

PART I:

Heterosexual men and HIV/AIDS

1.

Introduction

AIDS has had a profound impact on the cultures and communities of nations around the globe. World-wide by the end of 1999, 32.4 million adults and 1.2 million children were living with HIV, the virus which leads to AIDS. There have been 16.3 million deaths from AIDS since the beginning of the epidemic, and in 1999 alone 2.6 million people died from AIDS and 5.6 million people were newly infected with HIV (UNAIDS, 1999). The large majority of people with HIV, some 95 percent of the global total, live in the developing world, and HIV/AIDS has had a disproportionate impact on the marginal and the disadvantaged.

Heterosexual sex is the major route of HIV transmission in global terms, with heterosexual transmission accounting for well over half of all HIV infections world-wide (Kippax, Crawford & Waldby, 1994: S315). The majority of heterosexual transmission occurs in Africa, South America and Asia, especially Thailand, Myanmar (formerly Burma) and India (*ibid*). There is also evidence that the incidence of heterosexual transmission is increasing in the United States, the United Kingdom, Europe, South America, Latin America and the Caribbean (Kippax, Crawford & Waldby, 1994: S316; Weniger & Berkley, 1996: 58–62). Young people aged 15–24 years make up half of the world's AIDS infections (Lindsay, Smith & Rosenthal, 1997: 11, citing NCHECR, 1997b).

Although an epidemic of any infectious disease can raise crucial questions of policy and social relations, HIV/AIDS does so in particular, leading Dennis Altman to call it “the most political of diseases” (Altman, 1992b). HIV/AIDS possesses an intimate connection with sexuality, needle use, blood and death; is often transmitted through behaviours which are already condemned (homosexual sex, intravenous drug use and prostitution); and its manifestation in the developed world is associated with already stigmatised groups of “poofs, junkies and whores” (*ibid*: 55). Both the transmission of HIV and its prevention involve power relations between individual sexual partners as well as broader political and social relations. The emergence of the HIV/AIDS epidemic has witnessed a series of explosive struggles: over preventive medicine and health care, over treatment, care and service provision, and over cultural and representational politics (Watney, 1991). AIDS-related moral panics have drawn on and reconstituted the ideologies and power relations of racism and homophobia (Holland, Ramazanoglu & Scott, 1990: 503). The AIDS epidemic is both a consequence and a cause of globalisation (where

the latter includes the globalisation of gay identities for example), and currently poses a threat to the survival of entire societies (Altman, 2000).

The politics of HIV/AIDS intersects with pre-existing political struggles in the realms of gender and sexuality: struggles to build and legitimate non-heterosexual sexual identities and communities, to reconfigure heterosexual sexual relations, to open up greater space for an empowered and desiring female sexuality, and to erode the political and economic disadvantage of global gender relations. The HIV/AIDS epidemic has intensified the stakes of these struggles, while enhancing the potential for their achievement. Although heterosexual sex was already dangerous for women (through sexual violence, unwanted pregnancy, and sexually transmitted infections), HIV/AIDS makes unprotected sex and forced sex more dangerous still. At the same time, heterosexuality involves pleasures and passions that are worth hanging on to in the face of the epidemic. To state this is to attempt to resist the energising of anti-sex and anti-heterosex discourses potentially prompted by the epidemic.

HIV/AIDS was first diagnosed in Australia in 1982 (Dowsett, 1996a: 61). Since then there has been a vast and diverse effort to research the character of the HIV/AIDS epidemic and the behaviours which transmit the virus which leads to AIDS, to effect behavioural and cultural change so as to slow or stop the epidemic, and to treat and support those people affected by HIV/AIDS. If one leafs through the visible manifestations of this effort — the numerous pamphlets and posters, policy reports, journal articles and book chapters — one finds countless references to “gay men”, “homosexually active men”, “men who have sex with men” and “bisexuals”, as well as to “women”, “sex workers”, “injecting drug users”, “Aborigines and Torres Strait Islanders”, “prisoners”, “young people”, “overseas travellers” and “the general population”. But one population almost never appears: heterosexual men. Heterosexual men are strikingly absent in the HIV/AIDS literature, with one review of all Australian studies and literature published over the period 1978–90 unable to find a single study of male heterosexual behaviour (Pyett, 1991: 41). Yet heterosexual men are directly involved in important modes of HIV transmission, and indeed they are members of some of the categories and populations listed. Some heterosexually-identified men also have sex with other men, and heterosexual men are members of the last five populations above.

In one sense there are good reasons for the relative absence of heterosexual men in HIV/AIDS research and education, given the character of the epidemic in Australia. The vast majority of HIV transmissions in Australia has been through male/male sex. Cumulative to 30 September 1999, 9.5 percent of all cases of HIV

transmission were through male-female sex, while close to eighty percent were through male-male sex (NCHECR, 2000: 14). In fact, the proportion of AIDS education and prevention funds spent on gay and homosexually active men, about 10 percent, is far less than the pattern of the Australian epidemic justifies (Dowsett, 1996b: 18). There is a significant contrast between men and women in their patterns of HIV infection. Up to 30 September 1999, only about six percent of cases of HIV infection in males were through heterosexual sex, while among females heterosexual sexual contact accounted for over seventy percent of HIV infections. Heterosexual sex accounts for a small proportion of cases of HIV transmission overall in Australia, but for seven out of every ten cases of HIV transmission among women.

Heterosexual men's invisibility however is organised also by the implicit privileging of masculinity and heterosexuality in constructions of AIDS policy and education. Women have been the subjects of research and educational efforts to a much greater degree than have heterosexual men. Women's inclusion in AIDS policy and education is a valuable feminist achievement, and there are sound feminist reasons for directing attention also to heterosexual men. Absenting men from efforts to prevent especially the heterosexual sexual transmission of HIV perpetuates women's position as the gatekeepers and guardians of sexual health and sexual morality. For heterosexual men to have been left out of educational efforts in this way is not to be marginalised but to be privileged. Responsibility is located firmly with women, while heterosexual men's sexual practices and attitudes are taken as givens with which women must deal as best they can. Hence, while "women" and "young people" have been constituted as targets for HIV/AIDS education, heterosexual men generally have not, and the number of campaigns directed specifically at them in Australia can be counted on one's fingers.¹ Materials addressed to self-identified heterosexuals are rare, while materials addressed to heterosexual men in particular are almost non-existent. Heterosexual men have been the invisible but normative presence in governmental and other constructions of "the general population".

Heterosexual men by definition play a crucial role in the heterosexual sexual transmission of HIV, and therefore they are the appropriate targets of HIV/AIDS

¹ These include the Heterosexual Men's Project, conducted by Family Planning New South Wales from July 1992 to March 1993 (Venables & Tulloch, 1993), the Men And Sexual Health Project currently being run by the same organisation, programs within the Indigenous Sexual Health Strategy, and local education initiatives for clients of sex workers (Keith Gilbert, pers. comm., 12 April 2000).

education and research to the same degree as are heterosexual women. The substantial body of research now available on women and HIV/AIDS shows that men play a crucial role in impeding or discouraging condom use in heterosexual sex, and men have an equally important role in its potential encouragement (Waldby, Kippax & Crawford, 1990). Understanding why heterosexual men do not wear condoms for vaginal and anal intercourse, and encouraging them to do so, are urgent priorities. As Tamsin Wilton and Peter Aggleton state,

ideologies of heterosexual masculinity represent a powerful counterforce to the promotion of safe sex ... A systematic deconstruction of masculinity is central, not merely tangential, to radical HIV/AIDS discourse. (Wilton & Aggleton, 1991: 155)

Research on heterosexual men is of interest not only because of the heterosexual sexual transmission of HIV. Heterosexual men are involved in other routes of HIV transmission, including needle-sharing (as intravenous drug-users), male-male sex (as men who do not identify as gay or bisexual and yet have sex with men), and via contaminated blood supplies (for example as haemophiliacs) although Australia's blood supply has been tested for HIV since 1984.

Research on and education among other categories of men who are of AIDS-related concern — intravenous drug users (IDUs), the clients of sex workers, backpackers and overseas travellers, and prisoners — should be attentive to the ways in which their behaviour, attitudes and social relations are gendered. For example, heterosexual male IDUs often keep their drug behaviour secret from their female sexual partners and usually have female partners who do not inject drugs themselves. At the same time, women who inject drugs often report that they were introduced to this by a male partner or family friend. As Carole Campbell summarises, “the role of male IDUs is important in determining the risk of HIV of women who inject drugs as well as those who do not.” (Campbell, 1995: 201)

At present there is no cure for the virus that causes AIDS, no vaccine to HIV infection, and only a series of pharmaceutical interventions and other health-enhancing behavioural changes to prevent, slow or relieve the progression of HIV disease. In this situation prevention of the initial transmission of the HIV virus is a fundamental priority, and one of the central prevention strategies is safe sex. Throughout my research, “safe sex” is understood to be “sexual activity, abstracted from the context of its enactment, that is currently deemed to be safe with regard to HIV transmission” (Kippax et al., 1993: 7). (In the United Kingdom, the accepted term is “safer sex”.) Safe sex includes vaginal or anal intercourse with condoms, and other practices which do not allow the transmission of bodily fluids such as

blood, semen and vaginal fluids from one sexual partner to another. (Appendix G gives a list of safe and unsafe sexual practices.)

My research is driven by the need to understand and prevent the heterosexual sexual transmission of HIV/AIDS. It answers the call of Cathy Waldby and others for “critical analysis of the sexual culture of heterosexual men” (Waldby, Kippax & Crawford, 1993a: 38; Campbell, 1995: 207; Robinson, 1992: 444). My study is only the third qualitative study in Australia to focus on heterosexual men, after Venables and Tulloch (1993) and Waldby, Kippax and Crawford (1993a, 1993b).

Given that condoms are a key means of preventing the sexual transmission of HIV, I focus on young heterosexual men’s experiences and understandings of condom use and non-use. My two central research questions are: in what ways do young heterosexual men in Australia understand and practise safe and unsafe sex? What kinds of understandings and social relations constrain or encourage their use of condoms? In-depth interviews with seventeen heterosexual men aged between 18 and 26 comprise the empirical data on which the research draws. I use the interviews to explore men’s sexual practices and the meanings and sociosexual relations through which these are organised. This ‘close-focus’ qualitative approach is oriented to assessing the interplay between men’s personal experience and the social relations of sexuality and gender. I compare the interviewees’ accounts with the argument in the contemporary literature on heterosexual men and HIV/AIDS that certain aspects of masculinity and heterosexual men’s sexuality limit heterosexual men’s condom use.

AIDS was belatedly identified as a women’s issue and as a feminist issue, and this is reflected in the flurry of books and anthologies since the late 1980s which link these concerns.² The relationship between AIDS and feminism is at least a two-way street. Feminist understandings can be brought to bear on HIV/AIDS, and in turn, HIV/AIDS understandings prompt new insights and challenges for feminism. However, feminists have been relatively uninvolved in debates over HIV/AIDS. This is particularly striking given that so many of the issues raised are old ones for feminism (sexuality, health, reproductive politics, women as carers, “safe sex” and the feminist recognition of sex as risky in broader ways), and that the debates about

² These include ACTUP/New York Women and AIDS Book Group (1990), Berer et al. (1993), Bury et al. (1992), Cohen and Durham (1993), Doyal, Naidoo and Wilton (1994), Gallois et al. (1992), Gorna (1996), Norwood (1987), Okane, O’Sullivan and Thomson (1992), PANOS Institute (1992), Patton (1994), Pearlberg (1991), Richardson (1987, 1990a), Rieder and Ruppelt (1988, 1989), Rudd and Taylor (1992), Squire (1993), Wilton (1997), the many publications of the Women, Risk and AIDS Project, and individual articles too numerous to list here.

sexual politics accompanying the epidemic provide an important opportunity to challenge aspects of sexual and gender relations. One reason may be feminists' sense of the difficulty of distancing themselves from the anti-sex reaction which has accompanied the epidemic (Segal, 1989: 135). In return, much of the HIV/AIDS discourse has failed to take up feminist research and theory about sexuality, for example in not addressing power in sexual relations (Richardson, 1994). My research extends the interrelationship between feminist understandings and debates over HIV/AIDS by bringing in a critical examination of heterosexual men. This inclusion is based on the assumption that research on men, and on heterosexual men in particular, is a necessary aspect of the development of feminist understandings of heterosexual HIV transmission. More broadly, research on men is an essential aspect of feminist theory, as I argue in Chapter Two.

While HIV/AIDS has been described as a women's issue, it is clearly also a men's issue and an issue of "men's health", in three senses. First, the majority of those infected with HIV and diagnosed with AIDS in Western capitalist countries are men, so much so that Kimmel and Levine describe AIDS as a "men's disease" (Kimmel & Levine, 1997: 144). Second, men's unsafe sexual behaviours and intravenous drug use can be understood as instances of the masculine "risk-taking" said to endanger men's health. Men's engagement in high-risk behaviour is said to enact and confirm masculinity. Accounts of men's health emphasise the link between men's risk-taking behaviours and the construction of masculinity as stoic, self-reliant, tough, brave, vigorous, daring and aggressive (Primary Health Care Group, 1996: 13–14; Lloyd, 1995). Young male bodies are positioned as healthy bodies, immune from harm, and real men are expected to take risks, ignore symptoms and of course, have no feelings and deny pain (Lloyd, 1995). The interconnection between masculinity and men's risk-taking is seen to be reflected in such behaviours as smoking, drink-driving, hazardous workplace practices and dangerous recreational pursuits, and several authors extend this account to incorporate those men who 'take the risk' of transmitting or contracting HIV and other diseases by having unsafe sex or using intravenous drugs (Campbell, 1995: 202; Foreman, 1998: 14, 22; Kimmel & Levine, 1997: 145).

Third, masculinity is implicated in men's responses to infection with HIV. Given that conventional masculinity involves the valuing of toughness and the denial of vulnerability (Pethebridge & Plummer, 1996: 666), the other side of the coin of men's risk-taking is men's unwillingness or inability to seek help and treatment when their physical or emotional health is impaired (Campbell, 1995: 202). Men may shun a 'feminine' concern with health and display manly

nonchalance, for example being slow to get tested for HIV (Kimmel & Levine, 1997: 148). Men may construe risk-avoiding and health-affirming practices and emphases as feminine.

Health care utilization and positive health attitudes or behaviors are socially constructed as forms of idealized femininity. They are, therefore, potentially feminizing influences that men must oppose with varying degrees of force, depending on what other resources are accessible or are being utilized in the construction of masculinities. Foregoing health care is a means of rejecting 'sissy stuff.' Men's denial of physical distress is a means of demonstrating difference from women, who are presumed to embody this 'feminine' characteristic. These behaviors serve both as proof of men's superiority over women and as proof of their ranking among 'real' men. (Courtenay, 1998: 80–81)

However, the extraordinary mobilisation of collective support among gay men in the face of the AIDS epidemic is a counter to generalisations about *all* men's failures to sustain their health. Not only is HIV/AIDS an issue of men's health, but research on sexual health in relation to AIDS is the "most conceptually sophisticated, and the most intellectually cumulative, body of Australian research in men's health" (Connell et al., 1999: 23).

In focusing on heterosexual men, my research deals with two intersecting axes of social relation, those of sexuality and gender. This focus is possibly only because of profound social, political and academic shifts which have made visible and subjected to interrogation a number of dominant social categories, including those of maleness or masculinity and heterosexuality. Gender and sexuality have been constructed in very different ways in different historical periods. Nevertheless, for most of the history of Western capitalist countries including Australia, the dominant terms in these social relations have been unmarked, normative and privileged, while the subordinate terms have been marked as deviant, pathological and Other (Rutherford, 1988: 22–23).

New social movements have emerged in the last three decades, organised around newly named social and political antagonisms — sexism, racism and colonialism, homophobia and heterosexism — and on the basis of new personal and political identities and groupings: women's movements/feminisms, lesbian and gay movements, and movements centred on race and ethnicity. Feminism and lesbian/gay politics have named masculinity and heterosexuality as specific constructions and as problematic. While these new social movements are central to the destabilisation of masculinity and heterosexuality, other historical processes also have contributed. R.W. Connell identifies disruptions to and contestations of

the social organisation of gender in at least three realms. In power relations, the legitimacy of men's domination has weakened dramatically, in particular under the influence of global feminism. Men show a variety of responses to this, from efforts to shore up patriarchy to active support for feminism. Production relations in Western capitalist countries have undergone fundamental changes since World War II, for example with married women's increased entry into paid employment and the decline of traditionally male areas of primary industry. Finally, there have been important shifts in sexual relations, in particular with the emergence and stabilisation of lesbian and gay sexualities as public alternatives to heterosexuality (Connell, 1995: 84–85). Throughout the 1980s and 1990s in advanced capitalist countries, men's lives have been questioned and debated with passion.³ Men are interrogated “as a sex, in a way until recently reserved for women — as a problem” (Segal, 1993: x).

These social and political changes have been accompanied by new scholarship on gender and sexuality, which provides the theoretical context for my investigation of heterosexual men. First, the virtual explosion in feminist and lesbian and gay scholarship has included the call for the critical interrogation of heterosexuality. While heterosexual sexual identity and sexual practice have received relatively little attention in the new lesbian and gay scholarship, a call to “deconstruct heterosexuality” has come from several contributors to the literature, including participants at the “Homosexuality, Which Homosexuality?” Conference held in Amsterdam in 1987 (Altman et al., 1989). Recent work by Jonathan Katz (1995) and Kevin White (1993) historicises heterosexuality. In addition, feminist debates about and scholarship on heterosexuality have accelerated in the last six years with the publication of four new books focused on heterosexuality.⁴ Second, a literature on men and masculinities has emerged since the mid-1970s which represents the academic destabilisation of dominant constructions of men and manhood (Kimmel, 1990b). This is now an established field both academically (in the form either of “Men's Studies” or “the critical study of men and masculinities”)

³ Periods of intensified struggle over the dominant definitions of manhood are far from unique according to Michael Kimmel, and he identifies other periods of destabilisation in dominant notions of masculinity (Kimmel, 1987).

⁴ These are Lynne Segal's *Straight sex* (1994), Mary Maynard and June Purvis's collection *(Hetero)sexual politics* (1995), Diane Richardson's collection *Theorising heterosexuality: Telling it straight* (1996), and Deborah Steinberg, Debbie Epstein, and Richard Johnson's *Border patrols: Policing the boundaries of heterosexuality* (1997).

and in popular culture (in the form of non-academic and therapeutic works).⁵

Tick a box or tell a story

The empirical focus of my research is on *sex* — on sexual practices and understandings of sexual practices and relations, with particular reference to condom use and non-use. Sex research has undergone fundamental and far-reaching transformations since the beginnings of sexology in the late nineteenth century. Since the mid-1960s in particular, there has been a profound reconfiguration of such research, under the influence of the challenge to the sexological paradigm from feminist and gay and lesbian politics and studies, the emergence of social constructionist paradigms of sexuality, and the impact of the HIV/AIDS epidemic (Gagnon & Parker, 1995). The establishment of HIV/AIDS epidemics in both Western capitalist countries and developing African and Asian nations gave an awesome urgency to the tasks of documenting sexual behaviour, attitudes and relations and investigating the means through which changes in these could be effected. As these tasks were taken up, it became rapidly evident that there was a profound lack of understanding of sexuality and sexual conduct (ibid: 10). New methodological and theoretical approaches were tried and adopted, informed by social constructionist paradigms and by more general shifts in the social sciences (Blaxter, 1994; Boulton, 1994).

These approaches are based on several key recognitions and assumptions about sexuality, which extend those I have already mentioned.⁶ Generally, to understand sexual behaviour it is necessary to focus on the social and cultural contexts, including the complex relations of meaning and power, in which it is constituted. The relationships between knowledge, attitudes and behaviours are complex. Dominant models such as the Health Beliefs Model (which suggests that safe sex behaviour will follow if the person knows about AIDS and safe sex, has a positive attitude towards safe sex and believes that safe sex will have the desired effect (Davies et al., 1993: 46)) must be supplanted by richer understandings of human social agency. Older notions of “rationality” and “risk-taking” must be re-worked or abandoned altogether. There is a complex relationship between sexual

⁵ For a thorough listing of published works on men and masculinities, see Flood (1999). Academic research on masculinity has been around for much longer than the last three decades, and Connell traces the historical development of this scholarship over at least the last century (Connell, 1987, 1995).

⁶ This account draws on Gagnon and Parker (1995) and Parker (1994).

behaviour and sexual identity. Current epidemiological categories and classifications related to homosexuality and heterosexuality do not adequately deal with the complexity and diversity of lived sexual experience, and sexual behaviour is not necessarily associated with a distinct sense of self or sexual identity (Parker, 1994: S310). Other epidemiological categories are similarly problematic. There is significant cross-cultural and historical variation in the construction and meaning of sexualities and genders. Sexual communities and subcultures are crucial to the social organisation of sexual interactions, and thus also crucial to their potential re-organisation. Sexual meanings are inter-subjective, and structured by local or indigenous categories and systems of classification.

This social constructionist and politically-minded form of sex research is far from hegemonic, and co-exists with forms of sex research which embody positivist, behaviourist, essentialist and homophobic theories. Australian sexuality research has been fragmentary and diverse, characterised by incommensurable enterprises which pose significant difficulties for the establishment of an interdisciplinary field of sexuality research (Allen, 1992). Dennis Altman writes that Australian HIV/AIDS-linked research has been heavily behavioural, giving little attention to cultural meanings and social representations (Altman, 1992a: 44–45), and Gary Dowsett cites the ongoing hegemony of medical and para-medical discourse (Dowsett, 1992: 75). At the same time, Australia has produced pioneering AIDS research which *is* informed by the preceding insights, such as the Social Aspects of the Prevention of AIDS (SAPA) and Sustaining Safe Sex projects (Kippax et al., 1993).

A social constructionist approach to sexual behaviour brings its own potential problems. According to Gagnon and Parker,

This emphasis on the social organization of sexual interactions ... has thus increasingly shifted attention from sexual behaviour, in and of itself, to the cultural rules which organize it. (Gagnon & Parker, 1995: 11)

The danger here is that *bodies* and *sex* drop out of the picture. Without a conception of the body as social, and with the typical abstraction of social-scientific knowledge, bodies are lost and, as Connell and Dowsett put it, “fucking is treated as an act of cognition” (Connell & Dowsett, 1992: 73). Connell and Dowsett thus stress

the crucial importance of research methods open to an understanding of embodiment, the choreography of sex, the tactics of sensation, the manoeuvres of desire. (ibid: 74)

My research attempts to put these principles of sex research into practice, in

both its data collection and its theorising of heterosexual men's relationships to HIV/AIDS. In choosing how I might collect empirical data on heterosexual men, I assumed that both quantitative and qualitative methods are compatible with a constructionist and sociological model of sex research. However, it was the almost total absence of qualitative research on Australian heterosexual men's sexual practices and relations which guided my choice of in-depth interviewing.

Australia already has had a series of large-scale quantitative surveys of sexual behaviour in the general population, especially among secondary school and university students, a population made up largely of heterosexually identified and heterosexually active men and women.⁷ This parallels a very substantial body of data on gay and homosexually active men's sexual behaviour. The quantitative studies have documented broad patterns and trends over time in heterosexual sexual behaviour, including condom use, and have gone some way towards exploring the relationship between this behaviour and social attitudes. The results of the 1999 Australian Study of Health and Relationships, a national survey of 20,000 adults between 16 and 59 years of age, will give a significant boost to this research when published.⁸

To understand particular forms of sexual behaviour and the processes through which they are organised and given meaning, it is also necessary to use 'close-focus' or qualitative methods. While quantitative research points to the numbers of people in a given population who always or occasionally or never use condoms, qualitative research can tell us how these people understand their use, how condom use is negotiated with sexual partners, and how these are framed by particular relationships and social contexts. In other words, qualitative research puts flesh on the bones of existing quantitative data. The qualitative method adopted in my research allows the elucidation of the meanings which young heterosexual men themselves give to safe and unsafe sex, and this is especially important in a area so understudied as heterosexual men's sexuality.

My research is also inspired and informed by recent empirical examinations of the construction and organisation of masculinities. R.W. Connell's work provides an exploration of the interplay between men's personal experience and the social

⁷ See Crawford et al. (1990), Dunne et al. (1993), Dwyer et al. (1992), Lindsay, Smith and Rosenthal (1997), Rodden et al. (1996), Rosenthal, Smith and Lindsay (1998b), Rosenthal et al. (1996), and Turtle et al. (1989).

⁸ Gaffney, Dan 1998 "Days of our sex lives", *The Australian*, 27 November

relations of gender, in particular through the use of the life-history method.⁹ Similarly powerful work is emerging which investigates the intersections between men, masculinities and a wide range of social issues including schooling, violence, health, race, language and representation, crime and prisons and the law, and sexuality.¹⁰ I agree with Peter Redman that we need much more of this sort of empirical, close-focus and ethnographic research on the ways in which varying forms of masculinity are produced and lived in different social sites (Redman, 1996: 177).

A deconstruction of masculinity is built into the process of this research. I interrogate the gendered character of methodological processes and take up feminist methodological norms in conducting the empirical research, as I discuss in Chapter Two. Feminist norms require modification in light of the issues raised when a male researcher conducts research on men. Masculinities are objects of negotiation and contestation in such research. Men's accounts of their lives are treated here both as situated and contextual narratives and as having an important relationship to social reality.

Getting personal

'Putting oneself in the picture' is an important methodological component of feminist-informed and qualitative research. Both feminist literature on methodology and textbooks on qualitative methodology recommend a reflexive approach, where reflexivity involves a willingness to locate oneself as an actor in the research process, recording the subjective experiences of, and the intellectual autobiography of, the research process. The biographically situated researcher is an inescapable part of the qualitative research process (Denzin & Lincoln, 1994), which is subject to a 'double subjectivity', that of the respondent and the researcher (Edwards, 1993: 185). The researcher is advised to look for and monitor her or his subjectivities, using them in their productive capacity while minimising their negative potential (Glesne & Peshkin, 1992: 104–106). And statements of personal history and experience are an increasingly common element in men's academic examinations of gender and sexuality.¹¹ Men's practice of 'critical autobiography', to use David

⁹ Connell uses the life-history method to explore the worlds of boys in schools, iron men, men in the environmental movement, young working-class men on the margin of the labour market, and homosexually active men, and several of these essays are reprinted in his book *Masculinities* (1995).

¹⁰ See relevant sections of *The men's bibliography* (Flood, 1999) for examples.

¹¹ See for example Pease's *Men and sexual politics* (1997) and Dowsett's *Practising desire* (1992a).

Jackson's term, is a necessary corrective to the historically masculine 'god trick' of seeing everything from nowhere (Jackson, 1990).

I arrived at the research topic of "Heterosexual men and HIV/AIDS" primarily through a longstanding fascination with issues of gender and sexuality. I had been involved in profeminist men's activism for a decade and, as a white heterosexual middle-class man, I was particularly conscious of the need to focus political and theoretical attention on privileged categories and subject positions. I had completed undergraduate majors in Women's Studies and Sociology, and I was aware of the absence of feminist-informed research on heterosexual men. I had also been briefly involved with the AIDS activist group ACT-UP (AIDS Coalition To Unleash Power). The topic of AIDS was a tempting one in bringing together volatile contests over sexuality and gender and, inspired in particular by my colleague John Ballard, I united these interests to arrive at the topic of my research.

In conducting in-depth interviews, I have had the privilege of being allowed into the intimate social and sexual lives of seventeen young men. The interviews were fascinating, often enjoyable, and sometimes troubling. They left me with almost 800,000 words of transcript, and the task of coming to grips with this material has been one of the most difficult of this project. People's spoken accounts of their lives do not necessarily conform to the norms which govern the written word, of structure and coherence, clarity and closure. The interview material is richly detailed and evocative, and also ambivalent, contradictory, highly diverse and messy. This is both the power and the challenge of in-depth interviewing.

Doing research on heterosexual men's safe and unsafe sexual practices has brought its own challenges. Research on sex and sexualities is commonly regarded as "sensitive" research (Brannen, 1988; Coxon et al., 1993; Renzetti & Lee, 1993). Sensitive research can be threatening to informants in three ways: intruding into private, stressful or sacred areas; revealing information which is stigmatising or incriminating; or impinging on political interests (Lee, 1993: 4). Research on sexual behaviour does all three. Sex research, like all sensitive research, also involves potential threats to the researcher. Researchers on human sexuality are often stigmatised, and their interest may be assumed to be the product of psychological disturbance, sexual ineptitude or lack of sexual prowess (ibid: 9–10). Researchers may suffer "stigma contagion", in which they come to share the stigma attached to those being studied (ibid: 9). In my own research, I have been advised by a relative to "be careful not to catch AIDS". Others have assumed that I must be gay given the widespread conflation of AIDS and homosexuality, or even paradoxically because I am researching heterosexual men. Many of the men doing AIDS-related research

are gay or bisexual, and thus AIDS-related prejudice and homophobia are not the only factors operating here.

My research position, as a man doing research on men but in a discipline called “Women’s Studies”, has prompted confusion and surprise. Men are a small but regular minority in undergraduate Women’s Studies classes, and in 1996 men were 2.1 percent of those enrolled in Women’s Studies majors in Australia.¹² At a postgraduate level males are even rarer, with under ten male PhD students enrolled in Women’s Studies nationally in 2000 to my knowledge. Men doing research on gender and sexuality issues often are subject to the questioning of their masculinity and their sexuality, and for me this has been a routine experience.

Notes on terminology

I use a number of terms throughout this study which require definition. The term “HIV” refers to the human immunodeficiency virus, the virus which damages the human immune system to such an extent that infected individuals go on to develop “AIDS” or Acquired Immune Deficiency Syndrome. AIDS is a condition of chronic immune system depletion in which the body is vulnerable to a range of opportunistic infections (Wilton, 1997: xi).

I use the term “sex” to refer to any form of genital sexual activity between two or more people. This includes masturbating another person, oral-genital activity, and penile intercourse (whether vaginal or anal). I do not use the term as it is popularly used, as a synonym for penis-vagina intercourse, and will specify that the practice is intercourse if that is what I intend. While various other activities are also regarded by some or many people as “sex” or “sexual” (such as kissing, sensuous touching, and ‘esoteric’ sexual practices such as sadomasochism or the erotic use of urination and defecation), for the purposes of clarity I do not consider their presence as sufficient to constitute “sex”. Thus, if an interviewee had engaged in one or more of these practices with a partner but *not* masturbation, oral-genital activity or intercourse, I would say that they had not “had sex” with that person. In any case, there were no instances in which this occurred.

For clarity’s sake, I reserve the term “intercourse” for penetration of the

¹² (Shannon Adams, pers. comm., Equity and Participation Branch of the Department of Education, Employment, Training and Youth Affairs, July 1999.) There has been no significant change in this proportion since at least 1989, when males were 2.5 percent of those enrolled. I was unable to obtain more recent figures as one now has to pay for such information.

vagina or anus by a penis, and not for other forms of penetration, for example by fingers or other objects. I use the term “heterosex” for female/male sexual relations, and the term “homosex” for male/male or female/female sexual relations. The term “gay” refers only to gay-identified men, and not also to lesbians. I use the term “relationship” for sexual relationships which involved ongoing sexual activity for at least three months. I describe shorter interactions as “involvements” or “episodes” or as “casual”, regardless of their emotional or psychic intensity.

Structure

The structure of my study is as follows. Part I provides the theoretical, political and methodological context in which my research is located. Chapter Two is focused on how this research was conducted.

Chapter Three introduces the HIV/AIDS epidemic in Australia and outlines contemporary patterns of safe and unsafe heterosexual sexual behaviour and related attitudes. I document several aspects of gender and sexual relations which limit the heterosexual adoption of safe sex. I also introduce the argument that heterosexual men’s condom use is constrained by six key principles of masculinity and masculine sexuality, an argument which is evaluated in Chapter Nine.

Part II is focused on the empirical contribution of the research — the data from the interviews and my analysis of these. Each chapter in Part II focuses on an important aspect of young heterosexual men’s sociosexual understandings and practices which constrains their condom use. Three of the five aspects are mentioned in the title of my study, “Lust, trust, and latex”.

Chapter Four opens Part II with a general overview of the interviewees. I document that the men are more concerned about pregnancy than about HIV or other STIs and they rely on the Pill rather than condoms to prevent this.

Chapter Five is concerned with “latex” — with heterosexual men’s complaints that condoms decrease their penile sensation and are difficult to use, and with the organisation of heterosexual sex.

Chapter Six is concerned with “lust” — with the complaint that condoms “kill the moment” and interrupt the “heat of the moment”, and with the constructions of heterosexual sexual eroticism that these imply.

Chapter Seven is concerned with “trust” — with the ways in which understandings of trust and monogamy inform heterosexual men’s reliance on the

Pill rather than condoms in regular relationships.

Chapter Eight documents young heterosexual men's perceptions that their local contexts, sociosexual circles, the "heterosexual community" or heterosexuality *per se* are safe and free of HIV/AIDS.

Part III of my work returns to the broad question of how to understand heterosexual men's condom use and non-use. Chapter Nine assesses the extent to which each of the six principles of men's sexuality and masculinity, identified in the literature as constraining heterosexual men's condom use, is present in the interviewees' accounts, and what relationship each has to the possibilities for safe sex. This chapter ends by assessing the gendered meanings given to condoms.

Chapter Ten summarises the ways in which young heterosexual men account for their unsafe sex. It reflects on the significance of this work for HIV/AIDS prevention and education. I outline a series of understandings associated with masculinity and men's sexuality which are potential resources in mobilising heterosexual men's condom use, and I outline directions for future study.

2.

Questions of method

My research is centred upon a set of in-depth and semi-structured interviews with 17 young heterosexual men. Given my personal and theoretical sympathies with feminism, I drew on feminist discussions of methodology in crafting the research. I discovered that while feminist methodological norms concerning research on women offer important insights into the research process, they require modification if they are to be applied to research on men. A certain feminist orthodoxy about research was established in the 1970s: feminist research is research ‘on, by and for women’; feminist research should be empowering for its participants; and feminist research is directed towards social change (Kelly, Burton & Regan, 1994). These orthodoxies have been questioned by more recent developments in feminist theory: the recognition of differences among women, the rise of postmodernism and poststructuralism, and the growing disconnection between feminist theory and political activism or practice (ibid). But these orthodoxies are also inappropriate for research on and by men. I explore the ways in which masculinities are at stake in empirical research, before spelling out how I make sense of the interview accounts.

If feminist research is ‘by women’, can men do it? Men’s relation to feminist knowledge is a delicate and problematic one, given the typical constitution of men’s standpoint and the masculine character of dominant modes of social enquiry (Haraway, 1988: 581; Morgan, 1992: 171; Stanley & Wise, 1990: 39). One attempt by men to develop academic knowledge self-consciously about men takes the form of “Men’s Studies”, especially in the U.S.A. However, “Men’s Studies” has been criticised for failing to develop a feminist-informed and critical scholarship. “Men’s Studies”, and the American “male role” literature in particular, has paid only lip service to feminism and failed to engage with its complexities and contradictions (Cornwall & Lindisfarne, 1993: 30–32; Ramazanoglu, 1992: 340), shown an outdated reliance on sex-role theory (Connell, 1987, 1995), used feminist rhetoric to secure ‘fair play’ for men while disregarding wider questions of power and presenting masculinity as benign (Cornwall & Lindisfarne, 1993: 32; Maynard, 1990: 284), ignored questions of individual and collective political strategy (Canaan & Griffin, 1990), focused on white and privileged men (Brod, 1987), given an homogenising and essentialist treatment of the category ‘men’ (Cornwall & Lindisfarne, 1993), and failed to consider homosexual experience and to tackle contemporary issues of sexual politics (Dowsett, 1993a). “Men’s Studies” is also

criticised in institutional terms as a colonising, marginalising and pseudo-complementary response to women's studies (Hanmer, 1990; Canaan & Griffin, 1990: 209).

Nevertheless, I have argued elsewhere that men can develop pro-feminist or anti-patriarchal knowledges and standpoints (Flood, 1995), drawing on Sandra Harding's feminist standpoint epistemology (Harding, 1987; 1991). Men are not so fixed in the lived experience of privilege that no man can grasp anti-patriarchal knowledges. As Harding asks,

if feminism cannot legitimate male feminists and distinctive scientific and political projects for them, then how can feminists of European descent legitimately generate antiracist knowledge, academic feminists learn to see the world in ways informed by working-class women, heterosexual feminists learn to think from the perspectives of lesbian lives? (Harding, 1991: 274)

My position as male and heterosexual (and for that matter, as white, middle-class and able-bodied) does not prevent me from developing forms of knowledge which undermine the privileges associated with these categories, from adopting "traitorous social locations" or 'reinventing myself as Other' or practising "critical autobiography" (Harding, 1987: 11; Harding, 1991: 269; Hearn, 1994: 60–65; Jackson, 1990: 263; Morgan, 1992: 196–97). I align my research not with "Men's Studies" as it currently exists, but with critical scholarship on men and masculinities, a 'critique of men' which is located within rather than against feminist scholarship (Harding, 1991: 292; Hearn, 1994; Hearn & Morgan, 1990: 203–205; Maynard, 1990: 284–85). However, I do not adopt the label "feminist" for my research. Some feminist authors such as Sandra Harding allow the possibility of men describing themselves or their work as "feminist" (Harding, 1987: 12), although Harding recognises the dangers too (Harding, 1991), but I prefer such terms as "pro-feminist" or "feminist-informed".

What about research *on* men? Studying men in fact is an established and desirable aspect of feminist research. Despite the common perception that feminist research has been only about women (Canaan & Griffin, 1990: 207), there has been a wide-ranging scrutiny of men and masculinities in feminist literature, a scrutiny bound up with the documentation and explication of women's oppression and subordination (Maynard, 1990: 284). This embodies a recognition of the vital need for feminist research on men's world, based on the understanding that women and femininities cannot be understood without reference to men and masculinities (ibid: 283; Kelly, Burton & Regan, 1994: 33–34).

I aimed to interview "heterosexual men", but defining this category involves

complexities because of the sometimes contradictory relationships between sexual identity and sexual practice. There are men who identify themselves as heterosexual and yet regularly have sex with other men, as the category “men who have sex with men” (MSM) in AIDS education recognises, and these are not the men I wished to interview. There are men who have heterosexual sex and at the same time identify as gay or bisexual or queer, and nor are these my preferred research subjects. I felt that I could not exclude men who have had sex with men, given that this is a relatively common aspect of heterosexual men’s experience, especially in adolescence.¹ Nor could I include only men who actively identify as heterosexual, because heterosexuality is naturalised, normalised and hegemonic. It is possible that men who are exclusively or primarily heterosexual in their sexual practice may not actively identify as “heterosexual”.² Heterosexual identity may operate in ways analogous to whiteness and maleness, as normative and often invisible to the individuals who occupy its positions. To the degree that there is a heterosexual identity, perhaps it operates differently from such identities as “gay” or “lesbian”, less an affirmation of difference in the context of oppression and heterosexual hegemony, and more a response to the possibility that one may be seen as gay or lesbian (i.e., “Oh no, I’m not gay.”). In fact, Carol Smart argues that heterosexuality has begun to “congeal into an identity” as its pervasive normality is threatened by lesbian and gay movements, although heterosexuality had already been given form in Freudian explanations of sexual development (Smart, 1996: 173).

I was tempted to borrow from AIDS education and describe my target sample population as “men who have sex with *women*”. Such a definition would encompass gay- and bisexual-identified men and men whose sexual practice is only occasionally with women and more often with men, and would have shifted the research away from my interest in the heterosexual sexual transmission of HIV. There are more fundamental problems however with such a conception. This

¹ Kinsey et al.’s 1948 study was one of the first to establish substantial frequencies of homosexual behaviour among boys and young men, stating that at least 37 percent of the male population has had some homosexual experience (of physical contact to the point of orgasm) between the beginning of adolescence and old age (Kinsey et al., 1948: 623). More recent studies however report much lower percentages. Sell, Wells and Wjpij (1995) found that 6.2, 4.5 and 10.7 percent of males in the United States, the United Kingdom, and France respectively report having had sexual contact with another male in the previous 5 years. Wellings et al. report in their British national survey that 6.1 percent of men report some kind of homosexual experience, 3.6 percent genital contact with a man and 1.4 percent had a male sexual partner within the past five years (Wellings et al., 1994: 187). Dowsett cites two Australia studies which found that six and 11 percent of adult males reported “sex” with another male at some time in their lives (Dowsett, 1996a: 75).

² This possibility is supported by Fiona Stewart’s research with young rural women on sexual practice and HIV/AIDS, some of whom asked, “What’s a ‘heterosexual’?” (pers. comm., July 1995).

category misses a crucial aspect of the social ordering of sexual relations, as Gary Dowsett helped me realise in his critique of the category “men who have sex with men”:

‘homosexual’ transmission of HIV becomes a simple variation in a unitary domain of *male* sexuality. This ignores the subordinate position of homosexuality and the struggle of gay men (and lesbians) to resist the structural relation between heterosexuality and homosexuality. Secondly, it obliterates from view the struggles of gay communities with the epidemic and foolishly conceals the massive contribution of ‘gay identity’ to their tremendous success at prevention. ... [I]n an attempt to defuse homophobic responses to HIV/AIDS, an insidious form of heterosexism has emerged to rid research of an analysis of sexuality as a multidimensional structure of power and praxis affecting all lives, as a product of reiterative cultural production, an accumulation of experiences and meanings. Instead it reduces sexuality to a washed-out, one-dimensional sketch of differentiation in practices and interests — merely individual preferences in a unitary domain, a menu of graded and categorised delights. (Dowsett, 1992: 69–70)

The category “men who have sex with women” is too far removed from the central focus of my research. I wished to exclude men who identify themselves as anything other than heterosexual and men who have never had heterosexual intercourse. Hence, I defined my population of interest as “heterosexually active men (aged 18–26) who do not identify as gay, homosexual, bisexual or queer”.³ Such a definition leaves the study open to the inclusion of men who have had same-sex sexual experiences, but retains a focus on heterosexual sexual relations and potentially heterosexually-identified men. It embodies a pragmatic rather than

³ This definition was operationalised through the following two questions on a questionnaire given to initial respondents to the survey. Only those who *did not* tick the boxes marked “gay/homosexual”, “bisexual” or “queer”, whether or not they also ticked the box marked “heterosexual”, were included. No “Other” responses were received, and they would have been dealt with on a case-by-case basis. Respondents also had to have some sort of sexual experience with a woman or women in the last six months.

- If you were asked how you identify or describe yourself sexually, how would you answer?

- Heterosexual
- Gay/homosexual
- Bisexual
- Queer
- Other (please describe)

- In the last six months, have you had sex with a woman or women? (This could include oral sex, masturbation, vaginal intercourse or anal sex.)

- Yes
- No
- Don't know/not sure

essentialising or reifying approach to the category “heterosexual”.

Having defined my sample, how did I find it? One might think that heterosexual men are fairly thick on the ground, given that the majority of men report no homosexual attraction nor homosexual behaviour, but my early efforts suggested otherwise. My initial strategy for recruiting research participants was two-fold, involving both flyers (leaflets) and newspaper advertisements. From August to October 1995, I distributed about three thousand flyers to five different community centres, local nightclubs and commercial venues, and placed them on the noticeboards of the Migrant Resources Centre, Community Aid Abroad, the Trades and Labour Council, National Shelter and the Red Cross Blood Bank. (The flyer is in Appendix B.) Leaflets were also included in the newsletters of several community organisations, including Community Aid Abroad, the Ethnic Communities Council and the Australian Metalworkers’ Union. I placed a notice with the same text as the flyer in the “City Guest” columns in *The Tuggeranong Chronicle* and *The Queanbeyan Chronicle*, community newspapers distributed free throughout Canberra and Queanbeyan with readerships in the tens of thousands. These intensive efforts resulted in a total of seven phone calls and only one eligible and willing interviewee. I suspect that three factors may help explain this result. People may be reluctant to undergo the inconvenience of participation in research without financial or other compensation. The status of maleness and heterosexuality as normative and invisible identities may limit heterosexual men’s likelihood of recognising themselves as the intended subjects of my research. For the same reason, heterosexual men may assume that a study on “men” and “sex” necessarily concerns only gay men.

Faced with this negligible response, I changed strategy in two ways. I gained approval from the Ethics in Human Experimentation Committee of the Australian National University to pay research participants for their time (at \$15 per hour). In addition, I used ‘brokers’ in three institutional locations to assist me in finding interviewees: (1) the Warden and Senior Residents (older students who offer tutoring and personal support) of Stromlo Hall, a residential hall on the Australian National University campus; (2) a chaplain at the Australian Defence Force Academy (ADFA), a military university; and (3) a social worker at a local Youth Centre. These ‘brokers’ made my flyers available in their respective locations and passed them on to eligible men. This strategy was far more successful. Ten men from Stromlo Hall, four men from ADFA, two men from the Westside Youth Centre, and one man from the Art School make up my final pool of 17 research participants.

All the interviewees are from English-speaking backgrounds. Four were born outside Australia, all but one in other Western countries, and all grew up in Australia. Aside from the four men from the Australian Defence Force Academy, the men are on incomes of less than \$12,000 per year, as full-time students (some of whom were also in part-time employment) or as unemployed. The men from ADFA receive a stipend which places them in the \$12–20,000 bracket. Three of the interviewees ticked the box marked “Catholic” in the pre-selection questionnaire, explaining in the interviews that they did so because they had Catholic parents, but religion did not come up again in their or the other men’s accounts of condom use and non-use. All but two of the informants are drawn from educational institutions, which unfortunately replicates a bias in AIDS social research on young people towards sampling from schools and universities. I have given summary profiles of each man in Appendix C.

Apart from the one man whom I found using my initial recruitment strategy, all the research participants were interviewed between July and December 1996. Each man was interviewed for an average of three hours, typically over two sessions, although the shortest interview (with Dave) took a little over an hour and the longest (with Tim) added up to over seven hours. Most interviews took place in my university office, and all interviews were taped and transcribed.

The names and other identifying details of the research informants have been changed to protect their confidentiality. I have retained the actual names of the Australian National University and the Australian Defence Force Academy, but I have changed the names of the campus residential hall and the youth centre as these are relatively small institutions.

The research informants are not a statistically representative sample of young heterosexual men aged 18 to 26, let alone of heterosexual men in general. I do not claim to be able to generalise from the interviewees to wider populations of heterosexual men. Instead, I use the men’s accounts to test claims in the literature about heterosexual men’s understandings and about heterosexual masculinity, to examine the detailed operation of particular meanings in men’s personal narratives, and to theorise about understandings which may be present in the lives of young heterosexual men in Australia. I am not interested in the informants as a group from which to generate statistics on what proportion do or don’t practise a particular sexual behaviour, but in the details of each man’s life and the ways in which particular sexual meanings, understandings and practices are related. But given the small sample on which my research is based, in Chapter Ten I outline the ways in which research on heterosexual men could be extended.

I asked each man to give a complete sexual and relationship history, from his first kiss to the present day. I explored the character of the men's sexual and social lives. I asked about their understandings of a series of issues identified in the literature as important, including definitions of sex, notions of sexual control, sexual technique, sexual initiative, consent, monogamy and trust, drugs, and masculinity. I spent much of the interviews investigating the men's use and experience of condoms. I asked what they like about condoms and what encourages their use, and about what they dislike and what discourages their use, and about their negotiation of safe and unsafe sex. I enquired about the informants' knowledge of HIV/AIDS, contact with the AIDS epidemic, and contact with gay men and communities.

Feminist methodological ideals in the 1970s and early 1980s included the norm of sympathetic, egalitarian and empowering research by women on women. Visions of interviewing women represented it as therapeutic, in a liberal revision of the practice of consciousness-raising (Finch, 1984; Oakley, 1981). More recently, such visions have been radically questioned, with acknowledgment of the diversities and power relations between women themselves and more complex understandings of research processes. Kelly, Burton and Regan (1994) criticise the notion of "empowerment" as glib and simplistic, citing the lack of common perspectives and experiences among women and the fact of domination/subordination relations between women. They urge that we investigate, rather than assume, the meaning and impact of research on its participants.

Feminist norms for the 'sympathetic' interviewing of women are inappropriate in interviewing particular groups of men, and also inappropriate for interviewing privileged women. Feminist calls for empathetic and non-hierarchical modes of research can run counter to the accompanying call for emancipatory research, especially in researching men (Davidson & Layder, 1994: 217). Indeed, women's interviews with men can involve risks for the interviewer, especially when the interview topic is sexualised (Lee, 1997; McKee & O'Brien, 1983: 158). There are times when one may want to 'interview without sympathy', such as when researching convicted rapists or the male clients of sex workers (Scully, 1990; Davidson & Layder, 1994: 216–17). Scully adopted a neutral facade when interviewing rapists, disguising how she felt about the interviewees and their stories. This involved a difficult trade-off between the unintentional communication of her agreement or approval, and the potential destruction of the rapport and trust which were necessary for the interviews to proceed (Scully, 1990: 18–19). I adopted a similar approach in my research.

The interviews covered issues which might be troubling or traumatic for the research participants. I was not trained as a counsellor or safe sex educator, and it would have been irresponsible and unethical to position myself in these ways during the interviews (Holland et al., 1994a: 230). But I did make available a sheet listing sources of information and advice on AIDS and safe sex, the use of or subjection to violence, and relationships.

In line with another norm in much of the literature on feminism and methodology, I believe that one's research should 'make a difference' — it should increase the possibilities for progressive social change. But is the research situation itself to be the site in which change is made? Authors such as Liz Kelly et al. and Maria Mies say "yes", arguing for the use of "challenging methods" which question oppressive attitudes and behaviours (Kelly, Burton & Regan, 1994: 36–39; Mies, 1993: 71). I agree with Miriam Glucksmann that research has important limitations as a locus of political activity (Glucksmann, 1994: 151). Furthermore, "challenging methods" may have undermined the rapport which is a precondition for interviewees' disclosure.

Negotiating masculinities

Research such as my own, both by a man and on men, raises further issues. Three aspects of the social organisation of men's lives have implications for male/male research: male disclosure and homosocial interaction, power relations between men, and sexism. Male/male interaction involves typical forms of talking, behaving and relating, which are both a resource for and a constraint on research on and by men. I focus first on masculine codes of speaking.

Gender-related qualitative research on men ostensibly faces the problem that men are seen as unwilling or unable to speak personally and men's dominant ways of speaking are third-person, rationalistic, and factual (Davies, 1992: 54; Jackson, 1990: 271–73). This view is supported by several interview-based studies. A study of marital troubles found that male respondents had not given or rehearsed their life histories before, were less practised in the art of being a respondent and were less co-operative than women (Brannen, 1988: 556). An examination of fatherhood established that the boundaries of masculine preoccupations and orientations produced "an inability to rehearse or anticipate what the interviewer *might want to know* or *what they might want to tell*" (McKee & O'Brien, 1983: 151). The men were unaccustomed to discussing family matters or feelings with an outsider, accustomed only to doing so with their wives (ibid: 152).

The sex of the interviewer is also significant here. According to some early research, especially when the content of the interview is sexual or personal, the following patterns are common, as Diana Scully summarises: male interviewers get fewer responses than female, especially with male subjects; male counsellors elicit more information-seeking responses, while female counsellors elicit greater self-disclosure and emotional expressivity (Rumenik, Capasso & Hendrick, 1977, cited in Scully, 1990: 12). These results fit with general patterns of emotional disclosure among men: men are more likely to confide in women, especially those with whom they are sexually involved, while emotional intimacy among men is proscribed (Scully, 1990: 12). Thus female interviewers may have an advantage over male ones, and may be less subject to the frequently punitive, disinterested and jokey character of male/male talk (McKee & O'Brien, 1983: 153).

These portrayals in the literature seem to place me at a disadvantage as a male interviewer interviewing men, and when I started my research I feared that in the interviews with young heterosexual men I would typically be faced with a stony silence and discomfort. While I had plenty of experience of intimate and revealing personal conversations about emotional and sexual matters with close male friends, I feared that this would not be possible in interviews with total strangers. I felt nonetheless that there are significant political and theoretical reasons why male researchers should conduct research on men, and the disadvantages of doing so simply come with the territory.

The interviews have been a welcome surprise in this regard. All but one of the 17 research participants offered high levels of personal disclosure, none showed obvious signs of discomfort such as not answering questions or resisting conversation, and all said that they had not found anything difficult about participating. There were many moments of humour and reflection. The one man who disclosed little was Dave, a 25-year-old and long-term unemployed man recruited from the Westside Youth Centre. The interview with Dave was the most difficult to conduct, in that he often gave monosyllabic answers to my questions, he paused repeatedly, and he offered sparse and halting narratives of self, experience and meaning. Dave continued such patterns in a second interview twelve months later, while reassuring me on both occasions that he was comfortable with the interview process. However, Dave's example is unlikely to be evidence for masculine inexpressiveness, given the factors which perhaps limit his ability and willingness to give detailed accounts of his life. Dave has "learning difficulties", according to a passing comment from a worker at the Youth Centre; he may be a survivor of sexual assault (as are some of the young men who attend the Youth Centre); and he is long-term unemployed. In addition, as the "client" of youth

services and the welfare sector, Dave is likely to have been subject to a series of “interviews” in which social workers or counsellors asked questions about his life, and these may have conditioned his practice of revealing as little as possible.

My experience of the interviews leads me to wonder if the patterns of disclosure described in the literature are the product of more complex interview dynamics and reflect the operation not of “masculinity” *per se*, but of particular masculinities structured by other social relations and of masculinities in interaction, namely between interviewer and interviewee. For example, the willingness of particular men to talk about emotional and sexual matters in an interview may be constituted by their age, class or ethnicity. My young informants’ relative comfort with disclosure may reflect generational differences among men, and it may also be shaped by their largely middle-class, tertiary-educated and Anglo backgrounds. It may also reflect the particular character of the interaction between myself and the interviewees — the ways in which we were able to slide into familiar, masculine modes of relating which facilitate personal disclosure, through our respective subject positions (including our similar ages) and conversational negotiations.

These possibilities raise a more substantial issue, to do with the premise on which concerns about men’s ‘greater’ or ‘lesser’ disclosure are based. Talk of ‘lesser’ or ‘greater’ disclosure can imply a realist epistemology, which is also evident in the notion of “matching” interviewer and interviewee. Matching research participants in terms of their positions in class, racial and gender relations is often advocated in methodological cookbooks as a way of minimising power inequalities and increasing empathy and rapport. However, if one assumes that accounts given in interviews are negotiated constructions rather than repositories of a unitary truth and that knowledges are situated, it becomes more important to analyse accounts within the context of the interview itself (Phoenix, 1994: 66).

Drawing on more recent feminist discussion of method, I suggest that the relations between researcher and researched are constituted by the social locations of all participants and by the negotiation and interaction which occurs in the research process. Multiple social relations of gender, sexuality, class and other subject positions enter the interview situation, but they do not enter in any unitary or essential way and their impact cannot be easily predicted or analysed (Phoenix, 1994: 49; Edwards, 1993: 188; McKegany & Bloor, 1991).

One strategy in men’s research with men is to use patterns of male/male talk to one’s advantage, adopting them to encourage disclosure. If male interviewers are more likely to be subject to jokey male talk, as McKee and O’Brien argue, this talk is an empirical resource in interviewing rather than simply a hindrance. In my

interviews, forms of male homosocial talk such as the telling of sexual stories and jokey banter were an important source for insights into men's understandings of sexual relations, and I gave space to them and 'played along' with them when they occurred. However, I did not explicitly invite a stereotypically masculine banter, and this is less likely anyway given the conversations' context. Of course, other methods such as participant observation in male social groups would have facilitated the documentation of such talk. My practice of drawing on my own familiarity with and embeddedness in masculinity and borrowing from the norms of culturally approved male-to-male relationships is similar to that adopted by men doing anthropological fieldwork with men (McKegany & Bloor, 1991: 199–200; Schacht, 1997).

There are other aspects of male/male conversation which I avoided in the interviews. I am thinking of men's hostile and punitive reactions to other men who venture beyond codes of masculinity, reactions which involve challenging the speaker's masculinity or heterosexuality. My strategy was part of a broader interviewing approach centred on non-judgemental listening. At times therefore, I hoped that the use of less stereotypically masculine interactional and conversations styles, as well as general interviewing techniques, would lessen men's unwillingness to speak of their emotional and sexual lives.

The social organisation of men's lives in most contemporary societies includes power relations between men themselves (Connell, 1995: 76–78). Sexuality constitutes a primary axis through which these are organised: the subordination of homosexual men is one of the most important forms of subordinated masculinity in contemporary European and American societies (ibid: 78). Hence male/male research involves the negotiation of tensions and fears to do with homophobia and heterosexism (McKegany & Bloor, 1991: 204). During each interview I was conscious of 'performing' masculinities, through language, dress, body language and demeanour. I have sometimes been perceived as gay, and I wondered if the research participants would assume I was gay as well, and if this might make them uncomfortable or influence their comments on AIDS or gay men or other topics. In most interviews I chose to 'out' myself as heterosexual through casual comments on current or previous female sexual partners, in order to minimise the men's potential homophobic discomfort.

Finally, the relationship between masculinity and the subordination of women raises further issues for men's research on men. For pro-feminist men, especially in masculine settings or among mainstream men, fieldwork or interviewing typically involves listening to talk and being in the presence of practices which one finds

offensive and disturbing. I found the interviews with two of the ADFA men in particular to be draining and troubling, as they told elaborate and to them hilarious stories about their blunt mistreatment of women. I had already decided that I could not react in the way I would normally to such stories, and I tried to laugh along and act ‘neutrally’, as part of a general stance of adopting a similar demeanour to the informants’. This is still different to how a mate of the story-teller might react, slapping his thigh with laughter and telling a sexist story of his own, and some men undoubtedly were aware of my difference from them. By acting in this way, effectively I condoned my interviewees’ sexist practices and accounts. This was done for the sake of ‘getting good data’, and my ethical discomfort at doing so was only mitigated by my awareness of the wider political uses to which the research will be put.

For pro-feminist male researchers to conduct such research is to adopt the status of the ‘outsider within’. We put on an impression-management face to pass, conceal our true intentions, and suppress our emotional and political reactions to what is said or done. I agree with Steve Schacht that this is emotionally taxing work, and it can feel like a betrayal of one’s values and a potential betrayal of the research subject (Schacht, 1997: 7). Such research involves positioning oneself in a contradictory social location which includes inherent tensions, but also involves a critical and useful vantage point (ibid: 10). Schacht describes his pragmatic adoption of a kind of emotional detachment in order to establish relations and to survive his feelings of self-estrangement, which is familiar to me as well. But pro-feminist men’s ability to conduct research in masculine settings is facilitated also by our own training in dominant codes of masculine performance.

Listening to men: Beyond accounts

My research explores the personal or autobiographical accounts and narratives of a small number of young heterosexual men, examining the frameworks of meaning within which they locate themselves in the world and make sense of their lives. Narratives of personal experience are ubiquitous in human culture, and telling stories about one’s life is a universal human activity (White, 1981: 2, Riessman, 1993: 2–3, Hillis Miller, 1990). Narratives take diverse and interrelated forms, from elaborate and textually dense narratives in the Western literary canon, to cultural ‘myths’ transmitted through generations via oral history, to everyday accounts of one’s personal history. This research focuses on the latter, investigating heterosexual men’s accounts of their sexual and gendered lives and relations.

The endless and everyday confession and consumption of personal narratives is an especially prominent feature of late twentieth-century Western societies such as Australia (Smith & Watson, 1996). There is a constant and ever-proliferating dynamic of ‘getting lives’, sharing and advertising them with others and consuming the lives that others have gotten. People assemble narratives out of their own experiential histories, habitually authenticating their lives, constituting and performing identities and taking up culturally designated subjectivities. For Sidonie Smith and Julia Watson, the telling and consuming of autobiographical stories and the announcing, performing and composing of identities are defining conditions of postmodernity (ibid: 7).

In this culture of story-telling, personal sexual stories have gained a particular force and prominence. Michel Foucault traces the historical emergence of this ‘incitement to verbosity’, an immense discursive explosion on sex in the past three centuries, and in particular, a joining of sex and truth through the procedure of confession (Foucault, 1978: 18–33). This culture is characterised by a preoccupation with matters relating to sex, a general desire to make social life translucent, and the ‘commodification of scandal’ (Lee, 1993: 20). As Kenneth Plummer writes in his detailed account of the rise of sexual stories, sex is now the Big Story and our society can be described as “a sexual story telling society” (Plummer, 1995: 5). The experience of conducting my research demonstrates this, where others have routinely responded to the research’s subject matter by saying, “What did they say? Tell me some stories.”

My research relies on young heterosexual men’s personal accounts, but accounts as produced through a specific context and interaction, the research interview. This interaction is conducted by two people in isolation from others and from interruption, the location is formal (a university office), the conversation is tape-recorded, and in particular, conversation is fundamentally structured by the questions and concerns of one participant, the interviewer, who is a stranger to the informant. In the interviews the men talk in more detailed and reflective ways about their sexual lives than they do in their everyday interactions. Some participants commented that while they talk to their friends about the same issues we covered in the interview, they do not normally go into as much detail about their sexual interactions (for example whether they had intercourse, who provided the condom, and who put it on) and other aspects of their sexual and emotional lives. They noted that the interviews prompted them to think ‘more deeply’ about their experience. In fact, some men remarked that the interview process itself had been therapeutic — that it had helped them ‘sort some things out’, that it had been ‘like having your own personal psychiatrist’, that ‘talking about all this helped’.

A methodological reliance on interviews raises several questions. How are accounts of personal and social life to be understood? How are they to be ‘told’ and ‘read’, and why should these readings be believed? One’s answers depend in part on one’s views of the character of “people’s everyday understandings”, and also on the goals of one’s research. Commonsense assumptions about the immediacy, authenticity and validity of accounts of human experience, reflected in this culture’s fascination with the media interview, have also been taken up in academic research on social life. In some early feminist accounts of feminist methodology, there is an explicit celebration of the notion of women’s “experience” and an emphasis on “giving voice” to previously silenced groups of women, and the meaning of women’s accounts is treated as unproblematic. In early interactionist and ethnographic work, research using people’s accounts confined itself to “the gaze of the tourist, bemused with a sense of bizarre cultural practices” (Silverman, 1993: 200). Dominant Western understandings of the character of autobiographical material depend on individualist and humanist notions of selfhood or subjectivity. As Smith and Watson write,

The myth of autobiography is that the story is singularly formative, that the gesture is coherent and monologic, that the subject is articulate and the story articulable, and that the narrative lies there waiting to be spoken. (Smith & Watson, 1996: 9)

Such assumptions are reflected in many social scientific treatments of interview material, embodying the empiricist certainty that one’s data directly mirror an unproblematic reality. Accounts produce facts with an unproblematic truth-value, and directly reflect that individual’s experience (Hollway, 1989: 40–43; Silverman, 1993). In relation to interview data then, the emphasis is on interview-as-technique — on the adoption of standardised techniques to produce data which are independent of the research setting.

This model of interview treatment and the assumptions it represents have been subject to radical challenge and critique. Interactionist approaches treat interviews as social events based on mutual participant observation and emphasise interview-as-local-accomplishment. Postmodern and deconstructionist frameworks in particular suggest that one’s data are specific accounts presented at a particular moment to particular audiences, and we have no way of knowing the relationship between them and truth (Holland & Ramazanoglu, 1994: 144). While the empiricist approach embodies the “externalist” position that interviews give “facts” about social reality, there is a tension in interactionist approaches between this and an “internalist” position in which interviews are purely ‘symbolic interaction’ (Silverman, 1993: 107).

We are faced therefore with a choice between treating interview accounts as culturally defined narratives or as possibly factually correct statements, as displays of situated narratives or as true/false reports on reality. Silverman gives two answers to this dilemma. First, we can do one, the other, or both, depending on our purposes. The “both” option is the most appropriate for my purposes, which are dependent on the claim that the interview material has *some* relation both to the sexual understandings typically expressed by individuals *and* to their lived sexual practices. In this research I wish to comment on much more than the local production of a situated narrative. I wish also to relate these narratives to the interviewees’ sexual practices, and to the kinds of understandings made available in this culture. I assume that important aspects of the research participants’ accounts are factual, and this is a pragmatic necessity if I am to draw connections between heterosexual men’s understandings and their sexual practices.

I also agree with Silverman’s second answer to the dilemma, that these two choices represent a false polarity in that ‘form’ (the local character of interview talk) and ‘content’ (the cultural universe and its assumptions) are mutually dependent (Silverman, 1993: 108, 114). Further support for the adoption of a ‘middle way’ can be found in the work of researchers in the Women, Risk and AIDS Project (WRAP) in Britain, with which my project shares much theoretical and political terrain. To adopt this ‘middle way’ is

first to claim that there is some level of reality which can be accessed through people’s accounts, but also to accept that there is no precise solution as to exactly *how* this can be done. Ultimately we do not know whether or not we have done it. (Holland & Ramazanoglu, 1994: 145)

My research gives attention to the meanings and narratives through which individuals construct their lives, while locating these in the context of social and power relations. I collude in the erosion of the “myth of autobiography” by contemporary poststructuralist and feminist theories of selfhood and subjectivity, and I accept that autobiographies necessarily are dialogical, “contextually marked, collaboratively mediated, provisional ... [and] implicated in the microbial operations of power in contemporary everyday life” (Smith & Watson, 1996: 9).

All research accounts are inherently partial, committed and incomplete, and an interview is not the telling of a life (Frankenberg, 1993: 41). Interview data is never “raw” and always both situated and textual (Silverman, 1993: 200). I accept the premise in narrative analysis that informants’ stories are “constructed, creatively authored, rhetorical, replete with assumptions, and interpretive” (Riessman, 1993: 5). Interviewees are multiply positioned in relation to the life narratives they offer:

as producers of the narratives and as reflexive observers as they retell and reevaluate (Frankenberg, 1993: 42). Notions and expectations about the ‘normal’ course of a life, unconscious rules about what makes a ‘good story’, and historically and culturally specific forms of oral or written storytelling available to the narrator are as influential as the ‘raw facts’ of existence in shaping a personal narrative (Personal Narratives Group, 1989). People’s accounts of their lives are contextual, interactional and dynamic — they change in different settings and to different audiences and over time.

If people’s accounts are interactional, did the men in my study try to tell me what they thought I wanted to hear? Is it possible that some participants exaggerated their safe sex practice to please an interviewer whom they probably perceive to be implicitly in favour of safe sex? I took three steps to minimise this possibility. I began the interview by emphasising that I was not there to judge or educate, and I gave no explicit sign during the interviews that I was in favour of safe sex or judgmental of unsafe sexual practices. The informants probably made the fair assumption however that in doing this research I would be supportive of safe sex. At the end of the interviews, I invited the men to say if there was anything they had left out and would like to say, and whether there were any times when they had not told the whole truth or lied about some things during the interview. There was one disclosure at this point: one man said that he had had ‘something bad happen in his past’, and in conversation after the interview he clarified that this was an experience of sexual assault by another man. The interviews themselves suggest a minimum of ‘saying what I want to hear’. The men did disclose their own unsafe sexual practices, and the tone of the interviews suggested that the men were willing to disclose problematic sexual experiences. I have no independent way of knowing however whether they downplayed their unsafe sex or whether other interviewees also had taken risks and not said so.

So far I have emphasised that people’s personal accounts are contextual and contingent, but accounts also exhibit stabilities and continuities over both time and context. People experience themselves and explain their lives in similar ways on different occasions and (perhaps to a lesser extent) to different audiences, and may attribute the same meaning week after week to such practices as condom use. People come to tell stories about themselves which are repeated and even ritualised: “I’ve always been the kind of person who...”, “I fell in love with her when...” Many experience their sexual desires, preferences and senses of embodiment as stable and represent them as essential and natural: “I’ve never liked condoms.”

People do not say similar things day after day about their lives simply because

their accounts are factual or “true”. They do so because they have been constituted as particular kinds of subjects, through discourse and their lived experience of the social order. Through the discursive and collective constitution of persons, a “real me” is produced, a “me” distinguished from the “not-me”, with familiar story-lines and positions, ways of knowing and being (Davies, 1992: 62–63). Regularities and stabilities in the accounts people offer are the product of the ongoing and dynamic intersection between mutually constitutive subjectivities, discourses and social relations.

It follows that there is an important relationship between the kinds of talk, accounts and meanings given in the interview and those given outside it — to friends, to one’s sexual partner, and to oneself. These two sets of accounts share themes, assumptions and stories, and one can make claims about accounts given outside the interview on the basis of those given within it. Indeed, if one cannot make such claims, then there is no point in conducting my research except to document “the ways in which heterosexual men talk about safe and unsafe sex *in interviews with me*”.

There is an argument in qualitative research that analytical constructs should only reflect people’s everyday understandings and one should not theorise beyond this world (May, 1993: 29). Some feminist ethnographic positions show a similarly exclusive concern with subjective adequacy — that is, with the demand that the researcher’s descriptions and explanations must fit with women’s own understandings of their activities (Davidson & Layder, 1994: 180–181). There are several reasons why this approach is inadequate, both for my research and more generally, and each has to do with the fact that people’s accounts of their behaviour and of the social world are partial.

First, there are limits to memory. As William Foddy states in his positivist discussion of interviews and questionnaires,

First, there is evidence that human beings don’t attend to, and thus are not able to remember, every stimulus that impinges upon them. Second, respondents are often not consciously aware of all the causes and motives associated with their behaviour. Third, memory traces of events and the cues associated with these fade over time. (Foddy, 1993: 100)

People’s ability to recall an event seems to be related to its salience, which in turn is related to the event’s unusualness, high costs or rewards, its continuing consequences (Foddy, 1993: 92–93) and its place in cultural narratives. Pleasant events are recalled more easily than negative ones. Forgetting is also affected by the interference of more recent memory traces and events. And in general, remembering is a

reconstructive process, shaped by existing assumptions and beliefs (ibid, citing Baddeley). The men in my study may also forget aspects of their sexual histories because of high numbers of sexual partners, intoxication, or the habituation of their behaviour (Wight, 1993b: 43). Their memories include their ‘best stories’, “the repetitive and ritualised tales that we ‘indicate’ to ourselves about ourselves”, and such stories themselves can come to organise memories and experience (Plummer, 1995: 40–41).

Nevertheless, I believe that my informants’ self-reports in the interviews of their safe or unsafe sex and other behaviour are likely to be more accurate than one-off answers to a closed-question questionnaire. The reliability of the interviewees’ reports is enhanced because descriptions of condom use and non-use are situated in the context of a detailed account of relationship and sexual histories. The interview transcripts show the men actively remembering when and how things happened and changing their accounts as they fit them into a remembered chronology of related events and transitions. The following extract shows Tim assembling an account of condom use with a particular partner, and he comments himself on the link between the salience of an event or process and his ability to recall it;

I can’t remember whether I wore a condom or not, but I wore a condom with her for a fair while. Like, she she sorta talked about, fuck, God it’s *hard* thinkin’ about it. Yeah. Well. Even to the fact that, I can remember so much detail about all the *rest* of the sex but I can’t remember whether we used a rubber. I mean it shows you how much consideration I took [...] Nuh, nuh, I would have. [...] I’m sure we had sex with condoms and then she said I’ll go on the Pill. We *did*, we had sex with condoms the whole time. She *made* me wear a condom. Which I had no problems with. No, no, no. *I* wore the condom, I wanted to wear the condom.

Further support for the reliability of the interview accounts comes from their internal consistency. The research participants described the same sexual interactions and relationships at different times in the one interview, across multiple interviews and with different concerns guiding their responses, while information about whether they had intercourse and whether they used condoms or not stayed stable.

Second, people’s knowledge of their lives is not necessarily systematic or precise (Davidson & Layder, 1994: 218–219). While some early feminist methods relied on “women’s understandings”, women themselves have multiple versions of reality, as do men. Heterosexual men’s social and sexual lives are shaped by collective social relations and ideologies which are not necessarily apparent to those men, but which are important elements in an adequate explanation of their safe and unsafe sex. In addition, how much of men’s sexuality is available to them through language and how much is untellable? As Celia Roberts et al. write,

heterosexual relations are not played out exclusively in conscious and articulated ways. ... sexual interactions are multilayered and to some extent unspoken, even unspeakable. (Roberts et al., 1995: 524)

Heterosexual men's everyday understandings, like everyone's, are the product in part of the operation of power, and relations of power and of knowledge are mutually constitutive, as Foucault, Gramsci and many others have argued (May, 1993: 29–30). Other feminists point out that an exclusive valuing of women's experience deflects attention away from social structural issues of power and domination and may reproduce sexist regimes of truth (Davidson & Layder, 1994: 181; Glucksmann, 1994: 160; Hollway, 1989: 43). This danger is exacerbated in gender-related research on men such as my own. In interviewing men about heterosexual sexual relations, it was important that I came to their accounts having already found out something about women's accounts and feminist understandings of this area. At the same time, it was crucial that I take seriously the men's experiences and accounts of their lives.

The fact of context-specific configurations of male sexual talk raises a further issue. Typical forms of heterosexual men's talk about sex are absent from the interviews themselves. Does this mean that my research has missed important facets of men's understandings of sex and sexual relations? Heterosexual men talk about sex in different ways in different social contexts and different conversational interactions, and this is part of general variations in their presentation of self in different contexts. Lynn Hillier et al. note the contrast between young men's conservative and prescriptive talk in focus groups and their more sensitive and romantic written responses to a qualitative survey (Hillier, Harrison & Bowditch, 1999: 73), and Daniel Wight records young men's starkly different presentations of masculinity and sexuality in same-sex groups, alone with a girlfriend and with their parents (Wight, 1996: 2). Many young men find a gulf between, on the one hand, their public projection of a confident masculinity and banter about 'getting girls', and on the other hand their private anxieties and insecurities and their limited actual sexual experience (Mac an Ghaill, 1994: 99–102; Wight, 1994b: 717).

Some of my interviewees describe their engagement in men's exchanges of stories of sexual exploits and men's commentary on the attractiveness and desirability or otherwise of women passing by. Such talk prioritises the achievement of social status through sexual activity and the evaluation of women only in terms of their conformity to dominant notions of feminine attractiveness, and typically involves a blunt and sometimes humourous colloquial language. This form of talk is most common in all-male group situations. With their female partners on the other hand, men may engage in talk which is more respectful,

romantic and sensual ('sweet talk'), but also sexually explicit talk such as 'talking dirty' during sex. Other interactional situations produce different configurations of male sexual talk. In a mixed-sex group, a man may choose styles of sexual talk which are calculated to be less offensive to the women present. In a one-on-one conversation with a close male friend, a man may feel able to opt for styles of talk about sex and relationships which are more emotionally expressive and which reveal doubts, fears, problems and vulnerabilities. A man may switch rapidly from one style of sexual talk to another, for example adopting more 'seductive' and 'romantic' styles in leaving his table of mates at the nightclub to approach a woman with the intention of 'picking up', and he may switch back again to more derogatory styles with this same woman if faced with rejection. While most of these forms of talk were absent from the interviews, two men from the Australian Defence Forces University (ADFA) did offer detailed and rehearsed sexual stories which they have also told in the homosocial culture of sexual story-telling at ADFA.

Only some aspects of heterosexual men's sexual lives make it into ritualised and rehearsed public narratives. The stories which become widely available and familiar in a culture are those which have a strong community of support waiting to receive them, and which themselves build communities (Plummer, 1995: 16, 174). Among young heterosexual men, narratives of first intercourse or 'losing your virginity' are likely to be one important source of dominant sexual stories, given that for some men first intercourse symbolises entry or initiation into manhood and adulthood (Wilton, 1997: 34). My interviews did provide a striking example of such a story, although other men interviewed did not have rehearsed stories of first intercourse or gave stories of confusing and troubling experiences. Kenneth Plummer comments that other aspects of men's sexualities have not become strong stories, such as those of celibacy and impotence (Plummer, 1995: 174). There are important stories related to widespread heterosexual male practices which have not yet been told, such as that of the pornography consumer and the masturbator (although Michael Kimmel's collection and Peter McMillan's book begin to do so (Kimmel, 1990a; McMillan, 1992: 24–38, 103–107)). In addition, heterosexual men's dominant sexual stories do not perform the same political tasks of counter-hegemonic resistance, identity transformation and community-building as the ones on which Plummer focuses: the gay and lesbian coming out story, the rape story ("breaking the silence"), and recovery from sex or relationship "addiction".

The presence of a homosocial and masculine environment seems to be an important factor in the development of men's story-telling cultures, given that these have been documented in male prisons and the Royal Australian Navy (Thurston, 1996; Agostino, 1997a), and my research suggests that a similar culture exists at

ADFA. All four of the men from ADFA refer to “warries”: stories about military training, war, funny situations or incidents, drinking and sex, where “warry” is a portmanteau word created out of “war” plus “story”. These stories are told to each other typically in the officers’ mess (where alcohol is consumed) or in the recreation rooms of on-campus accommodation. Curtis and Tim, “best mates”, have a stock of “warries” that they find particularly hilarious or interesting and they have told on repeated occasions, and others can identify them by their particular warries. In my interviews both men tell several “sex warries”: detailed sexual stories about sexual episodes, whether involving one’s good fortune, sex with prized or “shocking” women, or one’s depravity and ill fortune. This story-telling practice is institutionalised in the military and fed by a deeply masculine and homosocial environment, although participation is not universal and Nigel from ADFA finds them “amusing, but sad”.

Returning to my earlier question, is the absence of particular forms of sexual talk in the interviews a problem for my investigation of heterosexual men’s understandings? First, given a reliance on interviews this is an unavoidable problem, and can only be accounted for but not eliminated. Because of my gathering of data ‘only’ through interviews, I can only assess men’s sexual talk in different contexts through their talk in one context, the interview itself. The latter does include talk *about* their talk in other contexts (because I ask about it), but this is not the same as recording such talk as it occurs. Other data-gathering strategies such as participant observation would have helped address this problem, at least for some situations such as all-male and mixed-sex social groups, but they were not adopted here.

Second, the argument I made earlier — that there is an important relationship between the accounts and meanings given in interviews and those given outside them — holds here. The man who engages in sexist banter with his male friends or romantic talk with his female sexual partner is not entirely separate from the man who then talks about his sex life in an interview with a stranger. These conversations are contextually specific discursive performances, but they share a common subjectivity. While the forms of sexual talk given in the interviews differ from those in the men’s everyday lives, the understandings and meanings they express are similar. This is not to introduce a pre-social and essential subject, nor to underestimate the significance of context and audience. But it is to assert the importance of human subjects who in different contexts offer accounts of their sexual and social lives which exhibit important continuities and stabilities, as well as flux and incoherence. Furthermore, in the interviews the men describe their participation outside the interviews in such styles of talk, providing further

information as to the everyday organisation of their sexual and social worlds.

The assumptions I have outlined influence the ways in which the text is “told” — transcribed and represented. A variety of transcription practices are possible, from those that assume that narratives and life stories are relatively synonymous and treat the language as self-evident, to those which cast the researcher as translator and mouthpiece, condensing and polishing respondents’ speech, to those which “unpack” the language in minute detail and emphasise the performative, relational and collaborative character of the stories told (Devault, 1990: 105–107; Riessman, 1993). Given the emphases of my research, a degree of attention to the character of the interviewees’ linguistic practice is necessary, while a detailed documenting and investigation of its minutiae is both unnecessary and impractical.

Conclusion

In conducting research on men, feminist methodological norms are both relevant and in need of modification, with reference to studying men, empowering men, and changing men. Masculinities are object of negotiation and contestation in research, as they are in everyday life.

Qualitative methods are useful in attempting to understand and theorise heterosexual men’s safe and unsafe sex, in that they assist in documenting the complexities and ambiguities of sexual practices and sex-related understandings. My research relies on young men’s accounts of their sexual lives as generated in semi-structured interviews. I have argued for treating these accounts both as situated narratives and as true or false reports on reality. Interview accounts are interpretive, partial and influenced by the operations of memory. They exhibit both stability and variability, over both time and context. This is accounted for on the one hand by the constitution of the interviewees as speaking subjects and their allegiances to particular discourses, and on the other by the influence of context and change.

3.

Heterosexual men and HIV/AIDS

Most heterosexual men in Australia do not wear condoms consistently for sex with their sexual partners. Heterosexual men's adoption of safe sex is constrained by aspects of the sexual and gender orders in which both they and heterosexual women participate, and further hindered by constructions of masculine sexuality and masculinity. In this chapter I trace the contours of the HIV/AIDS epidemic and the extent to which men and women practise safe sex, before exploring the sexual and social contexts of heterosexual men's sexual practice.

HIV/AIDS in Australia

HIV/AIDS takes different forms and is associated with varying political relations and struggles, depending on its particular cultural context. There are wide regional variations globally in the proportions of populations infected, in patterns of HIV infection within and between countries, and in the ratio of men to women infected (Panos Institute, 1992: 3–7). My research focuses on the epidemic in Australia, whose contours I trace: first its epidemiology, and then its social and political impact.

In Australia by 30 September 1999, 19,931 people had been diagnosed with HIV infection, including 18,444 males and 1,160 females. There had been 8,200 cases of AIDS, among 7,826 males and 351 females, and 5,805 deaths following AIDS (NCHECR, 2000: 7, 13). AIDS diagnoses peaked in Australia in 1994 and have declined since. This is the effect of a peak in HIV incidence a decade earlier and then a rapid decline, as well as improvements in HIV/AIDS therapy since 1996 (NCHECR, 1999: 7). HIV and AIDS are present at much higher rates among males than among females. Rates of diagnosed HIV infection among adult and adolescent males (241.1 per 100,000 current population) over 1984 – 1996 were 20 times higher than among adult and adolescent females (11.1 per 100,000 current population) (McDonald & Cui, 1997: 3).

Comparing Australia with other developed countries, Australia ranks somewhere in the middle in terms of the per capita rate of HIV infection, with a lower cumulative rate than Spain, the United States, France, Italy, Canada and Switzerland, and a higher rate than New Zealand, the Netherlands, the United Kingdom and the Scandinavian countries (Feachem, 1995: 34; NCHECR, 1999:

80).

The vast majority of those diagnosed cases of HIV infection and AIDS for which the route of infection was reported have been in men who became infected through homosexual sexual contact¹ (Feachem, 1995). Cumulative to 30 September 1999, 78.5 percent of diagnosed HIV infections in Australia were attributed to “male homosexual/bisexual [sexual] contact” and another 3.8 percent to “male homosexual/bisexual [sexual] contact and injecting drug use” (NCHECR, 2000: 14). Injecting drug use alone accounted for another 4.5 percent of HIV infections (ibid). HIV infection was attributed to heterosexual sexual contact in 9.5 percent of cases (NCHECR, 2000: 14). Feachem reported in 1995 that information on sexual partners was unavailable for most cases of heterosexual sexual transmission, but of those cases for which it was available, over half were in people who were either from countries where HIV is transmitted primarily by heterosexual sexual contact (in sub-Saharan Africa and southern Asia) or sexual partners of people from these countries (Feachem, 1995: 55). More recent data on HIV infections in 1994–98 through heterosexual sexual contact shows a similar pattern (NCHECR, 1999: 18). Over the period 1984 to 1996 there was a decline in the proportion of HIV infections attributed to receipt of blood or tissue and injecting drug use, and a statistically significant increase in the proportion of cases attributed to heterosexual sexual contact only (McDonald & Cui, 1997: 4). This increase was initially relatively rapid until 1992, and then plateaued (ibid).

In terms of heterosexual sexual transmission of HIV, there are important differences across sex and race. Looking only at diagnoses for which the exposure category was reported, up to 30 September 1999, close to six percent (845) of cases of HIV infection in males were through heterosexual sexual contact. In females, in contrast, heterosexual sexual contact accounted for 70.2 percent (680) of HIV infections (NCHECR, 2000: 14).² The annual number of HIV diagnoses in women was roughly constant over the thirteen years from 1984 to 1996 (McDonald & Cui, 1997: 3). However, the number of HIV diagnoses attributed to heterosexual sexual contact increased in women in the late 1980s, peaking in 1990–91, and has declined

¹ Publications documenting the character of HIV transmission typically use such phrases as “homosexual contact”, “heterosexual contact” and “homosexual/bisexual contact”, and these refer to the *sexual* transmission of HIV. I have added in the word “sexual” to such phrases to make this clear.

² I derived this figure using the figures given in Table 3.2, Number of new diagnoses of HIV infection for which exposure category was reported, by sex and exposure category (NCHECR, 2000: 14).

slightly since then (NCHECR, 1999: 18). Although overall rates of HIV and AIDS diagnoses per capita differ little between indigenous and non-indigenous people, indigenous people show a higher proportion of cases of heterosexually acquired HIV infection and a higher proportion of HIV infections among women (NCHECR, 1999: 15).³

The HIV/AIDS epidemic in Australia has had contradictory effects on sexual communities and sexual politics. On the one hand, the AIDS crisis has strengthened gay identity and community. In Australia, huge political mobilisations and peer/community education campaigns have helped bridge gaps between gay movements and gay communities. A safer sex culture, with new sexual practices and forms of expression, has developed. The AIDS crisis has allowed an important degree of gay involvement in advisory groups and government bureaucracies, which continues today. For at least some purposes, “the gay community” is recognised as a legitimate player in pluralist politics (Altman, 1989). The AIDS crisis has also prompted a new phase of increased militancy and radicalism shared by lesbians and gay men. HIV/AIDS has allowed a questioning of the naturalness and universality of heterosexuality, facilitated the public acknowledgment of extramarital, nonmarital, non-heterosexual and commercial sex, undermined moral traditionalist understandings of sexuality, and expanded sexual expression (Altman, 1992a: 46–47; Ballard, 1998: 6; Redman, 1996: 169).

On the other hand, the AIDS crisis has fuelled the energies of heterosexist political groupings and contributed to the fear of homosexuality. AIDS has been mobilised to serve morally conservative sexual discourses, and this is also apparent in other Western capitalist regions. Thus, in the United Kingdom AIDS has played a central role in the ideological assault on lesbian and gay culture, and queers and their viral surrogate AIDS are seen to pose a predatory threat to “family values” (Watney, 1989). Homophobia and male patriarchal power here operate in tandem (Segal, 1989: 133), taking shape in the reassertion of an authoritarian and erotophobic sexual ethic.

In Australia, a central aspect of responses to HIV/AIDS was a large-scale mobilisation among gay communities, including the setting up of community organisations and a substantial involvement with government bureaucracies and

³ Over the period 1992 – 1998, 37 percent of cases of HIV infection among indigenous people were through heterosexual contact, compared to 14 percent for non-indigenous people. Twenty-six percent of HIV infections among indigenous people were in women, compared to eight percent among non-indigenous people (NCHECR, 1999: 15).

advisory groups. This was founded on the particular forms of these communities, as urban and organised, on a pre-existing cohort of gay activists, and on an Australian tradition of non-government organisations' contributions to and involvement in policy (Ballard, 1998). A second important aspect was the relatively swift response by the Federal Government and its emphasis on health promotion. Strategies associated with health promotion and "the new public health", emphasising community prevention and community education, were adopted instead of the standard battery of public health controls developed in the early twentieth century, which emphasised contact tracing, isolation, quarantine, detention and testing (Ballard, 1995; 1998). They began among gay communities, and were extended in 1985–86 to intravenous drug-users and sex workers. One of the most striking features of the Australian response was Federal Government funding for groups directly involved in working with affected communities (Altman, 1992b: 64).

The character of the Australian AIDS response was by no means inevitable: rival "technologies of government" competed for control (Ballard, 1995; 1998) and there was significant opposition from sections of the medical profession (Drielsma, 1997). The political context was crucial to this response: a Federal Labor government, the willingness of politicians to adopt appropriate policies against vocal opposition (Altman, 1992b), the political interventions of the office of the Federal Minister for Health over 1984–89 (Ballard, 1998), and the relative weakness of the Christian Right. However, the progressive character of the governmental response to AIDS is fragile. The year 1996 brought three important developments: a change in federal government from Labor to Liberal, the Third National Strategy on HIV/AIDS (Commonwealth Department of Health and Family Services, 1996), which extended itself to cover other sexually transmitted diseases and Hepatitis C, and the transfer of responsibility from the Commonwealth to the states for public health programs (Ballard, 1998: 11).

The practice of heterosexual unsafe sex

To what degree has safe sex been adopted for heterosexual sex? The research which assists in answering this question is limited in several respects. First, most research into heterosexual sexual behaviour in Australia has been conducted among university and secondary school students. It thus draws on the attitudes and practices of a particular social and economic milieu, and may miss aspects of sexual relations which are outside this. (My own research largely replicates this bias.) Second, much of this literature focuses on the presence or absence of condoms in vaginal/anal intercourse as the key definer of "safe" or "unsafe" sex. This is

important, but it neglects the adoption or intensified use of non-penetrative sexual practices as part of a shift to safer sex. Third, it is difficult to assess changes over time in behaviour as there is little annual data, except for the annual surveys of first-year students in a course at Macquarie University in Sydney (NCHSR, 1999: 21). The fourth limitation, a more fundamental one, is a general lack of attention to the social relations within which individuals practice sexual behaviours and engage in sexual relations, and a focus instead on individual knowledge and attitudes. Such a focus is inattentive to the potential shifts in heterosexual culture prompted by the AIDS epidemic, the collective incorporation and interpretation of safe sex discourses within or against existing cultural understandings of sexuality and gender. However, there are important and influential exceptions to this inattention both in Australia⁴ and overseas.⁵

With these limitations in mind, what is the evidence for the heterosexual adoption of safe sexual practices? It appears that routine and consistent condom use is a minority practice. More than two-thirds of male non-virgins in 1995 aged 16–24 did not “always” use condoms⁶ (Smith, Reichler & Rosenthal, 1996: 19). Among those aged 25–34, the proportion of men always using condoms drops to less than one-quarter, and one-seventh to one-eighth of men aged 35 and older. On the other hand, the proportion of males always using condoms increased in all age groups between 1986 and 1995. Just under 30 percent of male non-virgins aged 16–24 in 1995 “always” used condoms, but this was treble the rate among males of the same age in 1986 (*ibid*: 19). With regular sexual partners, 33 percent of males aged 16–19 and 17 percent of males aged 20–24 (in 1991) were always using condoms. The matching figures for females were 28 percent and 9 percent respectively. With casual sexual partners, 44 percent of males aged 16–19 and 24 percent of males aged 20–24 (in 1991) were always using condoms. The matching figures for females were 46 percent and 37 percent respectively (*ibid*: 23). Further data comes

⁴ These include work by Bartos, McLeod and Nott (1993), Connell and Kippax (1990), Connell et al. (1990, 1991, 1993), Dowsett (1993b, 1996a), Dowsett, Davis and Connell (1992a, 1992b), Kippax et al. (1993), Moore and Rosenthal (1991a, 1991b, 1991c, 1992a, 1993), Moore, Rosenthal and Mitchell (1996), Stewart (1993, 1994a, 1994b, 1995), and Waldby, Kippax and Crawford (1990, 1991, 1993a, 1993b).

⁵ These include work by the Social Aspects of the Prevention of AIDS (SAPA) Project, Wight on young Glaswegian men, and the Women, Risk and AIDS and Men, Risk and AIDS Projects in the UK. Relevant authors include Holland, Ramazanoglu, Scott, Sharpe and Thomson (1991, 1992, 1994b, 1996), and Wight (1992, 1993b, 1994a, 1994b, 1995, 1996).

⁶ The “Always” category was constructed from those who said that condoms were their main method of contraception or that they always used condoms in addition to other forms of contraception with regular partners and always used condoms for protection with casual partners.

from the annual surveys at Macquarie University. Among 17–19 year old first year university students at Macquarie University who had regular partners in the last month, throughout the period 1991–98 the proportion who “always” used condoms was about half the proportion who used them “never”, “sometimes” or “most times”. On the other hand, among students who had casual sexual partners in the last six months (around 13–19 percent of students), most used condoms “every time” (NCHECR, 1999: 75).

What about among secondary school students? In 1997, 56 percent of sexually active males in Year 12 “always” used condoms, as did 74 percent of those in Year 10 (Lindsay, Smith & Rosenthal, 1997: 77). The matching figures for sexually active females were 44 percent and 55 percent respectively. In both 1997 and 1992, more young men than young women reported using condoms, and young men were more likely to report using condoms regardless of whether they had casual or regular partners (*ibid*: 29–30).

Among sexually active Australians, a growing proportion report having changed their sexual behaviour in response to the epidemic, and this is most marked in younger age groups (Feachem, 1995: 57). There was a shift towards more safe-sex-positive attitudes and behaviours among newly sexual heterosexuals over the period 1987–90 (Kippax & Crawford, 1991), over 1988–93 there were significant increases in condom use by university students for vaginal sex with regular partners (Rodden et al., 1994), and among secondary school students overall condom use increased significantly between 1992 and 1997 (Lindsay, Smith & Rosenthal, 1997: 29). However, more recent data from the surveys at Macquarie University show little change in university students’ condom use in the mid to late 1990s (NCHECR, 1999: 75). Over 1991–98, the proportion of all students who reported sometimes engaging in unprotected intercourse with a regular partner (the sum of the percentages who reported “never”, “sometimes” or “most times” using condoms) remained stable at around 22–25 percent. Most students (81–87 percent) reported no casual partners in the last six months, and around 5–6 percent of all students were having unprotected intercourse with casual partners (*ibid*: 75).

Survey-based studies of homosexual and heterosexual behaviour demonstrate a consistent gap between beliefs and behaviour (Crawford, Turtle & Kippax, 1990; Dwyer et al., 1992; Lindsay, Smith & Rosenthal, 1997: 46–47; Rosenthal & Reichler, 1994: 35; Turtle et al., 1989). Levels of knowledge about basic aspects of HIV, its transmission and AIDS are reasonably high, but this is not reflected in the adoption of safe sex. While AIDS is seen to be a serious disease, there is widespread complacency about personal risk (Chapman & Hodgson, 1988: 104;

Crawford, Turtle & Kippax, 1990: 132). Most secondary school students in 1997 did not see themselves as at risk for HIV infection, and fewer did so than those in 1992 (Lindsay, Smith & Rosenthal, 1997: 41). Although the belief that “anyone can get AIDS” is widespread, there is little sense of personal vulnerability. Among adolescents there is a perception of invulnerability, a subscription to the ‘personal fable’ that one is somehow immune to the risks and hazards which beset others (Moore & Rosenthal, 1991a; Rosenthal & Reichler, 1994: 43–44). This can be seen as part of a more general ‘unrealistic optimism’ subscribed to across other groups (Moore & Rosenthal, 1991a; Siegel, 1988: 67). In addition, perceptions of risk have a complex relationship to actual risky behaviour (Moore & Rosenthal, 1991a; Rosenthal & Reichler, 1994: 46–47).

A distinction between regular and casual sexual partners is central to many heterosexuals’ sexual relations, with condom use much more likely with one’s casual partners. With one’s regular partner or in a relationship, the preferred prophylactics against HIV (and other sexually transmitted infections) are monogamy, trust and love (Moore & Rosenthal, 1993: 127; Rosenthal & Reichler, 1994: 48–49). In addition, there is evidence that among young people condom use varies systematically in relation to education, ethnicity and local culture. Rates of condom use are reasonably high among school students, and much lower among homeless and refugee-based youth (Feachem, 1995: 104). Adolescents’ numbers of sexual partners, definitions of relationships, expectations of monogamy and degrees of gender difference vary across ethnic groups and geographic location (Lindsay, Smith & Rosenthal, 1997: 26–27; Rosenthal, Moore & Brumen, 1990; Rosenthal & Reichler, 1994).

The behaviour change required to prevent HIV transmission has a profoundly social character. Australian research on gay and bisexual men indicates the social patterning of knowledge acquisition and mediation, and the importance of interpersonal relationships and social networks in producing changes in sexual behaviour (Dowsett, 1992: 54). In the 1980s and early 1990s there was a profound re-drawing of the practice of gay sex, and anal intercourse in particular — the massive collective transformation of a fundamental sexual act — which heterosexuals have not done (*ibid*). An adoption of safe sex by heterosexually active people on a large scale — the use of condoms, or more fundamentally, the de-emphasising of penis-vagina intercourse — would be a similarly profound transformation, and would require the same engagement with communities and social networks.

There are constraints to heterosexual men’s practice of safe sex at every level

of social interaction and social structure, from the broad structuring of heterosexual culture and gender inequalities, to the micro-politics of sexual negotiation in heterosexual relationships, to the organisation of sexual practices. Some constraints are shared with women and have to do with heterosexuality and heterosexual culture, while others are specific to heterosexual men or centred on meanings and practices associated with heterosexual masculinity. One must look to both sets of constraints to understand the limits to and possibilities for heterosexual men's sexual practice. In the following section I focus on the former set, describing the dominant orders of sexuality and gender in which heterosexual men and women are enmeshed.

Sexual and gender orders

Sexuality and gender are both socially constructed. The configuration and meaning of sexual practices, identities, relations and communities is not the product of some fixed essence in human beings, nor the simple outcome of bodily attributes or functioning, but the product of society and history. The same is true of the meanings given to being male and female and the social organisation of the lives and relations of men and women. The social construction of sexuality and gender encompasses the very way in which these are conceptualised and experienced in different cultures, historical periods and life histories. As Carole Vance writes,

Although we can name specific physical actions like anal sex, heterosexual intercourse, kissing, fellatio, or masturbation, it is clear that the social and personal meanings attached to each of these acts in terms of sexual identity and sexual community have varied historically. (Vance, 1984: 8)

“Social constructionist” perspectives are widely accepted in academic scholarship on gender and sexuality. But major controversies are embedded in this scholarship, including debates over the nature and degree of social construction (what it is that might be constructed), the instability of sexuality and gender as categories, and the role of the body (Vance, 1992). Recent scholarship has turned attention also to the sexual construction of society (Connell & Dowsett, 1992: 66–70) and to theorisations of the ‘sexual’ and the ‘social’ *per se* (Richardson, 1996).

I use the term “gender” to refer to the multiple ways — personal and collective, material and discursive — in which social differentiation into categories of “male” and “female” is made meaningful in a given society (Matthews, 1984: 13–14). Gender involves the configuration of social practice at several interrelated levels: of personality and subjectivity, the social meaning and use of bodies, local

milieux such as schools and homes and universities and workplaces and the street, institutions such as the state and medicine and science, and discourse and culture (Connell, 1995: 72–73). Masculinity refers to the meanings given in any particular society to being a “man”, as well as to the social organisation of the lives of these men. The concept of masculinity is an inherently relational one, in that “masculinity” does not exist except in contrast to femininity (ibid: 68). The term “gender order” refers to the state of play in gender relations of a given society (Connell, 1987: 138). I use the term “sexual order” to refer to the organisation of sexual practices, identities, relations and communities in a given society. Sexuality and gender are distinct but co-dependent and co-constitutive systems of meaning and social organisation (Wilton, 1997: 13).

Both sexuality and gender are domains with their own patterns of differentiation, injustice and oppression. One prominent feature of Australia’s sexual order is the privileging of heterosexual (male-female) sexualities, and in fact a particular form of heterosexuality, over other forms of sexual practice, arrangement and desire. Gayle Rubin writes that sex is a “vector of oppression”, characterised by stratification and persecution, legal and bureaucratic regulation, conflicts over the definition and evaluation of sexual conduct and identities, border wars and moral panics. There is a system of sexual stigma in Western countries, an “erotic pyramid” in which individuals whose behaviour is high in the hierarchy are rewarded and those whose behaviours are not are persecuted and oppressed (Rubin, 1984). Another feature of the sexual order is men’s power over women, and sexuality is widely identified by feminist authors as a key site of male power. The ‘state of play’ of gender relations in Australia includes a widespread, although contested, pattern of male institutional privilege and female subordination (Messner, 1997: 5). However, these axes of power and differentiation intersect with each other and with other axes such as those of class, race/ethnicity and age, complicating simplistic claims about who is privileged and who is not (Connell, 1995: 75; Jackson, 1996: 31; Messner, 1997: 8).

“Heterosexuality” refers to both the dominant organisation of male-female relations and the dominant sexuality among sexualities, with other forms positioned as subordinate, deviant and marginal. How to assess heterosexuality is one of the key issues in feminist debates on sexuality. A critique of “compulsory heterosexuality” (Rich, 1980), the institutionalised system of male sexual and social domination, is well established, especially in radical feminist theory. Sexuality is seen as a primary site of women’s oppression or “patriarchy” (Richardson, 1993: 87), and heterosexuality is

a political institution through which male dominance is organised and maintained. Sex as we know it under male supremacy is the eroticised power difference of heterosexuality. (Jeffreys, 1990: 9)

In the late 1970s and early 1980s, feminist critiques of men's violence increasingly claimed that this violence was an expression of normative male sexuality and heterosexuality (Edwards, 1987). Authors such as Andrea Dworkin (1987), Sheila Jeffreys (1990, 1993) and Denise Thompson (1991, 1994) argue that heterosexuality involves the brutal invasion, colonisation and destruction of women's bodies and spirits.

Although a recognition of the institutionalised power relations of heterosexuality is crucial in assessing the possibilities for safe sex, there are three problems with the preceding accounts. They represent patriarchal power in heterosexuality as all encompassing, offering a socio-cultural determinism (Heise, 1995: 124) in which "victimisation is so pervasive that conditional consent to, negotiation around or localised resistance to any part of what they define as the system of oppression is impossible." (Hunt, 1990: 41) Women do experience agency and pleasure in heterosexual sex and relationships (Hollway, 1993), and feminist theory should be able to account for "exceptions" to the general rule of female subordination and thus for change in heterosexual relations (Hollway, 1995: 129). Structures of power are not necessarily enacted in uniform ways at the level of interpersonal relations, nor do they entirely determine men's and women's practice and experience (Jackson, 1996: 34).

Second, the portrayal of men and masculine sexuality in the feminist literature on men's violence at times is ahistorical and totalising. While radical feminist accounts are far less biologically essentialist than feminist folklore suggests, some do portray men as possessing collective and uniform political interests as a "sex class". I agree with Lynne Segal's call for the recognition of diversity and complexity in both violence and masculinity (Segal, 1990: 241–254). Third, an instrumentalist and one-dimensional model of male agency, in which violence is cast as a conscious tool of male control, is evident in some feminist explanations such as those of Susan Brownmiller (1975: 15), Lal Coveney et al. (1984: 20), and Schacht and Atchison (1993). Although men's violent acts can represent conscious attempts at control or intimidation, as a general model this confuses the effect of violence with its intent (Liddle, 1989).

Heterosexuality has often been constructed as coherent, universal and monolithic, but there is in fact a diversity of meanings and social arrangements (Richardson, 1996: 2). In the last two decades a substantial literature has emerged

which documents the intersections of race, ethnicity, class and culture with sexuality.⁷ Much of this work concerns lesbians and gay men and non-heterosexual sexualities in other cultures and historical periods, rather than contemporary heterosexualities. But the point remains that heterosexuality does not exist in isolation from other axes of social differentiation. Although the following account involves claims about Australia's sexual and gender orders as a whole, I acknowledge that the patterns identified are likely to be complicated or contradicted by class, race, age and culture. I assume that research carried out in the sexual and gender orders of other English-speaking countries such as the U.S.A., Britain, Canada and New Zealand is at least highly relevant in the Australian context, without necessarily being directly applicable. This is to adopt for the moment what Judith Allen describes as a "minimalist" position on the significance of the Australian context, rather than the "maximalist" position that Australia both historically and currently has a unique sexual culture (Allen, 1992: 24–29).

I would suggest that six aspects of Australia's sexual and gender orders limit heterosexual men's and women's adoption of safe sex. These are: (1) the meaning and status of heterosexuality; (2) the relative absence of linguistic and attitudinal resources with which to negotiate safe sex; (3) homophobia and the representation of HIV/AIDS as homosexual; (4) the meaning and organisation of heterosexual sexual practices; (5) the understandings of trust and love which frame intimate heterosexual relations; and (6) the power relations between men and women and the construction of heterosexual masculinity. Each of these aspects acts to prevent the adoption of effective risk-reduction strategies or produces the adoption of ineffective strategies. Two aspects of the HIV/AIDS epidemic itself influence safe sex. Patterns of HIV infection and AIDS diagnosis influence sexual behaviour, in shaping men's perceptions of HIV risk. And safe sex can be hindered by problems associated with a key means of enacting safe sex, condoms.

Both heterosexual men and women participate in heterosexual culture — the cultural understandings, representations and rituals associated with heterosexuality

⁷ This includes work on gay men, lesbians and homosexually active people of colour (Beam, 1986, 1991; Cohen, 1996; Flannigan-Saint-Aubin, 1993; Hawkeswood, 1996; hooks, 1989; Hunter, 1993; Leong, 1996; Mason-John, 1995; McClintock, Munoz & Rose, 1997; McKinley & DeLaney, 1996; Moore, 1997; Pallotta-Chiarolli, 1998; Weston, 1996), lesbian and gay sexualities and movements in developing and non-Anglophone countries (Carrier, 1995; Chung et al., 1987; Drucker, 1996; Martinez, 1996; Mendes-Leite & Busscher, 1993; Moore, 1995; Ramos, 1994; Ratti, 1993), the relation between class and sexuality in Australia (Connell et al., 1991, 1993; Dowsett, 1994; Dowsett, Davis and Connell, 1992a, 1992b; Finch, 1993) and other countries (Field, 1995; Healy, 1996; Valocchi, 1999), and the intersections of ethnicity, gender and sexuality (Holland, 1993; Pallotta-Chiarolli, 1993, 1996; Rose, 1997; Staples, 1992; Wilkerson, 1997).

— and thus both face the obstacles to safe sex it involves. But they do so in differing ways and with divergent consequences, because sexuality and gender are intertwined and dominant constructions of masculinity and femininity constitute, and are constituted by, the organisation of heterosexual culture.

The hegemonic status of heterosexuality as natural, normal and spontaneous inhibits an engagement with safe sex. As Tamsin Wilton writes, the

discursive power [of heterosexuality] lies in the very fact that it is assumed with a totality which pre-empts both challenge and, paradoxically, the need for self definition. Heterosexuality is not primarily experienced as a sexual identity but rather as something inherent in being human. (Wilton, 1994: 85)

To be heterosexual is above all to be *non*-homosexual:

Heterosexuality, we would argue, is best understood as a *relative* identity, predicated upon a collusion with its givenness, which is, in fact, negotiated in continual struggle by negative reference to those who are identifiably ‘other’. (Wilton & Aggleton, 1991: 154)

Heterosexual desire is represented as spontaneous, irresistible and instinctual (ibid: 152–153). Such constructions hinder the restructuring of sexual practice necessary to prevent heterosexual transmission: the adoption of condoms and non-penetrative forms of sexual activity.

There are fewer discursive resources among heterosexuals than in gay communities with which to mobilise safe sex: “While homosexuality has a vocabulary with which to negotiate a wide range of sexual practices, heterosexuality is comparatively silent.” (Waldby, Kippax & Crawford, 1990: 182). Although many gay men and, to a lesser extent, lesbians have access to rich and wide-ranging discourses of sexuality, the discursive structuration of heterosexual desire and practice encodes a more limited set of options (Wilton & Aggleton, 1991: 151). As I explore in Chapter Seven, there are a series of impediments to talk between sexual partners about previous sexual histories, and more generally to explicit sexual talk which may aid in negotiating safe sex.

An erotophobia pervades heterosexual culture, founded on a Judaeo-Christian legacy of guilt and shame, according to Wilton and Aggleton. While safe sex education needs to be explicit to be effective, heterosexual men and women lack a context to engage with questions of sexual practice in ways which are distinct from questions of morality or ‘good’ or ‘bad’ behaviour (Wilton & Aggleton, 1991: 152). The image of a heterosexual sexual silence suggested by these authors is over-generalised and homogenised. The existence of heterosexual phone sex and chat

lines, heterosexual pornography/erotica, prostitution and other forms of sex work suggests a more lively sexual culture than they allow. Wilton and Aggleton, and Waldby, portray a rather barren heterosexual landscape in which ‘vanilla’ sex — monogamous, focused on penis-vagina intercourse, and silent — is the overriding norm, ignoring the existence of sadomasochism, role-playing, polygamy, bisexuality, sex talk and so on in heterosexual sexual practice. Although the prevalence of such practices is unclear, they indicate a certain diversity in heterosexual sexual culture. Portrayals of monolithic heterosexuality can be found in both radical feminist and libertarian feminist writings (Jackson, 1996: 29–30). (Wilton herself in a later work criticises other writers’ “stereotypical set of assumptions about heterosex” and cites more diverse sexualities among straight men (Wilton, 1997: 130).)

A further barrier in heterosexual culture to the adoption of safe sex is homophobia. Homophobia, the fear and hatred of gay men and lesbians, is widespread in contemporary heterosexual culture, and potent especially for heterosexual men. Various discourses position non-heterosexual people (and gay men in particular) as unnatural, predatory and diseased. Homophobia is an aspect of heterosexism, the system of injustice and privilege organised around “a presumption of heterosexuality which is encoded in language, in institutional practices and the encounters of everyday life” (Epstein & Johnson, 1994: 198). It is in this context that HIV/AIDS made its appearance. Given the historical accident in the industrialised West that the epidemic was concentrated among gay and homosexually active men, AIDS was quickly appropriated by homophobic discourses. AIDS was represented as homosexual (the “gay plague”, the “gay disease”, the graffiti of “AIDS = Anally Injected Death Sentence”). In turn, homosexuality — and gay male homosexuality in particular — was represented as constituted by AIDS. Gay men were represented as dangerous Other, although other narratives of particular categories of women as dangerous were also mobilised (Wilton, 1997: 65–69). Homophobia and heterosexism have had a profound impact on the character of the HIV/AIDS epidemics and on cultural and political responses to and representations of AIDS. And they have allowed heterosexual men and women to distance themselves from the epidemic.

Peter Redman argues that popular representations of the epidemic in terms of dangerous and shadowy “AIDS carriers” threatening the morally healthy ‘mainstream’ had purchase in part because they were “inextricably bound up with the fears, anxieties and secret desires of hegemonic forms of heterosexual masculinity” (Redman, 1997: 99–100). Such horror-based representations

intersected with such psychic processes as the policing of heterosexual male identities against the threat of homoerotic desires (ibid: 109). The HIV/AIDS epidemic poses threats, both real and imagined, to the hegemonic position of heterosexual masculinities, making the epidemic

an important cultural site in which hegemonic heterosexual masculinities have been defended and resecured in the face of a series of ideological challenges that have threatened to expose as fraudulent their claims to be normal, natural and universal. (Redman, 1996: 170)

In a situation of an epidemic and homophobic discrimination and attack, safer sex practices became for many gay men the core of an oppositional discourse, reinforcing community identity and collective survival (Wilton & Aggleton, 1991). The effort to reinvent homosexuality and homosexual identity as “safe sex” has partially succeeded and, ironically, it has succeeded for heterosexuals too. As Cindy Patton notes,

‘safe sex’ is now interpreted by many to apply largely to ‘kinky’, that is ‘gay’, ‘bisexual’ or ‘promiscuous’ sex. By sharp contrast, heterosexuals seem to have gone to great lengths to deny a place for safe sex within heterosexual identity. (Patton, 1993: 257)

Patton describes what she sees among heterosexuals as a conceptual dichotomy between “normal” or “real” heterosexual sex and “safe sex”. This, and an attendant conversion of safe sex into a confrontation with danger, are evident in such works as Masters, Johnson and Kolodny’s *Crisis: Heterosexual behaviour in the age of AIDS* (1988), in which latex is described as too alienating and artificial for heterosexual sex (Patton, 1993: 259).

The meaning and organisation of heterosexual sexual practices themselves involve resistances to the adoption of safe sex. Penis-in-vagina sex is privileged in heterosexual and gender culture as naturally defining “sex”, as the central act of sex, and as the pinnacle to which all other sexual behaviours lead. There is a division between “lesser” sexual acts defined as “foreplay” and penis-in-vagina intercourse, the “real” sex to be had. Non-penetrative sex continues to be a marginal sexual practice. Wilton argues that this organisation of heterosex reflects the primacy of male sexual pleasure, as one aspect of the dominant construction of masculine sexuality (Wilton, 1997: 34). Such organisations of sexual behaviour make it difficult for heterosexual men and women to avoid intercourse in the name of safe sex.

Specific cultural understandings of the intimate relations within which heterosexual sex takes place inhibit the adoption and negotiation of safe sex.

Societal definitions of love, trust, fidelity, romance and relationships constrain the use of condoms in long-term heterosexual relationships, in that condoms are seen to signify distrust, planning rather than spontaneity (Galligan & Terry, 1993: 1704–1706), potential infidelity and the accusation of disease or promiscuity. Women's and men's understandings of the meaning of heterosexual sexual relationships mean that sharing of sexual histories and other forms of sexual negotiation are hindered, condom use is rare in regular relationships, and condoms are abandoned very early in such relationships. Using condoms is also incompatible with procreation, a concern for many people. For women in particular, the need for children may be the only or a central route to status, personhood, support and the continuation of their relationships with their husbands or partners (Berg, 1994; Doyal, 1994: 20).

The gendered discourses of sexuality I have identified are constituted in the context of, and themselves maintain, gendered power relations. Gender inequality is a key barrier to HIV prevention. As the Panos Institute states,

across the world, women's inferior economic and social status directly increases their vulnerability to HIV, and limits their ability to control their sex lives and protect themselves. (Panos Institute, 1992: 14)

The brunt of the HIV/AIDS epidemic is borne by the poor and the powerless, and economic and political disadvantages are amplified and consolidated by gender inequalities (Doyal, 1994: 17; Kippax, Crawford & Waldby, 1994: S319).

Heterosexual men's access to direct modes of male power and privilege limits women's ability and willingness to negotiate safe heterosexual sex. Perhaps the bluntest form of this constraint can be found in men's sexual and physical violence towards women, which has a profound effect on women's efforts to prevent disease transmission and control their fertility (Heise, 1995: 121–122). Women's self-surveillance and self-policing and their embeddedness in the discourses and practices of femininity also sustain heterosexual power relations. Through the disciplinary power effected by what Gavey calls "technologies of heterosexual coercion", patriarchal power relations are maintained without the necessity for the presence of direct force or violence (Gavey, 1993: 97). Consent may be rendered meaningless, and women may 'consent' to sex for nurturing or pragmatic reasons including the desire to avoid being 'raped' (Gavey, 1993; Peart, Rosenthal & Mitchell, 1995). Although younger women are more at risk of men's sexual violence than older women (Australian Bureau of Statistics, 1996: 5), older women too may 'coerce themselves' in sexual relations to comply with and please their male partners (Maxwell & Boyle, 1995: 283).

Thus sexual encounters between men and women are "sites of struggle

between the exercise and acceptance of male power and male definitions of sexuality and women's ambivalence and resistance" (Holland et al., 1991: 130). There are a variety of pressures exerted on young women in sexual encounters — personal, social, and those coming directly from men, including persuasion, coercion, intimidation and force, and "both male pressure and women's empowerment need to be understood as contested processes rather than as stable categories of young women's experience" (Holland et al., 1992: 654).

The social patterning of the HIV/AIDS epidemic itself shapes heterosexual men's and women's adoption of safe sex, in that it informs the personal and cultural significance given to HIV/AIDS. The HIV virus is transmitted primarily through sexual activity and intravenous drug use,⁸ behaviours which are socially organised in highly patterned ways. It therefore makes sense that the HIV/AIDS epidemic should follow these patterns. The character of the HIV epidemic in any particular country is shaped by the sexual and gender orders of that country. Globally and locally, there is not one epidemic but many, each situated in particular communities with particular characteristics (while much AIDS research has been written as if HIV/AIDS occurs in no place and at no time) (Gagnon, 1995). In Australia, the explosion of HIV into the "general population" (that is, among people who do not use intravenous drugs, don't have male/male sex, and are not the female partners of bisexually active or drug-injecting men) predicted by some commentators in the mid-1980s has not occurred. Heterosexual HIV transmission accounts for only a small minority of cases of HIV transmission, although it is increasing as a proportion of all transmissions and it accounts for the majority of cases of HIV among women. So far, there has been little 'secondary' HIV transmission — transmission through heterosexual sex to the female partners of homosexually active men or to the partners of intravenous drug users. And there has been very little 'tertiary' transmission — transmission through heterosexual sex between such people and others. Of course, this is no comfort for those men and women who *have* been infected with HIV through heterosexual sex.

Many exclusively heterosexual men and women are unlikely to have personal contact with the epidemic, as I outline in more detail in Chapter Four. Heterosexual men's and women's perceptions that they are at low risk of contracting HIV are not surprising, given that their sociosexual lives have been largely untouched by HIV/AIDS. However, heterosexual people's perceptions of risk and their risk

⁸ HIV is also transmitted through blood transfusion, neonatal transmission, and iatrogenic transmission (such as needlestick injuries).

management strategies are constructed also by understandings and practices associated with dominant constructions of heterosexuality and gender.

Condoms are an effective means of preventing the transmission of HIV (and of many other sexually transmitted infections) during penis-vagina intercourse, as well as during fellatio and anal intercourse. The discussion so far has outlined a series of relational and ideological factors which mitigate against condom use for heterosexual sex, but there are further problems specific to condoms themselves. Siegel and Gibson summarise attitudinal and behavioural barriers to condom use, many of which stem from aspects of the orders of heterosexuality and gender I have already mentioned:

the belief that condoms compromise the pleasure of intercourse; the tendency to view the condom primarily as a contraceptive device... ; the belief that condom use is unnatural; the tendency to underestimate the personal risk of infection present in a situation; the failure to anticipate and/or to prepare in advance for sexual activity; the belief that one's partner would be offended if a condom were introduced; the belief that safe, effective treatment is available and, therefore, prevention is not important; the use of alcohol or (other) drugs before or during sex, which leads to a failure to use or improper usage; the stigmatisation of condom use through their popular associations with promiscuity, prostitution, and extramarital sex; the belief that condoms are ineffective or unreliable, the embarrassment or discomfort of buying condoms; the belief that using condoms makes sex seem premeditated and not spontaneous. (Siegel & Gibson, 1988: 68)

Condom use is a bodily skill involving a modification to the organisation of sexual activity, as I explore in Chapter Five. Practical difficulties with use include condom breakage and slippage, loss of erection, deliberate removal, and inappropriate size (both too big and too small). Some heterosexual men and women understand condom use as an interruption to a flow of behaviours and interactions constructed as spontaneous and natural, while some men describe condoms as interfering with physical sexual pleasure. The difficulties described however are far from insurmountable. The most obvious evidence of this is the adoption *en masse* of condom use by gay-identified men in Western nations over the past decade and a half. Majority condom use by heterosexual couples for example in Japan also confirms this (although the unavailability of the contraceptive Pill is a factor here) (Ross, 1992: 10).

Heterosexual masculinity

Both men and women face obstacles to heterosexual condom use in the context of the sexual and gender orders. But men are implicated in unsafe sex in more direct ways, through their typical sexual practice and understandings of sexual and gender relations. While research on women's relation to HIV/AIDS and safe and unsafe sex flourished since the late 1980s, more recently heterosexual men's roles have also come under academic scrutiny. Australian research by Cathy Waldby, Susan Kippax and June Crawford focuses on heterosexual men, as does the Heterosexual Men's Project and work by Anne Grunseit.⁹ In Britain, the Women, Risk and AIDS Project (WRAP) shifted in 1994 to include a *Men, Risk and AIDS Project (MRAP)*, and Daniel Wight has published a series of papers documenting his research with young heterosexual men.¹⁰ There is a growing body of work on men's relationship to HIV/AIDS in developing countries, represented in particular in Martin Foreman's edited collection *AIDS and men: Taking risks or taking responsibility?* (1998). Such research typically is characterised by feminist-informed frameworks and political concerns and by the inclusion of qualitative methodologies which give attention to life-history, social process and collective sexual relations. This AIDS-related work is complemented by three other bodies of research focused specifically or largely on heterosexual men: (1) men's role in reproductive health, family planning and contraceptive decision-making, especially in developing countries;¹¹ (2) men's role as the paying and non-paying sexual partners of female sex workers (Campbell, 1995: 203); and, overlapping with this, (3) men's role as 'sex tourists', for example to South-East Asian nations (Pethebridge & Plummer, 1996: 667).

Such research is not distinctive in focusing on men, given that much of the massive AIDS literature is concerned with gay, bisexual and homosexually active men. But most of the latter literature only very rarely problematises masculinity as such, although three notable exceptions are Gary Dowsett's *Practising desire*, Tim Edwards' *Erotic politics* and Martin Levine's *Gay macho*. To give one example of how such a problematisation may be useful, a masculinity based upon homophobia is implicated when heterosexually identified men conceal their male-male and

⁹ See for example Waldby, Kippax and Crawford (1993a, 1993b) and Venables and Tulloch (1993). Also see Grunseit (1998) and Grunseit and Kippax (1996).

¹⁰ One MRAP publication is Holland, Ramazanoglu and Sharpe (1994b). Wight's papers include 1993b, 1994a, 1994b, 1995 and 1996.

¹¹ Relevant publications include Edwards (1994), Ku, Sonenstein and Pleck (1994), Landry and Camelo (1994), Greene (1998), Greene and Biddlecom (1997), Pleck et al. (1990, 1991), Ringheim (1993), Spencer (1984), and Wellings (1984).

potentially unsafe sexual behaviour. Men's homophobia limits their access to safe sex information and their negotiation of safe sex across their casual and regular sexual relations with male and female partners (Pethebridge & Plummer, 1996: 666–67).

There is strong agreement across the literature on AIDS and heterosexual men about which aspects of heterosexual men's understandings and practices limit their adoption of safe sex. The two most developed accounts are those by Tamsin Wilton (1997) and Sue Kippax, June Crawford and Cathy Waldby (1994). Between them, they pull together nearly all the aspects of men's understandings and practices identified in the literature. Combining these with other authors' work, I have identified six claims concerning what hinders heterosexual men's condom use.

Condom use is seen in the literature to run counter to six central aspects of the enactment and embodiment of masculinity and heterosexual men's sexuality. First, sexual control and knowledge are constructed as male, while condom use involves the man's agreeing to a woman's request to change his sexual behaviour (Wilton, 1997: 34). Kippax et al. describe a masculine preference for controlling sexual initiative, shaping which aspects of sexual practice are available for negotiation and the form of this negotiation (Kippax, Crawford & Waldby, 1994: S320). Waldby, Kippax and Crawford describe a cultural equation of masculinity, activity and knowledge on one hand, and femininity, passivity and innocence on the other (Waldby, Kippax & Crawford, 1993b: 255). Foreman documents cultural taboos which insist that women are ignorant about sexual matters (Foreman, 1998: 31). Many men believe that they must appear to know everything about sex, which makes it more difficult to learn about sex or AIDS from women (Campbell, 1995: 206). This principle includes the possibility of men's resistance to their female partner's efforts to establish condom use, as this represents an extension of male sexual control.

Second, male sexual pleasure is the defining principle of heterosex and is prioritised. Penis-in-vagina intercourse and male intravaginal ejaculation define 'real sex', and men's sexual pleasure is focused on the penis (Foreman, 1998: 22; Kimmel & Levine, 1997: 146; Wight, 1994a; Wilton, 1997: 34). Sexual virility and sexual penetration are understood to be markers of masculinity (Foreman, 1998: 16). Condom use involves men deprioritising their own sexual pleasure in the interests of sexual safety, while adopting non-penetrative sex poses an even further risk to masculine identity (Wilton, 1997: 34).

Third, male sexuality is understood to be an uncontrollable or barely

controllable force, typically through the notion of “male sex drive” (Kippax, Crawford & Waldby, 1994: S318; Wilton, 1997: 34). Wilton and Aggleton describe this representation as

the hydraulic model of male sexuality, whereby the male sexual ‘drive’ is presumed to be powerful, beyond conscious control and liable at any moment to be set in motion by erotic stimuli in a primitive, neo-Pavlovian way (Wilton & Aggleton, 1991: 153, citing Jeffreys, 1990)

In contrast, condom use involves men demonstrating a degree of control over their sexual behaviour (Wilton, 1997: 34). This construction of male desire is not exclusively heterosexual, but is especially problematic here given its intersection with the inequalities of heterosexual relationships (Wilton & Aggleton, 1991: 153). “Male sex drive” discourse represents women’s sexuality as passive and receptive (Kippax et al., 1990; Gavey, 1993), and a discourse of female sexual desire is missing in contemporary sexual education and school classrooms (Fine, 1993).

Fourth, responsibility for prophylactic (and contraceptive) safety is allocated to women while masculinity is associated with risk-taking. Women rather than men are seen to be the gatekeepers and guardians of sexual safety (Schneider, 1988: 20; Waldby, Kippax & Crawford, 1990: 180; Waldby, Kippax & Crawford, 1991: 40; Wilton, 1997). Safe sex involves men accepting or taking responsibility for their partners’ and their own sexual safety, rather than engaging in risk-taking which is masculine and thus masculinising (Wilton, 1997: 34).

Heterosexual men’s adoption of safe sex is further limited by their risk perceptions and strategies of risk management and, in particular, their basis in assumptions about women’s sexual histories (Kippax, Crawford & Waldby, 1994: S320). Heterosexual men distinguish between two types of women, “clean” and “unclean”, on the basis of their appearance, behaviour and resistance or otherwise to sexual overtures, and men perceive the need to take precautions only with the latter (Kippax, Crawford & Waldby, 1994; Lear, 1995; Venables & Tulloch, 1993; Waldby, Kippax & Crawford, 1993a; Wight, 1993b).

Earlier in this chapter I noted that heterosexism and homophobia are important aspects of the social structuring of heterosexuality. But homophobia has a powerful relationship with masculinity in particular. In the first place, men are more homophobic than women. Herek summarises the social-psychological literature on this question, finding that, “Males and females probably hold roughly similar positions on general questions of morality and civil liberties, but males are more homophobic in their emotional reactions to homosexuality.” (Herek, 1987: 70)

Hostility to homosexuality “is inherent in the cultural construction of heterosexual male role and identity; this is less true for heterosexual female role and identity.” (ibid: 71) Gay men and lesbians occupy different positions in this construction, as evinced by “lesbian” genres in heterosexual men’s pornography. Homophobia is central to the patterning of relations between men and defines the limits of acceptable masculinity (Kinsman, 1987a; Connell, 1995: 78).

Given that the HIV/AIDS epidemic in Australia is largely located among gay and homosexually active men, and given the cultural representation of AIDS as gay, Campbell postulates that heterosexual men’s homophobia is another factor limiting their adoption of safe sex. Heterosexual men may feel distant from the epidemic and unconcerned about its effects and they may see themselves as at low risk of contracting or transmitting HIV. Because of homophobic fear, they may try to disassociate themselves from AIDS and thus not respond to safe sex education (Campbell, 1995: 207). Among gay men, the evidence is that higher levels of gay community attachment and participation correlate with greater behavioural change (Kippax et al., 1993). For heterosexual men then, it is possible that the more contact with gay community a heterosexual man has, the more salient that HIV/AIDS will be, and the more likely he will be to adopt safe sex.¹² Therefore, I include homophobia and the representation of AIDS as gay as a sixth element of heterosexual masculinity constraining heterosexual men’s condom use.

In summary, the six principles that the literature broadly postulates as hindering heterosexual men’s condom use are these;

(1) Sexual control, initiative and knowledge are men’s domains.

Men determine the choreography of sexual episodes. If men do not wish to use condoms, whatever their female partners prefer, men will not use them.

(2) Men’s sexuality is penis-focused, men’s rather than women’s sexual pleasure takes priority in sex, and “sex” equals intercourse (including intravaginal ejaculation).

Condoms interfere with men’s pleasure in intercourse, and non-intercourse practices (which involve a lower risk of HIV transmission)

¹² This is complicated by intravenous use, in that drug-injecting heterosexual men may experience HIV/AIDS as salient through this involvement instead. Moreover, individual heterosexually-identified men may interact with gay men without participating in the specifically gay social relations within which AIDS has occurred and safe sex has been adopted.

are marginalised.

- (3) Male sexual behaviour is uncontrollable or barely controllable, because of the male sex drive.

Men cannot stop in the midst of a sexual episode to put on a condom.

- (4) To be male is to take risks, including risks in sex.

Men are not responsible for women's or their own sexual safety, and women are therefore responsible for prophylaxis.

- (5) There are two types of women, clean and unclean.

Men need to take precautions against HIV and other diseases only with unclean women.

- (6) Gay men are objects of fear and hatred (homophobia).

AIDS is a gay disease. HIV/AIDS and safe sex are irrelevant to men who are not gay.

Each principle represents two related claims: that a particular set of meanings and practices is common among heterosexual men, and that this limits heterosexual men's condom use. If the authors I have cited are correct, then these principles will be discernible in my research informants' accounts of their sexual and social lives. Men's accounts will be informed by the principles, and the patterns of sexual and social interaction and organisation they report will embody some or all of these principles. Although I refer to some of the principles in the following five chapters, it is only in Chapter Nine that I systematically evaluate the extent to which each set of meanings and practices is present in the interviewees' lives. Most importantly, I assess the ways in which these meanings and practices are associated with unsafe sex and the non-use of condoms. Although women too may espouse the understandings of sexuality and gender identified, my focus is on men.

While each principle makes a claim about common formations of sexual practice and meaning among men, there are tensions between them. The first principle emphasises that men believe that they should define the terms of sexual engagements and sexual control is male, while the third principle stresses that men believe that they are unable to control their sexual behaviour, so women must accept responsibility for their own safety in heterosexual sex (Wilton, 1997: 34). According to the fourth principle men do not take responsibility with any women, while according to the fifth principle men do take responsibility for their sexual

safety with women they see as “unclean”. These tensions do not matter for the moment in my research, as the six principles represent my assemblage of claims in the literature rather than a coherent depiction of masculinity and masculine sexuality.

Three issues related to this account require comment: the structure of my study, the language used to refer to the six principles, and the overlap between heterosexual and gay men. First, I constructed the outline of the six principles only after I had conducted and largely analysed the interviews. In writing the interview schedule for my research in 1996, I drew on scholarship on heterosexual men by Kippax et al. (1994), Waldby, Kippax and Crawford (1993a, 1993b), Holland, Ramazanoglu and Scott (1994b), Venables and Tulloch (1993), and Wight (1993b, 1994a, 1994b, 1995). These authors nominate several aspects of masculinity and masculine sexuality as influential in constituting heterosexual men’s unsafe sex, and I included questions on these aspects in the interview. I conducted and analysed the interviews, identifying five themes in young heterosexual men’s understandings and sexual practices which inform their unsafe sex, as summarised on page 16 of this work. Each of the next five chapters focuses on one such theme. However, in 1997 Tamsin Wilton published *Engendering AIDS*, which includes a focused account of four ways in which masculinity underpins heterosexual men’s unsafe sex.¹³ I then decided to use this, in combination with other accounts, as another way to assess the interview material, and I constructed the framework of six principles to do so. I already knew however that the evidence from the interviews contradicted aspects of this portrayal. Only in Chapter Nine do I outline the results of this assessment.

While most authors writing on heterosexual men and HIV/AIDS identify at least some of the above principles in explaining men’s unsafe sex, they use a bewildering array of terms for what it is that is seen to shape men’s condom use and non-use, and when they rely on the same terms they use them in discrepant and sometimes vague ways. Nearly every author uses the term “masculinity”. Tamsin Wilton (1997) uses the terms “hegemonic construct”, “social scripting” and “defining principle” to refer to the four aspects she emphasises. Sue Kippax, June Crawford and Cathy Waldby (1994) write of “certain aspects of masculine sexuality”, “masculine preference”, “masculinity” and “male assumptions”. Martin Foreman (1998) writes of “masculine ideals”; Carole Campbell (1995) uses “male

¹³ Wilton refers to the construction of sexual knowledge and control as male, male sexual pleasure as the defining principle of heterosex, the scripting of male sexuality as an uncontrollable or barely controllable force, and the construction of risk-taking as masculine and thus masculinising (Wilton, 1997: 34).

gender roles”; Joseph Pleck, Freya Sonenstein and Leighton Ku (1993) refer to “masculinity ideology”; Peter Redman (1996, 1997) uses “hegemonic heterosexual masculinity”; and Cathy Waldby, Sue Kippax and June Crawford (1993a) write of the “sexual cultures of heterosexual men”. Many of these authors concur for example that men’s belief in or reliance on exclusively female responsibility for prophylaxis and contraception discourages them from wearing condoms, but they differ on whether this is an expression or instance of a role, an ideology, a dominant ideal or a structure of male power.

The term “masculinity” is all-pervasive in the literature on men and HIV/AIDS, but as with its use in scholarship on men in general, it is used in a wide variety of ways and as a shorthand for a diverse range of social phenomena (Clatterbaugh, 1998; Hearn, 1996: 203). In earlier drafts of my study, I wrote of the six principles as principles of “hegemonic masculinity”, because this term is ubiquitous in contemporary academic scholarship on men and masculinities. R.W. Connell coined the term to indicate “culturally exalted” forms of masculinity in any given society (Connell, 1995: 77). But like the term “masculinity”, “hegemonic masculinity” has often been used loosely and in ways which are at odds with Connell’s formulation. Both terms have been employed to indicate a fixed character type which is substantively negative (Martin, 1998: 473), as Connell himself acknowledges (Connell, 1998: 476). And scholars frequently use either term to signify whatever notions of manhood are common or dominant in a particular social order or context. While Connell does link hegemonic masculinity to cultural ideals, he stresses that the term refers to

the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women. (Connell, 1995: 77)

Nevertheless, feminist authors do argue that the six principles enact and maintain gendered power relations. Aside from their role in discouraging heterosexual safe sex, they are seen to prioritise male sexual desires and needs over those of women, underpin masculine sexual control and sexual violence, burden women with responsibility for preventing pregnancy and disease transmission, and organise a rigid policing of women’s sexual lives and reputations and a sexual double standard. In other words, feminist explanations of men’s non-use of condoms represent the application of feminist understandings of masculine sexuality to the realm of unsafe sex.

However, for my purposes the term “hegemonic masculinity” is inappropriate

as an umbrella term for the six principles of men's understanding and practice commonly identified in the literature on AIDS and heterosexual men. The principles do not necessarily refer to the legitimacy of patriarchal authority with which "hegemonic masculinity" is concerned (Connell, 1998: 476). Instead, the claim which appears most characteristic of this literature is that these principles represent configurations of sexual and/or gendered meaning and practice which are common among heterosexual men.

Given the potential for definitional confusion, in my research I attempt to maintain a focus on men — on men's practices, men's understandings and men's sexual and social relations. I take Jeff Hearn's advice that it is often preferable to move back from "masculinities" to "men" (Hearn, 1996: 214). I do however use two phrases, "masculinity and heterosexual men's sexuality" and "heterosexual masculinity", as shorthand terms for the forms of sexual and gendered meaning and practice which are typical of heterosexual men.

Explanations of unsafe sex in terms of masculinity and masculine sexuality have been applied to gay men's behaviour as well. "Norms of masculinity" and masculine "sexual scripts" are said to inform gay and straight men's sexual behaviour alike (Kimmel & Levine, 1997: 153). Kimmel argues that gay men's risky sexual behaviours are often the expression of

a hypermasculine sexual script, exaggerating the behaviours most associated with masculinity: detached, phalliccentric, orgasm-focused, often anonymous, sexually adventurous. (Kimmel, 1990b: 107)

Other scholars however warn against some types of assessment of gay men's sexuality. Gary Dowsett criticises "the attempt to make gay men sexually respectable" and the heterosexist demand for sexual conformity embedded in

the constant requirement that [gay men] clean up their sexual act, give up the excesses, settle down, stop doing it in parks, or behind rocks, or with more than one partner at a time ... (Dowsett, 1993a: 704)

Similarly, Tim Edwards argues that notions of "hypermasculine" sexual behaviour have the potential to re-pathologise gay men and gay male sexuality as "hyper sexuality" (Edwards, 1993: 48).

The claim that heterosexual and gay men's sexualities are fundamentally similar also comes from another quarter, radical feminist scholarship, in which both are characterised as sexually aggressive, misogynist, eroticising of dominance, fetishistic and objectifying (Coveney et al., 1984; Jeffreys, 1990; Frye, 1983; Wise

& Stanley, 1987). Finally, masculinity is said to inform the social organisation of gay male culture. At the start of gay liberation, male homosexuality was understood and practised as gender inversion/non-conformity, associated with femininity and effeminacy. But by the early 1980s, male homosexuality had undergone ‘masculinisation’, sexual identity had effectively been divorced from gender identity, muscular and hard masculinity had been eroticised and “gay macho” institutionalised (Bersani, 1995: 116–117; Edwards, 1993; Gough, 1989; Humphries, 1985; Kinsman, 1987b: 188–89; Kleinberg, 1987; Levine, 1997; Moore, 1998: 160; Weeks, 1985: 191).

I do not assess these claims directly in my research, given my focus on heterosexually-identified men and the heterosexual sexual transmission of HIV. But at various points in the following chapters, I note overlaps between heterosexual and gay men in their understandings of sex and sexual relations.

Conclusion

Any explanation of heterosexual men’s unsafe sex must take into account the social organisation of sexual and gender relations. In this chapter I have outlined the key ways in which these constrain both men’s and women’s practice of safe sex. I have argued that understandings of masculinity and men’s sexuality are implicated in men’s responses to the HIV/AIDS epidemic. Much research on heterosexual HIV transmission has concentrated on women’s roles in unsafe sex while heterosexual men’s roles remain largely unexamined. Academic discussion focused on heterosexual men is rare, and the number of Australian empirical investigations with heterosexual men as their subject matter can be counted on the fingers of one hand. In this context, further research on heterosexual men’s relationships to safe and unsafe sex is crucial.