opportunity for meaning-making and identity reconfiguration—all of which is shaped by the emotional bond with the partner, family consolidation, and cultural values [92].

Unlike the post-sexual fears associated with unplanned pregnancy, the findings also reveal the presence of fears that emerge from the earliest stages of sexual life. In this sense, fear is particularly prevalent among women initiating their sexual lives, where first sexual experiences are often shaped by insecurity, fear of pain, adverse prior memories, as well as dynamics of coercion and sexual compliance. These conditions can result in sexual experiences lived as obligation rather than desire.

Similarly, in the contemporary context, the fear of falling in love and fear of loneliness are articulated through forms of impersonal sexuality, whereby some women choose casual sexual encounters as a strategy of affective avoidance, even when such encounters may entail experiences of pain or dissatisfaction. In this regard, research has demonstrated correlations between insecure attachment and sexual behaviors in emerging adults, reflecting difficulty with emotional openness and intimacy, especially among emerging Latina women [93,94].

In the same vein, the practice of impersonal sexuality with non-committed partners is linked to the difficulty in establishing and maintaining meaningful intimate bonds, suggesting that it is not solely a behavioural choice, but rather a regulatory response to the vulnerability and uncertainty inherent in emotional bonding. This dynamic has been described in the literature as “hooking up”—a term referring to the deliberate disconnection between sexual and emotional intimacy, characterized by minimal intention to commit to an affective bond with another person—enabling individuals to engage in sexual encounters while minimizing emotional involvement, thereby creating a separation between sexuality and affectivity among emerging adult women [95,96].

In this regard, the results of the present research transcend behavioural or contextual explanations, providing evidence that the practice of impersonal sexuality among emerging adult women cannot be understood solely as a pragmatic or situational choice, but rather as an expression of a profound fear of romantic attachment. This fear is not limited to avoiding a specific relationship, but rather points to a broader way of navigating the

vulnerability inherent in emotional bonding. From this perspective, falling in love implies an emotional openness that can expose women to the possibility of loss, rejection, or suffering, which may be perceived as a threat to their psychic and emotional stability. Consequently, impersonal sexuality emerges as a regulatory strategy that allows them to maintain sexual contact without compromising their emotional integrity, establishing an affective distance that protects emerging adult women from vulnerability and from the very possibility of emotional stabilization.

In the transition toward the bodily experience of sexual encounters, transitional fears arise—understood as those fears that manifest during sexual activity itself. Notably, this study draws attention to the presence of vaginal pain and anorgasmia—frequently associated with inadequate lubrication—as expressions of an unsatisfying sexual experience. In this context, sexual pain not only constitutes a physical experience but may also give rise to more complex sexual disturbances, such as dissociative processes, in which women become disconnected from their bodily sensations and emotional experience during sexual activity, particularly when the encounter is experienced as frustrating, giving rise to feelings of guilt and dissatisfaction.

Consistent with these findings, related research indicates that women's sexual dissatisfaction does not originate solely from painful bodily sensations during sexual activity, but also originates in the disconnection between body, desire, and behaviour. This dissociation reflects a psychological conflict among guilt, anxiety, and feelings of duty, thereby shaping a sexual experience laden with emotional and moral tension. Consequently, not only does orgasmic satisfaction become difficult to achieve for emerging adult women, but the experience may acquire a deeper dimension, affecting the very meaning of the sexual experience—one that can even take on existential significance [63,73].

In the phase following a sexual encounter, post-sexual fears arise. Although pregnancy or sexually transmitted infections may not be at the forefront of women's minds at the start of a sexual encounter, feelings of guilt associated with sexual neglect emerge once the encounter has concluded, generating fear of an unplanned pregnancy or a sexually transmitted infection. In this sense, sexual neglect among the emerging adult women participating in this research is not solely explained by a lack of information, but rather represents an expression of affective ambivalence and relational vulnerability. When the interpersonal bond is prioritized, self-care behaviours may be overlooked, thereby heightening the risk of unplanned pregnancy and sexually transmitted infections. These findings align with those of a study conducted with women in the United States, who, upon becoming aware of their sexual neglect, reacted with initial shock, fear, and feelings of guilt, having prioritized the emotional bond with their partner over sexual self-care, in pursuit of closeness and emotional validation [97].

Taken together, the findings of the present study allow us to understand that sexual fears in emerging Mexican adult women are not isolated events, but rather experiences that unfold across the different phases of the sexual encounter. These range from initial fears linked to bodily insecurity, sexual compliance, and fear of loneliness; to relational fears associated with the complexity of affective intimacy and the fear of falling in love; to transitional fears that emerge during sexual activity, such as vaginal pain, anorgasmia, and frustrated pleasure; and finally, to post-sexual fears related to sexual neglect, unplanned pregnancy, and sexually transmitted infections.

Ultimately, understanding sexual fears in emerging adult women involves recognizing that sexuality is not experienced solely as a source of pleasure, but also as a space traversed by vulnerability, emotional regulation, and the search for meaning in the bond with the other.

5. Study Limitations

This study, being qualitative and hermeneutic in nature, presents methodological characteristics that should be considered when interpreting the findings. The sample size ($N = 15$) was determined by the criterion of theoretical saturation, which is consistent with methodological recommendations for qualitative studies of this type, where depth of information takes precedence over statistical representativeness. Although purposive sampling does not allow for statistical generalization, it enabled the selection of participants with experiences relevant to the phenomenon under study, thereby strengthening the richness and pertinence of the data obtained. Likewise, the specific context of this research—Mexican women aged 18 to 29—delimits the cultural scope of the findings; however, this specificity represents precisely one of the study's contributions, offering a situated perspective that complements the predominantly Anglo-Saxon literature on sexual fears. Future research could expand upon these findings through studies with more diverse samples in terms of geographic and cultural context, as well as through mixed-methods designs that integrate both qualitative depth and quantitative breadth for a more comprehensive understanding of the phenomenon.

6. Conclusions

The present study allowed for an understanding that fear is expressed as a central dimension of the lived sexual experience among Mexican women in emerging adulthood, manifesting across the different stages of the sexual encounter: at the beginning, during, and after. Similarly, the study identified that Mexican emerging adult women interpret sexual fear as a lived experience tied to emotional vulnerability, bodily risk, and uncertainty in the affective bond, thereby orienting how they experience, regulate, and give meaning to their sexual relationships. The findings offer solid evidence that sexual fears do not manifest as isolated or unique events, but rather as a continuous experiential process comprising initial, transitional, and post-sexual fears.

This three-phase structure allows us to understand that female sexuality is shaped by bodily, emotional, and relational factors, through which fear influences the way women perceive and interpret their bodies, experience desire, and establish affective bonds.

Thus, fear is not only a limiting expression of sexuality but also acts as a regulatory mechanism in the face of emotional vulnerability, influencing decisions such as those involving sexual compliance, affective avoidance, bodily disconnection, and sexual neglect. These processes may give rise to sexual experiences characterized by dissatisfaction, pain, guilt, and compromised sexual health.

These findings contribute a solid theoretical foundation for the development of a psychometric assessment instrument to quantitatively measure sexual fears in Mexican emerging adult women, delineating clear and specific categories and dimensions of the phenomenon, such as initial, transitional, and post-sexual fears. Thus, the structuring of the instrument, grounded in the construct of sexual fear, can now be carried out in a comprehensive and integrative manner, incorporating not only cognitive and behavioural items, but also emotional and relational dimensions—aspects that remain largely underexplored in the existing literature.

Ultimately, these findings pave the way for future research in the field of women's sexual health by offering a deeper and broader understanding of the phenomenon within a conceptual framework that can be used to examine the relationships between sexual fears and other variables of sexual health and experience. Likewise, these findings open avenues for conducting comparative studies across diverse female populations from other countries, as well as among male populations.

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Institutional Review Board Statement: This research adhered to the ethical principles of the Declaration of Helsinki and the national bioethical standards for studies involving human subjects, in accordance with the Mexican Regulations of the General Health Law on Health Research [29]. Due to the sensitive nature of the topic—sexual fears in emerging adult women—strict measures were taken to ensure the respect, dignity, safety, and well-being of the participants. The project was evaluated and approved by the Ethics Committee of the Faculty of Nursing and Obstetrics of the Autonomous University of the State of Mexico, under file number 016/2024 (17 October 2024), guaranteeing compliance with the principles of respect, justice, beneficence, and non-maleficence. In cases where participants exhibited emotional vulnerability or sensitivity regarding the topics discussed, Psychological First Aid (PFA) was provided in accordance with the guidelines of the World Health Organization (WHO). Participants who had experienced sexual violence reported being in ongoing psychological treatment at the time of the interview; therefore, referral to additional support services was not required.

Informed Consent Statement: Informed consent was obtained from all participants involved in the study. Participation was entirely voluntary, and all participants signed an informed consent form that included the right to withdraw from the study at any time without consequence.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

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