

## **PART III:**

### **Formations of safe and unsafe sex**

## 9.

### **Heterosexual masculine constraints on safe sex**

So far my research has identified five aspects of young heterosexual men's sexual practices, relations and understandings which explain their unsafe sex. In this chapter I return to a systematic examination of the principles of masculine sexuality and masculinity said to constrain heterosexual men's condom use, first outlined in Chapter Three. To what extent is each principle present in the informants' accounts, and what relationship does each have to the possibilities for safe sex?

#### **(1) Sexual control, initiative and knowledge as male**

Masculine sexuality is said to construe sexual control and knowledge as male. Given this construction, men oppose condom use because it involves them agreeing to a woman's request to change their sexual behaviour, such that she is setting the terms of the sexual engagement (Wilton, 1997: 34). Men's control of sexual episodes limits women's ability to negotiate condom use, and men may directly resist women's safe sex initiatives. In my study, only two of the seventeen men give any emphasis to their possession or exercise of sexual control, initiative and knowledge. I asked each man if he preferred to take the initiative in sex and to direct what happens, or for his partner to do so, and nearly all espoused the view that they had no strong preference either way. In fact, the men instead offered ideals of consent and respect. It is possible that they drew on a widespread contemporary ethic in which ideal sex involves both partners participating actively, the legacy of second-wave feminism and perhaps the sexual revolution.

Heterosexual men may experience the construction of sexual initiative as male in fact as burdensome. Some of the eight men in Waldby et al.'s study expressed a desire that women be more active in initiating sexual encounters, which grew primarily out of resentment at having always to 'make the first move' (Waldby, Kippax & Crawford, 1993b: 249–250). On the other hand, while some men in another Australian study said that they would appreciate a woman saying she had condoms, they expressed opposition and resistance to women who made direct propositions or took the initiative (Venables & Tulloch, 1993: 40; Waldby, Kippax & Crawford, 1993b: 249–50). Women who did so run the risk of being perceived as "molls" or "sluts". Other men commented that "It would take the

challenge away from you...” and “Male ego, that’s what it would destroy”, suggesting their own emotional or psychic investment in being the initiator and actor. Young men’s ambivalence is corroborated by British research: while they express interest in women ‘making the first move’, they may attribute the label “slag” to women who do so (Holland, Ramazanoglu & Scott, 1994b: 30–31). In contrast to such research, none of the men in my study expressed resentment at having to ‘make the first move’, nor did any of the men oppose women taking the initiative. There may be significant variation in heterosexual men’s belief in a male monopoly of sexual initiative, and perhaps age is a factor: my interviewees were younger than those men in Waldby et al.’s study (aged from 23 to 37) and Venables and Tulloch’s study (aged from 17 to 60).

Two men in my study report forms of involvement in heterosexual sex which are highly controlling, based on expert knowledge and even sexually coercive. Tim and Curtis place a powerful emphasis on their abilities as “good lovers”. Their control of the sexual interaction, of the woman and of their own bodies is integral to their narratives of sexual prowess. This control is evident for example when Curtis elaborates on how “impressing” women is a crucial aspect of what he enjoys about sex;

MF: What kind of stuff do you reckon does that impressing?

I think, if you know what you are doing, if you can have control of the situation [...] that’s a real big thing as well if you can make a girl orgasm who hasn’t orgasmed before, or who’s never enjoyed sex before, and to completely turn them around, and have them at your beck and call and they know that you’re in complete and utter control in the fact that you know exactly what you’re doin’, and you’re pretty much running the show because they want more of it, you know. And to be in that fully controlled situation all the time and to always be performing where just one after the other it just keeps on happening, and they’re *impressed*, they are stoked about it they think oh shit, I haven’t had this happen before, or this is great, and the fact that you can hold yourself off for that long or anything like that. I mean, for me it’s almost like it is a performance sometimes and the fact that I want to keep going, longer and I’ll keep trying these new things to try and make them orgasm more and, because I am successful at it, and they’re just like - oh shit, you know, this quiet awe and in that sort of respect you become, almost *more* in control with everything and you get them to the point where they’ll do absolutely anything for you if you wanted ‘em to, but because you’re not making them do it, you’re just completely looking after them, and they’ll love you for ever

Alongside their narratives of sexual control and their frequent references to “making” woman reach orgasm, Curtis and Tim stress they do not coerce their sexual partners. But both men dwell on the ways in which they have transformed

women's subjectivities and sexualities through their sexual practice, such that their partners become worshipful, loyal, pliable and desiring. Tim says,

I used to touch her and she used to *shake*. God I used to love that. I used to lie there and go I've got control over you, look at ya. You're nothin' unless I touch you, and she's goin', oh yeah. Oh you're so right.

He details the ways in which he has "trained" his current partner Lucinda to be the kind of sexual and emotional subject he desires, such that she is submissive, dependent, deferential, and faithful (while he has secured her "licence" for him to have sex with other women), but also a "sexual *dynamo*" who will "let [him] do anything to her". Men's disciplining of women into such sexual subjects is no less controlling, although less overtly coercive, than the sexual violence that Tim and Curtis disavow.

Sexually coercive behaviour represents an extension of the sexual control identified in the first principle of masculine sexuality. Tim's and Curtis's accounts suggest that both men have pressured or coerced women into sexual activity. Curtis describes his general practice of "pushing it", and says that once he 'convinced' a woman to have sex. Tim claims that he does not pressure women into sex, but the detail he gives in at least one instance suggests that he has used verbal and slight physical pressure to "persuade or seduce" women into having sex with him. He also describes participating in the game of "Rodeo",<sup>1</sup> which is by definition sexually coercive, and practising sexually harassing behaviour (such as "I was goin' like [...] hey show us your tits! from the top stand" at a cricket match).

Some men may have sexual coerced or raped their female partners and yet not be aware of having done so, given the character of sexual assault and the negotiation of consent. Men may interpret a woman's "no" as "yes" or "maybe" and her reluctance as feminine game-playing, and interpret touch and communication in more sexualised ways than do women. What for a woman may have been an experience of unwelcome, threatening and hurtful sexual coercion, in other words rape, may have been for the man a night of seduction and sexual pleasure, in other words sex (Warshaw, 1988: 39–43, 90–92). Up to one-third of Australian boys and

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<sup>1</sup> Tim describes a "game" called "Rodeo" in which he has participated "a couple of times". A group of men in a hotel room pull names out of a hat, and one man has to go out and pick up the most overweight woman he can. The remaining men hide in the room. The man brings the woman back to the room, and begins to have sex with her. He ties her to the bed with her stockings, on her hands and knees. Then he calls out to the hiding men, the lights are switched on, and he jumps on her back, trying to hold on for as long as he can while she struggles, this being the reason for the title "Rodeo". Tim says that he has participated twice in this game. Ronald, from ADFA also, gives a similar account of this practice and says that he knows people who have done it.

young men agree with some rape-supportive beliefs (Domestic Violence Resource Centre, 1992; Golding & Friedman, 1997; Partnerships Against Domestic Violence, 2000), so it would not be surprising if some of the men in my research did so.

Men's resistance to women's negotiation of condom use is identified in the AIDS literature as an important hindrance to heterosexual safe sex. While my research documents a range of forms of attitudinal resistance among men to condoms, only Tristan reports direct resistance to a female partner's attempt to secure their use, at times in his late teens and early twenties. He says that this declined with his growing sense of respect for his partners and his increased valuing of consent, orientations which are part of his broader self-representation as at odds with patriarchal masculinity. Perhaps other men in the study also have resisted condom use, while Tristan's greater self-awareness and self-criticism facilitates his acknowledgment of this history. Given Tim's and Curtis's domineering participation in sociosexual relations, one might expect that they have also resisted condom use, but both say that they have not. Just as men may minimise or be unaware of their sexually coercive behaviour, men may obstruct condom use in ways of which they are unaware but which are apparent to their female partners. Given this research's reliance on the men's accounts only, there is no way of checking this, and I am wary of hypothesising in this way. It is equally plausible that Tristan is the only man in this study to have done so.

Rather than overtly resisting their partners' requests to practise safe sex, heterosexual men may simply *avoid* condom use: by failing to raise the topic of condoms, suggest their use or bring them. Tim says that if the woman in a casual sexual episode does not mention or request condoms, and especially if he is drunk, he won't wear them. He assumes that most women are taking the Pill, whether or not they are sexually active, and he assumes that those women who are sexually active are definitely doing so. Tim's actual condom use in casual sex has been almost entirely the product of his partners' requests rather than any commitment, preference or initiative of his own. As he says, "Otherwise pissed and no I don't give a shit, I usually wouldn't." The distinction between resistance and avoidance is a fuzzy one: aspects of men's avoidance of condom use could be described just as well as forms of covert or indirect resistance.

Men's avoidance of condoms is complemented by their passive compliance with condom use, where which one eventuates is determined by whether or not the woman actively tries to secure their use. Some men end up having safe sex only because their partners asked them to or put a condom on them. Curtis says that he is "always prepared to use a condom", and his account suggests that he goes along

with women's requests to wear them. Some men's condom use in casual sexual relations is the outcome of the woman's initiative rather than any planning, effort or commitment of their own. If the woman does not take this initiative, then condoms may not be used at all.

All the men in my study espouse norms of consent and respect regarding their sexual relations, although with varying degrees of detail and commitment. They state that "no means no" and that they would stop sexual activity if their partner said so. Men's affirmations of consent are a resource for condom use in that they make it less likely that heterosexual men will attempt to go against their female partners' expressed wishes for safe sex. Tim says that he has never been in a situation where a woman wanted him to use a condom and he refused, and he remarks that "I'm pretty respectful like that." But this process remains dependent on women's initiative and women's empowerment. The potential for men's belief in consent to facilitate safe sex is mobilised only when three conditions are met: the woman is sufficiently assertive, the power relations between her and her male partner are sufficiently egalitarian, and she wishes to use condoms.

Moreover, some men who include consent and respect in their personal narratives also practise forms of sexual control which constrain condom use, and some adhere to understandings of sexuality and gender which prioritise men's over women's sexual knowledges and pleasures or which render condoms unnecessary. Women's apparent consent to a sexual episode or to specific sexual acts is compatible with, indeed can be the outcome of, men's control of the episode. Curtis says of his sexual partners that "you get them to the point where they'll do absolutely anything for you if you wanted 'em to". Tim says that he has "trained" his partner Lucinda such that he "can turn her into any position [he wants] to, she just takes it" and she will "let [him] do anything to her".

Male prophylactic practice is certainly more likely if men are amenable to women's requests and desires in sexual negotiations and willing to learn from and value female sexual knowledge. In this sense, the argument that male sexual knowledge and control is a barrier to safe sex is a sound one. But women do not always prefer sex with condoms, and men do not always prefer sex without them. Several of the men in my study describe instances in which their partners removed condoms or advocated that they not be used. In Elliot's last sexual relationship, on several occasions his partner verbally and physically encouraged and persuaded him to have intercourse without condoms, and these are the only times that he has had unsafe sex. Greg describes his female partners' initiation or encouragement of unsafe sex in each of his two relationships. Adam cites women saying, "don't worry

about using a condom, I'm on the Pill". Curtis reports that in his one-night stands 'a couple of times' the woman 'said no' or "don't worry about it" to condoms or even physically removed the condom. Some men report that their partners or women in general dislike condoms.

Women sometimes forego or rebuff condom use in heterosexual sex for reasons and understandings of their own rather than always as the result of male pressure and persuasion, such as their investments in notions of trust and love. Wilton and Kippax et al. stress the need for men to agree to women's requests to change their sexual behaviour and to accept women taking the sexual initiative, but such requests and initiatives sometimes involve the words, "Let's not bother with a condom."

In contradiction to the assumption that female sexual control facilitates condom use, one respondent's perception of his casual partners' personal and sexual "control" informs his decisions to forego condom use. Curtis has used condoms in most of his one night stands, but in the "couple" of occasions where he did not, he reports that these were occasions with older women who seemed "in control" and "knew exactly what they were doing". Curtis assumed that such women were on the Pill and "weren't stupid about anything".

they just seemed to be so much in control that, had they wanted to use a condom they would of, and I mean as much as I had 'em on me and everything like that I just didn't use 'em. [...] the older girls and girls who seemed to be much more in control with their sex and they knew exactly what they were doing and to me they seemed fully in control so why would they fuck around with something like that?

Much AIDS education has assumed that for heterosexual sexual relations, if women are more in control or "empowered and "assertive" then condom use is more likely. Curtis relies on the assumption that such women sensibly would not "fuck around with something like that" and are therefore on the Pill, thus preventing pregnancy. It is unclear whether he is assuming too that they do not have other sexually transmitted infections (STIs) because their older and in-control rationality will allow them to avoid them, or whether STIs have disappeared from the equation.

My acknowledgment of heterosexual female resistance to condoms does not diminish the need to interrogate heterosexual masculinity in explaining and preventing heterosexual unsafe sex. Heterosexual men's role in unsafe sex has been grossly neglected in health education and public policy, while women have been exhorted to be the gatekeepers of condom use, in line with their general position as the moral guardians of heterosexual sexual behaviour and its risks. Given that

heterosexual women are expected to overcome men's resistance to condoms through "empowerment" and "assertiveness", no less should be expected of men faced with *female* resistance to condoms.

Men's preference for sexual control would be less of a problem for HIV and STI transmission if this preference were for *safe* sex. While the pattern of male activity and female passivity is problematic in terms of a feminist ideal of mutually initiated and egalitarian sexual relations, it raises problems for HIV transmission only in terms of men's reluctance to wear condoms. Thus, the problem of men's control of sexual interactions is in part a problem of what sort of sex men initiate, encourage or resist. Forms of male sexual control and knowledge predicated on safe sex would assist in safer sexual outcomes, despite representing the continuation of male-centred power relations.

## **(2) Male sexual pleasure and intercourse focus**

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The second principle, the privileging of male sexual pleasure and intercourse as defining principles of heterosexual, is largely substantiated in my study. As documented in Chapter Five and in line with Wilton's and Kippax et al.'s arguments, a number of men describe the reduction of penile sensation occasioned by condom use as an important obstacle to safe sex. Wilton states that penis-in-vagina intercourse represents real and adult sex, and my research largely supports this. Although some informants nominated fellatio rather than intercourse as the most pleasurable or satisfying sexual practice, nearly all understood the word "sex" to refer to intercourse and assumed that intercourse is essential to proper "sex". While this result corroborates the claim that men's sexuality is penis-focused, it does not corroborate the claim I identified in Chapter Three that (all) non-intercourse practices are marginalised.

My research suggests three qualifications to Wilton's arguments. First, the primacy of male sexual pleasure in heterosexual sex is contradicted ostensibly by heterosexual men's emphasis on female sexual pleasure. Second, this primacy does not seem to be matched by a well developed public narrative of male sexual pleasure. Third, although intravaginal ejaculation remains an important aspect of heterosexual men's definitions of "sex", extravaginal ejaculation can also be eroticised in masculine ways.

Two men in my study highlight their sexual prowess with women, and their "good lover" narratives focus on the production of women's pleasure rather than their own. Tim comments that "Nowadays I find that the most pleasurable thing in



sex is making the girl enjoy it,” and “the main aim of me in sex is to make her enjoy herself.” Curtis’s account is similar: “I’m more interested in looking after a girl’s needs, than I am about cumming myself.” This focus is repeated in the men’s descriptions of sexual episodes: their graphic and detailed stories emphasise women’s bodily and psychic pleasures, while mentions of their own pleasure are all but absent. Tim gives few descriptions of his own ejaculation or orgasm, exceptions being his accounts of his first intercourse and his first ejaculation. Tim says that in terms of his *own* bodily pleasure he would just as soon masturbate as have sex with a partner.

cumming is cumming. I could just, just as soon have a wank, as cum- as have sex. Really it doesn’t bother me. [...] I’d just as soon pull meself off in five minutes than fuck for two hours. So the whole pleasure is about, you know, making the female enjoy it

On the other hand, both men enthusiastically describe sexual episodes as “brilliant” and “great” and report an intense fascination with and appreciation of women and women’s bodies. Although Tim rarely mentions his own bodily enjoyment in his accounts, when discussing condoms he returns to bodily pleasure and the reduction of penile sensation in intercourse which condoms represent.

The importance of female sexual pleasure in these men’s accounts ostensibly poses a contradiction to Wilton’s argument for the primacy of male sexual pleasure, but this contradiction is largely illusory because the emphasis on female pleasure is driven by a male-centred logic. The production of women’s orgasms produces a male ‘pleasure’ of a different kind, less specifically physical and sexual and more to do with the status and reputation of the virtuoso performer himself. As Tim and Curtis describe in great detail, “impressing” and “amazing” women with one’s sexual ability is a personal “ego trip” and creates recognition of one’s sexual prowess by one’s partner, by women in general and by one’s mates. Engineering women’s sexual pleasure thus is a means to personal, heterosexual, and homosocial status. The notion of the “good lover” works through women’s sexual pleasure to return to male sociosexual pleasure. As Leonore Tiefer argues, male sexual performance has as much to do with the confirmation of masculinity and homosocial status as with pleasure or intimacy (Tiefer, 1987: 167).

In addition, men’s “good lover” narratives do nothing to encourage them to wear condoms: they exclude condom skill from their understanding of male sexual skill and their definitions of female sexual pleasure are too narrow to include women’s freedom from disease transmission and unwanted pregnancy.

Wilton argues not only that the primacy of male sexual pleasure is the

defining principle of heterosexual sex, but that this is an aspect of “hegemonic heteropatriarchy” or “hegemonic narratives of gender” (Wilton, 1997: 34) — in other words, that the principle is dominant in cultural understandings of heterosexuality. In telling of their sexual lives, the men in my research only rarely give overt accounts of their or women’s sexual pleasure. Curtis’s and Tim’s accounts are the only ones to dwell on their pleasure in and enjoyment of sex, and show also the most detailed elaboration of the production of women’s sexual pleasure. Why do some men’s sexual narratives dwell on sexual pleasure much more than others’? Four factors may be influential in Tim’s and Curtis’s cases. Both men are confident, enthusiastic and influential members of the ADFA fraternity and are highly sexually experienced. They are “best mates” and participate side-by-side in military, social and sexual exploits. Both are practised and articulate storytellers, and they co-construct explicit, detailed, celebratory, humourous and boastful stories of shared and individual experience. And they do so within an elaborate and ritualised culture of sexual story-telling at the military university, in which they move as noted and “legendary” participants.

The general absence of overt notions of male sexual pleasure from most of the men’s accounts may reflect more than personal differences in sexual experience and sexual style and variations in the sexual cultures of particular locales and institutions. It is possible that at a broader level, despite the primacy of male sexual desire in heterosexual sexual relations, there has been little development of a heterosexual rhetoric of specifically male sexual pleasure. This culture is saturated with images of the sexually available and sexually aroused woman, both in pornography and in more mainstream media, organised through standardised codes of representation (open mouth and wet lips and tongue, arched back, ‘come fuck me’ facial look, spread legs, the “yes, yes, yes” of female orgasm, and so on). On the other hand, images and narratives of male sexual arousal are relatively rare, aside from in heterosexual and gay ‘hardcore’ pornography where erections and ejaculation are omnipresent signifiers, and only a much narrower range of signifiers of arousal is available, principally erection or metaphors for it. There are few if any male equivalents to the celebrated scene in the film *When Harry met Sally*, where Sally draws on codes of female pleasure to demonstrate in a cafe to Harry how women fake orgasm. Zilbergeld states that “fictional accounts of sex almost invariably depict male *performance* and female *pleasure*”, in which men act and women feel (Zilbergeld, 1992: 49). Men’s personal accounts may be the same. Certainly Tim’s stories focus on his acts and agency (“fucking”, “touching”, “slapping”, making her “go doggy” and “take it all”, “playing”, “frigging” and “giving her an absolute drubbing”) and the effect of these on his partners’ bodies and pleasure. While male sexual desire implicitly is present in popular

representations of women's sexual pleasure and heterosexual men often are its intended audience, cultural narratives of male sexual pleasure are largely absent.

This is not to argue that male sexuality is marginal to contemporary sexual and gender orders, as there are a multitude of ways in which men, men's sexual practices and men's sexual desires are privileged. Under regimes of heterosexuality, those sexual practices which are privileged are those which centre on penises and which are most likely to give males sexual pleasure. Male sexual access to women's bodies is prioritised over women's sexual and contraceptive safety. Thus male sexual pleasure continues to be primary in heterosexual sexual practice.

This research is an inadequate basis on which to form conclusions about the prevalence or otherwise of narratives of male sexual pleasure in society at large. Nevertheless, the interviews suggest that such narratives may not be as prevalent or powerful as Wilton states, despite the ongoing hegemony of intercourse-centred definitions of sex and intercourse-focused organisations of sexual choreography. Notions of male sexual performance and the "good lover" are also important cultural presences,<sup>2</sup> and their focus on female sexual pleasure is driven by a logic which boosts male sexual self-esteem and sexual reputation.

Wilton herself provides a possible reason for the absence of a rhetoric of male sexual pleasure, in terms of the same privileging of men's sexuality identified earlier. She writes that an "imperative to keep [heterosexual] masculine sexuality hidden" structures both AIDS education materials and pornographic texts such as telephone sex advertisements. These texts construct heterosexual men as sexual agents by positioning them as the privileged viewer behind the camera, as the consumer in the sexual marketplace (Wilton, 1997: 96). Thus masculinity

within this specifically sexualized discourse inheres in and is expressed precisely by invisibility. It is the prerogative and property of masculinity to look, to label, to listen, to choose, to consume. It is the property of femininity to be looked at, labelled, heard, chosen or rejected and consumed. (ibid: 96–97)

### **(3) Uncontrollable male sexuality**

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Wearing condoms involves men in showing a degree of control over their sexual behaviour, but this is hindered by the constitution of male sexuality as an

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<sup>2</sup> This claim has been made for the United States as well. Writing in the late 1970s, Alan Gross states that there are two contradictory characterisations of heterosexual men in popular literature: exploitative sexual animal and technically competent lover (Gross, 1992: 429).

uncontrollable or barely controllable force (Kippax, Crawford & Waldby, 1994; Wilton, 1997). This notion was evident in my research, especially in several men's use of biologically essentialist constructions of sexual 'drive'. A number of men framed episodes of unsafe sex in terms of the "heat of the moment", and this overlaps with "male sex drive" to the extent that both are informed by the privileging of spontaneity in heterosexual sex. On the other hand, the former locates the barrier to condom use in the sexual interaction's ambience and flow rather than in the sexuality of the male participant, and suggests the fragility rather than the power of male sexual desire. Emphases on consent and "respect" for women's sexual wishes were more prevalent in the interview accounts than notions of uncontrollability, attesting to men's belief that they can control their sexual practices and initiative and can stop sexual activity if their partners wish it. Furthermore, the interviews document men's narratives of themselves as "good lovers", which construe ideal male sexual practice as the skilled application of sexual techniques, including delaying ejaculation and "taking the time" to "please a woman". Such narratives are contrary again to the notion of male sexual uncontrollability.

Men's notions of sexual self-control paradoxically may be employed to serve *unsafe* sex. Tristan stresses the bodily control and knowledge which facilitate his practice of withdrawal from unprotected intercourse before ejaculation, his primary strategy in relationships for preventing pregnancy (alongside an assumption of monogamy to prevent disease transmission). If his body were "uncontrollable", then withdrawal would be a more difficult option. He says that he is "fairly aware of" and "quite good at controlling" his body, so that he tends to "know exactly when to" withdraw, and he times it to "within about two seconds". This "usually gives you enough time if there's any pre cum fluid or whatever they call it", and he ejaculates after withdrawing "99 percent of the time". Tristan's account suggests that he believes, inaccurately, that pre-ejaculatory fluid is only produced just prior to ejaculation rather than throughout erection. Withdrawal is not a highly eroticised or desirable practice for Tristan, but it is made possible by his control and awareness of his body. At the same time, he finds that the bodily vigilance and discipline necessary for proper coitus interruptus can be worrying and tension-producing. Both Tristan and Tim rely on sexual self-control to facilitate their non-use of condoms, although there are differences in their respective constructions of the meaning of withdrawal.

#### **(4) Masculine risk-taking and non-responsibility**

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The fourth principle of masculine sexuality is the construction of masculinity as risk-taking and the allocation of prophylactic and contraceptive responsibility to women. I asked the research informants about their involvement in several practices which the literature identifies as ‘risk-taking’, including intravenous drug use and consumption of alcohol or other drugs before or during sex. I also asked in detail about their perceptions of risk related to HIV and STIs, which yielded rich descriptions of their understandings of the likelihood of HIV transmission and the ways in which these are organised by notions of community, sexuality and relationships. No questions in the interview schedule sought to explore these men’s constructions of ‘risk’ *per se* — their general willingness to ‘take risks’ or their perceived vulnerability to harm, which may make it more difficult to assess these men’s relationship to ‘risk-taking’. However, the men who do use the word “risk” also are the men most committed to condom use, such as Greg, Roger and Chris. This indicates that use of the word “risk” itself is associated with a greater familiarity with the practices and understandings of safe sex. Chris identifies a link between risk-taking and men’s expectations of other men:

Guys sort of expect more, from other guys than what girls do expect from guys like. Ah, risk taking and stuff like that, a guy’ll expect another guy you know. Like what’s the matter, haven’t you got any balls [...] have a go, you know. Ah, whereas the girls will say oh you know, um, if you don’t *want* to then you shouldn’t, and, only if you’re really sure.

My research indicates that rather than self-consciously taking risks in relation to HIV or other STIs, heterosexual men may minimise or deny them. Among the informants there is a general perception of low risk of HIV/AIDS, organised by understandings of their social circles, institution, the heterosexual community or even heterosexual sexual practices as safe and AIDS-free. One man trivialises the risks involved in unsafe sex by referring to himself as a “naughty boy”. Men postpone considerations of HIV risk in speaking of the “heat of the moment”, the organisation of sexual encounters as spontaneous and inexorable, which means that they think of the possibility of risk or of condom use only after the sexual episode is over, if at all.

There were also some accounts of self-consciously taking risks. In relation to safe sex, Adam toys with the idea of making a “clean start” but he is likely to continue having unsafe sex, expressing this in terms of a paradigmatic metaphor of risk-taking;

If I got an AIDS test now, I'd probably make a clean start and always use condoms. But because [...] I've played Russian roulette before, one more time won't hurt, especially when [...] there's plenty of barrels with empty chambers in it

Adam's logic is problematic on two counts. He says he will only begin wearing condoms when he has had an HIV test and 'had the all-clear', probably before his next monogamous relationship, when he will settle down. Shouldn't he be using condoms at least until he establishes that he is HIV-negative? Anyway, a negative test result is likely to reinforce his willingness to 'play Russian roulette', given that he has managed to pull the trigger so many times with so little penalty. Adam's "Russian roulette" metaphor is symbolic of both the fatal consequences of HIV/AIDS and his popular epidemiological understanding of the low probability of HIV transmission among heterosexuals, and it may draw on a 1987 television advertisement entitled "Russian Roulette" which targeted intravenous drug users (Tulloch & Lupton, 1997: 42).

One could argue that whether men are deliberately courting a perceived risk of HIV or downplaying the existence of that risk in the first place, they are still 'taking risks'. Nevertheless, the presence of the latter rather than the former in the accounts of the men not using condoms does suggest that 'risk-denial' is a more useful explanation, at least to the extent that I wish to account for men's unsafe sex with reference to their own understandings. Notions of 'risk-taking' are central in much of the HIV/AIDS literature, but generally are not indigenous to these men's own understandings of their unsafe sexual practices. However, the dimension of 'risk' which *is* prominent for many of the men concerns pregnancy: they dwell on their unwillingness to become fathers prematurely. The risk of pregnancy typically is more prominent in their lives than the risk of HIV or other STIs.

Two men in my study stress specifically or exclusively female responsibility for preventing HIV transmission or for establishing safe sex. Asked how we could encourage heterosexual men to wear condoms, Nigel and Tim slide into an argument that AIDS education efforts should focus on *women*. Nigel says that when sexually aroused, women are more able than men to "stop and think about" condom use, while once a man is "turned on" via "a bunch of sexual triggers" he is not going to stop. In this example, support for the fourth principle of masculine sexuality is offered with reference to the third principle, of male sexual uncontrollability. In other instances, a similar argument for focusing on women is made for ostensibly more pragmatic reasons: women simply care more about pregnancy and STIs and are more used to taking responsibility, so directing efforts at them will be more effective than trying to change men. In addition, Nigel

remarks that women can make use of men's strong desires to have sex;

if you can educate women to say to the guy, look, you're not going to have sex unless you've got a condom, and, I guess most guys when they're all worked up they think, okay okay I'll get a condom, and run off and get it.

He also mentions the greater ease of heterosexual sexual transmission from male to female than female to male.

The strongest articulation of women's exclusive responsibility for condom use is given by Tim, who justifies this through a binary opposition of female responsibility, diligence, paranoia and intelligence against male irresponsibility, apathy, disinterest and stupidity. He gives several reasons why women will be more receptive and more susceptible to AIDS education campaigns encouraging safe sex, and thus why educational efforts should be directed at them rather than at men. Having identified apathy, alcohol, the hassles of putting on and wearing condoms as barriers to safe sex, and having emphasised that efforts directed at men should focus on "the mechanical side of things" (for example developing a very thin but still strong condom), Tim shifts his focus. He says, "But the actual *stigma*. You would *have* to hit the *female* audience. It'd be the *perfect* solution." He says that men "don't give a *fuck* 90 percent of the time", "that's where they're *dumb*", "a lot are larger than life", and they 'just don't care', in contrast to women, who can be "that diligent", are "a lot more paranoid" and are more susceptible to influence. While Tim's contrast of men's 'dumbness' and women's 'diligence' suggests an acknowledgment of the genuine risks men ignore, he continues to allocate responsibility to women. Tim's depiction of the possibilities for responsible safe sex expresses hegemonic gender binaries, as well as reflecting the established division of labour concerning safe sex among the men and women around him.

My study documents men's passive compliance with rather than active initiation of safe sex, which continues to locate prophylactic and contraceptive responsibility with women. Passive compliance is recorded in other studies as well: heterosexual men will use condoms providing that the woman does the decision-making and the work to maintain the process. They state that they are 'prepared to use condoms', which sounds decisive and responsible, but they will qualify this with comments suggesting a lack of commitment to their use (Browne & Minichiello, 1994: 245–246). And women report that men continuously give out 'negative vibes' to condoms (ibid: 245).

The men in my study were much more likely to understand condom use however in terms of both sexual partners' responsibilities to protect themselves and

each other. All but two of the eight men in this study who regularly use condoms frame their use in terms exclusively of ungendered notions of mutual responsibility. The notion of shared responsibility for contraception and prophylaxis is more equitable than that of exclusive female responsibility, but still falls short of Wilton's ideal of male responsibility in which men accept or take responsibility for both partners' sexual safety (Wilton, 1997: 34).

Browne and Minichiello argue that notions of mutual responsibility are hindered by traditional gender constructions of socially appropriate behaviour which mean that for women, carrying condoms signifies their promiscuity (Browne and Minichiello, 1994: 236), while Wight documents similar notions in the United Kingdom (Wight, 1992: 16). In my study only Tim reiterated this idea: he included the presence of condoms in a woman's bedroom as one of a range of indicators that she is 'of questionable character'. In Tim's case this is part of a systematic allocation of contraceptive and prophylactic responsibility to women. There was general support for women carrying condoms, and no one objected to or was troubled by women providing and/or possessing them. While this cannot be generalised to a wider population of young heterosexual men, it raises questions about the general applicability of Browne and Minichiello's claim.

Young heterosexual men and women in Australia who endorse condom use are likely to understand it in terms of mutual responsibility. Much of the AIDS education directed at young people or at the "general [heterosexual] population" promulgates this notion, stating that "If it's not on, it's not on", a message which applies equally to men and women. However, the prefix "Tell him" in an earlier version of this campaign represented women as the gatekeepers of heterosexual condom use.

Two men in my study offer an ethic of specifically male responsibility for contraception and/or prophylaxis. Ronald describes a 'male responsibility' ethic as the second of three "phases" he has gone through in relation to condom use. The first took the form of wearing condoms in order to get sex. He represents the second phase as follows: "I'm the male I have to take the responsibility um for wearing the condom because it goes on my dick, you know?". This phase was towards the end of secondary school, after school AIDS education and prior to substantial sexual experience. More recently Ronald has had the attitude of "it doesn't really matter", because of his belief that the chances of transmitting diseases or getting a woman pregnant are very low.

Tristan says that men should be responsibly involved if they do get a woman pregnant. He had been describing a process whereby he and his then-partner



Shannon discarded the condom during their first intercourse: he did not object to her removal of the condom, describing this as ‘going along with a forthright woman and in a situation where you’re benefiting from the pleasure side of things anyway’. At this moment, they ‘discussed using the withdrawal method’. Tristan says:

I don’t want to get women pregnant, that’s the bottom line, like I’m not interested in, in causing them a lot of grief if they’re going to have a termination and I’m certainly not interested in having them decide they want to keep a kid. Um, like I think that is probably one of the gravest irresponsibilities men can have, to think that somehow they can blow [ejaculate] inside a woman and, if she gets pregnant and wants to keep the baby suddenly they say oh well you know, I won’t have anything to do with this, like I would just rather cover my, cover my own back in that sense, in that I don’t want to be responsible for you know, fathering a child. Until I’m good and ready to do it.

However, Tristan ‘covers his back’ by using withdrawal, a contraceptive strategy with a higher failure rate than many others available to him and his partner. A comment later suggests that he also resented having to ‘take responsibility’ for contraception in this relationship by practising withdrawal, especially alongside a series of other obligations:

She had no attitude towards contraception, which kind of irritated me in the end because it was me who was always taking responsibility for it, along with a lot of other stuff in my- in our relationship, you know, me being the only one who drove the car, me being the only one who came around to her place and stuff like that so. To me it was just another fucking responsibility that I had to look after and, I had to forego a certain amount of my pleasure and also a certain amount of my ability to relax in bed.

Among the men in my study, at an attitudinal or ideological level the notion of mutual responsibility seems to be more common than the notion of exclusive female responsibility, while a “discourse of male accountability” (Hillier, Harrison & Bowditch, 1999: 80) is rare. But at the level of practice, these men often continue to rely on women-centred strategies of pregnancy avoidance such as the Pill, and on mutual strategies of “trust” and monogamy to avoid sexually transmitted infections.

## **(5) Two types of women**

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Kippax et al. and Waldby et al. argue that male strategies of risk prevention, and especially a schema of two types of women, constrain heterosexual men’s condom use (Kippax et al., 1997: S320; Waldby, Kippax & Crawford, 1993a). A number of the men in my study do describe ‘two types of women’, using codings similar to those identified in other literature (Waldby, Kippax & Crawford, 1993a).

But while this notion informs the men's choices of sexual partner, it has little effect on whether or not they practise safe sex with particular women. The division of women into good girls and bad is a prevalent notion, but only Tim links it to his strategy of HIV risk prevention. It would be going too far to conclude on this basis that heterosexual men's personal maps of safe and infectious relations no longer include judgments about "promiscuous" women or "sluts", but such categories may have more influence on sexual relations *per se* than on condom use.

My research records the existence of a new term in heterosexual sexual relations, the "male slut". Various men express a desire to avoid this version of male sexual reputation, one earned through excessive or inappropriate sexual activity. As discussed at the end of Chapter Eight, the term "male slut" signals a slight weakening of the sexual double standard, an increased policing of male sexual behaviour, and the possibility that some heterosexual men will reduce their numbers of sexual partners or the extent to which they initiate sexual relations with much younger or intoxicated women. Each of these shifts indirectly assists in reducing the likelihood of the transmission of HIV or other STIs. On the other hand, some men's concerns about being perceived as "sleazy" can make it less likely that they will carry condoms.

## **(6) Homophobia**

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In Chapter Three I hypothesised that heterosexual men's hostility towards and discomfort with homosexuality and especially gay male sexuality, when combined with the perception of AIDS as gay, produces a sense that the AIDS epidemic is distant and the need for safe sex is minor. The interviews demonstrate several instances in which homophobia and perceptions of AIDS enmesh, including in one man's rejection of AIDS education and another man's images of unsafe sex.

As a tutor in Stromlo Hall, Adam attended an AIDS information session conducted by the campus AIDS educator.

The fact that he was gay, turned me off. [...] gay's okay, but he was really camp about it, um. And, that turned me off it a little bit. [...] it was pretty boring, a waste of time actually, I left halfway through

The campus AIDS educator in fact does not disclose his gay identity in such workshops, so Adam's perception is the product of his own assumption. The educator commented to me that when he introduces himself as the campus AIDS educator, people's first two reactions are often: are you gay, and do you have it? (Stephen Lawton, pers. comm., 10 February 1998).

Ronald exhibits a good working knowledge of HIV/AIDS. But having stated that the phrase “safe sex” means ‘no sex unless you’re using a condom’, when asked immediately after this what the phrase “unsafe sex” means to him, he replies:

Um. Oh, it conjures up images of homosexuality, and homosexual anal sex, but, um, basically sex with a a ah new partner, whose history you *don't* know [...] and who you don't know as a person either [...] the most important thing is you don't know their sexual history.

I asked further about this image of homosexual anal sex:

Yeah, that's that's just sort of the first image that it brings up. [...] that's the major exposure I've had to unsafe sex. Especially again, at the time when I was growing up and first learning about sex, is when you know during the 80s when they had the big AIDS scares and that sort of thing, and the big homosexual marches and that sort of stuff, protesting AIDS.

Clearly “homosexual anal sex” does not define the meaning of unsafe sex for Ronald, but the phrase “unsafe sex” nevertheless resonates with images of homosex. This resonance shows the late twentieth century discursive formation in which AIDS is constituted by gayness and gayness is constituted by AIDS.

However, homophobia does not necessarily correlate with a representation of AIDS as gay, nor with resistance to condoms. Elliot perceives homosexuality to be incomprehensible, unnatural, weird, repulsive and even scary. He has had almost no personal contact with gay men, nor with STIs or the AIDS epidemic. At the same time, he rejects the “I'm not gay” distancing from AIDS that he says other heterosexuals practise. In response to my comment that it is gay men and intravenous drug-users who have made AIDS-related behavioural changes while others have not, Elliot observed that heterosexual men say,

I'm not gay, I won't have AIDS, I shouldn't have to wear a condom. Whereas you know it's a, heterosex-, heterosexually transmitted disease as well so.

Elliot is highly committed to condom use, and STIs including HIV are a significant concern for him, alongside the possibility of pregnancy.

Nigel is intensely uncomfortable with contact with gay men, which he claims is the legacy of an adolescent sexual assault by a gay man. Nigel says that the sexual assault has “given me nearly a personal hatred of homosexual men, to the point where I refuse to associate with them”. The intensity of Nigel's personal homophobia is a common reaction among men sexually assaulted by men and especially men they perceive to be gay (Lew, 1993: 54; McMullen, 1990: 53). At the same time, like Elliot, Nigel rejects the representation of AIDS as a gay disease.

The men I interviewed are more likely to constitute AIDS as distant and themselves as at low or no risk through understandings of their local sociosexual circles, institutions, heterosexual sex and/or a “heterosexual community” as free of and immune to HIV/AIDS than through overtly anti-gay commentary. The men build such constructions on the basis of the apparent absence of people with HIV or AIDS in their lives, their knowledge of the HIV and STI testing regimes of their institution (in ADFA’s case), their knowledge of their social circles as “clean-living” and “healthy”, their knowledge that their female sexual partners are “beautiful” or “clean-cut” or have had few sexual partners, or the belief that “normal [heterosexual] sex acts” pose a very low risk of disease transmission. These multiple and intersecting understandings are founded on a variety of forms of evidence, from institutional practices of screening ADFA entrants for HIV to very fuzzy impressions of the sexual health of one’s peers. There is variation both in the size of the spaces seen as “safe” and the nature of the boundaries which protect them. However, these boundaries of imagined safety have elements in common with more overtly homophobic understandings: the binary of homosexual/heterosexual; an implicit representation of AIDS as gay; and the privileging of heterosexuality as normal, natural and safe.

### **Neither girly, poofy nor blokey**

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In the next chapter I summarise the significance of this assessment of the principles of masculine sexuality and masculinity said to constrain heterosexual men’s condom use. But first I explore the meanings which men give to condom use and non-use.

Tamsin Wilton argues that to ‘be’ masculine is to be *not* feminine (Wilton, 1997: 33). As she and Peter Aggleton write, masculinity “achieves its own identity by a continual process of negative reference to *less* powerful others, specifically to women and to gay men” (Wilton & Aggleton, 1991: 154). In this context, condom use is dangerously feminising for heterosexual men, as it runs counter to various key principles of masculinity and masculine sexuality. Wilton contends that unsafe sex is fundamental to the project of masculinity (Wilton, 1997: 33). Enacting and embodying masculinity means constantly proving one’s difference from stigmatised and disempowered femininity. Hence, a man who uses a condom for sex with a woman is putting his masculinity at risk, because it is feminising. For a man to wear condoms is to share sexual initiative, control and knowledge with women; to deprioritise his sexual pleasure in the interests of sexual safety and enjoy a range of sexual practices other than or as well as intercourse; to show control over his sexual

behaviour; and to accept or take responsibility for his partner's and his own sexual safety (Wilton, 1997: 33–34). Wilton therefore concludes that condom use is feminising or demasculinising for heterosexual men. So far in this research I have shown that men do describe their unsafe sex in terms of understandings which are similar to some of the principles of masculinity and masculine sexuality identified particularly by Wilton and Kippax et al. But do men themselves represent condom use as feminine and/or feminising?

There is no sign in my study that men perceive wearing condoms to be feminising. The only Australian mention of such a notion is in Chapman and Hodgson's 1988 study (among 60 heterosexuals aged 18–35 and six focus-groups of 15–18-year-olds), in which there were two men who perceived wearing condoms as making one “less of a man” and even effeminate. This suggests that heterosexual men only very rarely understand condom use to be feminising. Nor do heterosexual men interpret the practice as masculine or masculinising — as an appropriate or necessary part of the proper display of gender by men. There was no sign of such an understanding in my interviews, nor is there from other research among heterosexual men or women. In hindsight, it might have been useful in this research to ask, “Do you feel like less of [and, more of] a man when you wear a condom?” But in the informants' detailed accounts of their unsafe and safe sexual practices, there would have been room for such emphases to emerge.

An examination of men's narratives of gendered sensitivity supports my claim that men do not understand condom use to be feminine or feminising. About half the research informants refer to themselves as “sensitive” or as “snags” (“sensitive new age guys”). They pride themselves on their “sensitive” personal styles and their familiarity with “feminine” concerns, but they omit condom use from such representations.

In popular culture, “sensitive” men and “snags” are comfortable in women's company and treat them with respect and sensitivity, are emotionally expressive, are adept at stereotypically feminine skills such as cooking and childcare, espouse liberal feminism, and avoid overtly “sexist” behaviour.<sup>3</sup> Men's personal narratives of sensitivity represent individual projects of reforming masculinity rather than

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<sup>3</sup> Anthony McMahon traces discussions in the Australian media of the “snag”, “New Man” and “New Father”, noting that even Prime Minister Paul Keating in 1993 identified himself as a “sensitive new age guy” (McMahon, 1998). There is also a more negative representation in which “snags” are men who only adopt a warm and domesticated persona and feminist rhetoric to win over unsuspecting women (Biddulph, 1994: 7, 21–22), or “soft males” who have compromised their essential manhood through self-flagellating eagerness to please women (Bly, 1991: 2–4).

substantial challenges to gendered power relations, and run the risk of modernising rather than abolishing men's power (Connell, 1995: 139, 210). The prevalence of such rhetorics of sensitivity in my study may reflect self-selection for interview by men who feel that they are more enlightened than most men or the men with whom they socialise. But it is equally possible that this is a common narrative among young heterosexual men, the product of three decades of the women's movement, a prevalent discourse of gender egalitarianism, discourses originating in therapeutic and self-help culture and the men's movement, and a continuing dynamic of male competition for women. Heterosexual men's reports of sensitivity share conceptual space with their claims for male-female sociosexual skill. Adam and Scott stress that their "feminine" sensitivities and stereotypically feminine cultural capital enhance their ability to initiate sexual relations with women. On the other hand, as Tim's and Curtis's examples show, men's sexual skill can centre on physical and technical sexual prowess and be compatible with disinterest and even hostility towards feminine concerns. Men's personal narratives of sensitivity refer exclusively to their relations with women. None of the men in my research claim that they are "sensitive" in their dealings with other men, although some discuss their refusal of homosocial codes of behaviour and their efforts to establish more intimate and expressive relations with men.

The "sensitive" and "snaggy" men in my study do not include condom use as one of the practices to embody these self-representations. They tend to take as given that they should accept some responsibility, along with their partners, for preventing pregnancy and disease transmission, but this is not focused specifically on the male adoption of condoms. Some participate in contraception to the extent that they go along with or ensure their partners' use of the Pill, or they use condoms in their casual sexual relations but not regular relationships, but this is not equivalent to themselves consistently taking responsibility for contraception. This contrasts with the situation among gay men. The use of condoms for (anal) intercourse has been constructed in gay male sexual-political discourse as politically radical and as protective of community, and safe sex has been publicly and positively incorporated into (urban and politicised) gay male identities (Wilton, 1997: 21, 30).

While no men in my study refer to wearing condoms as feminising, some men do associate the adoption of safe sex with their anti-patriarchal personal projects. Tristan links his desire to use condoms more often to a broader desire to improve his sexual relationships, deprioritise intercourse and encourage men's emotional expressiveness. Greg professes a critique and rejection of patriarchal masculinity and masculine sexuality more thorough-going than any other interviewees', and

these are informed by his pro-feminist and anti-homophobic political commitments rather than the notions of “personal growth” informing Tristan’s narratives. Since their teens Greg and his male friends have emphasised being “non-homophobic” and “non-macho”. Greg went to an alternative school, studied stereotypically feminine subjects, was exposed to discussion about men’s consciousness-raising groups and worked and socialised with young gay men and lesbians. He is familiar with feminism, has undertaken gender-related courses at university, and is critically conscious of his gendered, sexed and raced subject positions. Greg’s political commitments shape his disavowal of the assumptions embedded in the six principles of masculinity and masculine sexuality I identified in Chapter Three, and they shape his strong support for condom use. But this support is organised particularly by Greg’s friendships with several people who work in the local AIDS Council and his contact with gay men, and thus his much greater familiarity with safe sex culture and greater contact with the HIV/AIDS epidemic than those of the other men interviewed. Another important factor is Greg’s experience of contracting three STIs from two sexual involvements, which is one path through which people come to a ‘decision to use’ condoms [Browne & Minichiello, 1994].

For men intercourse involves the body part most coded as signifying maleness, the penis. Condom use involves the literal application of a technology to this body part, and in such a way that for some men the pleasures and comforts of intercourse are reduced. Wilton argues that penis-vagina intercourse is central to masculine identity, and its achievement symbolises entry into adult male status (Wilton, 1997: 34). These symbolic relations between penises, intercourse and constructed maleness make it all the more noticeable that heterosexual men do not interpret wearing condoms to be emasculating or feminising. On the other hand, as the preceding chapters show, the interviewees’ accounts do show a series of *implicit* representations of condom use as contrary to aspects of masculine sexuality and heterosexuality.

If heterosexual men’s condom use does not signify femininity, does it signify homosexuality? Cindy Patton argues that the ideological effort to reconstruct gay sex as safe sex has largely succeeded, including among heterosexuals, such that safe sex now equals gay sex or queer sex (Patton, 1993: 257). She claims that safe sex is denied a place within heterosexual identity and safe sex is contrasted with ‘real sex’ and ‘natural’ sex. Similarly, Wilton states that safe sex advice has been mapped onto familiar moralisms in which AIDS is punishment for deviance, such that condoms become associated with dangerous and thus deviant sexual behaviours, and hence a marker not of safety but of deviance (Wilton, 1997: 50). Heterosexual non-use of condoms in this context is inevitable, as are other

populations' non-use;

Firstly, those who do not believe their intimate relationships to be deviant (heterosexual lovers) or who know them to be deviant but celebrate that deviance as an act of resistance to oppression (some gay men, some sex workers), will be unlikely to introduce such a marker of disapprobation into their sexual repertoire. Secondly, those who *do* use condoms for encounters which they regard as avowedly deviant (sex work, casual sex between men, using prostitutes) are unlikely to use them in encounters which must be somehow distinguished from the deviant. (Wilton, 1997: 51)

The only evidence in my study for Patton's and Wilton's claims comes from Adam's account, in which he states that "normal [heterosexual] sex acts" pose a very low risk of HIV transmission. While none of the interviewees equate "safe sex" with gay or queer sex, Adam's understanding that "normal" and "clean" heterosexual sexual practices are safe rests on an implicit association between homosex and disease and danger. In an apparent reversal of Wilton's and Patton's depictions, Ronald says that the phrase "*unsafe sex*" evokes "images of homosexuality, and homosexual anal sex". But this is not a genuine mapping of homosex onto unsafe sex and heterosex onto safe sex, and Ronald does not construe "safe sex" to refer to heterosexual sex. Instead, his comments are symptomatic of the discursive intertwining of male homosexuality, AIDS and such terms as "safe sex" and "*unsafe sex*" which characterises the HIV/AIDS epidemic. This intertwining means that any terms associated with the epidemic become 'infected' such that they also signify male homosexuality.

When the men in my study do wear condoms, they often do so for reasons which are absent from Wilton's account of the meanings associated with men's safe sex. In fact sometimes they represent their condom use in terms which have more to do with dominant masculine notions than with their rejection or inversion. One of the most prominent reasons is men's reluctance to father a child. While Wilton writes that fathering a child is the ultimate proof of masculinity (Wilton, 1997: 73–74), I argued in Chapter Four that the relationship between masculinity and reproduction is more varied. Young men often wish to postpone if not avoid parenting, because of the economic, emotional and sexual commitments and investments it represents.

Another motivation for heterosexual men's condom use is their interest in achieving sexual relations *per se*, their desire to 'get sex'. Ronald says that in high school he felt that "you gotta wear a condom 'cause you know a girl won't have sex with you if you don't wear a condom". Ronald says that he carried a condom in his wallet for a time in Years 8 and 9, and this represented a strategy for enhancing the



likelihood that he would have intercourse:

the main reason I actually had them was, not so much for protection or for um, for any practical purpose but, more so that she couldn't say have you got protection, if you don't no way. Yeah I've got protection let's go [...] so it really didn't bother me if the rubber was a bit perished and it didn't work properly, because at that stage I wasn't thinking of the implications of pregnancies or diseases or whatever.

Ronald's planned condom use was thus intended to thwart one possible objection by a woman to intercourse, and the possibility that the condom might be defective was of little concern. This is similar to the motivation for contraceptive behaviour of some of the 19-year-old Glaswegian men in Daniel Wight's study: some assumed that there was little or no chance that their partner would have sex unless she was assured that she would not conceive (Wight, 1993b: 51). Other research corroborates that for men and younger men in particular, 'getting sex' is an important issue (Browne and Minichiello, 1994). In the next chapter I discuss a number of ways in which other aspects of masculinity and heterosexuality could be mobilised on behalf of safe sex.

Wilton claims that unsafe sex is "fundamental to the project of masculinity" (Wilton, 1997: 33). Do men therefore understand non-use of condoms to be masculine and masculinising? A couple of comments in the interviews suggest an association between men's unwillingness to use condoms and a particular kind of masculinity. Roger's explanation of why many men do not practise safe sex includes the idea that "a lot of the guys that treat sex as [...] do it just for their pure enjoyment and leave and [say] 'Thanks for comin', love'." In Greg's accounts of his episodes of unsafe sex, where it was his female partner who insisted on their not using condoms, Greg comments that "I thought I'd be the one who was supposed to be sort of you know, Come on love," saying this last phrase in a rough masculine voice. Both comments suggest the stereotype of the insensitive and self-centred Australian male. The use of the word "love" suggests that this is an image of a working-class male in particular, as with many popular stereotypes of sexist men.

My research finds however that heterosexual men only very rarely describe men's non-use of condoms as enacting or embodying masculinity. Again men's narratives of personal sensitivity support this claim. The "sensitive" or "snaggy" research informants report that there are stereotypically masculine behaviours they avoid when in women's company, such as openly objectifying women, making "sexist" comments and viewing pornography. This gap between men's behaviour when with women and with other men is not confined to self-professed "sensitive" men, but is documented among both boys' and men's friendships and peer cultures

(Lyman, 1987; Hart, no date; Holland, Ramazanoglu & Scott, 1994b; Mac an Ghail, 1994; Messner, 1992; Schmitt, 1998; Strikwerda & May, 1992; Swain, 1992; Wight, 1994b). “Snaggy” men refrain from certain behaviours either because they do not support them or because they wish to preserve certain forms of presentation and reputation among women which these behaviours will undermine. But men’s unsafe sex is not understood to be one of the masculine or “sexist” behaviours which “sensitive” men should avoid, so it is practised freely ‘in front of’ women. Men who describe themselves as “sensitive” and “snaggy” do not seem more likely than other men to take responsibility for condom use. Given that Wilton represents men’s unsafe sexual practice as part of their striving to prove their difference from femininity, it is ironic that men may dispense with condoms because they trust and feel close to their female partners.

## 10.

### **Conclusion and reflections**

While the majority of men are heterosexual and their sexual relations and concerns are the routine fare of popular culture, they continue to be largely invisible in HIV/AIDS literature and they are rarely addressed in AIDS education campaigns. The contribution of my research is to put heterosexual men ‘on the map’ — to show how heterosexual men’s practices and understandings are critical in unsafe heterosexual sex. While some AIDS research does examine heterosexual men who use intravenous drugs or have sex with other men or pay for sex with sex workers, I focus squarely on heterosexual men’s sexual relations with women. This study complements quantitative research on patterns of condom use and non-use, through its detailed documentation of the meanings given to these practices and the kinds of understandings which encourage or constrain men’s safe sex. My research has broader relevance for scholarship on contraception, sexually transmitted infections, family planning and sexual health.

#### **Reconfiguring condom use and non-use**

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Understandings of young heterosexual men’s safe and unsafe sex require considerable re-working in the light of the results of this study. When the men in my study have unsafe sex with their casual or regular partners, they understand this through sets of meanings which have been only partially captured in existing theoretical accounts. Given the small number of men on which my analysis is based, I cannot claim that the patterns established can be generalised to all young heterosexual men in Australia. But these configurations of meaning and practice may be present in similar forms in the lives of other men.

Why don’t young heterosexual men use condoms? The first pattern established in the interviews is that men stress the risk of pregnancy rather than the risks of HIV or other sexually transmitted infections, and they respond to the former risk by relying on their partners’ use of the Pill (Chapter Four). Second, men perceive that wearing condoms decreases their penile sensation and that condoms are difficult to use (Chapter Five). Third, men find that the “heat of the moment” of sexual episodes, their spontaneous and passionate ambience, makes it hard to incorporate condoms and, indeed, condoms destroy this atmosphere (Chapter Six). Fourth, men privilege “trust” as fundamental to their sexual involvements, and they quickly define involvements as “relationships” and therefore as trusting and

monogamous, such that they abandon condoms (Chapter Seven). Fifth, men believe that they are very unlikely to contract HIV because they see their social circles, institutions, the heterosexual community or heterosexual sex *per se* as safe and free of HIV/AIDS, so there is no need to wear condoms (Chapter Eight).

The empirical results of my study raise three criticisms of the framework for the explanation of heterosexual men's unsafe sex I outlined in Chapter Three. First and foremost, understandings other than those represented by the six principles in this framework are more influential for some men in discouraging safe sex and in constituting unsafe sex. The strongest example is trust: men explain their unsafe sex in terms of the "trust" between themselves and their partners. According to what men themselves report, they seem not to actively resist women's initiatives at safe sex. The men in my study are more likely to construct episodes of unsafe sex in terms of the "heat of the moment" than in terms of their own sexual uncontrollability. They are more likely to dismiss the risk of HIV than to "take the risk" of HIV. They rarely argue that only women are responsible for sexual safety and they stress men's and women's shared responsibility, although their actual practice does not reflect this. They go along with their partner's wishes or initiatives to use condoms if she expresses or makes them, but do not initiate condom use themselves.

Some men in my study do give accounts which reflect some of the understandings and practices said to be common among men. But I find that these may not discourage safe sex and in fact can be compatible with or even serve safe sex, and this is my second criticism. The interviewees do classify women into "nice" girls and "sluts", but they do not use this to decide with whom they will use condoms. The literature's assumption behind the principle of male sexual uncontrollability is that it takes men's sexual self-control to facilitate them wearing condoms. But one man in my study says that his highly developed bodily control in fact allows him to have unprotected intercourse and withdraw before ejaculation, an unsafe practice. The literature's assumption behind the principle of sexual control, initiative and knowledge as male is that women's control of the sexual interaction will encourage condom use, but women do not always prefer safe sex, and men may assume that "in control" women will not risk disease or pregnancy so there is no need for condoms.

How can the sexual cultures of heterosexual men be characterised? My third criticism is that some of the understandings and practices purported to be common among heterosexual men — and therefore typical of masculine sexuality or masculinity — are not necessarily as prevalent as the literature claims, and other

contrary understandings seem to be at least as prevalent. My research documents four important emphases in young men's accounts of their sexual lives which are absent from most academic discussions of heterosexual men and AIDS and which deserve attention: a narrative of sexual skill or the "good lover"; an emphasis on trust, relationships and love; a construction of sexual eroticism in terms of the "heat of the moment"; and a concern about premature fatherhood. I do not have the evidence to claim that these are common understandings among heterosexual men, but this possibility deserves investigation. A key question here is: To what extent is each of these emphases shared with women? For example, the role of men's notions of trust in informing unsafe sex is buttressed by the fact that these are shared to some degree with young women (Moore & Rosenthal, 1993; Peart, Rosenthal & Moore, 1994; Rosenthal, 1994; Stephenson, Kippax & Crawford, 1994a, 1994b). At the same time, there may be divergences between young men's and women's understandings of trust, love and monogamy.

Tamsin Wilton and Sue Kippax et al. write that the first five of the six principles outlined in Chapter Three represent defining principles of masculine sexuality and masculinity (Wilton, 1997: 34; Kippax, Crawford & Waldby, 1994: S320). (I added the sixth principle on the basis of accounts of other authors.) My results suggest a series of tentative modifications to this portrayal, although they cannot be tested here. Most men give little or no emphasis to their exclusive possession of sexual control, initiative and knowledge, although they may underestimate their exercise of sexual control and power in sexual interactions. Although the interviews confirm the primacy of intercourse in men's definitions of "sex" and in sexual choreography, men's accounts do not stress their own sexual pleasure. If they refer to sexual pleasure at all they dwell on women's, through narratives of sexual skill and prowess, and representations in popular culture may be similar. Notions of "male sex drive" continue to appear in men's accounts, but they sit alongside men's belief that "no means no" and that they can control their sexual actions. Most men in my study claim that prophylactic and contraceptive safety is a shared responsibility rather than only women's.

The interviews allow a more nuanced analysis of those aspects of heterosexual men's and women's unsafe sex which *have* been the subject of academic attention. To mention one example from the previous empirical chapters, while the AIDS literature points to heterosexual couples' typical pattern of shifting from condoms to the Pill early in their sexual involvements, I show some of the detail of this shift: men assume that their partners are taking the Pill by virtue of being sexually active, or pressure them to do so, and the decision that the woman will go on the Pill can symbolically resolve the issue of contraception such that the

couple begin unprotected intercourse before the Pill is effective. Another example concerns sexual reputation: heterosexual men continue to assess women as “promiscuous” or “sluts” (on the basis of stereotypical attractiveness, dress, reputation, demeanour and personal acquaintance), but now the term “slut” can be applied also to men, signalling a slight shift in the gendered ordering of sexual reputations.

To summarise the results of my study, I offer the following depiction of the key forms of meaning and practice through which the interviewees account for their unsafe sex. Presenting them in this form does detract from the complexity and subtlety with which previous chapters have been concerned. Nevertheless, it provides a simple representation of the configurations I have documented. Several of the new elements below are related to several of the old principles: men’s penis- and intercourse-focus stays roughly the same, male sexual uncontrollability becomes sexual spontaneity, and homophobia becomes boundaries of imagined safety. The key configurations of meaning and practice are these;

- (1) The greatest risk men face in sex is pregnancy.

Men can avoid pregnancy by relying on women’s use of the contraceptive Pill. Sexually active women are already taking the Pill, and if they are not, men can ask them to do so.

- (2) Men’s sexuality is penis-focused and “sex” equals intercourse.

Condoms interfere with men’s pleasure in intercourse and they are difficult to use. Intercourse is defining of sex and the proper conclusion to other sexual practices.

- (3) Sexual episodes are spontaneous, passionate and natural.

In the heat of the moment of a sexual episode, incorporating condoms is difficult if not impossible, and condoms kill the moment.

- (4) Trust is central in and defining of sexual relationships.

Men do not need to wear condoms in their sexual relationship because they and their partners trust each other. They take monogamy for granted, and to the extent that they share their sexual histories, this has an intimate rather than a prophylactic intent.

- (5) Within the boundaries of imagined heterosexual safety, men are not at risk of contracting HIV.

Men's social circles, institutions, the heterosexual community and heterosexual sex are free of HIV/AIDS, so men do not need to practise safe sex.

In feminist critiques of men's relationship to HIV/AIDS there is a sense that when men do not use condoms they do so for "bad" reasons (associated with patriarchal masculinity) and when men do use condoms they do so for "good" reasons (associated with masculinity's rejection). In first outlining the six principles of masculine sexuality and masculinity in Chapter Three, I remarked that each has been the subject of feminist critique independently of its role in dissuading men from wearing condoms. In other words, the principles are seen as undesirable in and of themselves. But my interviews have shown that men can be motivated to wear condoms by understandings which are problematic in feminist terms, such as men's fears of premature fatherhood and their desires to "get sex". And men's condom use can be deterred by notions which have previously been construed as feminine rather than masculine, such as those of trust and love. Feminist theorists do criticise understandings and practices of love and romance, describing romantic love as "a patriarchal narrative which implicates women emotionally in a system of relationships which disadvantages them" (Langford, 1996: 31). But here they represent men's *lack* of participation in romantic love — their emotional withholding and the unequal emotional contract in heterosexual relationships — as part of the problem.

The young heterosexual men in my research do not understand wearing condoms to be feminising or homosexualising, despite the contradictions ostensibly posed by condom use to the norms of masculine sexuality identified in the literature. Nor do they represent condom use as manly or masculine. While narratives of personal "sensitivity" to women are common among the interviewees, they are not accompanied by male responsibility for condom use. Condom use is not seen to be one of the feminine or "sensitive" behaviours which self-professed sensitive men should adopt, nor is unsafe sex one of the masculine or "insensitive" behaviours which they should avoid when in the company of women. The research informants do not represent safe or unsafe sex as either confirming or undermining their sense of masculine self. In these senses, condom use and non-use do not appear to be gendered practices.

A reliance on heterosexual men's own accounts of their sexual practice is both a strength and a limitation of my research. Its weakness is that men's accounts by their nature are partial and selective, as I argued in Chapter Two. Men's sexual practice may show patterns and may be shaped by taken-for-granted meanings

which men themselves do not articulate. I have assessed the six principles offered in the literature in terms of the extent to which they are a fair description of the meanings and behaviours visible in men's interview accounts. But some principles, particularly the first one of male sexual control, are less likely than others to be discernible. Men may enact forms of control and power in their sexual interactions which are visible to women but not to men themselves, and therefore not apparent in their interview accounts. AIDS research using women's accounts identifies men's practices of power and control as an important influence on women's negotiation of safe sex. I see no reason to doubt this portrayal, and I see no contradiction in noting that men themselves do not name and may not recognise their participation in these practices. While it is crucial to understand the ways in which heterosexual men make sense of their sexual lives, their reports of their sexual understandings and practices do not provide the 'whole story' of heterosexual safe and unsafe sex.

### **To boldly go — New lines of enquiry**

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There is a paucity of sound empirical research on heterosexual men's sexualities and sexual relations. The principles of sex research outlined in Chapter One, while increasingly common in research on gay and homosexually active men, have been only rarely applied to heterosexual men. Therefore there is very considerable scope for future research. My own study suggests four fruitful and overlapping lines of enquiry.

Much more qualitative research using multiple methods is needed on heterosexual men's understandings and negotiations of sexual practices. My research relies on semi-structured interviews, which allow the research participants to give detailed accounts of their sociosexual lives. But interviews may miss aspects of their accounts. The use of multiple methods is useful in generating complementary and potentially contradictory insights about heterosexual men's experiences of sexual relations (Stewart, 1996: 93). Three other qualitative methods are especially relevant: participant observation, memory work, and sexual diaries.

Participant observation and ethnographic strategies could be employed to explore the accounts heterosexual men give of their sociosexual relations and lives in all-male and mixed-sex social settings and in particular milieux, given the evidence from my and other studies that young heterosexual men enact different forms of talk about sex and different presentations of masculinity and sexuality in different social contexts (Wight, 1996: 2). These strategies could record such aspects of heterosexual sexual relations as 'flirting', 'picking up' and 'seduction'.



The power of ethnography for research on masculinities and sexualities is evident in other studies such as Mairtin Mac an Ghail's three-year ethnographic study of a school (Mac an Ghail, 1994).

Memory work is a process of collective biography which was developed to explore the 'how' of lived feminine practice: the processes whereby women construct identities and form themselves as personalities, construct themselves into existing social relations and the points at which change or resistance is possible (Haug, 1987: 33–55; Davies, 1994: 84–88; Kippax et al., 1998). Participants write autobiographical stories of particular episodes or events, and then come together to discuss, analyse and theorise these memories. Memory work has been used particularly to examine the constitution and socialisation of women's bodies and sexualities. In Australia it has been adopted by researchers investigating women's negotiations of heterosex (Kippax et al., 1990), women's and men's "sex talk" (Crawford, Kippax & Waldby, 1994), and the masculine subjectivities of pro-feminist men (Pease, 1998). This strategy may be more able than interviews to trace the social formations of identity and to reveal the social and discursive processes through which we become individuals (Haug, 1987: 50; Davies, 1994: 83).

The "sexual diary" method was developed to document sexual practices and negotiations at the micro-level of sexual episodes, primarily among gay men (Coxon, 1988; Coxon, 1996; Coxon et al., 1993). Sexual diaries could be used similarly in research on heterosexual men. These multiple strategies would further tease out men's constructions and reconstructions of sexual relations.

A second line of enquiry is the investigation of dimensions of social practice to do with milieux, social collectivities and social structures. Kippax et al. define "milieu" variables as referring to such aspects of social context as type of sexual relationship, involvement and participation in gay community, friendships, and contact with the HIV epidemic (Kippax et al., 1993: 36). My research did probe the effect of some elements of milieu on heterosexual men's sexual practice, including the organisation of regular relationships as trusting and monogamous, contact with AIDS, and the influence of the local cultures of the student residence and the military university. However, a more focused interrogation of the organisation of men's sociosexual relations in a particular context — a friendship circle or social group, a sporting club, a workplace — would add to understanding of the local and collective organisation of sexualities and masculinities. Daniel Wight's work among male peer groups in Scotland is an example of such research. I am especially interested in dissecting the homosocial ordering of heterosexual relations, the ways in which men's relations with men shape their sexual relations with women, as this

was highly visible in the accounts of two of the men at ADFA and to a lesser extent among the male friends in Stromlo Hall.

A sociological approach to researching sexuality takes sexual activity and meaning to be historically and culturally specific, asks not only about sexual practices but about their circumstances, emotional and relational context and significance, and explores the collective structuring of social and sexual practice (Dowsett, 1992: 79– 80). It gives attention to the personal and social networks, systems of meaning, power relations and social structural principles which organise the possibilities of sexual interaction in different communities (Gagnon & Parker, 1995: 14; Parker, 1994: S311). One way to enact these assumptions is through what R.W. Connell calls the “socially theorized life-history”, which has the “capacity to reveal social structures, collectivities, and institutional change at the same time as personal life” (Connell, 1991: 143; Connell, 1992: 739). Gary Dowsett’s *Practising desire* uses this method, such that he is able to reveal “the contingent nature of homosexuality as category, culture, discourse, experience and meaning” (Dowsett, 1992: 83).

A third line of enquiry concerns the generalisability of qualitative findings. Further work is needed to test and expand the claims I have made. On the basis of my in-depth interviews, I suggested that existing explanations of heterosexual unsafe sex should be revised, and I specified five understandings which are influential in young heterosexual men’s accounts. One way to generalise these findings among wider populations is to conduct quantitative research using a survey constructed out of my and other qualitative findings. Such an inquiry could test men’s (and women’s) allegiances to the principles of masculine sexuality, masculinity and other understandings with which my research has been concerned.

A fourth question in future research is how the organisation of heterosexual men’s sexual lives intersects with and is constituted by other axes of social differentiation. Australian research on homosexually active and gay men has begun to pay attention to the ways in which ethnic or cultural identity, family and community construct and in turn are constructed by sexuality and gay community, as thorough reviews by Maria Pallotta-Chiarolli attest (Pallotta-Chiarolli, 1998; Pallotta-Chiarolli et al., 1999). On the other hand, there is almost no investigation of intersections of race/ethnicity and sexuality among heterosexual women and men, apart from studies of Australian adolescents of different ethnic backgrounds (Rosenthal, Moore & Brumen, 1990) and British young women (Holland, 1993). While dominant discourses of sexuality presume a white, male and heterosexual sexual subject (Richardson, 1996: 2–3), only rarely has he been the object of

academic scrutiny.

Similarly, sexuality intersects with class and notions of each affect the other (Richardson, 1996: 3). Australian research finds that working-class men's constructions of their homosexual lives are profoundly affected by class (Dowsett, 1992: 342). Their marginalisation and exclusion from gay communities and their constrained responses to the AIDS epidemic show the significant effects of work and class (Connell et al., 1991; Connell, Davis & Dowsett, 1993; Dowsett, Davis & Connell, 1992a: 158–59; Dowsett, 1994). Other research establishes the influence of region (rural versus urban) on young people's sexual practices, relations and HIV knowledge (Grunseit et al., 1995; Hillier, Warr & Haste, 1996; Hillier, Harrison & Bowditch, 1999). Research on heterosexual men and safe/unsafe sex could usefully ask how heterosexual men's sexual identities, meanings, practice and relations structure and are structured by work and class, region, and age. The question of the significance of multiple axes of difference is relevant for all the lines of enquiry I have discussed.

### **The limits of AIDS education**

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In documenting the meanings which young heterosexual men give to condom use and non-use, my research generates ideas regarding the kinds of approaches one might use to encourage safe sex. But first I offer a brief critique of contemporary HIV/AIDS education. Much of AIDS education in Australia directed at the so-called general population is open to four criticisms. This AIDS education deflects responsibility for sexual practice away from men and onto women. It takes as given the centrality of penis-vagina intercourse. It is un-sexy and it fails to eroticise safe sex. More generally, AIDS education individualises responsibility for prevention, ignores the social relations of heterosexuality, and reproduces and reinforces problematic assumptions about sexual relations and identities.

AIDS education in Australia directed at the heterosexually active population often has positioned women as the gatekeepers at the threshold of the "general population". The first Australian mass media campaign designed to encourage condom use among heterosexuals was the "Tell him if it's not on, it's not on" advertisement, assuming women as the guardians of responsible sex (Waldby, Kippax & Crawford, 1990: 180). General literature on AIDS has embodied

identical assumptions.<sup>1</sup> Women are seen to lack the qualities necessary for the successful negotiation of safe sex — assertiveness and communication — while men are assumed to have them (despite the evidence of men's resistance to and disregard for condom use). Women are urged to become more assertive, while men and masculine sexuality are not explicitly addressed and remain “off stage” (Waldby, Kippax & Crawford, 1991: 42). AIDS education's allocation of sexual responsibility is accomplished also through the relative lack of attention paid to different sexual and gender constituencies. There are very few materials targeted at men in general or heterosexual men in particular. Targeting of groups in safe sex campaigns both constitutes and deploys identities, and the relative inattention paid to heterosexual men is instrumental in constructing risk and heterosexual masculinity as mutually exclusive (Wilton, 1997: 80). Tamsin Wilton writes that of the few British texts which do address heterosexual men, some collude with the elision of masculinity with sexual irresponsibility in mainstream culture and the vast majority position the risk of heterosexual transmission as *from* women (especially prostitutes) *to* men (ibid: 99–102).

AIDS education has been complicit in the phallogentric organisation of heterosex. Much AIDS education aimed at the “general population” reduces sex to the activity of the penis, now newly attired in latex (Segal, 1989: 139). In relation to the United Kingdom, Simon Watney comments that,

it has never for one moment been suggested that heterosexuals might consider giving up penetrative sexual intercourse in the way that is so routinely expected of gay men. (Watney, 1991: 12)

Lynne Segal criticises the macho and heterosexist mythologies of UK educational approaches, citing the representation of young men as “driven to fuck”, the more often the better, arguing that

surely AIDS gives us reason and space to re-think the primitive but powerful symbol of the male sexual beast, the myth so central to maintaining existing ideologies and practices of male domination? (Segal, 1989: 140).

Among organised gay communities it is *pro-sex* (and *pro-gay*) approaches to safe sex which have been most successful — forms of representation which eroticise safe sex, and which take up and reconstitute the sexual vernaculars of gay

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<sup>1</sup> Thus Helen Kaplan (1987) writes in *The real truth about women and AIDS*, “Women have the power and the obligation to guard the general population from the incoming infestation... Our bodies form a protective ring around the breeding grounds of the AIDS virus.”

culture (Dowsett, 1993a: 704).<sup>2</sup> Safe sex materials addressed to heterosexuals on the other hand, especially in the early days of the epidemic, were clinical and un-erotic in their representations and address. Comparing a pamphlet addressed to gay men and one to young heterosexuals, Waldby et al. note that the latter is prurient, stern, vague in its description of “safe sex” and profoundly un-sexy (Waldby, Kippax & Crawford, 1990). Representations of gay safe sex construct a gay man who is sexually articulate, active and motivated by pleasure, while materials targeted at women address them as sexually silent, passive, and responsible rather than desiring (Wilton, 1995). More recent materials addressed to Australian women however do use more erotic codes of representation, such as the sixteen-page *Australian Women’s Forum guide to Sensual Safe Sex* (Sydney, 1995) and to a lesser extent the 1995 *Cleo sex guide*, produced in collaboration with the Commonwealth Department of Human Services and Health and sold with *Cleo* magazine. The latter was banned from distribution in at least one state in Australia, indicating the ongoing issue of state censorship of sexually explicit materials.

There is no universal agreement that “pro-sex” representations are the most effective or most appropriate. Some feminist commentators such as Tamsin Wilton criticise safe sex representations which are erotic or intended to arouse. She does argue for sexualised and “sex-positive” images and texts by and for women (both heterosexual and lesbian), as part of an oppositional feminist discourse. But while she believes strongly that heterosexual men must be directly addressed, she cites heterosexual men’s overdetermined response to sexualised representations of women as one aspect of the problems of negotiating semiotic codes in relation to pornography (Wilton, 1997: 137–139). Some heterosexual men themselves reject the idea of using erotic representations. An Australian study among building workers found that,

Heterosexual men perceive humour and scare tactics to be most effective in getting safe sex information across to heterosexual men ... sexually titillating images detract from serious messages. (Venables & Tulloch, 1993, no text missing)

As one man commented, “If you want to get a serious message across to blokes you can’t have any tits or pussy in it. ‘Cause that’s all that’ll register.”

Finally, government efforts at AIDS education for heterosexuals or the “general population” have generally failed to address the social relations of heterosexuality, embodying sexist and individualising approaches. Safe sex

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<sup>2</sup> The term *sexual vernaculars* is Cindy Patton’s (1991).

education, at least from analyses of British materials, obeys existing representational regimes which reproduce “heteropatriarchal” relations (Wilton, 1992b, 1994, 1995, 1997). The individualisation of responsibility for prevention has been a central feature of safe sex promotion in Australia (Wyn, 1991: 105). Current campaigns make no public challenge to the dominant relations of heterosexuality. From the perspective of young women therefore, as Wyn argues,

the present campaign to promote safe sex contains a serious contradiction. It is framed in a manner which reinforces a narrow, ‘masculine’ view of sexuality, and yet which at the same time asks young women to challenge this view by taking an active role in relationships. (ibid: 105)

The failings of AIDS education are not particularly surprising given that while health education and promotion have the potential to disrupt hegemonic regimes of gender, usually they have done more to reproduce them (Wilton, 1997: 39). Health education discourse has tended to make men the subject and women the object, addressing and constructing woman-as-problematic-other. More generally, health education often focuses on the individual (even when the preferred approach is community-based or participatory), which easily slides into victim-blaming and is open to manipulation by conservative political groups and governments who espouse free-market liberalism (ibid: 41–42).

An HIV/AIDS education strategy informed by feminist ideals would address the dominant organisation of heterosexual sex and gendered social relations. It would challenge those discourses which disempower women and reproduce patriarchal and homophobic power relations. However, health education by itself is insufficient, and wider social and political changes are also necessary. The promotion of sexual health also requires a series of policy shifts to do with such issues as censorship, prostitution, consent, and sexuality-related discrimination (Wilton, 1997: 142).

How can heterosexual men be encouraged to wear condoms? Gary Dowsett argues that successful safe sex promotion among heterosexual men and women lies in

finding a way to use pro-sex approaches quickly, approaches that actually validate aspects of masculine heterosexuality. I say “quickly” because there is little time, in the face of the epidemic, for indulging in angst about (hetero)sexual politics. (Dowsett, 1993a: 704)

Such a project will also have to challenge prevailing discourses of masculine heterosexuality in feminism. Rosemary Pringle writes,

Feminists have written surprisingly little about men’s sexual pleasure

and yet a transformative politics cannot be based on a 'sack-cloth and ashes' approach. ... changes in behaviour are more likely to happen if old pleasures are not simply given up but exchanged for new ones. (Pringle, 1992: 98)

My study shows that heterosexual men are sometimes motivated to use condoms through understandings which are problematic in feminist terms. The most effective way to galvanise men's condom use may be to draw on existing constructions of masculine sexuality, masculinity and heterosexuality. While I am sympathetic to feminist projects of gender and sexual justice, I outline such appeals below because they have been addressed only rarely in the AIDS literature.

### **Mobilising condom use**

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One approach to heterosexual men's safe sex is to address men in relation to their reproductive and parenting roles. Such modes of address could build on the rapidly developing work on men's relationships to family planning and reproductive health. This approach can work in two contradictory directions, encouraging condom use through either addressing men's reluctance to be fathers or their investments in fatherhood and family. I deal with the former tactic first.

*Fear of fatherhood:* Fear of premature or unwanted fatherhood (and marriage) may be a common aspect of contemporary formations of masculinity among young men. In Chapter Four I established that some young men are concerned about the loss of their occupational, financial and sexual independence — loss of certain freedoms and privileges which accrue to them as young men — symbolised by pregnancy. Education campaigns could stress the risks of unwanted or premature fatherhood, the loss of financial or sexual independence, the economic costs of child rearing (Ringheim, 1996: 87), or the idea that men should not depend on or trust women to take care of contraception and must do so themselves by wearing condoms (Rix, 1996). The final emphasis could involve the message that it is simply safer to take precautions oneself, whether or not one's partner also does so (e.g. because of use error or method failure), or even that women may deceive their male partners and men who wish to avoid fatherhood or marriage should protect themselves.

A mobilisation of men's fear of fatherhood would be limited by men's existing strategies for avoiding pregnancy. Many men thwart the possibility of pregnancy through reliance on their sexual partners' use of the contraceptive Pill, and some men encourage or pressure their partners into this use. Additionally, men may be confident that many women are using the Pill, and they may assume that

their prospective sexual partners are on the Pill simply by virtue of being sexually active. Of course, the Pill does nothing to prevent the transmission of HIV or STIs. In emphasising the burdens occasioned by premature fatherhood, such an education message may encourage young men who are already fathers to abandon responsibilities for their children and to leave the mothers. Especially in its more distrustful form, it reinforces patriarchal narratives of manipulative and dishonest women seeking to trap men and managing their own reproductive choices for personal gain. It encourages a climate of suspicion and hostility in gender relations.

*Investments in fathering and family:* AIDS education campaigns could stress that men need to stay healthy for the sake of their children and their families, framing an appeal to condom use in terms of responsibility to their present and future families (Campbell, 1995: 205–6; Foreman, 1998: 38). Men's concern for their children's welfare and family continuity may prove to be a powerful motivating factor in persuading them to change their behaviour to prevent HIV transmission (*AIDS/STD Health Promotion Exchange*, 1991: 2).

*Care, respect and protection:* Another possible approach, related to the one immediately above, is to draw on boys' and men's common desire to "protect" their partners and to frame condom use as symbolising respect and care for their partners (Rix, 1996: 109). Rigmor Berg argues that promoting heterosexual condom use on the basis of distrust of one's partner will not work because this is contrary to dominant discourses of heterosexuality, while promoting condoms as to do with mutual care and responsibility is more likely to facilitate their use (Berg, 1994). One problem here is the potential paternalism in some men's notions of "protecting" their female partners. If this element is dropped, AIDS education could encourage a more mutually responsible heterosexuality founded on cooperative and mutual support for condom use, shared responsibility and decision-making (Browne and Minichiello, 1994: 248).

I shift now to several potential modes of address to heterosexual men which are based directly on problematic aspects of contemporary constructions of masculine sexuality and masculinity.

*Getting sex:* Heterosexual men's desire to have sex *per se*, and the seeming gender disparity in such desires, could be enlisted to increase safe sex practice. This may be especially effective among adolescent and young men given that 'getting sex' is an important marker of masculine status and men are under pressure to achieve heterosexual sexual relations (Browne & Minichiello, 1994; Laumann & Gagnon, 1995: 213). A "get sex" approach would emphasise heterosexual women's desire for and attraction towards men who use condoms ("Women say yes to men



who wear condoms”), and the greater likelihood of having sex if one willingly dons condoms. This strategy is dependent on a role for women as sexual gatekeepers, which is already manufactured and exploited in heterosexual education campaigns. But while existing campaigns are addressed to the gatekeepers themselves, they could also speak directly to men, saying in effect that they will not ‘get through the gates’ unless they are wearing a condom.

Men’s interests in ‘getting sex’ may lead to varying outcomes in terms of their own intentions to use condoms or raise the topic of condoms. An Australian study found that some men’s internal dialogues focus on not saying anything which jeopardises their potential to get sex, and raising the topic of condoms is seen to do just this (because it hints that “there’s something wrong” with one or other partner and “spoils the moment”) (Browne and Minichiello, 1994: 243). Men may adopt contradictory tactics, bringing condoms in order to thwart a possible objection to intercourse, but avoiding raising their use to avoid bringing up the possible negative meanings with which they are associated. But if the female partner raises or suggests their use, men will agree to them in order to have sex.

A “get sex” approach is complicit with constructions of heterosexuality in which men see how far they can get and women set limits. Women themselves do not always desire or enforce condom use. The strategy is also open to the criticism, as for those materials aimed at women directly, that it deflects responsibility back onto women for safe sex and minimises male responsibility. This is only slightly mitigated by the strategy’s overt address to men.

*Male sluts:* In Chapter Eight I recorded men’s use of “male slut” as a derogatory term for excessive or inappropriate male sexual activity. This notion could be mobilised in the service of safe sex by expanding its definition to include men who do not take prophylactic responsibility. The notion centres however on the accusation of excessive sexual activity (and to a lesser extent sexual activity with inappropriate partners such as those who are too young). It would be difficult to add to it a criterion of the *form* of this activity, that is, that “male sluts” do not use condoms. More importantly, such a representation would be contrary to the pro-sex approaches which have been most successful in gay-focused educational efforts, in continuing the stigmatisation of sexual activity *per se*. Nevertheless, as I argued in Chapter Eight, men’s desire to avoid this reputation may have a minor but positive influence on safe sex.

Rather than using “slut” as a negative term, one could imitate gay male AIDS education’s use of “safe sex sluts” as peer educators. This would not work among heterosexual women: the term “slut” simply is too stigmatised to allow its

incorporation into a positive notion of a heterosexual female “safe sex slut”. While this is far less so for heterosexual men, the still very powerful association of “slut” with negative female sexual reputation limits the attractiveness and effectiveness of a notion of heterosexual male “safe sex sluts”.

*Safe sex studs:* An alternative strategy is to draw on the *positive* construction of male sexual reputation which appears common in the sexual cultures of young heterosexual men: “stud”, and related terms such as “gigolo”, “player” and “legend”. Advocating for “safe sex studs” could draw on the associations between men’s level of sexual experience and their masculinity, virility and sexual prowess. Such associations provide further resources for condom use if one accepts Browne and Minichiello’s argument that traditional gender constructions of socially appropriate behaviour mean that for men, carrying condoms signifies virility or at the very least is unproblematic (Browne & Minichiello, 1994: 236). While such significations of positive male sexual reputation may be common, in Chapter Eight I gave an example of a man for whom concerns about *negative* sexual reputation (being perceived as “sleazy”) reduce his likelihood of purchasing and carrying condoms.

*Good lovers use condoms:* Education campaigns could encourage and galvanise men’s investments in notions of male sexual skill and themselves as “good lovers”. They could highlight the idea that “good lovers use condoms”, that safe sex is “good technique” (Waldby, Kippax & Crawford, 1993b: 255), and that familiarity with condoms should be part of men’s expert sexual knowledge. The negative referent here in men’s minds is the “bad lover”. This mode of address would depend on men’s personal narratives of sexual skill and their fears of negative sexual reputation and sexual and emotional rejection. Given that “good lover” narratives involve men’s production of women’s sexual pleasure, men’s understanding of the conditions necessary for this pleasure could be broadened to include women’s sense of prophylactic safety: “How can she have an orgasm when she’s worrying about getting a disease?”.

AIDS education directed at heterosexual men could also enlist less specifically sexual notions of masculine skill. It could associate condom use with forms of desirable physical and sporting prowess, and here could use male celebrity sporting figures. Focusing more on stereotypically masculine preoccupations with technical equipment in the field of sport and leisure, HIV education could position condoms as essential “gear” for the “sport” of sex.

In a variation on this approach, HIV/AIDS education materials could emphasise the message that “*sensitive* lovers use condoms”, drawing on the

narratives of sensitivity which seem common among young heterosexual men. Here a readiness to use condoms is represented as the mark of the considerate and desirable male sexual partner, while an unwillingness to do so betrays men's brutish, sexist and self-centred insensitivity. The notion of the "good lover" could be re-positioned to include more ethical notions of responsibility or care, such that being "good in bed" has the double meaning of sexual performance *and* safe sex (Moyer, 1995).

An appeal to male sexual skill has two serious limitations. It props up men's reliance on 'expert knowledge' rather than commitment to dialogue with their partners (Waldby, Kippax & Crawford, 1993b: 255). As I argued in Chapter Six, notions of masculine expert skill and knowledge lessen the possibilities for the negotiation of safe sex. And it may collude in the male control of the sexual episode and the woman which is part of some men's "good lover" narratives. The approach may increase heterosexual men's insecurity and anxiety about their sexual performance, although some would argue that this is a small price to pay for a reduction in HIV and STI transmission and unwanted pregnancy.

*Woman as dangerous:* Perhaps the most problematic way in which heterosexual men could be encouraged to use condoms is by rousing them to protect themselves *from women*. This approach could draw on images of "woman as diseased", "woman as dangerous" and "woman as deceptive", such that men use condoms because they distrust and fear women. Such images are readily available given "the hold that the image of woman as source of contagion exercises within both popular masculine iconography and public health discourse" (Waldby, Kippax & Crawford, 1993a: 38). In fact, the very few AIDS education materials addressed to heterosexual men, as well as materials with a general invisible address to heterosexual men, already tend to represent woman as deadly seductress (Wilton, 1992: 82). As Waldby et al. state, "[t]his attribution to women of the status of conduit of the virus colonises a long history of the representation of feminine sexuality as diseased." (Waldby, Kippax & Crawford, 1991: 40) The use of images of 'dangerous women' and the 'Bad Woman' in HIV/AIDS education and in earlier campaigns to do with venereal disease has been well documented and dissected by various feminist commentators (Kitzinger, 1994; Wilton, 1997).

Particular patriarchal understandings can be mobilised in support of safe sex. But "woman as dangerous" condom use is likely to suit only some of the forms of sociosexual interaction in which young heterosexual men engage, limiting its effectiveness. It is more likely to be employed by men for casual rather than regular sexual encounters, as few men are likely to perceive their long-term sexual partners

in “loving” and “trusting” relationships in such hostile and suspicious ways. More importantly, the approach intensifies sexist discourses concerning women’s bodies and sexualities as contaminating and diseased, scapegoats women for disease transmission, privileges heterosexual men and maintains masculine sexual “freedom” through a restriction of women’s sexual behaviour (Waldby, Kippax & Crawford, 1991: 11), and enhances cross-gender hostilities.

*Withdrawal as sexy:* Heterosexual men’s experience of the pleasures of extravaginal ejaculation or withdrawal could be used to reduce the risks of unsafe sex. In Chapter Five I noted one man’s eroticisation of “cumming all over” his female partners’ bodies. While penile withdrawal during intercourse and before ejaculation is not a “safe” sexual practice, there is evidence that it does reduce the likelihood of HIV transmission (Richters, 1994b). Men’s ejaculation onto women’s bodies rather than into women’s vaginas or anuses already is eroticised in heterosexual pornography, in both the “money shot” and in the “facials” genre, and such representations could be further inflected with a safe sex logic in AIDS education campaigns.

At the same time, drawing on a discourse established in heterosexual pornography might be thwarted by other aspects of this representational genre which work against safe sex. These include the common absence of condom use for the intercourse depicted, but also more subtly, the primacy of intercourse as a deified sexual practice, the representation of women as always and ever sexually available and, occasionally, the eroticisation of sexualised violence. As Tim’s account suggests (Chapter Five), ‘cumming all over her’ can be a practice of power-over sexual practice and thus at odds with the mutual negotiation between male and female partners of sexual safety.

*Staying power:* A couple of men in my study comment that condoms’ reduction of physical sensation increases men’s ability to prolong erection and delay ejaculation. Condoms’ influence in increasing erectile “staying power” is a potential resource for their use. But it is a weak resource only. Given contemporary constructions of masculine sexuality, the penis is a primary site of men’s erotic sensation and sexual practice. It would be hard to market condoms to men on the basis of the apparently desensitising or numbing effect on penile sensation of their use. Nevertheless, one way to deal with heterosexual men’s perceptions of condoms as difficult to use and as associated with diminished sensitivity and erection loss is to confront them head-on. Condom education for young men should be honest about the possibility of reduced sensitivity, create familiarity with the sensation of wearing a condom by encouraging men to masturbate with them, inform young men

that most men have experienced loss of erection and not only in relation to condom use, and attempt generally to reduce men's performance anxiety (Rix, 1996: 108–109).

In most of the approaches I have outlined, there is a tension between complicity in dominant or problematic understandings of men's sexuality and masculinity on the one hand, and challenges to these on the other. The approaches attempt to mobilise common understandings in men's sexual and gendered lives while also adding to or modifying these such that they include or prompt condom use. This ambivalent strategy of complicity and challenge is evident in educational materials directed to men on other issues. An Australian example is the government campaign on violence against women which included the poster message that “Real men don't bash or rape women”.<sup>3</sup> The appeal to “real men” both colludes with men's investments in maleness and attempts to re-define their meaning. In fact, condom companies' marketing of condoms has already used appeals to manliness (Campbell, 1995: 206; Foreman, 1998: 41). The appeals I have described are a far cry from the deconstruction of heterosexual masculinity envisaged by Cindy Patton, who writes that “heterosexual identity can only be reconstructed as truly ‘safe sex’ when heterosexual men are just *queer enough* to wear a condom.” (Patton, 1993: 259) Several of the appeals are vulnerable to the same criticisms as those made of existing AIDS education, particularly that they collude in and intensify forms of understanding and practice among men which are already troubling in feminist terms.

In health education and promotion the balance between short-term, pragmatically motivated approaches and the long-term aim of fundamental social change is a complex and contested one. But in either case, strategies directed at heterosexual men will require a thorough understanding of their sexual lives, to which I hope my study has contributed.

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<sup>3</sup> The Commonwealth community education campaign “Stop Violence Against Women” was launched by the Office of the Status of Women on 8 November 1993. The posters and billboards of this campaign featured prominent Australian men and some materials spoke particularly to a male audience.