

## **PART II:**

### **Sexual practices and sexual understandings**

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### **AIDS, disease, and fatherhood**

To understand why heterosexual men practise safe or unsafe sex, it is necessary to know something of their sexual practices and histories, the meanings they give to sex and relationships, the contexts in which they participate in sexual relations, and their understandings of the risks posed by sex. This and the following four chapters are all concerned with these issues, but here I introduce the research informants and their social contexts. Heterosexual sex has at least three potential consequences which may concern men: HIV transmission, sexually transmitted infection, and pregnancy. I assess the relative weight given to each, the social factors shaping this, and the methods men use to avoid each. In doing so, I establish one of the five aspects of men's understandings and practices which limits their use of condoms.

#### **Sexual practices and histories**

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I define my interviewees as “heterosexually active men aged 18–26 who do not identify as gay, homosexual, bisexual or queer”. I have prepared brief biographies of each man interviewed, in Appendix A. The seventeen interviewees have a mean age of 21. They have all had sexual relations with women, typically beginning in their teens, and some have been in and/or are in long-term sexual relationships. All have had sexual intercourse, with age at first intercourse varying from 12 to 21 years. Having had sexual intercourse was a condition of participation in the study: about three in four young men and women in Australia have had sexual intercourse and nearly all adults have done so.<sup>1</sup> In terms of numbers of partners, six of the men have had intercourse with a total of one or two women, five men have had intercourse with between three and five women, and the remaining six men have had intercourse with over ten women and up to about 25 partners.

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<sup>1</sup> By the ages of 16 to 24, 80.1 percent of males and 78.9 percent of females have ‘had sex’ according to 1995 data (Smith, Reichler & Rosenthal, 1996: 10). (“Sex” and “sexual relations were undefined in the Contraceptive and Protective Practices Survey 1995, from which these figures were drawn, but it is likely that respondents interpreted them as referring to sexual intercourse.) Data on university undergraduates shows similar proportions. For example, at Melbourne universities and the University of Queensland in 1994, 72.4 percent and 67.9 percent respectively of 19-year-old males had ever had sex. Close to 100 percent of men in older age groups are sexually experienced: 96.4 percent of males aged 25–34 and 98.5 percent of males aged 35–44 in 1995 (ibid: 10, 33).

Twelve of the seventeen men have had sexual relationships lasting three months or more. None have married or had children, which is not surprising as the median age of marriage for men is over 29 years (Australian Bureau of Statistics, 1998: 9). Also, if tertiary-educated men are similar to tertiary-educated women, they tend to marry later and less often than other men.<sup>2</sup> However, one of the men from ADFA, Nigel, describes himself and his girlfriend as ‘engaged’ and planning to ‘settle down’ together.

Roughly half are consistent condom users, while the other half use condoms only rarely. The men I categorise as consistent condom users are: Chris, Declan, Elliot, Greg, Jim, Macca and Roger. The inconsistent users and non-users are: Adam, Curtis, Dave, Jake, Nigel, Oliver, Ronald, Scott, Tim and Tristan. Tristan used intravenous illegal drugs once and did not share needles, and this compares with national survey data which shows that around one or two percent of Australia’s population have used illegal drugs intravenously.<sup>3</sup>

I intended that my study would be open to, but not aimed at, men who have had same-sex sexual experience. Four of the men interviewed have had consenting male/male sex (although all ticked the box marked “heterosexual” on the questionnaire given to initial respondents). Adam mentions some episodes of mutual masturbation with a male friend at age 13, and Jim mentions an encounter at a similar age where he and a male friend “went at each other”. At age 13 or 14, Tristan had a sexual encounter with a male friend after school, involving oral sex, receptive anal intercourse and an attempt at insertive anal intercourse. Such instances of male/male sex are a common aspect of male homosocial relations in adolescence.<sup>4</sup> Tristan also had an experience of homosex in adulthood, as did Greg

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<sup>2</sup> Loane, Sally and Horin, Adele 1998 “Most still tie the knot, but much later”, *Sydney Morning Herald*, 20 April

<sup>3</sup> A nationally representative study of secondary students in years 10 and 12 in 1997 found that two percent had ever injected drugs, and the majority always used a new needle or syringe (Lindsay et al., 1997: 44). The 1995 and 1998 National Drug Strategy Household Surveys offer prevalences of 1.3 percent and 2.1 percent respectively for ever having injected any illegal drug and 0.6 percent and 0.7 percent respectively for having done so in the last 12 months. The surveys are considered to be representative of Australians aged 14 years and over who live in households (Anthony Smith, pers. comm., 24 August 1999).

<sup>4</sup> Adolescent male homosex has been documented in various sexological works for over 50 years, with Kinsey et al.’s 1948 work a notable early one., Hite’s (1981) survey in the U.S.A. found that 43 percent of respondents had as children or teenagers had some sort of sex with another boy (Hite, 1981: 45).

There has been little sophisticated theorising of adolescent male homosex, but Gary Dowsett’s PhD thesis provides a striking exception. Dowsett describes for the city of “Nullangardie” a sexual milieu involving collective and ritualistic sexual activity among young working-class boys. This homosex

who describes an episode when he and a gay male friend went out drinking, got very drunk, and attempted to have anal sex. Tristan reports a brief 'oral sex relationship' at age 19, with an ex-teacher from secondary school.

Adam, Jim and Greg now all have stabilised heterosexual identities and their recent sexual practice is exclusively heterosexual. Jim's and Adam's homosex was confined to early adolescence. Although Greg's single episode did occur in adulthood, he says that immediately afterwards he was 'disgusted' and deeply unsettled, he 'freaked out' that he had contracted HIV, and he describes it as 'against his identity' and 'the most horrible gender identity thing he ever had in his life', suggesting that he is unlikely to engage in further homosex. Tristan's case is more complicated, in that he reports that he often fantasises about homosexual sex and at one point describes himself as "primarily heterosexual with bisexual leanings".

Three men in the study reported being subject to unwanted sexual attention. Male-male sexual assault is an increasingly well documented aspect of young men's experience, and studies of American male college students have found prevalence rates from 4.8 percent to 28 percent (Hopper, 1997). Two of the interviewees left out these experiences when giving their sexual histories and when responding to my question about having been pressured into sexual activity, and their stories emerged only in relation to other topics. Oliver said that while travelling in Scotland at age 18, he accepted a lift on a boat from an older man, and the man then made unwanted sexual advances towards him (which he was able to fend off). Macca at about age 13 had a man 'try to crack onto him' when he and a mate had 'crashed out' at the man's house one night after smoking hashish. In reporting his intense discomfort with gay men, Nigel briefly revealed that this is informed by an experience of sexual assault. Presumably the perpetrator was a man whom Nigel perceived to be gay, and his antipathy to contact with gay men is immovable and intense.

Three points arise from consideration of these histories of male-male sex. First, such incidents among heterosexual men are symptomatic of the intricate and sometimes contradictory relationship between sexual identity and sexual practice. Second, male-male sex is one form of heterosexual male sexual practice which is often hidden from collective or 'public' view. The men in my study who reported

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occurs within a discursive silence, a place where substantive definition (e.g. into the category 'gay') has yet to occur, with "systematic, yet strangely *incoherent* anti-sexual discourses informing and shaping these boys' practices, which render homosexuality as a silent domain of pleasure and transgression" (Dowsett, 1992: 311).

participation in homosex generally had told no-one about this, and such histories were not discussed, let alone celebrated, in the ways typical of their heterosexual histories. Other aspects of male sexual lives also are frequently hidden, such as Tristan's history of indecent exposure (which eventually involved a criminal conviction) and Greg's sex with sex workers. Finally, in terms of the HIV and STI-related risk to heterosexual men of unsafe sex, one source of this risk is other men.

## **Context and culture**

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People's sexual relations are organised in part by their local contexts and communities, by personal and social networks, and this organisation is the subject of growing attention in the AIDS and sex literature (Campenhoudt et al., 1997; Laumann et al., 1994). The social networks in which sexual actors are embedded

offer both possibilities for and limitations on formation of sexual ties, provide an audience for the formation and maintenance of these, and legitimate particular sexual activities (Laumann & Gagnon, 1995: 198).

Fifteen of the 17 interviewees participate in institutions where young adults (that is, aged 18 to 25) are the numerical majority of members: a civilian university, an art school, and a military university. Of these, ten men are undergraduate students at the Australian National University (ANU), as well as residents of a student hall located on campus. Four are undergraduate students at a military university, the Australian Defence Force Academy (ADFA), and reside on the campus as do all cadets there. Thus, these fourteen men work or study, eat and sleep within these two institutions and pursue social and sexual relations largely with these institutions as their base. One man is a student at the Art School, but lives in a shared household elsewhere. Finally, two men, both unemployed, are regular visitors to the Westside Youth Centre, through which they were contacted for this research.

Tertiary education for many students signals a substantial increase in their geographic, social, sometimes economic and often sexual independence. For many it is their first experience of living away from their parents and family and from the sociosexual restraints these may entail. Students from the ANU, ADFA and the Art School work and circulate (and perhaps live) among a large number of people of a similar age, where occasions for flirting and sexual interaction are readily available. Although such processes also occur in secondary school and among teenagers and young adults in general, campuses represent a milieu free of direct parental control, less subject to social and institutional constraints on young people's sexual activity

than are schools, and with large numbers of eligible sexual partners. The presence of same-age peer and friendship circles facilitates students' forays into nearby pubs and clubs. These remarks are especially true for heterosexual sexual activity, while same-sex sexual relations are subject to informal but harsh sanction.

Particularly for those who live in the residential halls and colleges of university, as well as those who visit, campus life offers a highly organised series of official social events and informal parties, in Orientation Week (the first week of the university year) and throughout the year. At the ANU and the Art School, Orientation Week represents an intensified form of socialising in which alcohol consumption and sexual activity are important. Student clubs and societies, concerts and other events, and general interaction in the array of social spaces on the campuses offer a multitude of opportunities for social and sexual interaction. This means that an individual's entry into college culture can signal an important shift in his or her social and sexual relations. Scott's move from rural New South Wales to university and particularly into Stromlo Hall involved a substantial increase in his drinking alcohol, socialising, trying to 'pick up' and having casual non-genital sexual encounters with women in nightclubs. Thus the ANU and the Art School, as well as university halls and colleges in particular, represent a special kind of sociosexual milieu which facilitates the pursuit of both casual and regular sexual relations and the activities (parties, consuming alcohol and other drugs) through which these are often organised.

This is not to say that all students participate in the culture I have described. Participation is structured not simply by the individual's propensities but by social relations of race, class, sexuality and gender. One of the men interviewed, Greg, talks of being invited by other white male students to social events simply on the basis of his whiteness. He and other residents of Stromlo Hall note that international students from non-English-speaking backgrounds only rarely participate in the mass socialising for which the "in crowd" is notorious.

The Australian Defence Force Academy (ADFA) is a military university which trains officer-cadets for all three arms of the defence force: the army, navy and airforce. As a co-educational university, it shares many of the characteristics of the two civilian campuses. But it involves much more intense patterns of formal control of its students' conduct, military hierarchies between students and staff and among students themselves, and a pervasive military culture.

Jim and Dave are only minimally embedded in these kinds of highly structured environments. The Westside Youth Centre is a small house-sized

building near a major shopping centre, and provides an important location for socialising and interaction for young unemployed people in the area. However, the centre does not have an organising influence on their lives to the same extent as the three universities have on their students. Dave and Jim can visit Westside Youth Centre only during the day, alcohol and other drugs cannot be consumed on its premises, and it is supervised by youth workers. Nevertheless, the character of the participants in the youth centre and their interaction has some influence. For example, Dave (aged twenty-five) says that most of the young women who frequent the centre are almost a decade younger than he, and thus “too young” in his eyes to be eligible sexual partners. This, combined with his seeming shyness and social awkwardness, probably makes sexual interaction less likely, and the range of his sexual experience is very limited (two episodes of intercourse, three and four years ago). The other man recruited from Westside Youth Centre, Jim, has more extensive sexual experience.

My empirical approach does not allow a thorough documentation of the “gender regime” — the state of play in gender relations (Connell, 1987: 138) — of the institutions from which the men were recruited. And there is little Australian research on young people’s cultures in tertiary education or in youth centres. Nevertheless, there is some evidence that hierarchies of gender permeate college life at university as they do most social arenas. One practice symbolising this at the Australian National University is the phenomenon of “Fuck a fresher”. This describes the ‘sport’ among older-year male students of attempting to have sex with as many first-year female students as possible, where such women are seen as vulnerable targets of their sexual advances (Farrell & Cooney, 1995). Elements of the practice include tallies of first-year conquests, bets as to who will be the first to have sexual relations with a particular first-year woman, the bestowing of nicknames on first-year women, and the creation of lists and surveys rating women’s attractiveness. “Fuck a fresher” is institutionalised as one of a series of humorous “awards” given to Stromlo Hall residents by other residents at the end of each academic year and included in the Hall yearbook.

Australian military culture has been subject to a number of investigations, in part as the result of a series of scandals involving bastardisation, sexual harassment and sexual assault.<sup>5</sup> These inquiries demonstrate findings similar to those suggested

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<sup>5</sup> See Agostino (1997a, 1997b), Burton (1996), Garton (1998), Moore (1993), Pettman (1996), Senate Standing Committee on Foreign Affairs, Defence and Trade (1994), Smith and McAllister (1991), and Walbank (1992).

by the testimony of the four male interviewees from the Australian Defence Force Academy (ADFA). At both formal and informal levels, ADFA is deeply hierarchical, masculine and homosocial. Historically it is a male-dominated institution. The entry of women into its ranks over the last decade, such that they comprised 48 percent of the student intake in 1998, has been greeted by many male cadets and staff with resistance and hostility. Many men in the Australian Defence Force oppose women's broader participation, especially because of women's alleged disruption to male bonding (Burton, 1996: ES-7). Relations among male cadets at ADFA involve a culture of mateship built on sexism and homophobia, masculine banter, and an emphasis on stereotypically masculine exploits (including military training itself, as well as drinking alcohol and 'picking up' women). Very close relations among men are deliberately forged through the training processes of ADFA. Large numbers of men live and work together and cadets train and compete as groups, such that in these hothouse conditions an intense male bonding quickly develops. As Clare Burton reports,

The 'lads' factor, the belief that it is appropriate for masculine values to dominate military environments, still prevails within the cadet community and is, in the view of some, condoned by the military hierarchy at the Academy. (Burton, 1996: ES-13).

ADFA, and the Australian Defence Force more generally, represent an environment dominated by male standards and masculine values, in which the 'male warrior' is the model of success, a model which excludes many women and some men (Burton, 1996: ES-16). Although not all male cadets at ADFA subscribe to the culture I have described, all live in its shadow.

I cannot comment on the sexual and gendered culture of the Westside Youth Centre, as there is little or no research on such contexts. In addition, the two men's sociosexual lives are less focused on the youth centre than are the other interviewees' lives on their respective contexts, so there is less reason to make such claims. There is some evidence however that homeless young people (an important clientele of youth centres) are at greater risk of HIV/AIDS than home-based youth, with one Australian study finding that homeless youth practise higher levels of risky sexual behaviour, do so with more sexual partners, and are more likely to engage in drug use and needle sharing (Rosenthal, Moore & Buzwell, 1994: 87-91).

The contexts I have described facilitate various forms of sexual interaction, but they also involve the official delivery of safe-sex education. Students are provided with HIV/AIDS and safe-sex education in the handbooks given to all first-year students at the ANU and the Art School, in the student newspapers, via

workshops in the halls and colleges, and through assorted pamphlets, posters and stickers (Keany, 1994). Although most students will already have been exposed to this information, given the widespread adoption of safe sex education in Australian secondary schools, university provides a further dose of such messages. In terms of safe sex, Orientation Week is a contradictory phenomenon. Its formal 'curriculum' includes safe sex education, but other practices and processes during the week — and especially the combination of sex and alcohol — may increase the likelihood of unsafe sex. AIDS education is an aspect of the induction of students (cadets) at ADFA, although to a lesser extent than at the other institutions. Safe sex and AIDS education materials are a normal aspect of the Westside Youth Centre. I do not document this education in detail, as I am concerned with the understandings which the men themselves offer.

## **Knowledge and significance of HIV/AIDS**

As with all information, people make sense of HIV/AIDS and "safe sex" in terms of pre-existing understandings. Wilton and Aggleton comment that in

the case of AIDS the conceptual matrix into which safer sex information must be fitted includes not only lay beliefs about the origins, aetiology and effects of the syndrome but also socially, culturally, ethnically, religiously and politically specific significations of sexual desire and practice. (Wilton & Aggleton, 1991: 149–150)

People interpret safe sex advice to fit in with their own attitudes and behaviours, and may interpret their own behaviour such that it conforms to only part of the procedure for being safe. Men may use condoms only for ejaculation, or men and women may forego condoms but focus on 'knowing' their partner or selecting partners carefully (Woodcock, Stenner & Ingham, 1992: 243; Browne & Minichiello, 1994: 237). In addition, accurate knowledge of HIV/AIDS is no guarantee of safe sex behaviour, and it is now widely recognised that there is a complex and partial relationship between knowledge and behaviour. Saying that an individual has 'good knowledge' of AIDS says nothing about the personal significance that person attributes to AIDS or their degree of concern about AIDS.

The interviewees, like most young people in Australia (Rosenthal & Reichler, 1994: 34), mostly have a good general knowledge of HIV/AIDS. Most were able to identify correctly the main routes of HIV transmission, gave reasonable definitions of safe and unsafe sex, and avoided common myths about HIV or AIDS. Slightly fewer made the distinction between HIV and AIDS. Two of the interviewees however showed poor or inaccurate knowledge of HIV/AIDS. More generally,

some of the men construe AIDS through understandings which allow them to distance themselves from the issue, such as the safety of the 'heterosexual community'. I explore such understandings in Chapter Eight, and here I concentrate on factual inaccuracies in the interviewees' knowledge.

Oliver and Tim offer comments on HIV/AIDS which are factually incorrect, and both men are highly active sexually. Tim's AIDS knowledge is patchy, he appears unaware of a distinction between HIV and AIDS, and he asks if it is a foregone conclusion that one will get "AIDS" if one has sex with an HIV-positive person (and an earlier comment suggests that he had assumed this). But most worrying was this comment: "I *heard*, this was only furph [rumour], that ah, you *can* get it through the air. But I don't know if that's true. I honestly don't oh, well tough shit if you can though." Although Oliver's HIV/AIDS knowledge is reasonable, he says that HIV transmission is possible during anal intercourse with condoms.

For some people there is a confusing gap between the often vague instructions and rules of AIDS education and the messy realities of sexual episodes. Declan "flipped out" after his first episode of intercourse, with a condom and in a casual sexual involvement, and one aspect of this concerned the oral-vaginal sex he had practised: "oh shit, what kind of things can you get from doing that and could I have got AIDS from that?" Declan says that he was asking "very naive questions 'cause it was my first time and I didn't really know". These questions included: What is the risk in touching the condom and then touching somewhere else that has a cut? What is the risk in 'going down on' a woman? Do cuts in the mouth make a difference? Such questions show that in terms of lay understandings and interpretations of safe sex information, a simple emphasis on the "exchange of bodily fluids" in AIDS education leaves ambiguities in dealing with the realities of sexual practice. Declan's questions are not "naive", but sensible and indeed common responses to the simplifying character of much AIDS information. Research among gay men shows similar issues, in that some gay men interpret "body fluids" to mean only the presence of perceptible volumes of blood or semen (Richters, 2000)

Among the seventeen young heterosexual men, HIV/AIDS generally has a low personal significance. I gauge this in terms of the extent to which the interviewees spontaneously mention HIV/AIDS in describing their sexual experiences and history and attitudes towards sexuality, as well as through their direct responses to questions. HIV/AIDS is a matter of personal concern for five of the interviewees — Macca, Greg, Roger, Elliot and Declan — and this concern

does not necessarily correspond to personal contact with HIV-positive people. Of these men only Macca and Greg have had such contact, whereas Scott lost a relative and Jim lost a friend to AIDS and both now give AIDS little importance. In other words, concern about HIV and personal contact with the virus do not necessarily correlate.

There appear to be different paths through which these men came to their concern about HIV/AIDS. Macca's mother had a good friend who was gay and whom he saw several times before the man's death from AIDS. Greg is a friend of several people involved in the local AIDS Council, has had three sexually transmitted infections (STIs), and has also been exposed to progressive communities and ideas of sexuality and gender through his alternative schooling, gay networks, drug culture and feminism. For neither man do such experiences and involvements entirely explain their sense of the significance of HIV/AIDS, but they are important. Maternal influence is important for three men. Roger's mother has been a significant influence on his attitudes and practices. This has occurred directly through advice on sex (and drugs), and indirectly through her own attitudes and his awareness of her work as a TAFE counsellor. Roger has had positive and long-term contact with gay men, through a gay couple who were good friends of his family and through a gay friend in Hobart, and this may have contributed to his familiarity with safe sex concerns.

Young heterosexual men may show a commitment to condom use and a high degree of concern about STIs including HIV without any personal contact with STIs or the AIDS epidemic, let alone contact with or sympathy for gay communities. Elliot is committed to condom use, representing this as intended to avoid pregnancy in particular, but also STIs including HIV. Again maternal influence is a factor, with Elliot describing his mother's "paranoia" that he would get a young woman pregnant, which he both resented and heeded. Elliot's desire to avoid STIs is so strong that he will take precautions even when the likelihood of STI transmission is extremely low. With the second woman with whom he had intercourse, he used condoms to avoid 'taking any chances', even though she was on the Pill and a virgin, while he had only had safe sex before and his STI tests were negative. In his most recent relationship, he continued this practice of condoms plus the Pill, where his partner again was a virgin, and he had been tested for HIV and STIs.

Declan too has no personal experience of HIV/AIDS or STIs. His parents see him as a "root rat" who will have sex with anyone (and he has not told them otherwise), and they are also conscious of his older brother's sexual activity. They

assume the same of him although ‘their views are blown out of proportion’. In this context, his mother encourages him to use condoms: “mum is forever telling me: just be careful, it’s your life, but just be careful. You can do what you want, wear a condom type of thing.”

Scott’s experience suggests that young heterosexual men can even have a relative die of AIDS, affecting them profoundly at the time, and continue routinely to practise unsafe sex. When Scott was about seventeen, his uncle died of AIDS. Scott went to the “AIDS hospital” in Sydney to visit his uncle, “a skeletal structure with skin, and it just really really freaked me”, and attended the funeral, which “scared [him] a lot more”. For “a long time” he resolved to have sex only within marriage where both partners had been tested. Scott says that he does not know whether his uncle, whom he describes at one point as “part gay” and later as “homosexual”, received HIV from sex with a woman or man. He notes that the uncle’s family tried to cover up that his death was AIDS-related and that he was homosexual. This experience of his uncle’s having and dying from AIDS was a central source of Scott’s AIDS knowledge, and Scott’s mother gave him pamphlets to read. These experiences were also important, Scott reports, in diminishing his own homophobia. Scott’s sense of and fear about the presence of “diseases” also was encouraged by the *Orientation Handbook* when he first arrived at university, as this includes information on STIs, AIDS and safe sex.

During my first O Week I read the whole of the O Week manual and read about all the diseases and all the drugs and I’ve gone, god I’m going [little laugh] to have a very solemn life here, I’m just going to sit in my room and study. But then O Week happened and [little laugh], that was all thrown out the window

When Scott entered university and residential college life, his earlier resolve to avoid premarital sex with HIV-untested partners dissolved, and he became regularly involved in casual sexual relations. Scott says that he has “become a lot less careful” and is less worried about AIDS, while “I know it’s there and it still scares me and, it’s something I guess I’ll deal with.” In other words, the sociosexual relations and understandings of Stromlo Hall and perhaps university life in general had a substantial impact on Scott’s sexual practice.

In contrast, another interviewee’s entry into university coincided with his adoption of safe sexual practice. Although Jake had practised unprotected intercourse at age 15 and at the end of Year 12, his “whole attitude had changed” between the end of Year 12 and the middle of first-year university and condoms were ‘just something that I insisted on from the very start’. Jake now sees condoms as “essential these days”, but especially for casual sex and the “beginnings” of

relationships. Explaining this, Jake emphasises the “huge focus” on safe sex during Orientation Week and in the colleges, the ‘promiscuity of college life’ and the fact of previous STI ‘scares’ and ‘outbreaks’ in student residences. Scott’s and Jake’s contrasting trajectories are the expression not simply of the contradictory character of Orientation Week and university life, but of the multiple forces in individual men’s lives which shape their sexual practice.

It is not surprising that the men in my study, like most heterosexual men and women, see themselves as at low risk of contracting or transmitting HIV, given the local prevalence of HIV and AIDS. In 1996, the year in which the interviews were conducted, there were seven male and one female new diagnoses of HIV infection in the Australian Capital Territory (ACT). In the 13 years from 1984 to 1996, there were a total of 176 male and 18 female HIV transmissions in the ACT (NCHECR, 1997a: 15). Of the 151,413 females resident in the ACT in 1996, perhaps there were about 18 women who were HIV-positive, although this figure does not take account of the fact that HIV-positive women may move in and out of Canberra and men find sexual partners while travelling in areas of higher HIV prevalence. The ACT has a cumulative rate of 63.1 diagnoses of HIV per one hundred thousand of the population, which is lower than New South Wales (at 208.1) and Victoria (at 81.8), but higher than the remaining states. Cumulative to 31 December 1996, 1.2 percent of Australian AIDS cases (seven female and 80 male) were diagnosed in the ACT (ibid: 9). Up to and including 1996, there had been only two female deaths and 52 male deaths following AIDS, again one percent of the Australian total.

Given Australia’s social patterning of HIV/AIDS, many exclusively heterosexual men and women simply do not have personal contact with the epidemic, whether this means having a sexual partner who is HIV-positive, knowing a person living with HIV or AIDS (a PLWHA), caring for a PLWHA, or working or volunteering in an AIDS organisation. For example, in a 1990 survey of 1008 heterosexual students aged 17–20, 93 percent did not know a person with AIDS, 95 percent did not know an acquaintance with AIDS, and 98 percent did not have a relative with AIDS (Moore & Rosenthal, 1991a: 173). To be a gay-identified man in Australia in the late twentieth and early twenty-first centuries unavoidably is to live with the epidemic, and this simply is not true for heterosexual men and women. This evidence for Australian young people’s lack of contact with and proximity to people with AIDS is repeated in studies among British young people (Gold et al., 1992: 320; Woodcock, Stenner & Ingham, 1992: 243), but not among American undergraduates (Lear, 1995: 10).

At the same time, people typically have incomplete knowledge of such factors

in their communities. HIV-positivity and other STIs are relatively invisible and stigmatised; sexual practices and the intravenous consumption of illicit drugs are privatised; homosexual and casual and adulterous sex are taboo in various ways and to varying degrees; and people's perceptions are always partial and both constrained and enabled by their particular social location. The actual prevalence of HIV and of the practices through which it is transmitted do inform people's assessments of their HIV-related risk or safety, but always in ways which are mediated by cultural and personal frameworks of meaning.

### When 'naughty boys' disobey AIDS education

Scott's account provides an example of the way in which an individual can be fully aware of AIDS education messages and be willing to ignore them, via constructions of a 'disobedience' which take away their moral weight. Scott described himself as a non-condom user in the first interview — "I don't use condoms, I know that's terrible, I'm a naughty boy" — and literally slapped his wrist with his other hand as he said this. I asked about this in the follow-up interview.

I don't know I guess, expectations are put on, people to be, I don't know, I'll associate, wearing condoms with being good. So, you're expected to be good when you have sex because of the diseases going around and because of pregnancy and things like that, so I guess, if I'm *not* wearing a condom I'm a naughty boy. And I slap myself on the wrist because it's naughty to do things like that. [...] Just with all the advertising, preventative advertising and stuff like that. Ah, the fact that there's a mobile AIDS education unit and, people are out there talking about it. [...] It's just, it's *everywhere*, it's in your face, and you sort of feel bad if you don't, try and use a condom [...] but if you use a condom it doesn't turn out to be as good as you want it to be so there's no point having sex in the first place.

MF: So, do you *actually* feel like a naughty boy?

[sighs] Um...

MF: Or you just know that you know-

Considering I've been a lucky son of a bitch and nothing's gone wrong by not using condoms I guess I feel more, invincible than naughty [laughs]. But, I figure if I get caught I'm going to think, you idiot, if something does happen. So in some ways. I guess it depends on how you define naughty as well but, yeah. I feel kind of, naughty socially, socially irresponsible by not wearing condoms, how about that.

MF: But it sounds like, among your friends, you're pretty normal?

Yeah, I mean among my friends, but my friends aren't normal. [little laugh] We're a pretty weird bunch. Uni students, yeah. I think we're

outside of the average.

Being “naughty” carries little moral weight for Scott. This is suggested first by the word itself, one more appropriate to a child’s infraction of some minor rule than to risking STI transmission and unwanted pregnancy. Similarly, Oliver says that he and his partner were “naughty once” in having intercourse without a condom. The element of “boy” is also important, allowing Scott to further minimise the moral weight of prophylactic responsibility, by representing himself as someone whose typically adolescent male recklessness is only to be expected. Scott in the passage above says that he associates “wearing condoms with being good”. Like the “naughty boy”, this suggests restrictive moral codes delivered from above (e.g. by adults or the authorities in the form, ‘be a good boy’), codes which can be violated with little sanction. ‘Being good’ may be at odds with Scott’s sense of sexual relations themselves, relations which involve ‘naughty’ exploration and transgression rather than the obedient following of moral codes.

The phrase “naughty boy” turns up in two other contexts, where its use gives further clues as to its significance. Scott says that when he discusses his sexual exploits among male friends, he lets them come to their own conclusions about whether he had “sex” (intercourse), and they say, “Ah, you’re a naughty boy, we know what you got up to.” The term “naughty boy” signals Scott’s participation in activities which are naughty *because* they are sexual, and is *positive* in value because of the status gained by such activities. In another context, Scott relates having sex with a woman in a park while he was in a relationship, saying “we did some naughty things”. Here “naughty” refers to the activities both as sexual and as violating Scott’s monogamous relationship, and again there is little sense that “naughty” connotes a serious breach of responsibility or principle. Scott’s sexual practice is already “naughty”, and being a “naughty boy” by failing to use condoms thus gives little impetus to their adoption.

Being a “naughty boy” (in not using condoms) is a relatively trivial matter, and deserves little more than the slap on the wrist which Scott both literally and figuratively administers to himself. Scott’s humorous response to the demands made by AIDS education defuses their moral imperative and deflects their significance. In the quotation above, he further distances himself from censure or conscience by representing ‘naughtiness’ as social rather than personal. This construction of unsafe sex in terms of being a “naughty boy” is similar to a theme documented in Browne and Minichiello’s study, in which informants occasionally referred to condom use as ‘the thing to do’ or ‘what you have to do’, suggesting an external locus of control and the externalisation of responsibility (Browne &

Minichiello, 1994: 246).

### **AIDS versus other STIs**

The research informants generally showed a poor knowledge of sexually transmitted infections (STIs) and blood-borne viruses other than HIV, and they were more likely to recognise some forms of STI (genital warts and genital herpes) than others (chlamydia and pelvic inflammatory disease). These patterns of knowledge are similar to those demonstrated in two studies of secondary schools students and rural young people, and both also showed that young men's recognition of and knowledge about STIs is worse than young women's (Lindsay, Smith & Rosenthal, 1997: 8, 18–19; Hillier, Warr & Haste, 1996: 1). Some men in my study also talk simply of “diseases” without distinguishing between HIV and other STIs or among the various STIs.

Some of the men are more concerned about being infected with HIV/AIDS than they are about being infected with any other sexually transmitted infection. Declan's first experience of intercourse (with a condom) took place four months ago in a casual sexual involvement with a woman called Pam. Although his responses to general questions about condoms suggest an equal concern with “unwanted pregnancy and diseases”, Declan also says that he was “pretty flipped out” after his first sex with Pam because of fears of contracting “AIDS” in particular, rather than other diseases or diseases in general. Pam had had sex before and had had several previous boyfriends, and he thought “oh shit, diseases”. Multiple meanings informed this reaction: AIDS and other diseases are more common in the city and oral-vaginal sex may be unsafe.

You sort of come to the city from a small country town you think: shit, there is AIDS, everything, there are diseases everywhere, be cool, hang back type of thing.

Declan asked Jake about the safety of vaginal oral sex and was reassured that disease transmission was unlikely and only possible under “freaky circumstances”. He was “a bit relieved” but still thought, “oh shit I have to go and get an AIDS test”. The prevalence of HIV and AIDS in rural areas *is* lower than in urban centres, and Declan's perception has some basis in fact. At the same time, it resonates with other logics of ‘the city’ as a site of danger and disease.

Declan confirms that in terms of “diseases”, his was a worry about AIDS in particular;

Like I guess you can describe it as I didn't know of any other diseases... I am not real sure, but you can die from AIDS and that was

my big worry. Shit I could die from this. As for the other disease, well I knew that Pam was like, she has a decent head on her shoulders, I mean, she wouldn't compromise herself, so I was sort of... that was cool.

Declan's greater concern about HIV/AIDS than other STIs is constituted in part through AIDS' *fatal* character. His comments also reveal a contradictory logic in which Pam is sensible enough to avoid other STIs, but not AIDS. This too may speak of the significance of AIDS, perhaps in terms of an idea that while other STIs are avoidable, AIDS is powerful and virulent enough that even those with 'decent heads on their shoulders' may be compromised.

Young heterosexual men are more likely to contract an STI other than HIV and they are more likely to come into contact with people infected with STIs other than HIV. As Table I shows, rates of HIV infection in the ACT are much lower than rates for other STIs. I focus on incidence in 1996, the year in which the interviews were conducted. I omit several other important diseases which are commonly or usually spread through sexual contact but which are not subject to national surveillance through the National Notifiable Diseases Surveillance System (Curran et al., 1997: 293).<sup>6</sup>

Table 1.

Incidence of sexually transmitted infections in the ACT, 1996

| Disease or virus      | Number of ACT diagnoses in 1996 | Rate per 100,000 of the ACT population |
|-----------------------|---------------------------------|--|
| (in descending order) |                                 |  |
| Hepatitis C*          | 280                             | 93.6                                   |
| chlamydia             | 119                             | 36.8                                   |
| Hepatitis B*          | 102                             | 34.1                                   |
| Hepatitis A*          | 62                              | 20.7                                   |
| genital herpes        | 40                              | 13.4                                   |
| gonorrhoea            | 18                              | 6.0                                    |
| syphilis              | 14                              | 4.7                                    |
| HIV*                  | 8                               | 2.7                                    |

\* = Viruses which can also be transmitted through non-sexual means.

SOURCE: Australian Bureau of Statistics 1996 Census of Population and Housing, National Centre in HIV Epidemiology and Clinical Research (1997), Halliday and Petersen (1998).

Teenagers in Australia make up only 2.1 percent of those infected with HIV in

<sup>6</sup> These include genital warts (human papilloma virus), trichomoniasis, cytomegalovirus and parasitic infestations such as pubic lice and scabies (Curran et al., 1997: 293).

Australia and under one percent of the total number of AIDS cases (Lindsay, Smith & Rosenthal, 1997: 11, citing NCHECR, 1997b). On the other hand, young people are at high risk for STIs. In Australia in 1996, sexually active people aged 13 to 19 accounted for 23 percent of chlamydia cases, 20 percent of gonorrhoea cases, 15 percent of acute hepatitis B infections and 14 percent of syphilis cases (ibid: 11). From Victorian data, while young people aged 13–19 represented only 12 percent of the Victorian population in 1995, they accounted for 33 percent of those diagnosed with genital warts and 18 percent each of those diagnosed with genital herpes and with non-specific urethritis (ibid: 11, citing Stevenson & Rodger, 1997).

The pattern of higher prevalence of sexually transmitted infections other than HIV is likely to be repeated in the four sites from which the interviewees for this study were drawn. For example, at the university, over the period from April 1995 to April 1997, not one HIV-positive (or Hepatitis A/B/C-positive) student came to the attention of the campus AIDS worker, who said that other STIs such as the human papilloma virus (warts), chlamydia and NSU are much more common here (Stephen Lawton, pers. comm, February 1998). Only three of the interviewees had knowledge of having contracted an STI: one each from the ANU, ADFA and the Westside Youth Centre.

Declan's example suggests the way in which HIV/AIDS can have a disproportionate weight in young people's understandings of sexual health and risk. Young heterosexually active people in Australia overestimate the likelihood of contracting HIV and underestimate the likelihood of contracting other STIs. For example, secondary school students seem to believe that it is only *slightly* more likely that they will become infected with an STI (excluding HIV) than that they will become infected with HIV.<sup>7</sup> The reality is that they are *much* more likely to contract and transmit an STI other than HIV.

The disproportionate primacy given to HIV/AIDS over other STIs is the result of three factors: the emphasis in sexual health education on AIDS; an intense moral panic regarding AIDS which does not exist at present for other STIs; and the character of AIDS itself as fatal and inexorable.<sup>8</sup> Sexual health education in the late

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<sup>7</sup> Among Year 12 students in 1997, 4.7 percent of males and 6.9 percent of females saw themselves as likely or very likely to become infected with HIV, while 8.9 percent of males and 14.1 percent of females saw themselves as likely or very likely to become infected with an STI (Lindsay et al., 1997: 42–43). Similar figures are evident for the Year 12 students surveyed in 1992, young men and women who would then have been roughly the same age as the men I interviewed in 1996.

<sup>8</sup> The perception of AIDS as fatal and inexorable recently may have diminished, as advances in the late 1990s in the use of Highly Active Anti-Retroviral Therapy (HAART) or combination therapies prompt some now to describe AIDS as a manageable condition rather than a death sentence, at least

1980s and 1990s prioritised HIV. Other sexually transmitted infections were neglected and seen as relevant only for indigenous Australians, and a generation of young people has missed out on education about non-HIV STIs (Bonfiglio, 1999: 31–32). HIV prevention programs initially had the spin-off effect of reducing STI transmissions, but there have been dramatic increases in some STIs since the mid-1990s.

All three factors were combined in the “Grim Reaper” campaign, the first major national AIDS education campaign which was broadcast on Australian television in 1987, when the men in my study had a median age of 12. This depicted a skeletal and scythe-carrying grim reaper, the medieval figure of death, aiming a bowling ball at collections of people in rows, who were knocked over and shown lying as if dead. The campaign was controversial in its use of ‘shock tactics’ and images of death, decay and fear to raise awareness of HIV/AIDS risk (Tulloch & Lupton, 1997: 40). The “Grim Reaper” campaign raised public awareness of the issue of HIV/AIDS, stimulated substantial increases in HIV testing and requests for information, and remained highly memorable among the Australian public. However, there were varying responses to the campaign on a more personal level (ibid: 135–146). One common response was fear and anxiety, which is echoed by some of the men interviewed in my study.

The effectiveness of such ‘scare’ campaigns in prompting long-term attitudinal and behavioural change towards safe sex is debatable (Tulloch & Lupton, 1997: 135). Nevertheless, campaigns such as the “Grim Reaper” are likely to have contributed to young people’s over-estimations of HIV risk and under-estimations of STI risk. Paradoxically, it remains true that young people in Australia generally do not see themselves as being at risk of being infected with HIV *or* other STIs (Lindsay, Smith & Rosenthal, 1997: 41–42).

## **From here to paternity**

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In *Engendering AIDS*, Tamsin Wilton contends that sexual reproduction forms the keystone of hegemonic narratives of gender and sexuality. Women’s role in bearing and caring for children is central to the construction of femininity. And

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in developed countries where there is some access to such treatments. Others are more sceptical of such claims (Batrouney, 1999). Among gay men there are complex and contradictory responses to the availability of combination therapies, but they have contributed to shifts in the meaning of AIDS and HIV-positivity and in sexual practices and sexual cultures (Nicholson, 1997; Rosengarten, 2000).

for men, fathering a child is the ultimate proof of masculinity, while financial support of both wife and children is a primary index of masculine status (Wilton, 1997: 73–74). Such constructions of reproduction are a powerful hindrance to safe sex, given that condom use and non-penetrative sexual practices prevent pregnancy.<sup>9</sup> My research documents that there are other ways of constructing fatherhood, shaped by men's life-stage and economic position. Young men express a fear of premature fatherhood, often couched in terms of the financial burdens of either parenthood or child support. Young men, like young women, may wish to postpone parenting until they are older, in more established sexual relationships, financially secure, and/or more emotionally and intellectually mature.

The young heterosexual men in my study all are concerned about the possibility of getting their sexual partners pregnant. They frequently couch this in terms of their unwillingness to become fathers, especially at this stage in their lives, while some emphasise the financial and emotional burdens of unwanted fatherhood. The men are more worried about pregnancy than they are about HIV or other STIs. About one-third of the seventeen men interviewed represent the prevention of pregnancy as of primary importance, over and above the transmission of STIs, and none represent STIs or HIV as significant and pregnancy as insignificant. None of the men to their knowledge had ever impregnated a woman, but one had undergone a 'pregnancy scare'. Although I did not ask questions focused on pregnancy, the issue often arose in talking generally about prophylaxis and in detailed accounts of sexual history.

Pregnancy was a pressing fear for Elliot during secondary school, such that his fear of 'screwing his life' was a counter-weight to his interest in 'screwing some chick'. In year 11 of secondary school, while a couple of his friends had had intercourse with their girlfriends, Elliot was more cautious;

at the time I think oh yeah I've got to screw some chick or whatever, but then I kept thinking oh what if I get her pregnant, I'm screwed, my whole life's *over*. So at the time I suppose, I was a little paranoid, I knew about condoms and everything like that. Um. But I just thought oh, my luck, you know the condom will tear, she'll get pregnant, um, I really haven't any money to afford an abortion or anything like that, um. And I thought you know, basically, that it would be a big detriment on my life if I had.

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<sup>9</sup> Wilton's claim regarding men is not part of the explanation of heterosexual men's unsafe sex I constructed in Chapter Three using hers and others' work. This is because she omits men's investment in fatherhood in the section of her work focused on heterosexual men (Wilton, 1997: 33–34).

Elliot goes on to describe some friends at school who did have sex, with women who were “easy”. These are men who Elliot sees as less smart or ambitious and as having achieved less in career terms, implying that he associates responsible practice in relation to pregnancy with a more general competence in life. He says that he thought, “if she’s pregnant, you’re stuffed”. He supports this assessment with his mother’s words that, “if you get her pregnant you’ve got to pay child support till they’re 18”.

Elliot’s self-described “paranoia” about pregnancy thus discouraged him from having intercourse at all, rather than from unsafe intercourse in particular. By the end of year 12 however, Elliot says that he had “got over [his] paranoia of getting a girl pregnant”, “the chance isn’t that high” and he “better get some [sex] now before I finish school”. This was said in the context of Elliot’s description of his efforts to have sex with a specific young woman, particularly on the night of the Year 12 school formal (a dinner and dance traditionally held at the end of secondary school). Its context also was a culture of male peer pressure to get sex. Nevertheless, this fear of premature fatherhood continues, with Elliot remarking much later in the interview that fear of impregnating a woman is “a big phobia of mine. Because I just keep thinking, oh, 18 years of paying for a kid, you’d be screwed and getting nowhere in life.”

Jim too expresses a desire to avoid pregnancy, which is his primary motivation for condom use. At one point he gives two reasons for his condom use: because he has seen his best friend die of AIDS, and because “I’ve seen too many single mothers around. And that’s enough reason to... stop, like stop going in without a raincoat [condom]”. Jim says that he does not want to have a child at present;

I’d rather find a girl like that, have a *long* term relationship, then get married, then have kids. In that order. I do not want a kid before marriage. ‘Cause my sisters have got kids and they’re not married. And it’s hell. [...] my Dad brought me some, brought me up with the way that, um, to get married before having kids. He brought the girls up that way but the girls didn’t listen. [Laughs] But like, a kid you’ve got for the rest of your life. If you don’t get married and have a kid and the relationship’s stuffed... you’ve got a kid.

Jim’s concerns about pregnancy thus seem to centre on avoiding having an illegitimate child, with his sisters’ counter-example very much in mind. Jim’s is the only account to mention the potentially harmful or limiting consequences of pregnancy and motherhood on the female sexual partner.

My interviews suggest that some young men’s reluctance to father children is

informed by their investment in particular forms of sexual, emotional and economic life. Pregnancy can be interpreted as a terrible outcome which cuts short men's footloose ways and enslaves them in forced fatherhood and perhaps marriage. Pregnancy is young men's "worst nightmare", according to Tim who tells of a mate whose girlfriend became pregnant: "He was forced into it. He was a fuckin', *lad* and now, he's just lookin' after his pregnant girlfriend. Pregnant fiancée."

Although some men construe their partner's pregnancy and their child's birth as proof of men's virility, some young men understand pregnancy as emasculating. Forced fatherhood curtails their occupational and financial independence, as in Tim's story where a man's naval career was "destroyed" by his girlfriend's pregnancy. Wilton's portrayal of the male breadwinner role as accruing masculine status is broadly accurate, but premature fatherhood can work in the opposite direction, in thwarting career ambitions whose fulfilment would also have earned masculine status. As Tim's mention of the "lad" suggests, fatherhood and marriage involve practical, relational and moral responsibilities which can threaten young men's sense of their social and sexual independence. Pregnancy and parenthood require more intense emotional commitments to a partner (and eventually a child) than some men are prepared to make at this stage of their lives.

American data on adolescent males, like the evidence from my study, suggest that the link between fathering and masculinity is less universal than Wilton claims. Only one-fifth of adolescent males in the National Survey of Adolescent Males agreed that fathering a child would 'make them feel like a real man', while two-thirds agreed that an unintended pregnancy would make them "very upset", according to the Federal Interagency Forum on Child and Family Statistics (hereafter the FIFCFS) (FIFCFS, 1998: Appendix D). Teti and Lamb link many adolescent males' ambivalence about fatherhood to aspects of men's identity formation: the avoidance of stereotypically feminine behaviour such as childcare, a drive to establish autonomy which the paternal role may constrict, and adolescent males' limited ability to provide for a partner and baby in a context where providing for one's family is an important index of masculinity (ibid, Appendix C, citing Teti and Lamb). On the other hand, support for Wilton's claim can be found among men in economically depressed communities where, in the context of lack of economic opportunity, sexual prowess and potency can be perceived as an alternative means of establishing masculinity and status. One American study among poor inner-city youths found that young men may desire children to prove their sexual potency, to gain status with their peers or to ensure a next generation when mortality and institutionalisation rates of young males are high (ibid: 6, citing Anderson, 1989).

There has been very little research on men's predispositions towards reproductive behaviours and male attitudes to fathering or parenthood *prior* to childbirth and child-rearing (FIFCFS, 1998: Ch. 3). Some American evidence shows a declining commitment to parenthood among men in general: "men increasingly view children and fatherhood primarily as responsibility and obligation rather than as a source of meaning, happiness, or stability" (FIFCFS, 1998: Appendix B, citing Goldscheider & Kaufman). This has been termed men's 'flight from commitment', the weakening of men's good-provider role, or even "patriphobia" (Ehrenreich, 1983; Pittman, 1993: 250). Contemporary fatherhood has been seen to embody two contradictory trends:

the nurturing, caring, emotionally attuned father who enters fatherhood consciously and performs his duties conscientiously versus those who may not have wanted to become fathers, who deny paternity, who are absent from the home, and shirk their parental responsibility and obligations. (FIFCFS, 1998: Appendix C)

Fear of fatherhood may be connected to typical patterns among men of "psychological and physical estrangement from family life", and the centrality instead of work and employment in dominant definitions of masculinity (White, 1994: 121). It is unlikely to represent a fear of greatly increasing one's responsibility for unpaid domestic work and childcare. Despite a significant shift in parenting attitudes towards the desirability of fathers' involvement, gendered divisions of labour in the home remain very powerful (Dale, 1999). Australian men's actual involvement in parenting and childcare has not increased between 1983 and 1998, and few differences are evident in the average time fathers spent with their children (Gilding, 1994: 113–117; Russell et al., 1999; viii).

### **Assumptions of Pill use**

Some young heterosexual men use condoms not to prevent HIV transmission but to avoid pregnancy and fatherhood. Condoms are an efficient prophylactic against pregnancy, and are often used for this purpose rather than to prevent the transmission of STIs. A survey of secondary school students found that condoms are the most common form of contraception used by sexually active students, and the Pill is the second most common form but is used by less than half the students (Lindsay, Smith & Rosenthal, 1997: 31). Overseas research also demonstrates that condoms are often used for contraception.<sup>10</sup> However, in long-term or regular

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<sup>10</sup> Among young heterosexual people in Britain, condoms are used primarily as contraceptives, but they are rarely the preferred form of contraception (Wight, 1992: 15). Among American young men, 83 percent of those who had used a condom in the last two years said that the reason they had used a

relationships, young men (like young women) commonly rely on the contraceptive Pill. This pattern was evident among the interviewees in my study. Only two of the interviewees, Elliot and Greg, have used condoms as their main method of contraception and/or prophylaxis in a long-term relationship, out of the 12 men who have had long-term relationships involving intercourse. The remainder largely rely on the Pill, while three of the men at times have used withdrawal or the rhythm method.

The detailed accounts given in the interviews reveal four problematic aspects of young men's reliance on their partners' assumed or actual use of the contraceptive Pill. These are not exclusive to regular relationships. First, there is men's assumption that women are using the Pill, either by virtue of being sexually active or because Pill use is seen to be common among the women in their institutions or social circles. Second, there is men's practice of asking or pressuring their female partners to go on the Pill. Third, there is the practice of shifting from condoms to the Pill very early in sexual relationships. Fourth, some men commence unprotected intercourse after they and their partners have decided to adopt Pill use but before the Pill has become effective. On the other hand, several research informants — all of whom are committed to condom use and have not had long-term relationships involving intercourse — were unsure about abandoning condoms in a long-term relationship with a partner on the Pill.

A neat circular logic is evident in the understandings of some of the men interviewed, which goes as follows: "Women who are sexually active or have had previous sexual partners are very likely to be on the Pill. I am going to have sex with this woman. Therefore she is sexually active. Therefore she is on the Pill." The consequence of this logic is that men do not use condoms. Scott espouses this logic, as well as the assumption that Pill use is very common among the women around him, explaining this partly in terms of his belief that women take precautions against pregnancy. Scott has almost never used condoms in his sexual relations, using them only with one partner early in their two-year relationship before she went on the Pill and again later. Tim's framework of risk management is very similar. He assumes that women who do not ask him to wear a condom are even more likely to be taking the Pill, as does his best mate Curtis when having casual

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condom the last time they'd had intercourse had been to prevent pregnancy (Ku, Sonenstein & Pleck, 1994: 250). Ku et al. also state that this may underestimate the importance of STI prevention as a general reason for condom use or for first use in a new relationship, in that the survey question is linked to use with a specific partner and could thus imply that either the partner or the respondent is infected (ibid: 250).

sex with women who “threw (the condom) away or said don’t worry about it”. The four interviewees from ADFA all believe that most women at ADFA are on the Pill

The third and fourth patterns are related to the symbolic status of entry into a “relationship”, and to the meanings of trust and monogamy which relationships invoke. Men’s definition of their sexual involvement as a “relationship” has a powerful effect on their prophylactic practice. Its influence is more important than men’s and women’s beliefs about their respective STI and HIV statuses, the actual efficacy of the contraceptive method to which they turn after condoms are abandoned, and their negotiation of monogamy. I return to the symbolic meaning of a “relationship” in Chapter Seven.

Pill use in heterosexual relationships is not always the product of the man’s initiative or pressure, and women may initiate or suggest a shift from condoms to the Pill. Additionally, men themselves may be critical of Pill use. Greg, now a committed condom user, says that the Pill is “a pretty bad drug” which is “pushed” onto women, and that he would still opt for condom use even if the woman was on the Pill. Oliver has similar objections to the harmful bodily effects of the Pill, and reports that they informed his suggestion to his most recent partner Beth that they use condoms. However, Beth said they should use the Pill (“because she’d like to regulate her periods and maybe reduce some of the pain”), they agreed on the Pill and Beth began taking it. They had their first intercourse in the period before the Pill had become effective and used a condom, but they also had further unsafe intercourse in this period, not to ejaculation. Thus, Oliver’s critique of the Pill has a very different resolution to Greg’s.

## **Conclusion**

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The young heterosexual men interviewed, like young people in Australia in general, largely see themselves as at low risk of becoming infected with HIV. At the same time, some give more importance to the risk of HIV/AIDS than they do to the risk of other more prevalent sexually transmitted infections (STIs), and I have argued that this is the product both of the character of AIDS and of AIDS-focused sexual health education.

I stated in Chapter One that each of the five chapters in Part II documents an aspect of young heterosexual men’s understandings and practices which limits their use of condoms. One important reason why men do not use condoms is that they are more concerned about the possibility of pregnancy and premature fatherhood than about the transmission of HIV or other STIs, and they prevent pregnancy by relying

not on condoms but on women's use of the contraceptive Pill. A similar prioritising of pregnancy over diseases is evident among young rural Australian women (Hillier, Harrison & Bowditch, 1999: 78). Young men's desire to avoid pregnancy sometimes motivates condom use, such that they practise safe sex by default, but this desire is more likely to lead to unsafe sex.

I have argued that young men's concerns about premature fatherhood are linked to their investments in notions of emotionally, sexually and financially independent manhood. They are likely to be influenced also by the latter of two contrasting discourses of sexual health: one focused on safe sex and one on pregnancy prevention. The former emphasises condoms as protection against HIV and other STIs, while the latter emphasises effective contraception and especially the Pill (Lindsay, Smith & Rosenthal, 1999: 190). Although some teenagers confuse these two messages, falsely believing that the Pill protects them from STIs (Lindsay, Smith & Rosenthal, 1997: 31), there was no evidence of such a belief among the (slightly older) men in my study.

## 5.

### **Bodies and sexual choreographies**

To prevent the transmission of HIV when having sex, men must either have intercourse only when wearing condoms or practise non-intercourse sexual acts which do not allow the transmission of body fluids. Both possibilities involve bodies: what they do and how they interact. Using condoms represents a modification of men's physical sexual practice. And condom use requires change in the dynamics of sexual episodes, in that at particular points condoms must be included in a couple's progression through different sexual acts. The men in my study make three main objections to intercourse with condoms: condoms reduce penile sensation, they are difficult to use, and it is hard to incorporate condoms into the flow of sexual episodes. In this chapter I focus on the social organisation of bodies and sexual acts, examining the first and second of these complaints. And I assess a further way in which bodies are implicated in safe and unsafe sex: the structure and sequence of sexual acts, and how these shape men's likelihood of avoiding or modifying intercourse.

#### **Sensitivity and the sensational penis**

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The experience of condoms as physically desensitising is a common emphasis in men's accounts, and widely recognised as a complaint among men, both in academic studies and popular culture (Browne & Minichiello, 1994; Chapman & Hodgson, 1988; Chapman et al., 1990; Pyett, 1991; Ross, 1992; Siegel & Gibson, 1988). It is popularly expressed in the description that having intercourse with condoms is akin to 'taking a shower in a raincoat' or 'washing your feet with your socks on' (Wyn, 1991: 96).

The seventeen young men in my study offer similar assessments. Jake raises "that old analogy" of 'taking a shower in a shower cap' and says that condoms 'decrease sensitivity'. Oliver says of condoms that, "Sex without is far more, physically, pleasant" and that he loses "a lot of stimulation". Tim says that they "definitely reduce the sensitivity" — "there's *no* better feeling than the inside of a girl's, the inside of a female. There's no *better* feeling. So, that, that can't be replaced by a condom." Ronald "hates" condoms partly because of the way in which they detract from feeling, but he stresses the emotional aspect of this:

Because they take away so much feeling [...] I find that the barrier is not only sort of, not so much a physical barrier, but it also has psychological

and emotional implications.

Men's complaints about 'showers in raincoats' are dismissed as "myth" by Johanna Wyn, who writes of condoms' "assumed interference with the pleasures of sex" (Wyn, 1991: 98). Perhaps this dismissal is unsurprising given that such complaints have often been accompanied by men's abdication of responsibility for safe sex and contraception. But some research suggests that condoms have a material effect on men's sensate experience of intercourse. There is an association between their use and increased time to orgasm, although men in one study felt that they could not tell whether sensory alteration was physical or psychological (Browne & Minichiello, 1994: 237). In Juliet Richters' survey of 545 Australian men, about 60 percent of those who had used condoms in the previous year had experienced loss of erection during intercourse with a condom, and more than 60 percent complained of losing their erection while applying a condom (Richters, 1994a).

This raises a question about the constitution of bodily experience. Gail Reekie's 'corporeal feminist' analysis provides a useful guide, and she writes,

Starting from the premise of sexual difference at the level of the body as lived, we can theorise that men construct their sexuality and its meanings out of the connections between biology, consciousness and society. Men interpret their bodily actions and functions (including those associated with sexual relations) both internally through their experience of their imaginary body ... and externally through the culturally determined values and meanings that become attached to their material bodies. (Reekie, 1988: 35)

Men's experience of condoms as 'desensitising' is not the simple outcome of physiological and pre-social sensation, but informed by cultural meanings in a social context. Human beings cannot experience or express their bodies after infancy independently of language and ideas (Ramazanoglu, 1995: 33). Widely circulating notions of the "shower in a raincoat" and condoms as desensitising assist in the constitution of men's experience of condom use as diminishing penile sensation and postponing time to ejaculation or orgasm. Nigel has used a condom for intercourse only once, and yet he describes condoms as restricting and desensitising. Nigel and his girlfriend Ursula briefly experimented with a condom during a session of intercourse, and he reports that he did not enjoy the sex as much and the condom "was very restricting, and took away the sensitivity". Asked specifically what he does not like about condoms, Nigel also mentions the lubricant, the "horrible feeling", the unappealing smell, and again the restricting and desensitising effect. Nigel's description is likely to be as constituted by prevailing understandings as it is through his physiological experience. Indeed, as Holland et

al. comment,

there is no simple conceptual dualism which allows us to distinguish the material, biological, [male] body from the social meanings, symbolism and social management of the socially constructed [masculine] body... (Holland et al., 1994c: 21–22)

The influence of cultural meanings on accounts of bodily experience is evident also in women's complaints about condoms. When women report that condoms reduce their physical sensation, some use metaphors which refer to the sensation of a condom-covered penis rather than to vaginal sensation (Maxwell & Boyle, 1995: 284; Holland et al., 1998: 40–41). This reflects women's internalisation of men's views of condoms (Maxwell & Boyle, 1995: 284) and the privileging of male sexual pleasure (Holland et al., 1998: 40).

R.W. Connell cautions however that bodies are not simply "symbols, signs or positions in discourse", but both the objects and agents of practice (Connell, 1995: 61–64). The social construction of bodily experience should not be emphasised so much that material bodies themselves disappear from view (Ramazanoglu, 1995: 35–38). Nor should the materiality of condoms be ignored. The material presence of a thin layer of latex covering the penis, as perceived by men through their imaginary bodies and available cultural meanings, is itself a factor in men's experience of wearing condoms. Using condoms involves men learning to appreciate different and sometimes less intense physical sensation.

One man interviewed gives a novel spin to the complaint about condoms' desensitising effect. Asked what he dislikes about condoms, Tristan focuses on the way in which wearing them makes it harder to judge his *partner's* sexual arousal and sexual pleasure. Tristan represents his uncovered penis as a kind of gauge with which he can assess the woman's vaginal lubrication and 'tightness', bodily 'tension', personal relaxation and comfort. A layer of latex impairs this measurement, thus impeding Tristan's ability to ensure his partner's sexual pleasure and emotional wellbeing. He comments elsewhere that 'being able to tell whether your penile penetrations are too deep or painful, whether she is very tight or hasn't had sex for a long time, all are very hard while wearing a condom'. Tristan says this is especially so given that he has not used condoms for some time. (He also remarks on the diminishing of his own bodily pleasure.) Tristan's emphasis on women's sexual pleasure is typical of many heterosexual men's accounts of sex in the modern context, in which the production of this pleasure is a key marker of their sexual skill and prowess, and thus of their abilities as male sexual actors. But in Tristan's account, condoms inhibit the production of this pleasure.

Even if one agrees that ‘condoms decrease penile sensation’ in some simple biological way, this in no way decides the issue of condom use. To men’s complaint, some women will rightly say “So what?” In other words, the question is: what weight does one give to this concern? Is men’s right to or experience of penile sensation of such importance that it outweighs women’s preferences for condoms over other forms of prophylaxis, and that it outweighs the need to prevent HIV/STI transmission and unwanted pregnancy? While Greg can perceive a physical difference between intercourse with and without a condom, this ‘doesn’t really make a difference in pleasure’, because one’s “whole body” is involved and not just one’s penis. In saying this, he criticises as “pathetic” the notion among other men that it is a “travesty to actually put [a condom] on”.

Heterosexual men’s complaints about ‘showers in raincoats’ or ‘sensitivity’ demonstrate a privileging of the penis as an important site (and for some perhaps the primary site) of sexual sensation and erotic pleasure. They invoke an understanding which emphasises the production of men’s sexual pleasure via only a small area of their bodies. To the extent that these complaints inform heterosexual men’s reluctance to use condoms, they privilege men’s pleasure over prophylactic and contraceptive safety. My interviews therefore confirm the male penis-focus and primacy of men’s pleasure identified in Chapter Three as part of the second principle of masculine sexuality.

## Fumbles

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A second common complaint is that condoms are difficult to use. Tristan’s account of what he doesn’t like about condoms is typical;

you’re getting sort of all heated up and, your desires are flowing and then suddenly you’ve gotta stop and roll over and, and fuckin’ undo this little packet and try and get this condom out, and then you’ve gotta get the lube and you’ve gotta not get it all over the bed and, you know by the time all that’s happened it’s like oh *fuck* you know, let’s go and watch television or something [laughs].

Ronald says;

first you got to open the thing up and then put it on, while you are still hard and still trying to kiss and play with each other at the same time [...] and then the sex isn’t as satisfying [...] So yeah I- I hate ‘em.

Men’s condom use involves at least two sets of potential difficulties in a sexual episode: difficulties in unwrapping the condom and in putting it on while still erect, and in keeping it on and sustaining an erection throughout the session of

intercourse. The two men above, as well as others such as Scott and Tim, describe various practical problems: putting condoms on upside-down or finding it hard to roll them down, losing one's erection after one has donned a condom and before one is engaged in an activity (such as intercourse) which is likely to sustain this erection, and disposing of the condom afterwards. Tim says that "I try to make it as quick as possible and fuck I fumble around because of the pressure [little laugh] to put it on quickly. It's just a calamity it's a *joke*, you know." Tim says that he always puts the condom on. Women can not do it as well, for the same reason that they are less adept at masturbating men's penises than are men themselves: women do not know what it feels like and "they're not used to having this big fuckin' hard thing to look after". Tim is the only interviewee also to identify the *aesthetics* of condom use as a problem;

They're cumbersome things, they're unattractive. I look at my dick [little laugh] with a condom on, and I *lose* it, or I piss myself [laughs] one of the two. It's fuckin' [little laugh], they're *shockin'*.

Condom instructions themselves define a particular set of bodily practices. They assume that the user can maintain a firm erection in order to roll the condom on, that intercourse occurs immediately after donning the condom, and that the user maintains an erection throughout intercourse, which proceeds without interruption and culminates in ejaculation (Richters, 1994a: 60). Ansell's condom instructions demonstrate this, in Figure 1 overleaf.






There is more at stake in heterosexual men's complaints about condoms than diminished penile sensation or sexual fumbling. Sexual competence and performance, phallically defined, are important criteria for the accomplishment of proper masculinity (Tiefer, 1987: 166). A man's loss or lack of erection threatens his masculinity and makes him less of a "real man", and "erectile dysfunction" or "impotence" commonly induces humiliation and despair (ibid: 168; Fracher & Kimmel, 1992: 440–445; Kimmel, 1990b: 105). Condoms therefore can hinder men's performance of imagined manhood. On the other hand, for some men wearing condoms increases their ability to sustain an erection for long periods, which is an aspect of ideals of male sexual performance (Zilbergeld, 1992: 51). Greg and Jake in my study remark that wearing condoms postpones their ejaculation: that it increases one's erectile 'staying power'.


### **Skills of condom use**

Men's practical difficulties in using condoms for intercourse demonstrate that condom use is a learnt skill, as are sexual practices in general. There is a sexual "skilling" in sexual encounters (Dowsett, 1992: 169), in which one learns to

Figure 1.

Condom instructions

| Ansell   | Ansell  | Ansell  |
|--|---|---|
| <p><b>HOW TO USE ANSELL CONDOMS</b></p>  <p>1. Open the wrapper carefully so as not to damage the condom. Be careful not to tear the condom with teeth, fingernails or rings.<br/>小心打開包裝紙以避免損壞安全套。注意不要用牙、指甲或耳環等去撕安全套。</p> <p>2. The condom will only unroll one way. Check that the condom is the right way up, by unrolling it very slightly. Do not fully unroll the condom before use, this will make it difficult to put on and may damage the condom.<br/>安全套只能向一個方向展開。稍微展開安全套以確認其方向無誤，使用前不要把安全套完全展開，那將不易套上陰莖。</p> |  <p>3. Always put the condom on before the penis comes in contact with the partner's genital area - and only when the penis is hard and erect.<br/>要在接觸對方陰部之前，陰莖堅挺時即套上安全套。</p>  <p>4. Gently squeeze the tip of the condom between the thumb and forefinger (to push out the air and to make room for the semen). Hold the condom against the end of the penis.<br/>用姆指和食指輕擠安全套的頂部(以便擠出空氣，為精液射出時留有空間)。將安全套抵住陰莖頭部。</p> |  <p>5. Roll the condom down over the whole length of the erect penis.<br/>將安全套套住整個挺起的陰莖。</p>  <p>6. Carefully apply a generous amount of water based lubricant, such as Ansell Personal Lubricant:<br/>• to the outside of the condom which now covers the erect penis<br/>• around the entrance of the partner's genital area.</p> |

| Ansell   | Ansell   |
|--|--|
| <p>可小心地使用一些水基潤滑劑(如 Ansell Personal Lubricant)。</p> <ul style="list-style-type: none"> <li>• 小心地搽在包住起陰莖的安全套上。</li> <li>• 小心地抹在對方陰部入口(陰道/肛門)。</li> </ul>  <p>7. After sex, and while the penis is still hard, carefully withdraw the penis from the partner's genital area. Hold the rim of the condom, at the base of the penis, whilst withdrawing - to prevent any spillage of semen.<br/>性交之後，在陰莖仍然堅挺時小心地由對方的陰部退出，同時捏住陰莖頂部的安全套口以防止精液外溢。</p> |  <p>8. Point the penis downwards and slip the condom off, carefully. Do not touch the partner's genital area with the penis or used condom.<br/>下壓陰莖，小心退下安全套。不要用陰莖或用過的安全套碰觸對方陰部。</p> <p>9. Tie a knot in the used condom.<br/>將用過的安全套打結。</p>  <p>10. Wrap the used condom and put it in a rubbish bin. Do not flush the used condom down the toilet but dispose of it in a thoughtful and hygienic way.<br/>包起用過的安全套，放進廢物桶內。不要將安全套沖下廁所馬桶，要用周到和衛生的方式處理用過的安全套。</p> |

manage the practicalities of one's own and the other's body, to accomplish particular acts and respond to others, and to perceive these acts and their effects as desirable and pleasurable. Condom use involves a particular bodily practice which must be learned and practised if it is to become naturalised and habitual, like other bodily skills such as riding a bike or typing on a keyboard. AIDS education recognises this, with workshops training participants in the art of condom application. Gaining skill at condom use can enhance one's positive attitudes towards condoms (Ross, 1992: 15). Michael Ross describes an experiment in which heterosexual couples who received condoms plus instructions on how to incorporate them into sensuous foreplay had significantly enhanced attitudes to condoms compared to those couples who received only condoms or neither (Ross, 1992: 15, citing Tanner & Pollack). On the other hand, problems with use such as condom breakage reduce confidence in the method and discourage its use (Lindberg et al., 1997: 131).

The skill of condom use is more of a challenge for men who come to condom use after substantial sexual experience without condoms. One's body becomes accustomed to particular degrees and types of sensation, such as those of skin-to-skin intercourse, and one becomes used to particular rhythms to sexual episodes, while the inclusion of condoms changes both. In such situations, one has to re-train one's body and senses to acclimatise oneself to latex intercourse. Condom-inexperienced men find it more difficult to incorporate condoms into their sexual practices than men who have used condoms throughout their sexual histories. As Tristan says, "especially when for a long time you've *not* been using them and then you come to using them you've got to get into the feel of it a bit more." Further support for this claim comes from two American quantitative studies. A study of 4,400 sexually active adults found that a "low failure rate [of condoms] was correlated with greater experience". People who begin using condoms when they are under the age of 25 experience fewer 'mechanical' problems of condoms slipping, breaking and 'disappearing' than those who start using condoms later in life.<sup>1</sup> In another study, young men were less likely to experience condom breakage if they had increased experience with condoms, and among infrequent condom users if they had received education on sexuality or AIDS in the last three years (Lindberg et al., 1997).

Once thoroughly learnt, condom use can become habitual and 'second nature'. This habituation is not only bodily, but also attitudinal, emotional and relational.

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<sup>1</sup> Reuters "Young people have fewer problems with condom use" (17.4.97), in CDC AIDS Daily Summary, Sci-Med AIDS list (sma@wubios.wustl.edu), 18 April 1997 (Citing *American Journal of Public Health*)

The same goes for sex without condoms. This habituation has several intersecting dimensions: the habituation of condom use or non-use for oneself, habituation with a particular individual, and habituation in particular forms of sexual interaction. For women, habituation of non-use can also take the form of adoption of the contraceptive Pill, and Woodcock et al. document the pattern of women going on the Pill in one relationship and then staying on it with subsequent partners (Woodcock, Stenner & Ingham, 1992: 241).

## **Heterosex: The centrality of intercourse**

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Sexual interactions can be described in terms of their choreography: the character and progression of practices within a sexual episode, including which acts occur and in what order, how they are performed, and by whom. The term “choreography” refers to the patterns and composition of bodies in movement, and is usefully applied to the realm of sex (Dowsett, Davis & Connell, 1992a: 163; Dowsett, 1992: 169; Dowsett, 1996a: 41; Connell & Dowsett, 1992: 74). Men can limit the likelihood of sexual transmission of HIV by adopting non-penetrative sexual practices as a regular or exclusive aspect of their sexual repertoire. But if Tamsin Wilton, Martin Foreman and other authors cited in Chapter Three are correct, this possibility is prohibited by the social organisation of heterosexual men’s sexuality, particularly the choreography of and meanings attributed to their sexual practices.

In the interviews, the role of penis-in-vagina intercourse in defining “sex” was largely unquestioned, with the word “sex” routinely used to refer specifically to this practice. This equation is repeated in other studies among young men and women (Hillier, Harrison & Bowditch, 1999: 77). My finding supports the claim represented by the second principle of masculine sexuality described in Chapter Three, that intercourse is the most important and defining practice constituting ‘sex’. Wilton argues that penis-vagina intercourse is central to masculine identity. This sex is real adult sex, and ‘losing one’s virginity’ is one of the only remaining rites of passage signalling one’s entry into adulthood in Western societies. Men achieve adult male status by gaining access to women’s vaginas, and to adopt non-penetrative sex would be to return to adolescence (Wilton, 1997: 34). The primacy of intercourse in heterosexual sex is sustained in part by the construction of masculine sexuality as penis-centred (Buchbinder 1987; Fracher & Kimmel, 1992: 444; Gunew, 1987: 73–74; Jensen, 1997; Kaufman, 1993: 100–113; Litewka, 1977; Segal, 1990: 207–211; Stoltenberg, 1990, 1993; Tiefer, 1987: 167–168).

At the same time, the men in my study did not always represent intercourse as

the most physically or emotionally satisfying or desirable practice of all sexual practices. When asked, “Of all the things that two people can do sexually, what do you like the most?” some of the men nominate other sexual practices or rank intercourse equally among them. While their answers probably have a complex relationship to the preferences they enact in sexual episodes themselves, it is noteworthy nevertheless that intercourse is not the routine first choice. The sexual practice most commonly nominated first, if intercourse was not, was fellatio.<sup>2</sup> Elliot says;

I'd say I probably enjoy getting oral sex. I don't really enjoy giving it. Um. I can't actually work out why I enjoy it so much, maybe it's, the feeling that... ah you know the woman is doing it especially for me, like she's not, sharing, like I'm the one enjoying the whole thing almost. I think that may be a big turn on for me. Maybe I also just like watching ah, a girl give me oral sex

Fellatio is a highly desirable sexual practice with an honoured place for many heterosexual men. As the above extract shows, for some men it brings emotional rewards associated with notions of female sexual service (“the woman is doing it especially for me”). In ranking fellatio as a preferred or enjoyable sexual practice, heterosexual men are still enacting a penis-centred sexuality. Fellatio without condoms is not safe sex, although it is much less likely to transmit HIV than anal or vaginal intercourse. Nevertheless, the heterosexual male privileging of fellatio is a resource for AIDS prevention. It could be used to encourage men to move away from a single-minded focus on (unprotected) intercourse and towards a broader repertoire of less risky practices including fellatio with condoms or without.

On the other hand, there are particular difficulties with the negotiation of oral sex, whether fellatio or cunnilingus. These include embarrassment and lack of understanding of one's partner's preferences, previous unpleasant experiences, the ambiguous status of oral sexual practices as safe sex, and the cultural meaning of oral sexual practices (Roberts, 1993). Regarding the latter, a number of young men in Roberts' study seemed to regard oral sex as more dangerous than unprotected vaginal penetration, and giving oral sex to women as the most dangerous practice of all (*ibid*: 11). This was not to do with HIV/AIDS, but was the product of the cultural association of women's genitals with disease and filth. At the same time, oral sex presents particular possibilities for negotiation, because it is seen as less “natural” than practices such as penis-vagina intercourse (*ibid*).

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<sup>2</sup> Incidentally, this is paralleled by gay men's nomination of anal intercourse and oral-genital sex as the two practices they find most physically satisfying, although they show more divergence in the practices nominated as most emotionally satisfying (Kippax et al., 1993: 52–53).

Preferences for sexual practices are diverse, and heterosexual men may dislike fellatio or even be critical of its role in the “ritual” of heterosexual sex. Scott says he does not like fellatio: “it just seems to be crude the other [little laugh] way around. [...] A lot of guys just live for it, but, personally I don’t like it.” Greg too says he doesn’t like receiving oral sex that much, and that women sometimes “do it just because they think they have to”;

a lot of women do enjoy giving it probably but, sometimes I can sense that you know the woman is doing it just because it’s sort of like a part of the ritual or something.

Greg reports that he asks about his sexual partners’ willingness to practise fellatio and emphasises their choice, as part of a more general negotiation of desires both in and out of bed.

Because the men in this study typically understood “sex” to refer to intercourse, they usually understood “safe sex” to refer to condom use for intercourse, and occasionally also to abstinence. This reflects wider understandings of safe sex, especially in non-gay circles. I asked each man, “Apart from using condoms, do you know of other ways of avoiding transmitting the HIV virus?”, and Chris for example, a heterosexual men who is highly committed to condom use, says “To me a condom is, basically the only safe way, apart from abstinence.”

While several men in my study refer to other sexual practices as equally important, satisfying or meaningful as intercourse, one man details his interest in moving away from an intercourse-focused sexual practice. Tristan links this to an interest in “learning to love the humble condom”, and the link between these two goals is of particular interest in terms of the relationship between men’s sexuality and the possibilities for safe sex.

Tristan’s interests in condom use and non-intercourse sex are informed by his criticisms of masculine culture and acceptance of the discourses of “new age” and “personal growth” philosophies. He expresses an ethos of the confident rejection of conformity and a sense of himself as sensitive and expressive. He studies art, pursues his “personal growth”, and criticises homophobia and macho blustering. Tristan reports a shift from resistance to condom use in his late teens and early twenties to his acceptance of women’s requests in the last few years. This shift parallels his shift from sexually pressuring his sexual partners to an ethic of consent, captured in the phrase “no means no”. On the other hand, other emphases in Tristan’s personal narratives push him away from consistent condom use, including entry into a “relationship” as legitimating giving up condoms, intercourse as ultimate closeness, and the safety of an apparent “heterosexual community” of

which he claims membership despite his own male/male sexual experience and “bisexual leanings”.

Tristan says that it is desirable to “encourage men to be more aware that penetration is not the ultimate form of sex” and one can have “really good sex” and “really equal sex” without intercourse. He expresses an interest in

learning to experience sex in other ways apart from just penetration [...] I’ve always been aware that sex is a holistic thing, and I’ve always enjoyed a holistic side of sex but, the more I think about it the more I think well, it would be good to perhaps practise everything but penetration, as opposed to everything leading *up* to penetration.

Tristan offers several rationales for such a move: intercourse for women ‘isn’t always the most important or the ultimate part of sex’, ‘you can have just as much pleasure if you adjust your mind to non-penetrative sex’, and the “sexual gratification” available through intercourse is only as desirable as the experience of bodily closeness in general. So far Tristan has had only one experience which involved the de-emphasising of intercourse, at least in hindsight, in a two-to-three week involvement several years ago. On the other hand, Tristan also describes intercourse as signifying a kind of primordial closeness.

Tristan is the only interviewee to make a link between safe sex and a move away from an intercourse-focused sexual practice. Asked if he sees himself as “good at safe sex”, Tristan laughs and says no;

I would like to think that I can re-educate myself in terms of safe sex. I would like to think that it’s a *necessity* to educate myself, in terms of, um, learning to love the humble condom, as opposed to um, hating it yes. But I also think in the same sense as that, learning to experience sex in other ways apart from just penetration [...]

Tristan re-states this interest later: “well I just guess I’d like to, to just *use* condoms more and become accustomed to them, and sensitise myself to them in my sexual relations.” Tristan throughout the three interviews repeatedly represented himself as a ‘sensitive guy’, as well as prioritising ‘sensitivity’ as an ideal quality in men. This adds an extra element to his desire to “sensitise” himself to condoms. Asked why he wants to use condoms more, Tristan replies, “I think that we’re in the age where you can’t not, you know, we’re not left with any choices now.” He cites the “Beds” AIDS campaign (1988), which focused on the sexual relations linking large numbers of people and asked, “Next time you go to bed with someone, how many people will you be sleeping with?”<sup>3</sup> Tristan asks the same question of himself, saying that he has

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<sup>3</sup> The full text of the print advertisement is as follows:

now had sex with 16 or 17 women. He says also that he actually has an STI (herpes) now, and he doesn't want to get HIV or other STIs. Tristan's planned condom use however is only for casual sexual relations, sex with "people I don't really know", and when his herpes infection is active and thus transmissible, while he will continue to rely on monogamy in long-term relationships to prevent STI transmission and withdrawal to prevent pregnancy.

Reflecting on the interviews he and I had conducted, Tristan spoke again of a growing sense of the desirability of incorporating condom use into his sexual practice, intertwining this with other agendas of sexual and gender reconstruction:

it's got me to ask myself the questions well, are you really committed to using condoms in your future relationships? And I guess it's something that I've been mulling over in my head and thinking well I, I kind of don't want to but then I think I know I should and then I've thought well, actually you know you'll probably just sensitise to them and, and the whole idea of non-penetrative sex and, I guess I'm wanting to be more experimental, and more exploratory, in my future sexual relationships in terms of, challenging paradigms of the way men and women have sex, the way they relate and, and um, not treating the humble condom as though it's sort of you know a bit of an outcast and an irritation.

Here he speaks in the same breath of sensitising himself to condoms and adopting a less penetration-focused sexual practice. While he is not making a commitment to do either of these, at the very least he is increasingly aware of their desirability. Tristan links the encouragement of men's condom use more generally to the reconstruction of men's lives. He suggests that we inspire men to be more expressive about sex, emotions, homosexuality and bisexuality, and that we start young, before children are "conditioned into being male". At the same time, Tristan's own emotional expressiveness has not translated into consistent condom use.

As my discussion of the second principle of masculine sexuality suggests, Wilton argues that 'real sex' includes male ejaculation inside the vagina (Wilton, 1997: 34). Therefore it is of interest that three of the men interviewed (Oliver, Tristan and Tim) regularly have used withdrawal as a contraceptive strategy during

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NEXT TIME YOU GO TO BED WITH SOMEONE, HOW MANY PEOPLE WILL YOU BE SLEEPING WITH?

It's quite possible your partner has had several previous partners. And it's just as likely that these partners have had several partners too, and they've had partners, and so on, and so on, and so on. And any one of them could have been infected by HIV (the virus that causes AIDS) and passed it on. But you don't know. That's why you should always use a condom. Because you can never be sure just how many people you're really going to bed with.

("Beds" Campaign, Poster, Australian National Council on AIDS, 1988)

their sexual relationships. Another study shows that in 1997, 10.7 percent of males in Year 12 and nine percent of males in Year 10 were using withdrawal as a form of contraception (Lindsay, Smith & Rosenthal, 1997: 33). More importantly, for one of the men interviewed, foregoing intravaginal ejaculation does not represent a move away from a masculine sexuality and in fact his extravaginal ejaculation re-inscribes motifs of domination and power.

Withdrawal or “coitus interruptus” refers to the withdrawal of the penis from the vagina or anus prior to ejaculation. It is not a ‘safe’ sexual practice: HIV-infected cells can be found in the pre-ejaculatory fluid of HIV-positive men, although it is unclear whether the small number of cells present will lead to an appreciable risk of infection (Richters, 1994b: 105; *Contraceptive Technology Update*, 1993: 155–156). And withdrawal involves the risk that the man will fail to withdraw his penis sufficiently before ejaculation. Assessments of withdrawal’s safety are limited by the lack of epidemiological evidence, in that people who test HIV-positive are assumed to have contracted HIV through the most risky practice in which they engaged. Some existing cohort studies do not record sexual activity without ejaculation or with ejaculation outside the body, and thus can not compare the risk to intercourse with ejaculation. However, Juliet Richters cites one study of heterosexual couples which suggests that withdrawal does significantly reduce the risk of HIV transmission. Nor is withdrawal a safe practice in relation to contraception, although it is less likely to result in pregnancy than is commonly thought (Guillebaud, 1986: 26; Hayman, 1993: 98; Szarewski & Guillebaud, 1994: 200).

Tim used withdrawal in several of his sexual relationships, relied on the “pull-out method” as his primary strategy for a period early in his current two-year-long relationship with Lucinda, and now combines it with her Pill use. He is not using withdrawal as an HIV- or STI-prophylactic, and his description suggests that he ‘pulls out’ at least in part because Lucinda sometimes misses taking the contraceptive Pill. Withdrawal has also failed on occasion, with Tim reporting that on one occasion early in his and Lucinda’s relationship, prior to her commencing the contraceptive Pill, he did ejaculate intravaginally and she then took the “morning after” pill. While Tim deliberately withdraws before ejaculation in his current relationship, he reports that often in casual sexual encounters he is drunk and unable to ejaculate.

Tim eroticises the practice of ejaculating onto the bodies, faces and hair of his sexual partners. He mentions ‘cumming all over her’ and ‘blowing all over her’ in his sexual stories, and he says that “It’s just as good for me to cum all over her as it

is to cum inside her.” In one detailed sexual story he refers to this explicitly as a practice of power;

So I’m kneeling above her, and I’ve got hold of her tits, and I’ve cum all in her hair and all over her face. That was *great*, this power thing you know this domination thing and, this is my sword you know type thing [little laugh].

Hence, Tim seems not to draw on the allegedly typical construction of the significance of intravaginal ejaculation, but does espouse an understanding of withdrawal based on *other* notions associated with heterosexual masculinity.

Tim understands the practice of extravaginal ejaculation in terms which are similar to those he espouses for sexual relations in general. He says that in the past he has sometimes enjoyed ‘treating women like shit’ and he still loves “sex that makes a girl derogatory [sic]” or like “slavery”. He has a highly active, autonomous and controlling sexual style, professes a sexualised fascination with women’s bodies, and values and desires stereotypically feminine behaviours of dependency and submissiveness. Tim’s enjoyment of power over and control of women in sexual relations is framed by the deeply homosocial and masculine life he practises at ADFA. He is friends only with men, women’s importance is overwhelmingly an exclusively sexual one, males and females are radically dissimilar, women’s stereotypical concerns and talk are of little intrinsic interest, and “the boys” are the actual or implicit audience for his sexual, social and military activities.

Withdrawal is signified in positive ways in certain narratives of pornography. This is evident in the ubiquitous “money shot” which captures the moment of penile ejaculation, and in the more specific genre of heterosexual pornography called “facials” which shows men ejaculating onto women’s faces and women’s faces covered in semen (McClintock, 1992). Elsewhere in the interviews Tim refers to his own active imitation of pornography, including mention of a famous pornographic actor known for his large penis.

Actually one night I had the mirror out and I’m puttin’ the bed round so we’re in the mirror. And I made her like go doggy<sup>4</sup> and I’d be goin’, yeah take it all you know like, in the mirr- porno, you know, take it all ya bitch, you know, take all this cock, like Johnny Holmes he’s got a 15 inch dick, you know.

Tim does consume pornography, although it is difficult to tell how frequent this is or

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<sup>4</sup> The phrase “go doggy” refers to “doggy style” heterosexual intercourse, in which the female partner is on her knees and hands or elbows and the male partner is behind her on his knees and facing the same direction.

what it means for him. Although he says that he has “never been really interested in pornography”, he describes looking at pornography on the internet, and he intends to hire “tasteful” pornographic videos with his current partner and “mimic them for the entire weekend”. While the question of a connection between Tim’s sexual narratives and his consumption of pornography is a complex one and cannot be resolved in this research, these cross-overs are noteworthy.

Tim’s example is at odds with Wilton’s assumption that male intravaginal ejaculation defines “real” sex and is central to a properly masculine constitution of sexual relations. It suggests that *extravaginal* ejaculation similarly can be coded as a masculine sexual practice, as it mobilises genres of representation in heterosexual pornography. Tim professes patriarchal forms of engagement in his sexual relations, but the two other men in my research who rely regularly on withdrawal, Tristan and Oliver, are critical of patriarchal masculinity and have varying forms of disengagement from its stereotypical practices.

### **The sequence of heterosex**

My study records two further aspects of the organisation and meaning of sexual practices which contribute to the primacy of intercourse: a construction of heterosexual intercourse as the inevitable and natural endpoint of a sequence of sexual practices, and an association between intercourse and intimacy. To the extent that intercourse is seen necessarily to follow and complete other sexual acts, the option of avoiding HIV transmission by avoiding intercourse is made more difficult. The sequence of sexual practices typically follows the following order: holding hands and other forms of non-genital touch > kissing > touching of genitals and other eroticised areas such as women’s breasts > oral sex (either direction) > intercourse. This choreography is evident in heterosexual couples’ progression towards first intercourse, whether this is over minutes or months (Kent et al., 1990: 5). In Kent et al.’s interviews concerning first intercourse, intercourse is often seen as the culmination of a natural process, as the final step, the last boundary: “Whatever the actual behaviours, partners have a sense of progression, the end of which seems universally to be regarded as penetrative intercourse.” (ibid: 5)

The progression through sexual acts, and especially the sense that intercourse is the inevitable endpoint, is apparent also in any single sexual episode between two partners who are sexually familiar with each other. Elliot says of one session, “Then we started kissing and, I would have been, fondling her breasts, that’s what I normally do to start.” This sequence is not fixed, especially in its early sections, and perhaps it is less influential than the definition of “sex” as intercourse. But its contribution to the primacy of intercourse is obvious, in that acts earlier in the

sequence often are seen necessarily or inevitably to lead to intercourse. If a woman consents to sexual and genital touching with a particular man, he may believe that she has consented by default or will consent to intercourse, and he may protest that she has “led him on” (along the sequence) if she cuts short this progression.

The sequence of heterosex is evident also in men’s negotiation of the pace of progression through sexual practices. Elliot couches it in terms of a concern to avoid ‘rushing things’. He became friends with a woman called Kate towards the end of his first year at university. She invited him to a movie and an evening at the Casino, and during these she began to hold his hand and they kissed. They then walked back to Stromlo Hall;

she sort of said you know, oh... I’m going to go to bed now or something and I sort of said oh, you know maybe I should come too and she goes, ohh, I don’t know or something like that. You know I don’t want to *rush* things or something like that, and I sort of said oh, okay, sorry about that.

Elliot and Kate continued seeing each other, kissing and cuddling. Elliot comments that she had never had sex (intercourse) before, saying he knew this because he asked her;

I might have even said, oh are you on the Pill or something? And she went, nooo. And I went, oh, have you had sex before and she went, no. And I went, oh okay. And she said- then I said something like, oh I don’t want to rush anything or something, ‘cause I thought I’d actually overstepped you know, by asking her that. [...] I said oh well we won’t rush anything or whatever like that and she went oh you know that’s nice or that’s good or something.

‘Rushing things’ in Elliot’s account refers only to the pace of sexual interaction, the progression along the sequence to intercourse, rather than to whether intercourse (or other sexual activities) will occur at all. Elliot seems to assume that he and Kate will proceed to intercourse, and signals a willingness to respect her wishes about when they will do so.

Men’s negotiation of intercourse with women is often accomplished through verbal and non-verbal signifiers of the possibility of intercourse. Certain aspects of Elliot’s and Kate’s conversations implicitly raise for Elliot the possibility of intercourse: Kate saying that she is going to bed, Elliot asking if she is on the Pill and if she has had intercourse before, Elliot saying he does not want to “rush things”. Talk about sex can be perceived as a sex act itself, and as an invitation to have sexual intercourse (Wight, 1992: 13). These interactions are a prelude to the “disambiguating” processes through which both partners know that their first sexual intercourse is actually about to occur (Kent et al., 1990). Respondents in Kent et

al.'s interviews usually only knew that intercourse was going to happen when the signals became very specific and explicit: they are both naked, he gets on top, condoms are mentioned or just produced. Particular situations such as being alone or in bed also facilitated the expression of these signals, and are themselves engineered by participants. Finally, even when two people were alone, the first occasion for intercourse frequently was signalled by a change of location, such as from floor to couch, one room to another or bed to floor (ibid: 4–5).

Men's talk about condoms can represent the implicit negotiation of intercourse, although it does not guarantee that they will be used. Elliot tells of an episode early in his sexual relationship with Lara, where they were in bed. While Elliot hoped that the fact that Lara was spending the night with him meant that they would have intercourse, this possibility was only explicitly articulated when he raised the issue of condoms (after they had engaged in kissing and mutual masturbation). "I sort of said oh I don't have a condom. And she sort of said, ohhhh I've never had sex before."

The primacy of intercourse and the structuring of sexual practices as a sequence are maintained in part by men's association between sexual experience and status, and by the social codings of sexed bodies. For boys and men, the achievement of intercourse with girls and women is an important source of masculine status. Young men in many male peer groups compete with each other, measuring success in terms of sexual conquest and experience (Holland, Ramazanoglu & Scott, 1994b: 14; Kimmel, 1994: 133). Status is derived from the number of a man's partners rather than from the frequency of intercourse within a relationship, suggesting that the significance of whether a boy has 'done it' in part is associated with its meaning as a demonstration of his ability to exert his will over a girl (Wight, 1994b: 721). Male peers, family members and the media

construct vaginal sexual intercourse as a normal, and essential, element of masculinity, as highly pleasurable, legitimate and something that many boys of their age are probably engaged in. (Wight, 1994b: 721).

The sequential structuring of heterosexual sex is maintained by myriad cultural practices, such as schoolyard talk among boys of "getting to first base" (kissing a girl), "second base" (touching her breasts), "third base" (touching her genitals) and a "home run" (intercourse).<sup>5</sup> This formulation orders both sexual practices and parts of a woman's body into sequences, and associates acts and body parts further along the

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<sup>5</sup> This was the talk at my high school in the early 1980s, and similar codes may exist elsewhere.

sequence with greater sexual status.

Men's and women's understanding of sexed bodies contributes to the primacy of intercourse. Particular bodily areas and parts are seen as more or less sexual: genitals are universally coded as sites of erotic significance. Such codings are influential in both same-sex and other-sex sexual relations, but also complemented by the widespread coding of penis-in-vagina intercourse as the primary and most 'real' form of 'sex'. The centrality of intercourse is underpinned by men's and women's notion that penises and vaginas are 'designed to fit' each other, in what Nicola Gavey and others call the "corporeal architecture of heterosexuality" (Gavey, McPhillips & Braun, 1999: 41–42).

### **Intimacy through intercourse**

While the men in my study represent intercourse as the defining act of "sex", there are further meanings they attach to intercourse which shape the possibilities for safe sex. They emphasise that intercourse symbolises emotional intimacy between sexual partners. This hinders safe sex in two ways: by making it much harder for men to forego intercourse, and by making it harder to use condoms for intercourse because they seem to block the closeness expressed through the practice. Jake says of intercourse that "it's just like two people being so like, so close, it's, well it's almost impossible to be any closer." Oliver says, "There's a feeling of intimacy that you have when you *don't* have a condom." Tristan describes intercourse as representing the height of emotional connection or intimacy attainable by two people:

Sex can be a means of communicating love to a partner but it is not necessarily the only means. It is certainly perhaps one of the more um, primordial and the more um... I'm kind of not really sure that I want to say animal means of expressing emotion but certainly, it's a means that conveys feeling that *cannot* be spoken of. It's a, it's a closeness. [...] it's about as close as humans will ever get to experiencing another person. You cannot get inside another person's brain but I think, when you come together physically, when you actually are *inside* a person, you are as close to them as you'll ever get. And I think often your feelings are as close when you are open and free, there is a real sense of, a passing of emotion, of feeling of energy.

For these men, intercourse represents intimacy and intimacy requires intercourse. This co-constitutive relation is documented among men in other studies, and is shared with women (Kent et al., 1990: 2; Waldby, Kippax & Crawford, 1993b: 252). Almost every participant among the thirty men and women in Gavey et al.'s study described intercourse as meaning closeness and connectedness, and as a close and intimate act. Like Tristan, they referred to the

man being “inside” the woman, to being face-to-face and to mutual activity, and some described other practices as less intimate or close (Gavey, McPhillips & Braun, 1999: 49–50). Similarly, gay men’s anal intercourse may generate, express or confirm such meanings as closeness, trust, relaxation, love and intimacy (Davies et al., 1993: 134–135).

Tristan emphasises that the closeness of intercourse is experienced through a loving relationship, and Gavey et al.’s respondents are similar (Gavey, McPhillips & Braun, 1999: 53). For heterosexual men and women, intercourse can confirm that a relationship exists, signify commitment and the importance of the relationship, and act as a “[reassuring] message of love” (ibid: 56–57; Kent et al., 1990: 2). However, there is evidence that at least among rural Australian youth aged 15 to 17, women are much more likely than men to see intercourse as “very special”, as a means of fostering and maintaining a close relationship. While young men revel in the bodily pleasures of sex, young women’s pleasure in sex is more focused on relating to their partners and the feelings of closeness and nurturance involved (Hillier, Harrison & Bowditch, 1999: 81–82). Other men in my study such as Tim and Curtis celebrate the physical pleasures of intercourse, which suggests that there may be a greater diversity of meanings attributed to intercourse by men than by women.

On the other hand, some women favour intercourse in casual sexual episodes to avoid intimacy. They describe other practices such as oral sex and masturbation as more intimate, more “private” and more vulnerable for women, e.g. because they involve the male partner knowing more about one’s “sexual peculiarities” (Gavey, McPhillips & Braun, 1999: 53–54; Miles, 1993: 506). Non-intimate intercourse occurs in relationships too, with women having intercourse pragmatically to manage their lack of sexual desire or because they “couldn’t be bothered to teach him”. I am sure that some men have non-intimate intercourse too, but they are less likely than women to see intercourse as functional in avoiding intimacy and more likely to see intercourse as a desirable and reliable source of sexual pleasure.

Introducing condoms into one’s sexual interactions necessitates practical skills, but it may also change the relational significance of the sex. If intercourse signifies intimacy, the presence of a thin latex barrier between penis and vagina can interrupt this meaning. Several men in my study stress that condoms are a barrier to “closeness”. Tristan says that when wearing a condom, “there’s a certain loss of connection in the sense of being able to feel the other person.” Jake remarks that “when you’re having sex without a condom it’s just, you can’t really get any closer to someone, it’s just, it just feels great. And that’s about the, the bottom line.”

Ronald emphasises that in “an emotionally stimulating relationship” condoms detract from the communication of emotions through sex and they interrupt the creation and maintenance of “atmosphere”, “vibes” or “mood”, elements which are the medium for the communication of “emotion”. For him, condoms are incompatible with the interpersonal connectedness in sexual relationships which he values and expresses through meaningful sexual activity. An Australian study among heterosexual men and women found that only women described condom changes as relational: a ‘feeling of not being as close to the person’ (Brown & Minichiello, 1994: 237). My research suggests that this objection to condom use may be shared with men.

There has been no investigation of the choreography of heterosexual comparable to the research on the structure of sexual episodes among gay and homosexually active men (Coxon, 1988; Coxon, 1996; Coxon et al., 1993; Levine, 1997), although there is relevant commentary by Kent et al. (1990), Holland et al. (1991) and Ingham, Woodcock and Stenner (1991). Nor did my own research invite participants to describe in detail the progression of their sexual practices within sexual episodes. Further research is needed on sexual choreography and on the meanings men give to heterosexual intercourse and other sexual practices. My research shows one important meaning among men which restricts safe sex, an association of intercourse with intimacy. Other research corroborates this, records that the centrality of intercourse is underpinned by other meanings such as intercourse as natural, normal, healthy and pleasurable, and documents the potential fluidity of meaning of the act (Gavey, McPhillips & Braun, 1999).

The socially organised eroticism of men’s bodies, the intercourse-focused choreography of heterosexual sex and the emotional meanings given to intercourse all pose barriers to men’s safe sex. The men interviewed represent condoms as diminishing physical sensation and as difficult to use. Their safe sex repertoires are limited by the representation of intercourse as the primary act of sex, the natural conclusion to other sexual practices and the pinnacle of intimacy. Although intercourse is not necessarily seen as the most desirable sexual practice, the other practice most commonly nominated is fellatio, a practice again centred on men’s penises, whose safe sex status is debated and for which condoms are never used.

So far I have looked at barriers to safe sex located in the organisation and meaning of bodies and sexual acts. But the men in my study complain also that condoms interrupt the “heat of the moment” and the “flow” of sex, locating the barrier to condom use in the organisation of the sexual episode as a whole. In the next chapter I examine these understandings.

## 6.

### Hot moments and good lovers

Young heterosexual men's use of condoms is constrained by their understandings of heterosexual sexual encounters *per se*. The men in my study emphasise that condoms “kill the moment” and interrupt the “heat of the moment”, offering a vision of sexual episodes as spontaneous, irresistible and free of reflective consideration. The “heat of the moment” is a powerful aspect of constructions of heterosexual eroticism, and an important inclusion in an explanation of heterosexual men's unsafe sex.

I argue in this chapter that the notion of the “heat of the moment” only overlaps partially with the notion of uncontrollable “male sex drive” described by Tamsin Wilton and others. Men in my study stress a powerful narrative of male sexual skill or the “good lover”, focused on technical sexual skills which are applicable to the bodies of all women and oriented towards the production of female sexual pleasure. This narrative, as well as the men's norm of consent and “respect” for women's wishes in sexual relations, again are contrary to the claim that an assumption of uncontrollable male sexual desire is characteristic of heterosexual men. The image of the “good lover” is a potential resource for safe sex practice, but it does not include skill at condoms and it focuses on women's orgasms rather than on female sexual safety more generally.

#### **The “heat of the moment” and heterosexual eroticism**

So far I have documented young heterosexual men's difficulties with the practical skill of condom use. But the interviewees also offer an account of sexual interaction which represents a more powerful obstacle to condom use than “fumbling”, an account which explains episodes of unsafe sex in terms of “the heat of the moment”. Both the phrase “the heat of the moment” and the comment that condoms “kill the moment” re-occur throughout the interviews. Accounting for his experiences of unsafe sex, Scott says;

I didn't put a condom on with Linda... I think I had them there but, it was the same sort of thing, heat of the moment. You just go for it...

It's usually a heat of the moment thing and I don't even think about it until later and then I wake up in the morning going, oh God, how many people have I just slept with? [little laugh], you know.

Several of the interviewees give accounts of sexual episodes in which participants are ‘swept away’ by passion and sexual desire, such that they simply do not think about condoms or prophylaxis. Ronald says that when having casual sexual relations with other cadets at ADFA he is unlikely to use condoms, and I asked whether he would think then about pregnancy;

it probably wouldn’t occur to me, in the heat of the moment ‘cause it’s not something I always think about, probably occur to me afterwards I’d be going, oh fuck. But, it’s something I don’t think about in the heat of the moment. So it probably *wouldn’t* occur to me ‘specially if I was pissed.

Jim offers a more explicitly biologicistic version of this notion, saying in accounting for one unsafe episode that he was “too horny” and “it was just a heat of the moment thing when both hormones were going at the same time.” In addition, several men mention the “heat” of sexual encounters or sexual desires. Tristan comments that “you’re getting sort of all heated up and, your desires are flowing and then suddenly you’ve gotta stop [to put on a condom].” Declan says that on the occasion of his first intercourse ‘things were getting pretty heated up’.

The practice of getting and putting on a condom punctures the “heat of the moment”. In Scott’s only experiences of condom use, in a relationship with Kimberley, condoms ‘didn’t work very well’ and they ‘couldn’t work them out’. And condoms “kill the moment”;

What would happen was because I think Kimberley and I weren’t sexually compatible, um, we’d do the turning on turning on turning on bit, like the caresses and stuff like that, and she’d be turned on, and then I’d have to say, or she’d say you know, Get a rubber, I’d say okay. I’d come back to it and she’s like, oh, you know, I’m not in the mood anymore it’s like, mm, *fuck*. Fuck, fuck, what are you talking about? [...] the problem was, if I put the condom on *before* we started to do the turn on bit, it’s presumptive. You know. You’d think, alright, well I know I’m going to get it, but then, ah you know it can roll off [...] It’s just, not as efficient that way. A lot of people I know, hate having sex with condoms. [...] I guess it’s a responsible thing to do, and it’s kind of difficult to remember sometimes when your temperature’s running a hundred and fifty degrees Celsius, you know lying there going [little laugh] Rrrrrr, you know [laughs], all ready to go and then you go, oh okay stop do this, and then get back into it, it sort of, kills the moment, in some ways.

This phrase “kills the moment” appears central in Scott’s sense of the problem with condoms. Asked how could we encourage condom use, Scott replies, “Invent a condom that doesn’t kill the moment [laughs]. Or I don’t know, cure AIDS [laughs].” Other men in my study remark that condoms ‘break the sexual play’ and “ruin the moment”.

From these accounts, we can glean the key features of the notion of “the heat of the moment”. Sexual encounters involve a particular psychic space, ambience or “moment” that is passionate, sexually and emotionally intense, verbally silent, and unable to accommodate calm considerations of prophylaxis or of the possible consequences of the episode. The significance of the “heat of the moment” is particularly in thwarting awareness or reflection about condoms or the prevention of disease transmission: participants “don’t even think about it until later” and “it probably wouldn’t occur to me”. Sexual episodes are seen to have an inexorable dynamic. The “heat of the moment” is ‘hot’ because it is sexy — it involves the literal heat of two bodies in physical contact, and both participants are ‘hot’ in the thrall of activated sexual desire or passion. Condoms *kill* this moment: either condoms cannot be incorporated into the episode, or they are unwelcome intrusions which interrupt and spoil the moment. While the interviewees comment on their difficulties in incorporating condoms into the physical choreography of sex, it is the clash between the ambience of sexual encounters and the reflective and calculating demands of condom use which presents the greater barrier to safe sex.

Other research on heterosexual condom use shows a similar set of understandings. Browne and Minichiello’s research among heterosexual Australians aged 23–40 documents the description of condoms as ‘stop-station’: as interruptive to the flow and mood of sexual encounters at three levels: physical, emotional, and at the level of transcendence or fantasy (Browne & Minichiello, 1994: 236). The men and women in that study describe a sense of urgency or abandonment when sexually aroused, which makes stopping for condom use difficult;

Sexual activity — emotional, abandoned, excited — may contradict the rational, unemotive decisive process necessary for condom usage. ... Passionate emotion or sexual arousal may act as a disinhibiting agent, similar to alcohol and drugs, setting the mood for people to engage in sexual acts not usually practised. (ibid: 244)

Given contemporary constructions of sexual relations, perhaps sexual episodes in general are experienced as involving this kind of ambience. One thinks only of the present, caught up in the passions and movements of one’s body and the other’s body, in a space configured as fundamentally irrational and ecstatic. Condoms represent the intrusion of the practical, responsible and mundane into a space that is impractical, irresponsible and ethereal. But clearly condoms *can* be incorporated into sexual episodes, given gay men’s widespread adoption of condoms and among some heterosexuals too. The notion of the “heat of the moment” is not exclusive to heterosexuals, but it is underpinned by understandings which according to the literature have a strong relationship with heterosexuality.

Spontaneity is the central icon of heterosexual desire, dependent in part on the understanding of heterosexuality as ‘natural’ and this desire as irresistible and instinctual (Wilton & Aggleton, 1991: 152–153). In the previous chapter I documented three aspects of the organisation and meaning of heterosexual sexual practices, and the understanding of heterosex in terms of natural spontaneity and the “heat of the moment” represents a fourth.

While the notion of natural heterosexual spontaneity is implicit in accounts of the “heat of the moment”, it is evident also in the common phrase throughout the interviews that the unsafe sexual activity, and sex in general, ‘just happened’. This represents the social production of certain practices as “spontaneous” and “natural”. While many aspects of social relations are naturalised, sexual relations in general and heterosexual relations in particular are constituted through discourses of the ‘natural’ and the ‘biological’. Notions of ‘the heat of the moment’ and being ‘carried away’ or ‘overcome with sexual passion’ are also evident in gay men’s accounts of unsafe sex (Davies et al., 1993: 143), but they are more common and institutionalised in heterosexual accounts. In addition, accounts in which sex ‘just happened’ may intersect with common constructions of gender. Some young women in Fiona Stewart’s study interpreted their sexual practices as unpremeditated occurrences, saying that they ‘just happened’ or that sex happened *to* them, which allows them to maintain a mode of passive femininity while not losing access to heterosex (Stewart, 1996: 237–39).

One of the best examples of the representation of unsafe sex as ‘just happening’ comes from Oliver. He represents sex as a “biological” and “sensual” realm, separate from the “clinical” and “rational” domain represented by condoms;

because there’s this taboo around unprotected sex, it’s, even if [...] you know your partner is on the Pill, there’s a certain risquéness to having sex without a condom. [...] it’s a freedom thing [...] it’s one thing you *don’t* have to think about. Which is nice because I mean sex, to me is, a sort of an inspirational thing that just *happens* you know? You don’t want to have to think about it all the time. And thinking about it yeah adds a clinical element to it that just, detracts from the whole thing.

MF: How do you mean “clinical”?

Clinical in the sense that it’s rational. I mean sex is not, let’s face it, sex is *not* rational. It’s just, like it’s... biological and... [...] Okay, it can be mental, you can make it mental but in essence, it’s just biological and it’s *feeling*, sensual pleasure and, or not, if you get it wrong, um...

Oliver rarely uses condoms. In his current relationship, which began two months ago, he and Beth both had STI tests and she went on the Pill. In the period before the Pill became effective Oliver and Beth had intercourse with condoms, but

on one occasion they had unsafe sex. Oliver's account of this incident again shows the logics of "passion" and 'spontaneity', "lust" and "surrender";

our passion seemed, lust seems to be pretty spontaneous. We're like, we get on really well like just as friends [...] The friendship is kind of *it* and then suddenly... it'll just happen. Like she initiates it often [...] there's a feel to it that when that is happening it *happens*. You know you become involved or you surrender to it if you want it and um, we do

The men in my study describe the "heat of the moment" as a feature of both casual and regular sexual relations, although it is more likely as an account of one-off sexual episodes. It intersects with the common construction of 'one-night stands' as impulsive, spontaneous and lust-driven. Also, the interviewees' casual sexual encounters more often involved one or both participants being drunk, and they occasionally associated the "heat of the moment" with being drunk (as in Ronald's example above).

## **Male sex drive**

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At first glance, the notion of the "heat of the moment" seems similar to one of the six aspects of masculinity and masculine sexuality I outlined in Chapter Three, the notion of "male sex drive". The latter represents male sexuality as unstoppable and uncontrollable (Hollway, 1984: 231; Kippax, Crawford & Waldby, 1994: S318; Wilton, 1997: 34).

Several Australian studies document women's and especially men's adherence to the notion of a male sex drive (Roberts, Kippax & Crawford, 1993; Venables & Tulloch, 1993: 39), and it appears that this adherence is more consistent and intense among particular social groups. In focus-group interviews with Sydney male building-workers, Venables and Tulloch found the repeated articulation of this notion, in the form of the fatalistic idea that men have little control over their sexual urges and (especially after drinking) are penis-driven. It's a case of "your little head thinking instead of your big head", in which one's sex drive "overwhelms everything" (Venables & Tulloch, 1993: 39). Other studies may over-estimate allegiance to notions of "male sex drive". Moore and Rosenthal declare that among the 1008 nonvirginal<sup>1</sup> heterosexual college students they surveyed, 36 percent thought that boys could not control their sexual drives and 27 percent were unsure (while 6 percent and 11 percent respectively thought the same

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<sup>1</sup> Here "nonvirgin" includes having experienced sexual intercourse or receptive oral sex.

for girls) (Moore & Rosenthal, 1992a: 009). The authors offer the following quote as an example:

*Can boys control their sexual urges?* — “No, I think if any guy has the chance to root a girl, and if they liked her and she wasn’t exactly ugly, they would do it.”

Such a statement could be read not as expressive of a belief in biological determinism, but as a social assessment of men’s typical sexual behaviour. Wight’s research among young men found a general recognition that the norms of masculine sexuality and heterosexual relations are *social* conventions (Wight, 1994b: 724).

In my study, the “uncontrollable” model of male sexuality is evident in five interviewees’ accounts, especially in biologically determinist understandings of sexual desire and practice and discussions of sexual ‘control’. While only two men use biologically determinist notions in actually accounting for an episode of (near) unsafe sex, the “heat of the moment” was a relatively common way of framing such episodes. Jim tells a story in which his and his partner’s ‘hormones have gone overboard’ and their ‘horniness’ overrides the possibility of condom use: “Too horny! [Laughs] Fuck the condom!” Macca answers ‘yes’ to my question, has he ever felt like he could not stop himself or could not control what he was doing? He tells a story of attempting to initiate non-condom intercourse, with a woman with whom he had a short relationship in year 11 or 12. At this stage he had not had sexual intercourse and a desire to do so plays an important part in his representation of his efforts.

sometime hormones do get pretty strong and stuff and you get pretty hyped up and shit. But I can stop myself [...] Actually I had one experience with Marissa when, we went for a drive and it was like a back seat thing. And we didn’t have sex but, I was pretty much driven by these hormones and shit, that it got to the point where I was just about to put my dick in her, without a condom, and she said wait. And because we didn’t communicate I probably should have said do you want to get a condom or would you rather not. But I just didn’t, and that was it. [...] That’s about as close as I’ve got to getting carried away and, it was pretty scary actually [...] if she didn’t say wait I might of not used the condom, I don’t know. [...] I was pretty hang- pretty much hangin’ out to have my dick in something.

Macca mentions above that he “can stop [him]self”. At age 19, he is now a committed condom user: he has only ever had sexual intercourse with condoms, he carries them and he intends to keep using them.

The interview schedule included a question designed to get at the notion of an uncontrollable male sex drive, and Scott was one of the few interviewees to say that

at times he has ‘got no control’. He describes this in terms of ‘just going for it’ and initiating sexual activity when lying in bed with a woman or trying to kiss a woman when dancing with her. Scott says that maybe this is related to “testosterone”, thus offering a tentatively biological understanding of this practice. At the same time, Scott shows some recognition of sexual coercion and of the way in which verbal negotiation can diminish its likelihood, and ‘respect for women’ is an important element in his self-definition.

Tim and Nigel repeat elements of the “uncontrollable” model of male sexuality. Tim represents himself and Curtis as having a “particular interest in the field” of sex, because of their enthusiasm for ‘picking up’, their high levels of sexual activity and their frequent focus in conversation on sex. Tim gives a sense of himself as highly sexed, mentioning that he ‘has to ejaculate daily’ and ‘masturbates all the time’. While a notion of a biologically based “sex drive” does not dominate Tim’s accounts, he does say that he cannot get enough of his girlfriend’s nudity, he is always touching her, always trying to have sex, and that “I think I’ve got a higher sex drive than most, like, I just want it *all* the time, *all* the time.”

Asked about AIDS education, Nigel argues that we should focus our efforts on women because of the character of men’s sexuality. Once a man is ‘turned on’ via “a bunch of sexual triggers”, he is not going to stop, while a woman who is aroused is more able to ‘stop and think about’ condom use. Reminded of his own account, where he *can* stop after becoming sexually aroused and where he describes himself as very respectful of his girlfriend’s limits, Nigel says that this unstoppable male sexual force can be tempered by emotionality and awareness, while in casual sexual relations and lubricated by alcohol it has free reign.

Jim, Scott, Macca and Nigel at times draw on talk of “male sex drive” in explaining particular incidents, and in Nigel’s case in representing men as a whole, and this notion is widely available in our culture. However, in the accounts this is tempered by emphases on consent and “respect”. In fact, comments supportive of consent are the norm throughout the interviews. Such emphases suggest that these men see themselves as able to control their sexual practices and sexual initiatives. (I comment on some implications of such norms of consent in Chapter Nine.) The notion of male sexual uncontrollability is one of a number of ideologies which have been employed to deny, defend or downplay men’s sexual violence against women. In relation to safe sex, a further concern therefore is that some heterosexual men may take up notions of “sex drive” such that they coerce women into unsafe sex. None of the interviewees in my study profess an open allegiance to sexual coercion.

However, Tim and Curtis seem to have pressured women into sexual activity, and other instances of sexual coercion may go unreported. Nevertheless, there is not among these men general support for the notion of an *uncontrollable* male sexual drive. Instead, these men profess a norm of “respect” for a woman’s wishes.

### Comparing moments and drives

In some instances the men’s mentions of ‘male sex drive’ overlap with their mentions of the “heat of the moment”. In Scott’s, Jim’s and Tristan’s accounts, the phrases “heat of the moment”, “kill the moment” and “heated up” are said alongside references to sexual drives and desires. There is Jim’s “horny” and ‘hormonally-driven’ story, Tristan’s comment that “desires are flowing”, and Scott’s claim that condoms are

difficult to remember sometimes when your temperature’s running a hundred and fifty degrees Celsius, lying there going [little laugh] Rrrrrr, [laughs], all ready to go.

Furthermore, the two notions overlap conceptually. Both draw on the privileging of spontaneity in heterosexual sex. Both suggest that the activation of male sexual desire — either in the form of “drives” or “heat” — makes condom use more difficult. In both, reflection on and consideration of HIV- and STI-related risk is either overridden (through a powerful male sex drive) or absent (because of the character of the sexual ambience or “heat of the moment”).

There are two important differences however between the two notions, to do with where they locate the barrier to condom use and how they represent male sexual desire. The notion of an uncontrollable male sex drive locates the barrier to condom use in the sexual desires and sexual nature of the male participant, while the “heat of the moment” locates the barrier in the sexual interaction or episode itself. In some men’s accounts the “heat of the moment” does refer to sexual desire, but its “hot” sexual desire is shared by both participants rather than only the male. This difference may not be especially strong. Heterosexual men’s accounts of the “heat of the moment” ostensibly locate the barrier to condom use in the interaction, but this is the interaction as experienced and constituted by the male participant.

Again however, when the male interviewees say that condoms “kill the moment”, some are referring to condoms’ disruption not of male desire but of the overall sexual ambience or indeed of female sexual desire. In Scott’s account, it is his female partner who says “I’m not in the mood anymore” after he has gone and got the condom.

The second difference between the two notions is suggested in some men’s

claims that condoms “kill the moment”. Tristan, Ronald and Scott report that even when one’s “desires are flowing”, the procedures involved in getting and applying the condom can cool this desire or at least sufficiently interrupt the sexual ambience that the participants give up on the sexual encounter. If male “sex drive” were so unstoppable, fumbling with condoms would not be such a problem. Other research documents that a majority of men who have used condoms experience problems with loss of erection while applying or wearing a condom (Richters, 1994a). Paradoxically, the “heat of the moment” and its potential disruption by condoms reveals the fragility and vulnerability of male sexual desire.

While the “male sex drive” implies that male sexual desire is too powerful to stop and put on a condom, the notion that condoms “kill the moment” implies that male (and female) sexual desire is too vulnerable to stop and put on a condom. The notion of male sex drive implies that the man’s biologically driven sexual practice is more powerful than his conscious and reflective agency. The notion of the “heat of the moment” implies that this agency is absent in the ambience of a sexual encounter.

These two notions therefore have differing implications for the character of masculine sexuality. And they suggest that safe sex campaigns directed at heterosexual men should address the construction of heterosexual eroticism represented by the “heat of the moment”.

### **The ‘good lover’**

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While I have no evidence that the “uncontrollable” model of male sexuality is in decline, it may be counteracted by another, increasingly important, emphasis in contemporary understandings of men’s sexuality, on the “good lover”. The notion of the “good lover” centres on an image of the sexually competent male lover. He is proficient at the skilled and impressive production of women’s sexual pleasure, as demonstrated primarily by her orgasm. This production in turn confers status on the virtuoso performer himself. The good lover’s sexual proficiency is imagined as a physical and technical skill, which can be applied to the bodies of any women. Narratives of male sexual skill are evident in the accounts of six of the men in my study, and I begin with three of the four men from ADFA.

Sexual prowess is central to Curtis’s and Tim’s representations of their sexual lives. Curtis gives repeated and in-depth descriptions of his desire for and enjoyment of “showing off” his sexual abilities and “impressing” women, celebrating his general prowess and his highly developed erotic repertoire. He says

that “what I’ve really enjoyed about, my sort of sexual history, is the fact that I’ve always learnt you know where I can touch a girl to make her orgasm.” As a consequence of his production of a woman’s sexual pleasure, she is at his “beck and call”, gives “respect” and will ‘love him forever’. And as Curtis repeatedly suggests, one of the most important pleasures of these performances for him is the creation among these women, both individually and collectively, of a knowledge and recognition of his sexual skill. This expertise was gained, Curtis says, from women themselves — through his sexual experience with many women, women who knew what they wanted, and women who “taught” him. At the same time, its formation also depended on his own pre-existing natural talent and the biological advantage of his “big dick”. Curtis emphasises that he is not concerned with showing off to other men, but with the production of a reputation among women as “good in bed”. As he says in discussing “picking up”,

it felt good knowing that I’ve had a great night of sex with you and you’ll tell your friends about it sort of thing. You know, in a way it is almost an ego trip as well.

One of the most important organising narratives in Tim’s account is the acquisition of sexual skills. He is now “a good fuck”, and this is based on his claims to give women pleasure rather than on his own experience of pleasure or a sensual appreciation of his own body. His notion of prowess centres on his knowledge of the internal and external structure of women’s bodies and of how to do physical ‘work’ on these bodies. Tim’s narrative of steadily increasing sexual skill is embedded in his account of his sexual history, and also emerges explicitly when asked if his knowledge of how to have sex has changed. The following account, given in describing Tim’s relationship with Sylvie in his first year at ADFA, illustrates some of the key elements here;

But I got good with her. I got *really* good. I learned a lot. I could touch a girl and make her cum and. I could make her fuckin’ wet and, saturate me by playin’ with her breasts and her arse you know. It was great. [...] I tested the water a lot. And I never made her orgasm until the last sort of month I was goin’ out with her I think. But I’d given the girl then her first orgasm I think. And, at 18, I thought I was pretty good.

MF: So you hadn’t given a girl an orgasm before?

No. And it didn’t really faze me either. I think it was because of the fact that, perhaps because of the fact that I *hadn’t* made a girl enjoy herself that I didn’t care, so just to cum and roll over. [...] who gives a shit you know, the sort of yobbo attitude. Nowadays I find that the most pleasurable thing in sex is making the girl enjoy it. [...] And I’m *good*. I’m a good fuck now.

Tim describes his relationship with Sylvie as “a big learning experience”. She

taught him directly: she used to ‘sit him down with *Cleo* magazine and point out the important bits’, which was ‘embarrassing but also very good because he learnt a lot’. By the time he began the relationship with Lucinda two years ago, and also because of her sexual inexperience, he was ‘teaching’ and ‘training’ her to do what he liked. When he then had sex with Tammy (both during his relationship with Lucinda and when they had briefly broken up), his sexual prowess was such that she “was just *amazed*. Like I said Tammy was shaking one night you know. Oh fuck I’m so turned on I’m, fuckin’ all over the place she was.” Tammy “had the value of all my expertise and I just fuckin’ worked her over. She was *exhausted*.” Tim says that this was not “a matter of time and perseverance” but “more about technique”. He goes on to talk about his experience of learning about and experimenting with women’s bodies, referring to cervixes, G spots and coccyx bones.

Ronald emphasises “the ability to root” as an important attribute of a good boyfriend or husband, and one that he, Tim and Curtis possess. This ability involves ‘knowing how to “please” one’s partner and always striving to do so’, and Ronald says that he, Curtis and Tim are among “a few males in this division and in the culture here that are able to please a woman, really well”. Scott says at one point, “maybe it’s just an arrogance that I have, but I know that if I, do the right things, in bed, there’s a way to get every girl interested.” But he also comments that “you’ve got to be careful you don’t do too much, of what you did with the last girl with the new girl ‘cause you can’t be guaranteed that it’s gunna work.”

Other studies document very similar notions of men’s sexual skill. Waldby, Kippax and Crawford note some men’s subscription to a notion of

sexual ‘technique’, that is, to the idea that it is possible to possess a body of knowledge about sexual practice which produces consistent results in the pleasuring of their partners. (Waldby, Kippax & Crawford, 1993b: 250)

This knowledge is men’s expert knowledge, which is valued over individual women’s responses and requests. An individual women’s knowledge is ignored or rejected, and men’s knowledge acts as a benchmark against which to measure her responses (ibid: 250–51). Roberts et al. describe similar discourses among men, who apply techniques and work to an apparently passive woman’s body, producing her orgasm as a demonstration of their sexual skills and capacities (Roberts et al., 1995: 525–26).

There are two caveats to add here. First, men’s sexual knowledge may be learnt in the first place from women, as both Curtis and Tim show. But once Tim

had gained “experience” and “expertise”, he could apply this skill to other women, as is the case with Tammy where he “worked her over”. Second, as Waldby, Kippax and Crawford acknowledge, men’s general knowledge about female sexuality becomes less important as a relationship develops, as relaxation increases and as particular knowledge becomes more salient.

In relation to the first caveat, it is important to note from which women men gain sexual knowledge. Tim’s account conforms to the heterosexual masculine narrative in which one is taught sexual expertise by the sexually experienced and ‘knowing’ older woman. Tim says that Sylvie, a 28-year-old woman, was “a real tart” who wore sexy underwear, an “old tart” with a “*rubber* vagina” whom he could “fuck” all night. Holland et al. describe surrender to the superior knowledge and desire of the older woman as one of a number of strategies available to young men (Holland, Ramazanoglu & Scott, 1994b: 26). Jake draws on the same narrative in giving a rehearsed and celebratory story of losing his virginity at age 15, in a sexual encounter with his father’s 19-year-old female secretary. She “orchestrated the whole thing”, and Jake represents her as his teacher;

we did like everything, in one night, covered *every* base, so I mean I knew what was going down. And um, she was really cool too, like she said, she was like a *teacher* almost. Like here was this 19-year-old hot secretary of my father’s teaching me what was, what you should do to a girl when you have sex with her.

The model of sexual skill I have documented in the interviews contradicts the notion of male sexuality as uncontrollable. The notion of the “good lover” prioritises sexual performance as the skilled application of particular sexual techniques, rather than as the uncontrolled expression of a rampant and driven desire. It gives value to men’s ability to have intercourse for long periods (on the assumption that women prefer and enjoy this), to control and delay their ejaculation, and in general to ‘taking the time out’ to ‘please a woman’. Male sexual self-control is not the defining element of the narrative of sexual skill, but is part of the set of techniques whose application constructs oneself as a good lover.

Individual men may understand their sexual relations through both of these contradictory frameworks. They may frame sexual relations through a “sex drive” understanding to the extent that they believe that they “need” regular sex, and such beliefs may encourage men to pressure their partners into sexual activity because of their sense of sexual urgency, need or even right. At the same time, the choreography of their actual sexual practice may be organised more by notions of sexual skill and the production of women’s sexual pleasure.

Another kind of heterosexual sexual skill claimed by several of the research

participants does not concern sexual practice *per se*, but social interaction. Two good friends from Stromlo Hall, Adam and Scott, say that they are good at “doing the work”: at interacting with women in such a way that they increase the likelihood of having casual sex or a relationship. This practice can include talking, dancing, flirting, compliments and other expressions of interest and attraction. “Doing the work” therefore refers to men’s interactional strategies for displaying sexual attraction and creating sexual interest. While terms such as “flirting” are similar, the former term suggests that men’s labour is involved and that this labour relies on skill or expertise. Casual sexual encounters are a routine part of Scott’s and Adam’s lives, and they stress their involvement in “picking up” and “hooking in” with women, “dirty dancing” and kissing on the dancefloor. Elliot, from Stromlo Hall as well, expresses a very similar notion, although he has participated in far less sexual activity and almost no casual sexual relations. This shared use of the phrase suggests that it may be common to the sexually active circles of heterosexual male students in the campus residence.

Tim too uses the term “work” to describe the production of women’s sexual interest. He tells a story of him and Curtis meeting two women at a nightclub. He and Curtis had a “rule” that ‘whoever is getting the most sex gets the ugliest woman’, and in this case it was Tim. But while Curtis was away from their table, Tim began “chattin’ up” the more attractive woman. He says “it was really on”, Curtis came back and Tim said, “I’ve done all the work, you *fuckin’* bastard, there you go.” In this account, the female sexual interest produced through “work” is not specific to individual men but transferable between them.

Adam’s and Scott’s accounts of heterosexual “work” are complemented by the economic language and models apparent in their accounts. Both men mention and use models of “game theory” and “utility maximisation” in their understandings of sexual and relationship dynamics, and probably learnt these as Economics students in a department known for its neoclassical perspectives. Scott says, “Basically, when I start to want to go out with a girl, I put a lot of, to use an economic term, capital, into it, like a lot of money, and time, and investment.” Adam’s interview concluded with him outlining an economic theory of relationships, complete with symbols, mathematical formulae and graphs.

Men may perceive stereotypical masculine traits as ineffective in initiating and maintaining sexual relations with women. Scott criticises the sexual strategies of men he refers to as “the boys”: they don’t try to charm, dance, dress nicely or stimulate women’s minds, they are blunt, and they “just think sex should be theirs to have whenever they want it”. He and Adam characterise themselves as relatively

“sensitive” and as “smoother” and more successful than the “footy heads” in approaching and relating to women, because they know how to “do the work”. The two participate in a mixed-sex friendship circle and both say that they get on better with women than with men, that they have “feminine sides” and are “sensitive”, and that they are able to converse with and among women about stereotypically feminine topics such as “bad hair days”, makeup and whether a man is attractive or not. Adam says that he “was considered one of the girls” in an otherwise all-female group. Their colloquial terms “boys” and “footyheads” are common ones for distinct formations of masculine practice, similar to Connell’s account of “cool guys”, “swots” and “wimps” and Martino’s account of “cool boys”, “party animals”, “squids” and “poofters” (Connell, 1989; Martino, 1995). Similarly, Ronald explains his claim that he, Tim and Curtis do more talking about sex and more flirting than other men at the Academy as follows;

being able to impress women on the dance floor and just generally show them a good time [...] I think it also comes down to confidence as well, we’re a bit more confident around women than a lot of other guys are. A lot of other guys are the big macho tough guys because they can’t express themselves.

At the same time, Scott and Adam emphasise physical appearance in assessing girls, will comment to each other or other men about passing women that “I’d like to fuck her”, and they are comfortable among men in discussing women as “sluts”, “bitches” and “ugly dogs”. This contrast between heterosexual men’s behaviour when with other men and when in the company of women is a routine aspect of gender relations.

One advantage of the “good lover” notion over other understandings of men’s sexuality is that its standards of achievement are not entirely self-referential, in that they depend on the presence of female orgasms or other indicators of female pleasure. Men’s emphasis on male sexual performance places women at an advantage as assessors of that performance (Holland, Ramazanoglu & Scott, 1994b: 31). But it introduces new potential problems, including a male focus on female orgasm as the sole definition of sexual pleasure, pressure on women (“Did you cum?”) to affirm men’s egos by producing and indeed faking orgasms, and a valuing of women’s sexual pleasure only as a tally of men’s sexual skill. Women fake orgasms and exaggerate their apparent pleasure to please their partners, avoid relationship problems, bring intercourse to a speedy conclusion and “so he won’t feel inadequate” (reflecting their own investments in a discourse of relationships and love) (Roberts et al., 1995). A woman’s orgasm here “has become a commodity of exchange in the sex act”, as a prize for men (Steedman, 1987: 95). A male focus on being ‘good at sex’ also has repercussions for the character of men’s emotional

involvement with women, in that this focus “feeds into a competitive and limited conception of male sexuality in which men can become sexually ‘successful’ while cutting themselves off from emotional dependence” (Holland, Ramazanoglu & Scott, 1994b: 32).

“Good lover” rhetoric may appear risky for men in relying on the production of women’s sexual pleasure. It can increase male vulnerability and pressure in relation to sexual performance, in that men have both to prove their prowess to women and report it back to men (Holland, Ramazanoglu & Scott, 1994b: 31). This risk can be avoided by a retreat into indifference, as Holland et al. suggest and as Tim’s account demonstrates. While Tim prides himself on his ability to give women sexual pleasure, if they don’t have this pleasure he does not see this as reflecting his own failure or inadequacy. His is thus a very robust system of evaluation. I asked if Tim ever feels inadequate or ashamed about anything to do with sex, and his first response is to say, “I just don’t think I’ve cared.” He says, “if I *do* make them enjoy themselves well I feel like a stud, but if I don’t then it just, fuck it, not really bothered. I just think of that as a bad fuck.” However, few heterosexual men are as indifferent as Tim about their sexual partners, and most are more vulnerable to women’s judgments regarding their sexual prowess.

### **Sexual skill is not condom skill**

Narratives of male sexual skill among the research participants do little to encourage safe sex. The notion of the “good lover” has three limitations in relation to condom use. First, it does not include condom use as an element of this prowess. Second, the female sexual pleasure which is produced by this skill is defined only in terms of orgasms, and not also in terms of contraceptive and prophylactic safety. Third, notions of men’s expertise and sexual authority lessen the possibility for dialogue and the negotiation of safe sex. Tim and Curtis for example report enacting their sexual skill in ways which are masterful and highly controlling.

One might think that a concern with the ‘technical’ aspects of sex, such as the successful organisation of prophylaxis, could readily be incorporated into heterosexual men’s sexual practice, given the image of ideal man as technically competent lover. Men could represent condom use as simply another sexual skill to be mastered as part of their sexual performance. Men could discuss the intricacies of condom design and use in much the same way that they discuss the intricacies of car engines. “Doing the work” could come to incorporate the practice and negotiation of safe sex. Men could establish that condoms are to be used and give a particular meaning to this (thwarting other readings such as condom use signalling distrust), and perhaps also share relevant risk histories.

While there may be heterosexual men who relate to condom use in this way, there was no sign of such an incorporation among the men in this study. Tim's account of "fumbling" with condoms is especially noticeable in light of his otherwise all-pervasive narrative of sexual skill. His discussion of condoms is the only place in the entire five hours of interview where he speaks of sexual difficulties. Condom use has not been incorporated into heterosexual men's sense of sexual skill because most simply do not perceive a need to do so, because there is no collective or community support for such an incorporation, and because condom use runs counter to other, equally important, aspects of heterosexual men's understandings of sexual and social relations.

With reference to the second limitation, heterosexual men could assume that women's sexual pleasure will be enhanced if women know that they are safe from HIV, STIs and unwanted pregnancy. Women's comfort in such knowledge arguably is as important an influence on their pleasure as their male partners' prowess at cunnilingus, masturbation or intercourse. Many young women prefer and appreciate, or at the very least do not object to, their male partners using condoms. Given the self-reported investment in or focus on women's pleasure among some of the men interviewed, why does this not then translate into a commitment to condom use? One reason is that men may understand their ability to gauge their partners' sexual pleasure itself as impeded by condoms. Tristan reports this, where he relies on penile sensation to assess vaginal lubrication and tightness. However, Tim's account provides a starker example of a physically focused and self-referential understanding of female sexual pleasure, which speaks of the general logic of the "good lover".

The notion of male sexual skill does offer a potential resource for condom use, but this is thwarted by its own logic. The production of women's sexual pleasure, as signalled by orgasms, is of value especially in confirming men's own sexual skill and prowess, but it is not seen primarily as of positive worth in its own right, as part and parcel of an empowered and desiring female sexuality. Instead, female pleasure is currency in some men's pursuit of personal and social status.

So far I have looked at constraints to condom use associated with heterosexual men's bodies, the organisation of sexual practices, and the "moments" of sexual episodes. Now I turn to another realm, heterosexual men's relations with their sexual partners, to examine the operations of trust and monogamy.

## 7.

### Trust, relationships and monogamy

Safe and unsafe sexual behaviour is shaped by the social meanings attributed to the interpersonal relationships within which sex occurs, and by the meanings given to condom use and non-use in terms of these relationships. In this chapter I trace the operation of such meanings, especially as they relate to two patterns among young heterosexual men: they rarely use condoms in regular relationships and they often discontinue condom use early in their sexual involvements. This pattern is typical of the progression of relationships among young heterosexuals, in which once first intercourse has occurred and if a sexual relationship continues, the woman is likely to go on the Pill if she had not been using it before (Wight, 1992; Holland, 1991a). I find that the notion of “trust” is pivotal in men’s perceptions of sexual involvements, and that condom use is understood as contrary to trust.

The interviewees represent trust, monogamy, closeness and love as intertwined meanings which rule out condom use in a regular relationship. Trust is valued highly in sexual relationships, and trust is antithetical to ongoing condom use, especially if this is seen as related to the possibility of sex outside the relationship. Men quickly define sexual involvements with a particular woman as a “relationship”, and relationships signify trust and monogamy, again rendering condom use redundant.

Tristan’s sexual history in long-term relationships conforms to the pattern in which initial condom use is replaced by other methods, in his case by withdrawal and the rhythm method. He sees trust, closeness, love and commitment as mutually defining terms in a regular relationship, making condom use all but unthinkable. Here he is responding to the idea that using a condom implies that one cannot necessarily trust one’s partner;

Well I guess it would have to come down to your personal intuition about the person. I would like to think that, we still live in a world where you can trust people. I wouldn’t like to insult my person- my partner’s um, you know sense of, I dunno honour or whatever by saying look I don’t trust you I’m gonna wear condoms every time we have sex. [...] I would recommend that for *women* more than I would for men because I think men tend to be far more promiscuous and want to stick their dick in anything that moves if they’ve got an opportunity [...] that kind of thing really is a matter of self discipline [...] when I’m in a long term relationship I make a big commitment to that person. And there’s lots of people who are interested in me and who I could go off and bonk but, I guess I feel that, if I love this person, you know, I’m committed to them

to do that and I expect the same from them.

Tristan says that “you tend to know someone pretty well after you’ve lived with them and been with them constantly” for three to five months, and one has to “be prepared to be trustworthy of your partner and also to have that closeness with them”. Tristan’s sense of the “closeness” and “specialness” of a sexual relationship, expressed and confirmed through sex, is dependent on this sex being exclusive. Although he was unfaithful in two previous relationships, he stresses that this ‘destroys the trust’.

Ronald says that ‘you need to be able to totally trust the person you’re with’, to not have sex with other people or to tell you if they do:

To say you know, look, I’ve slept with such and such, um, let’s not have sex until I’ve had a test, ‘cause I didn’t practise safe sex, or, I *did* practise safe sex you know let’s, let’s get on with it.

In Ronald’s case this is not a total ‘trust the partner blindly’ position, as “trust” includes the practice of telling one’s partner if one has been unfaithful and whether this sex was safe or not. At the same time, his mention of getting tested is slightly worrying in that getting tested would only reveal the testee’s HIV status three months ago and not any change in this after the unfaithful sex.

Curtis presents another example where the principle of trust is central to and definitional of a sexual relationship. Curtis adds “honesty” as another integral principle. He says at one point that each partner should simply trust the other to remain faithful, and at another that each should tell the other if they’ve been unfaithful. Long-term condom use in a relationship is not a realistic or desirable option for Curtis. Nor can he imagine a negotiation of condom use which questions trust: “especially on a long term thing, if you said I wanna keep wearing a condom with you because I don’t trust you, I think your relationship would fizzle pretty quick, right?” Curtis’s emphasis on “trust” is especially notable because he also expresses an allegiance to a sexual double standard. He plans to “cheat on” his partner when they go on their respective military postings, she knows this, and at the same time he says her unfaithfulness would end their relationship.

Curtis has relied solely on the Pill in his three long-term relationships, while using condoms for most of his casual sexual involvements. In Curtis’s current relationship with Bridget, they started sexual activity without condoms, and talked about this perhaps a month after commencing sexual intercourse;

we said yeah, we didn’t use one, and she said oh yeah that’s okay though, ‘cause we just seemed very close together and it was almost as though, well you know we’re that close we don’t *need* the condom, you know,

it's fine don't worry about it.

Curtis identifies the problematic link made between trust, love and perceived immunity from AIDS, and simultaneously subscribes to it himself;

if you've got each other's trust then you are almost lulled into, I guess a false sense of security that you won't get AIDS because you trust each other and you're in love with each other. And I guess that's another misconception too. I mean, it doesn't matter how much you love someone, if they've got it, they've got it, and so I mean, I think you're more likely to once you get close to someone, to start laying off because this trust thing, if you like, because you love each other you trust each other, get rid of the condoms and because I love you I don't think you've got AIDS.

The last sentences of both extracts presents striking example of the symbolic operation of relationships and "love" in counteracting condom use.

Monogamy is a foundational element of the construction of romantic love, and integral to the legal and cultural constitution of marriage. Monogamy has been mobilised in contradictory ways in the name of HIV/AIDS prevention. On the one hand, conservative forces in Australia as in the U.S.A. have lobbied for a reliance on lifelong monogamy and/or abstinence to be the sole strategies of HIV prevention advocated in AIDS education. On the other, monogamy is an aspect of some gay men's strategies of "negotiated safety".

Given the hegemony of the ideal of monogamy in contemporary heterosexual relationships, it is unsurprising that the young heterosexual men interviewed in my study subscribe to assumptions of sexual exclusivity. The operation of trust in heterosexual relationships is interdependent with understandings of monogamy, and "trust" is often a synonym for sexual fidelity. For all but two of the men, sexual exclusivity is the taken-for-granted premise of any regular sexual relationship. To the extent that they speak of "monogamy" (some did not know the word), they are not referring to lifelong sexual exclusivity but to serial monogamy or sexual exclusivity with one's current partner. None of the informants have engaged in mutually negotiated, mutual non-monogamous relationships — that is, in which both partners are free to have sex with other people. However, two men acknowledge alternatives to monogamy. Oliver says that when he was younger he had assumed monogamy in his relationships, but now he discusses this and makes the agreement that each will tell the other if they have sex with another person. It may be that Oliver, who at 26 is several years older than the other interviewees, has had more experience with which to reassess such assumptions. But he also speaks of "trust" and "intimacy" as important in organising the move to non-condom intercourse in his relationships. Greg is the second man who contemplates a

situation arising where both partners might agree to be non-monogamous.

While “trust” is often synonymous with the assumption of monogamy, my study includes one man for whom “trust” is not dependent on sexual exclusivity and can even override it. Trust is central in Nigel’s understanding of relationships and of love, and is his central strategy in avoiding STIs and HIV with his current partner Ursula. This persists despite Ursula’s sexual infidelities. Nigel explains his condom non-use with Ursula in terms of three factors: she is on the Pill, she is from ADFAs (where everybody is “screened” for STIs), and he trusts her. However, trust is the overriding logic of Nigel’s management of risk. “Trust” in Ursula is “the bottom line”, even in the face of her having had sex twice with her ex-boyfriend during her relationship with Nigel. His overriding reliance on trust is likely to be shaped by his emotional involvement with Ursula, which shows a vulnerable neediness and dependency which may intensify his investment in the relationship, as well as his self-described “conservative values”.

### **Entering a “relationship”**

Men quickly define their sexual involvement with a partner as a “relationship”, which makes safe sex redundant. Tristan supports the practice of initial condom use in a relationship as “sensible”, and says that establishing this use in the beginning “also shows respect for your partner, if you’re prepared to use a condom and forego, to a certain amount, your sexual pleasure.” But entry into a “monogamous relationship” renders condoms obsolete. He says,

usually when I met a woman and we began to have sexual relations the condoms would be used for the first sort of half a dozen times or whatever, and then once it was clear that we were going to be in a monogamous relationship then the condom would come off.

Tristan gives as an example his most recent long-term relationship with a woman called Shannon, which began about two years ago and ended six weeks ago. However, Tristan says that Shannon hated condoms and didn’t want to use them and she pulled off the condom during their first intercourse. Thus, condom use was hardly “established” early in this relationship. Tristan then used the strategy of withdrawal before ejaculation to protect against pregnancy. While one factor in Tristan and Shannon’s abandonment of condoms was Shannon’s preference, for Tristan another was his understanding that they had *begun* a “relationship”. He says that when the condom “came off”, “it didn’t bother me so much because I guess you know I could see that I was going to have a long-term monogamous relationship with her.”

Tristan’s account demonstrates two of the risks in a reliance on trust and

monogamy as protection against STIs including HIV. First, about two weeks into this relationship, Tristan had intercourse with an ex-partner. Second, Tristan did not know whether Shannon was free of STIs, and she was not. About three months into the relationship, Shannon told Tristan that she had herpes when she discovered a herpes blister (although she had known of the herpes before). Tristan did contract herpes from her, and they used condoms for the period of his active infection.

Adam and Scott forego safe sex and rely entirely on the contraceptive Pill in “relationships”. Adam says,

Safe sex is okay, um, but it normally doesn't happen. Um. If you go out with a girl, for more than a couple of weeks, you end up saying will you go on the Pill, and we won't have to worry about condoms. [...] people that really sleep around, yeah, they use safe sex, but if you're in a relationship you usually don't worry about it.

He and his partners shift to the Pill too early to have negotiated sexual exclusivity and established each other's STI status and serostatus, but soon enough that they constitute a “relationship”.

The meaning of a “regular” relationship varies markedly in both duration and fidelity (Moore & Rosenthal, 1993: 127). Young heterosexual women and men may define involvements as a relationship when they are only several weeks long. Given the practice of serial monogamy over a series of relationships of this length, monogamy gives little protection against the transmission of HIV or other STIs. Young women are more likely than men to define involvements as a relationship, because of norms of femininity in which casual sexual relations will damage their reputations and because of young women's well-documented hope that short relationships will last (ibid: 128). Casual relationships sometimes are labelled in misleading ways to protect reputation or identity, and for women in particular this “means pretending to trust the partner, which may imply not using condoms or questioning about sexual history” (Lear, 1995: 10).

The power of beginning a “relationship” is further illustrated in some heterosexual couples' symbolic resolutions of contraception. Once the woman has begun taking the Pill or even if they have only decided that she will do so, the couple commences unprotected intercourse even though they are not yet safe from pregnancy. Ronald's sexual history provides two examples of these patterns. His partner Eve went on the Pill almost as soon as the relationship began, but he and Eve had unprotected intercourse throughout the seven days during which the Pill was not yet effective. Their very first sexual intercourse was unprotected and Eve then took the “morning after pill”, but she did not continue to do so for their subsequent episodes of unsafe sex.

In a relationship several years ago, Ronald and Lucy began with condoms and this was overwhelmingly about the prevention of pregnancy. Ronald was “hassling her to get on the Pill”, they stopped using condoms, and they had three months of unprotected sex before she went on the Pill;

I just pissed it [the condom] off ‘cause I found them too much of a hassle and, we ended up having sex once without it on, and I thought woo-hoo this is good you know, this is heaps better, why why are we using these condom things, they just make it harder, make it worse. Yeah so basically I just stopped using them and said look you know, you’ll be right trust me you’ll be right, and it was all right.

MF: How was she with that?

Oh she was a bit sort of you know dubious at first. [...]

MF: Sure. I mean how come she went on the Pill?

‘Cause I kept- I kept tryin’ to hassle her to get on the Pill, so I could so we could avoid sort of pregnancy if it you know if it did happen. ‘Cause once we’d done it a few times and nothing was happening she was pretty cool about it all. And I didn’t want her getting *too* cool about it all ‘cause otherwise it might have been really uncool.

With greater trust and commitment between partners in a “relationship”, they are more willing to take risks with each other and they relax the requirements of contraception to a degree.

A further factor in Ronald’s practice of unprotected sex with both Lucy and Eve, and part of his request to Lucy to “trust me you’ll be right”, is his belief that he is unlikely to be able to get a woman pregnant. Ronald says he “wasn’t too worried about pregnancy at that stage” because as a child he had an undescended testicle, he now has only one functional testicle, and he thinks he may have a “low sperm count” (which he intends to have tested at some point). It was on this basis that Ronald told Lucy that “the chances are you won’t get pregnant”, and said ‘don’t worry about it’ to Eve during a talk about contraception after their first night of intercourse. Having an undescended testicle or only one testicle does produce a lower sperm count as Ronald believes, but the man is still fertile and can therefore father children (Brewer, 1995).

Sexual practice alone can produce “trust”. A sense of trust and sexual safety can be established very quickly, even over the course of a single night, and is not always organised by participants’ definitions of the sexual involvement as a “relationship”. Adam tells of a casual sexual involvement one night several months ago, in which he and Maggie had intercourse three times in one night, and “didn’t worry about” condom use for the last two times. Adam reports that Maggie had said

prior to this that she was on the Pill. Thus pregnancy had been ruled out, while the transmission of STIs and HIV remained a possibility. Adam's and Maggie's first sexual intercourse itself seems to construct a sense of familiarity and trust, such that condoms are perceived as less necessary for their further sexual relations. In other words, having sex creates trust, and trust means sex without condoms.

A reliance on trust and monogamy as protection against HIV and other STIs is not exclusive to heterosexual couples. Gay male couple relationships are an important setting for unprotected anal intercourse, and such men often are using sero-concordance (where both partners are either HIV-negative or HIV-positive) as an HIV avoidance strategy (Kippax et al., 1993: 75, 152–153). Among HIV-negative gay couples there is a powerful connection between their unsafe sex and trust, where trust allows them to practise unsafe sex and unsafe sex creates trust (Bartos & Middleton, 1997: 4). Research among gay men in the United Kingdom shows similar patterns (Davies et al., 1993: 117–18). One could interpret this in two ways. One possibility is that heterosexual culture's hegemony is so powerful that heterosexual notions of trust and monogamy have also been adopted by gay men. Another is that these notions are part of constructions of sexual intimacy and sexual relationships in general. However, there are also important differences between the typical social organisation of male-female and male-male sexual relations in Australia, and analyses of one cannot be simply applied to the other.

### **Trust and relationship experience**

Among the research participants there is a striking correlation between condom use or non-use and non-participation or participation in 'trusting' regular relationships. If one divides the men into two groups, those who use condoms consistently and those who do not, only two members of the former group have ever had a regular relationship involving intercourse, while all but two of the latter group have done so. I briefly describe the exceptions to these patterns, before addressing their significance.

Among the seven men who have usually used condoms in their sexual relations so far, Elliot and Greg are the exceptions. Among the ten men whose condom use is rare, inconsistent, or absent, the two exceptions are Dave who has never had a long-term relationship, and Nigel, whose only 'long-term' relationship is only three months old and currently unstable. Dave and Nigel are the least sexually experienced among the condom non-users. Dave at age 25 has had only two occasions of intercourse, the last one three years ago, and both were without condoms. Nigel has had intercourse only with one woman, Ursula, his partner at the time of the first interview. Nigel bought her what he describes at one point as an

“engagement ring”, representing “a commitment to a long term relationship and a commitment that if given the chance we’d like to live together as well”. However, the relationship has had an uncertain history, and between the first and second interviews Ursula said she wanted to break up for the moment.

Because heterosexual relationships carry dynamics which make condom use unlikely, the more that any particular man has participated in such relationships, the more often he will have had unprotected intercourse. Once men have experienced such relationships, including unsafe sex, they are more likely to rely on the safety of trust and monogamy, and more likely to dispense with condoms in favour of the Pill or other contraceptive methods in future relationships. Notions of trust, monogamy and love are widely available in this culture, and the experience of heterosexual relationships makes them real and gives them substance.

Here I am rejecting an account of men’s unsafe sex in relationships which explains this only in terms of pre-existing understandings of trust, in favour of an account which sees such understandings as also constituted through participation in the relationships themselves. The typical dynamics of long-term relationships have a profound impact on condom use within them. Young heterosexual men’s and women’s participation in a regular and monogamous relationship itself *mobilises* circulating understandings of trust and love, in that these are taken up as constituting the meaning of the relationship. These couples typically will switch from condoms to the Pill, and will defend such a move in terms of narratives of trust, love and monogamy.

I have three qualifications to this argument. First, men’s pre-existing allegiances or resistances to notions of trust do play a role in their likelihood of dispensing with condoms in regular relationships. Some men are more likely than others to spurn condoms. Second, participation alone in long-term relationships may not be enough to mobilise trust, and the form of this participation is a factor. Below I give examples of three men for whom emotional disengagement, infidelity and disease, and the painful ending of a previous relationship have acted to limit or undermine their investments in notions of trust. This is one reason why these men are more tentative about or hostile to the possibility of moving away from condoms in regular relationships. This qualification accounts for the two exceptions among the consistent condom users, Elliot and Greg.

Elliot has had three long-term relationships involving intercourse, but the form of his emotional investment in these relationships is removed from and even antithetical to notions of “trust” and “love”. His stories of his sexual and emotional life are marked by several interconnected patterns: an emphasis on efforts to “get

sex”, a lack of attention to or investment in the emotional dynamics of relationships; and a curious kind of passivity or reluctance to do with relationships, in which they are experienced as a “chore” and Elliot simply ‘goes along with’ the woman’s emotional initiatives. Elliot reports that “boyfriend/girlfriend *love* as such has sort of evaded” him and that he has “always had trouble defining what love is”. He is strongly committed to condom use and typically has relied on both condoms and the Pill. It remains to be seen whether Elliot’s condom use will be sustained in a regular relationship he experiences as “loving”. In talking about STIs and HIV, Elliot comments that “you can give it to somebody else and, you know, how can you give it to that someone *if you love them* sort of thing.” Here he represents love itself as a further reason for avoiding the transmission of STIs including HIV, while for many others “love” in relationships is a guarantee of prophylactic safety which renders condoms redundant.

Men’s experience of their partners’ infidelity can thwart the investment in trust potentially galvanised in regular relationships. Greg has had two relationships of several months each, but in both the female partner was unfaithful and he contracted STIs from both partners. Despite a sexual history which includes various episodes of unprotected sex, Greg now is comfortable with safe sex and committed to condom use, including use in long-term relationships. On the other hand, men’s experience of their partner’s infidelity may not be enough to undermine an investment in “trust”, as Nigel’s example shows.

Traumatic relationship break-ups can dilute men’s willingness to rely on “trust” and “love”. Declan, another committed condom user, also has had one long-term relationship, which did not involve intercourse. The break-up of this relationship “burnt” him badly, and he says, “I used to be like trust everything until they prove otherwise, now it’s the X-Files thing, you know, trust no one”.<sup>1</sup> He is giving more attention to his male friendships and being careful not to neglect them as he had done when going out with Beth. He ‘hasn’t lost all hope’ about sexual relationships, but he is “a hell of a lot more cautious” and wary of being in love and ‘putting all his bets on one thing’ at his young age.

My third qualification to the ‘mobilisation of trust’ argument comes from other evidence which suggests that relationship experience has less impact on whether a man will *start out* using condoms in each regular relationship than on overall condom use. Men’s condom use declines with age, as documented among

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<sup>1</sup> “X-Files” is the name of a popular television show focused on paranormal and extraterrestrial phenomena, which features the slogan, “Trust no one.”

young American men from longitudinal data based on the 1988 National Survey of Adolescent Males (NSAM-1) and the 1990-91 follow-up National Survey (NSAM-2) (Ku, Sonenstein & Pleck, 1994).<sup>2</sup> Ku et al. tested three hypotheses as to why condom use declines with age: that men “lose the habit” of starting out with condoms; that successive relationships last longer, so the average level of condom use is lower over time; and that partner or relationship characteristics change over time (such as the frequency of use of the Pill), reducing the probability of initial condom use. Ku et al. found that the last two of these hypotheses were confirmed, but not the first.

The probability of condom use the first time a couple had sex did not decline in successive relationships, according to Ku et al.’s research. Condom use had a habitual or persistent aspect, in that those who were using condoms more often in the 1988 survey were also more likely to do so when initiating sexual relationships in the period between this and the 1990-91 survey (Ku, Sonenstein & Pleck, 1994: 250). However, as the men aged (from 17-18 to 21-22 years old), they had longer relationships, more frequent intercourse, and their partners were more likely to use the Pill. Eventually entering into marriage, engagement or cohabitation with a partner was correlated with a lower probability of condom use at first intercourse with that partner, and also greatly reduced the probability of condom use at last intercourse.

In other words, while men do not “lose the habit” of starting out with condoms, they are more likely to give them up and will do so more quickly in successive relationships. Unsafe sex becomes habitual in men’s regular relationships. But my research finds also that unsafe sex becomes habitual with particular partners. This occurs when two people have been in a relationship, have adopted unsafe sex, and then have sex again after the relationship has ended. In this situation, either partner may have also had unsafe sex (or shared needles) with other people and neither partner is likely to know if the other has done so. Ronald had sex several times with Lucy after they had broken up and while he was in his next relationship, and by this stage Lucy had also had sex with another man. Ronald got tested for STIs after this, but again did not use condoms with Lucy. Ronald himself acknowledges the habituation of unprotected sex: “I didn’t use a condom again, simply ‘cause that hadn’t been the practice in the relationship so, it didn’t sort of change straight you know, straight away.” Jake’s sexual history provides a similar

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<sup>2</sup> NSAM-1 involved interviews with 1,880 never-married noninstitutionalised men aged 15-19, while NSAM-2 involved re-interviews thirty months later with 1,676 men of the original sample, now aged 17-22.

example. He and his then-partner Margot shifted to non-condom intercourse, relying on monogamy and the Pill, but their unsafe sex continued after they had broken up, while Jake also had (protected) intercourse with another woman.

If two individuals habitually practise unprotected sex during their relationship, they are much more likely to continue doing so if they have further sex after their relationship has ended. This is the case even if either or both people have had sexual relations with other people in the intervening period. In fact, it may be *more* difficult to introduce condoms into this revisiting of their sexual relations than it would be if they were new sexual partners, and this is precisely because of the emotional and symbolic character of sexual relations themselves. To use condoms (where they haven't used them before, or not since the beginning of their now-over relationship) is to mark in a very obvious way their changed relationship status. People have sex with people with whom they have been in long-term relationships for many reasons, including nostalgia, habit, familiarity and the desire to have this relationship back, and introducing condoms can interrupt such meanings.

While young heterosexual men's participation in regular relationships mobilises prevailing discourses of trust, I cannot document this fully over time. This research does not include 'before relationship' and 'after relationship' accounts in which one could see shifts in the men's accounts of trust. Instead, the research relies on a single retrospective snapshot by each interviewee. Nevertheless, the preceding account establishes that "trust" is an important influence in these men's accounts, and that the experience of regular relationships itself facilitates the mobilisation of circulating notions of trust.

## **Gender, trust and love**

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Young heterosexual men's reliance on "trust" and on entry into a sexual "relationship" as protection against HIV is shared with young women, which gives these notions considerable power in displacing condoms from short and long-term sexual engagements. 'Trusting to love' is a common pattern among young heterosexuals and women in particular, such that safe sex is regarded as unnecessary with one's "regular" partner or within a "relationship" (Abbott-Chapman & Denholm, 1997; Moore & Rosenthal, 1993: 127; Peart, Rosenthal & Moore, 1994; Rosenthal, 1994; Rosenthal, Fernbach & Moore, 1997; Stephenson, Kippax & Crawford, 1994a, 1994b; Warr, 1998). Especially among young women, sex is seen as about love and trust, and these are implicitly prophylactic, such that sex without a condom will be practised if one is "in love" (Rosenthal, 1994). In other words, sex is constructed as 'safe' through its relationship with love

(Rosenthal, Gifford & Moore, 1998a). Peart et al.'s interviews with heterosexual men and women (from discos and bars catering to single adults) also demonstrate a reliance on 'safety in love'. Women (and some men) search for the safety of love through casual, unprotected sex. Their narratives sometimes can confuse or thwart the intended effect of safe sex messages: safety is envisaged in terms of finding love rather than avoiding HIV or other STIs, and one risks unsafe sex in the hope of love. Risk means the risk of losing love;

if sex is seen to lead to the possibility of love and if condom use risks the chance of having sex, then safe sex can be constructed as a direct threat or risk to the possibility of love. (Rosenthal, Gifford & Moore, 1998a: 45)

Heterosexual men and women have shared understandings and narratives concerning the meaning of sexual relationships. But men's understandings and practices of trust, fidelity and love may differ from women's. While some men in my study are as ready as many women to speak of and rely on "trust" as their prophylactic strategy, there is less evidence that they are trusting *to love*. The term "love" appears only rarely in the interviewees' accounts of foregoing condoms in either regular or casual sexual relations. Several men add inverted commas when using the word "love" in the interviews, signalling their doubt about and lack of understanding of the notion, and others use the term ambivalently.

Scott describes love as "bullshit" and an "irrational addiction" and criticises "falling in love with love", while he does use the term for feelings of commitment and closeness and says he has felt it before. Currently single, Scott says that he is pursuing "fast love", a form of casual sexual relation popular at university, and while single he just wants to have "fantasy sex or something, just with attractive women who will be good and, will not want commitment". His narratives of his relationship history include an example of men's alleged "fear of commitment". Scott says that he was sexually unfaithful to his partner of two years Kimberley and contemplated ending their relationship because he felt that the relationship involved too high a level of commitment and he had considered 'trading off parts of his future' such as his career, by thinking of marrying her. He reacted with fright when friends said "you can't look at women any more, you're a married man." Scott's decision one evening to pursue another woman while still in the relationship was prompted particularly by a male friend advising him not to, saying 'you and Kimberley are almost married': "that word, just clicked in my mind, and I went fuck! I don't want to be married. I don't want to be married." Scott then found and had sex with the other woman.

There is a range of forms of evidence that young heterosexual men have less

investment in notions of “love” and “romance” and are less likely to conflate sex with these than heterosexual women. Rosenthal et al.’s study (among single heterosexual men and women aged 20–40) found among women a pervasive construction of sex in terms of love and romance, while men’s discourses showed both this and a second theme in which sex was constructed as a hunt and an ego boost (Rosenthal, Gifford & Moore, 1998a: 39–40). Sharon Thompson argues on the basis of her interviews that young women have different and greater involvements ‘at the gaming table of romance’ from those of young men (Thompson, 1984). Women are more likely than men to express a sense of self and experience their emotional life through narrativised accounts of romantic love relationships (Langford, 1996: 29), and while 15- and 16-year-old women can launch into full-blown romantic fables which are rehearsed and polished, such stories are absent among young men (Thompson, 1984: 351). Women are more likely than men to stage and perform romantic roles for their partners and themselves, while men are ignorant of or resist such cultural scripts (Duncombe & Marsden, 1995). Men’s greater allegiance than women’s to the sexual double standard, which I discuss below, also suggests a differing relationship to notions of monogamy and trust.

Such patterns are an aspect of the broader organisation of gender relations. Dominant constructions of masculinity are said to emphasise emotional inexpressiveness, as a prerequisite for assuming adult male roles of power whether in marriage or the workplace (Sattel, 1992). Masculinity is defined as not-feminine: troublesome emotions which leave a person open and vulnerable to others (such as love, fear and compassion) are represented as feminine, and therefore these qualities are denigrated and avoided in oneself and in other men (Doyle, 1989: 148–160). Thus men come to learn and display both “emotional incompetence” and “emotional constipation”, to distrust and feel discomfort with women’s expression of emotions, and to be psychologically and emotionally isolated (*ibid*: 158). Such constructions of gender play themselves out in the typical emotional division of labour and unequal ‘emotional contract’ of heterosexual relationships. The female partner provides both emotional and sexual servicing to her male partner and is the primary source of his experience of love, affection and nurturance, and he withholds emotional openness simultaneously while relying on her emotional work (Duncombe & Marsden, 1995: 246; Hite & Colleran, 1989: 30; Kaufman, 1993: 241).

My study suggests however that the gulf between young men’s and young women’s understandings of trust and relationships is not as wide as some of this literature claims. While the research participants rarely offer narratives of romantic

love, like women they do perceive “trust” to be a central and valued element in sexual relationships. Similarly, Moore and Rosenthal note a “gender convergence” in teenage boys’ and girls’ reasons for having sex, with “love, caring and affection” the main motives, as does Warr (1998). But gender differences remained strong among homeless teenagers and among particular ethnic minorities (Moore and Rosenthal, 1993: 89–91).

## **Negotiation and negotiated safety**

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Men’s routine unsafe sex in relationships appears to resemble “negotiated safety”, an alternative strategy to a “use a condom every time” strategy for reducing one’s risk of contracting HIV. It involves two sexual partners who believe themselves to be HIV-negative agreeing to unsafe sex within their relationship and either sexual monogamy or only safe sex with partners outside the relationship. If two HIV-negative individuals have a genuinely monogamous relationship, the risk of either partner becoming HIV-positive through sexual transmission by definition is reduced to zero. And if these same two individuals negotiate that one or both can have sexual relations outside the relationship as long as they only practise safe sex, the risk of HIV transmission again is much smaller than if one or other partner were having unsafe sex.

The term “negotiated safety” most often has been used in AIDS research on gay and homosexually active men, and at least one campaign directed at such men focuses on this practice: the AIDS Council of New South Wales’ “Test, Test, Talk, Trust” campaign. But gay men’s “negotiated safety” raises several questions. Will it undermine safe sex culture? While some commentators express concern that negotiated safety may ‘unravel the condom culture’ (Worth, 1997), others describe its adoption as representing gay men’s growing sophistication in informed risk-calculation and risk-taking (Gill, 1994: 16). Is the use of negotiated safety actually occurring? Does it work when adopted? On these last two questions, Bartos and Middleton note a

substantial body of evidence, in Australia and internationally, both that gay men were more likely to practice unprotected anal intercourse with regular partners than with other partners, and that a significant proportion of recent HIV sero-conversions were being attributed by gay men to sex within their regular relationships. (Bartos & Middleton, 1997: 2)

There are three obvious elements of negotiated safety on which it may fail as a safe sex strategy: HIV status, monogamy, and safe sex with casual partners. Research among gay men documents failures in each of these (Gill, 1994).

What about among heterosexual couples? Many ostensibly are practising negotiated safety, although this term is unlikely to be widely known outside gay and AIDS education circles. Typically they believe that they and their partners are HIV-negative. And typically they rely on the assumption of sexual exclusivity, or less often an agreement to fidelity, as protection against the transmission of STIs including HIV. (Agreements to non-monogamy are much rarer among heterosexual couples than among gay male couples.) However, as this and the preceding chapters already have shown, what some heterosexual couples are doing is neither negotiated nor safe.

Establishing each other's HIV and STI status is an important aspect of negotiated safety in regular sexual relationships. In Chapter Eight I show that some young heterosexual men assume rather than establish that they and their partner are both HIV-negative and free of other STIs, on the basis of trust, 'knowing' the woman, her appearance or cleanliness. Sharing sexual histories with one's prospective sexual partner is another strategy for assessing one's HIV and STI risk advocated in AIDS education. But doing so is neither easy nor transparent. Several of the men I interviewed feel that sharing sexual histories breaks the 'special' and 'private' bonds they feel with previous sexual partners. As one man commented, "it's between me and her". Enquiring about sexual histories is retarded by men's jealousy, with men reporting being hurt 'that other men had been there before', and by the sense that one's partner's past is 'none of my business'. And partners who tell of their sexual histories therefore prove themselves not to be trusted to keep secret their sexual relations with their current partner (Ingham, Woodcock & Stenner, 1991: 123).

Another issue is some men's concern to protect their own sexual reputations. Several men in my study wish to avoid being branded "male sluts" for having sexual relations with too many women or with women who are too young or "sluts" themselves. This can prohibit men's sharing of sexual histories with new partners: Oliver says that with new partners he downplays the number of women with whom he has had sex, and Tristan comments that one can be judged as "loose" by the number of partners one has had. Close to half of both men and women in an American study of 18–25 year-old college students said that they would understate their number of previous partners (Cochran & Mays, 1990: 744–75). Doing so is reminiscent of a pattern documented by Woodcock et al., of people re-telling their sexual histories to conform more closely to a safe sex message (Woodcock, Stenner & Ingham, 1992: 243). Such behaviour may be understood as "truthful equivocation", in which "humans take the path of most honesty with least harm to the relationship at hand" (Baruth, 1996: 179).

The most striking feature of talk about sexual histories in my research was that where it did occur, typically it was not oriented to safe and unsafe sex at all. Instead, its primary purpose was in facilitating an intimate and trusting connection between the two partners. Divulging sexual histories is understood to be part of the process of ‘getting to know each other’, of sharing intimate knowledges as part of a ‘bonding’ between new lovers. It may involve statements of one’s preferences to engage or not in particular sexual practices, but only rarely will it involve details of whether condoms were used with previous partners. My finding is similar to American research which finds that talk between partners about safe sex or AIDS can serve a relational rather than health-related function (Cline, Freeman & Johnson, 1990: 806). Hence, it is not surprising that the information exchanged does not necessarily aid in making assessments of HIV risk. Nigel and Ursula have talked about sexual likes and dislikes and of their feelings for each other, but they have not exchanged histories of risky practices. Nigel says only that Ursula has ‘told me all the partners she’s had and she knows I haven’t had any’, and that this happened after they started having sex.

AIDS education’s reliance on the telling of personal sexual histories is rendered more problematical by the status of such histories as autobiographical accounts. Modern conceptions of the autobiographical grant authority over one’s own remembered existence and the capacity for self-authorisation to the individual, and these are reflected in the assumption in the AIDS era that individuals can author their sexual histories. However, autobiography is not history, but a subjective, interpretive and situationally-influenced self-representation. Rather than the funds of objective ‘facts’ depicted in AIDS pamphlets, personal sexual histories are “problematic narrative representations of past events” (Baruth, 1996: 181–188). Discussion of sexual histories *can* be a useful element in safe sex, but only if these histories are actively and mutually explored and revised and ambiguities are made visible and clarified, such that the participants co-produce “a hybrid between (oral) autobiography and history” or what Philip Baruth calls “consensual autobiography” (ibid: 190).

### **Let no man put asunder — Threats to monogamy**

The safety of heterosexual couples’ reliance on monogamy may be undermined by a sexual double standard. This refers to an ethos in which women’s sexual infidelities are greeted with harsh sanction and women’s sexual behaviour is highly policed, while men’s sexual infidelities are condoned and their sexual behaviour is freer of social constraint. Some men grant themselves licence to have sexual relations outside the relationship, and thus risk bringing HIV or other STIs

back into the relationship.

The sexual double standard is traditional in many cultures and a common cultural norm in Australia. Men subscribe to the sexual double standard more than women, and women believe that men accept the double standard even more than they do (Lear, 1995, citing Muehlenhard & McCoy; Moore & Rosenthal, 1993: 96–99; Rosenthal & Reichler, 1994: 49). The regulation of monogamy (and marriage) itself has historically been constituted through this ethos, to ensure paternity and the patrilineal inheritance of property and titles (Dowell, 1993, 178–179). While I use the term *monogamy* in a gender-neutral fashion, in practice monogamy is often focused on the policing of women's sexual behaviour. The sexual double standard has functioned to serve dominant and patriarchal structures of property and power, and more widely to maintain men's sexual control of women.

Two of the men in my study have negotiated or enforced a sexual double standard, such that they can be unfaithful but their partners cannot. Tim's current partner has agreed reluctantly to 'turn a blind eye' to his sexual infidelities, while such infidelities on her part would mean the end of the relationship. In Curtis's case the arrangement is less institutionalised. He is prepared to cheat on his partner, and both partners know that he will do so in the three years when they will be apart because of their respective military postings. At the same time, he "could *not* handle" the thought of her being with another man.

The sexual double standard is an extension of Tim's and Curtis's controlling and domineering engagements in their sexual relationships. Their support for a sexual double standard is organised through a code of the primacy of male homosocial relations over heterosexual sexual relations. Curtis describes the well-defined principles of this homosocial bonding: "you never jack on your mates, you will always be there for your mates, you'll always look after your mates and as far as a mate is concerned, they always come first". Loyalty to one's mates includes keeping quiet about their infidelities to their girlfriends, although Curtis will express "doubts" to a woman about a male friend's fidelity if he also has "loyalties" to her as a friend. Curtis says that he and his friends would say "go for it" to a woman cheating on an unknown man and that he would say "drop him" to a woman whose unknown boyfriend was cheating on her. Thus women should be loyal only to men to whom Curtis has loyalties, while other women may be sexually available to Curtis himself. I mention this because Curtis's early experiences of sexual intercourse were often with women in relationships with unknown men.

Other men in my study also recognise the existence of a sexual double standard, and either acquiesce in it or are critical of it. Greg says that "all my

friends and I would just, I I would totally think the guy was an arsehole.” This criticism is all the more powerful because in both of Greg’s sexual relationships the women were unfaithful, and this was also the case in at least one of his short and more casual relations. For some men, such experiences might prompt a resentful and sexist critique of ‘deceitful’ women and a legitimization of their own infidelities, but for Greg they do not. Greg’s critique of men’s sexual double standards is also accompanied by a critique of male homosocial codes of sexual performance and men’s two-faced treatment of women, an active non-homophobic stance, and familiarity with feminism. Jim and Chris also reject a sexual double standard. Jim’s rejection is consistent with his self-representation in the interview as a “nice guy” and a “gentleman”, and his criticisms of patriarchal, egotistical and homosocial aspects of stereotypical masculine behaviour.

### **Sexual silences**

“Negotiated safety” can involve an agreement that the partners in a sexual relationship will have only safe sex outside the relationship. But given the role of the principle of monogamy in constituting the emotional and symbolic boundaries of heterosexual relationships, talk about sex (as distinct from actual sex) outside the relationship typically is too threatening to be conducted. This makes it difficult to negotiate that one’s partner should use condoms for such sex. Jake reports that in his last two relationships, they never explicitly negotiated monogamy or the possibility of sex outside the relationship, safe or unsafe, and all assumed it would not occur. To do otherwise would be too emotionally threatening: “I think once I start letting those thoughts into my mind I start to get a bit paranoid.” Jake has relied on monogamy as part of his prophylactic strategies in his relationships. At the same time, he did kiss two other women during these two relationships, saying about these that “I hate the fact I’ve done it.”

Dominant constructions of heterosexuality leave men and women with relatively few linguistic resources with which to negotiate safe and unsafe sex. There is little widely accepted, adequate or appropriate discourse within which people can explicitly discuss sex, and this is especially true for heterosexual sexual relations (Kent et al., 1990: 7; Wight & Ballard, 1993: 67). Most people do not generally talk in straightforward and explicit ways in public about their sexual behaviour, in the same way that they do about many other social practices such as work or shopping (Wight & Ballard, 1993: 67). Many can only draw on “decontextualised medical terms, vulgar colloquialism and nonspecific euphemisms” (Lear, 1995: 3). Both heterosexual men and women report difficulty and unwillingness to discuss sexual practice or have direct and explicit sex

conversations, make requests of their partner or to suggest sexual experiments (Waldby, Kippax & Crawford, 1990: 182; Browne & Minichiello, 1994: 241). Condom dialogues often are limited in scope, form and content (Browne & Minichiello, 1994: 241). Among heterosexual young people, there is a general absence of verbal communication in the prelude to first intercourse, and what discussion does occur is not useful in minimising HIV risk (Wight, 1992: 12–13).

People refrain from interpersonal dialogues also because of sexual urgency, emotional arousal, embarrassment, and reluctance to seem too knowledgeable (Browne & Minichiello, 1994: 240). In the lead-up to possible first intercourse, young participants may minimise verbal communication and deliberately maintain ambiguity, to sustain the potential for sexual activity while coping with the possibility of a rejection of further progress (Wight, 1992: 12, citing Kent et al., 1990). This is likely to be especially so for males, given that current constructions of masculine and feminine sexuality mean that boys are more unsure than girls of the other partner accepting their advances. Many men in the Heterosexual Men's Project study did not want to "blow their cover" and used the language of a planned hunt and battle to describe their efforts to achieve a sexual liaison, with little sense that the women may be planning too (Venables & Tulloch, 1993: 41). Many men and women are uncertain about the acceptability of condom use, and concerned that suggesting condom use or introducing condoms into the interaction might imply that either partner might be infected, unclean or untrustworthy (Venables & Tulloch, 1993: 13; Browne & Minichiello, 1994: 242).

More generally, negotiation is a process involving men's potential vulnerability. As Holland et al. put it, "negotiating sexual encounters can engage [men's] emotions, connect them to their need for affection, and render visible their dependence on women" (Holland, Ramazanoglu & Scott, 1994b: 2). Heterosexual men are vulnerable in sexual relationships in further ways: they may fail to accomplish personal and social potency, they risk rejection and hurt by exposing their emotional desires, and their partners may not conform to subordinated femininity. At the same time, all this is situated within the context of men's general exercise of power over women (ibid: 2–4).

### **Negotiating condoms away**

The presence of verbal negotiation is no guarantee of safe sex, and its absence is not necessarily a hindrance to safe sex. My research documents instances in which men wear condoms without verbally negotiating their use, and instances in which men do not wear condoms but talked about safe sex and contraception with their partners. Roger provides an example of the former. His condom use is a taken-

for-granted practice to which he is committed, and thus does not necessarily even require negotiation with his partner. Elliot too manages condom use in his first two relationships involving intercourse without talk about condom use ever occurring.

In fact, verbal negotiation of contraception and prophylaxis between couples can lower the likelihood of ongoing condom use. Oliver says that discussing “the pros and cons” of condoms has been a common feature of his sexual interactions, and that he is now comfortable talking about personal and sexual matters with his partners, but he has only very rarely used condoms. Other research corroborates that communication can increase the likelihood of risky sexual behaviour with a regular partner. Rosenthal et al. found a moderate correlation between young people’s communication level (as defined for example by asking about one’s partner’s sexual and drug-using history) and risk behaviours with a regular partner. Discussing relevant histories with a partner may lead to trust and thus riskier sexual behaviour (Rosenthal, Moore & Brumen, 1990: 236). A further study found that young women who were comfortable about communicating with their regular partners about AIDS precautions were more likely to engage in risky sexual behaviours with them, suggesting a reliance on monogamy (Moore & Rosenthal, 1991b: 223). Similarly, Holland et al. found that open and detailed discussions only occurred in permanent and long-term relationships, but these often led to condoms being abandoned (Holland et al., 1991: 241). A partner’s willingness to talk about safe sex or AIDS may be taken as evidence of honesty, openness, trust, responsibility and caring, and thus construed as evidence of lesser risk (Cline, Freeman & Johnson, 1990: 806–7).

## **Conclusion**

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Among young heterosexual men, trust is signified by the definition of one’s sexual interactions as a relationship and by sexual practice and especially intercourse. And a relationship in turn is signified by sexual practice and especially intercourse, while a relationship necessarily involves intercourse. Trust and relationships are synonymous with monogamy, a taken-for-granted premise, and for some with love. These multiple meanings are interwoven and entangled, with each helping to constitute and reinforce the others. Together they make condom use unnecessary or even unthinkable in regular relationships. Heterosexual couples may use condoms for their first few sessions of intercourse, but the play of meanings and practices I have identified means that men quickly abandon condoms. Men then rely typically on the female partner going on or continuing on the Pill, or on other contraceptive methods such as withdrawal, the “rhythm method” or diaphragms.

Men do not wait to shift to unsafe sex until after they have had a monogamous sexual relationship for some time (e.g., for the three-month “window period” relevant to HIV testing), but do so as soon as the sexual relations which symbolise entry into a relationship have commenced.

Men’s participation in regular relationships mobilises and energises the notion of trust, which is established in heterosexual sexual culture as defining the meaning of sexual relationships. But sexual practice alone in a casual sexual involvement can invoke meanings of trust. Young heterosexual men’s investments in notions of trust overlap with those of young women, but there may be differences related to men’s and women’s respective relationships to narratives of love and romance and to the emotional division of labour in heterosexual relationships.

While some heterosexual men practise something which is similar to “negotiated safety”, most in my research in fact are practising non-negotiated risk. They assume HIV-negativity and they assume monogamy. The symbolic regime of trust and monogamy is powerful enough that it is difficult to negotiate the possibility of sex outside one’s relationship, acknowledge infidelities when they do occur, and exchange previous sexual histories. On the other hand, monogamy may be undermined by the varying meanings given to sexual fidelity as part of a relationship, particularly by some men’s allegiance to a sexual double standard. When heterosexual partners do divulge or exchange sexual histories, typically this does not have a prophylactic intent but an intimate one. Finally, men’s and women’s negotiations of their sexual relations are constrained by the absence of an appropriate and accessible language, and where negotiation does occur it can lead to less condom use rather than more.

## 8.

### **Boundaries of sexual safety**

One of the most important influences on young heterosexual men's safe and unsafe sexual behaviour is their understanding of the risk posed by HIV, which in turn is organised by their beliefs about the prevalence of HIV in their social and sexual circles, and by their construction of hierarchies of risk. Such hierarchies are by no means exclusive to young heterosexual men, and processes of division, ordering and hierarchisation in relation to pollution and infection can be found in many societies (Waldby, Kippax & Crawford, 1993a: 30, citing Douglas, 1984). Divisions between 'safe' and 'unsafe' spaces and between 'clean' and 'unclean' categories of people are symptomatic of the conceptual tendency "to create reassuring hierarchies of infectiousness" (ibid). In fact, sexual relations are especially subject to pollution rules, for two reasons;

first, because sex difference is a fundamental point of social division and of struggles to create and maintain hierarchy; second, because sexual relations involve danger to the body's boundaries, the interpenetration of orifices and mixing of bodily substances which are synonymous with processes of infection in our society. Sexual relations bear a large burden of danger both to the body and the social body, and hence succumb to complex ideas of pollution and the means of its avoidance. (ibid, citing Douglas, 1984)

A division between "risk groups" and the "general population" is fundamental to the explanatory logic of dominant AIDS discourse, and evident in both heterosexual AIDS education and popular understandings of the epidemic (Waldby, Kippax & Crawford, 1993a: 30). The "risk groups" typically include already stigmatised groups of "poofs, junkies and whores" (Altman, 1992b: 55). A second division which is said to be common especially among heterosexual men is between "clean" and "unclean" women, and Waldby et al. argue that this division in fact maps onto the former one (Waldby, Kippax & Crawford, 1993a: 37).

In my study, one of the most powerful elements in some young heterosexual men's understanding of HIV/AIDS is their perception of their local contexts and communities as AIDS-free. Related to this is a perception of the "heterosexual community" or even of heterosexual sex *per se* as "safe". Such boundaries of imagined safety are constituted by widely available discourses of AIDS as gay and heterosexuality as safe, and by the protection granted by particular institutions' regimes of HIV-testing and exclusion, but also by the actual low prevalence of HIV and AIDS. There is evidence among some men for the division between "clean"

and “unclean” women, but this does not explicitly inform their condom use or non-use. Among the men interviewed, boundaries of imagined safety are more important than either overt homophobia or notions of “clean” and “unclean” women in shaping their sexual practice.

## **Institutions as safe**

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The twenty-two young men in Waldby et al.’s study drew the widely held distinction between “risk groups” and the “general population” and identified unequivocally with the safe “general population” (Waldby, Kippax & Crawford, 1993a: 37). While some men in my study did so as well, I focus first on a group of men for whom the “general population” is not necessarily understood as safe. The four men from the Australian Defence Force Academy (ADFA) construct a conceptual division between safe and unsafe using the formal boundary of the institution in which they live and work, identifying with a safe institutional population which is distinguished from the potentially unsafe civilian population. None of these men sees the risk of HIV or STIs as significant. While I cannot generalise from this to the entire heterosexual male population of officer cadets at ADFA, it suggests that local culture can be influential in organising the significance of HIV.

The ADFA interviewees make a number of claims to support their perception that ADFA is free from HIV/AIDS: all ADFA entrants are screened for HIV and other sexually transmitted infections, ADFA personnel are tested regularly or annually (as part of their medical check-ups) for STIs, and those people who become HIV-positive are medically discharged. This is no guarantee that a cadet at ADFA has not contracted HIV or an STI after such tests and/or in the period between annual tests, but their symbolic value for cadets is important. Their sense of ADFA’s impermeable and protective boundaries is intensified by the powerful practical and symbolic division between “civvies” or civilians on the one hand and “cordies”, “the corps” or military people on the other. The ADFA men also share the belief that most or all ADFA women are taking the contraceptive Pill or at least are strongly encouraged to do so. Nigel for example says that one reason the women do so is to regulate their menstrual cycles when on military exercises in the bush.

While “trust” in his partner is Nigel’s primary prophylactic strategy, he explains that he would use a condom with a civilian woman but not an ADFA woman because he ‘trusts the military medical people’, citing the annual blood tests

administered to all ADFA officer cadets. While Nigel is not sure exactly what they are tested for, he is confident that they scan for STIs, and says he has had to give urine and blood samples and have his naked body inspected. He says that when the other men in his Division ‘go out and pick up civvy chicks’ the majority use condoms, while those men in relations with ADFA women usually rely on their Pill use.

Ronald uses a similar although more complex model of risk assessment in determining when he might use condoms outside a long-term relationship. It takes the form of three concentric circles, each occupied by a category of person, where their position is determined by his knowledge of them and their location either inside or outside ADFA. The occupants of the outermost circle, with whom Ronald is most likely to use a condom, are women whom Ronald does not “know” and who are not from ADFA. The middle circle involves unknown ADFA women and known ADFA women who have had ‘a lot of sexual partners’ — “even if it was a cordie if I didn’t know them or didn’t know much about them then chances are I *would* use a condom.” The occupants of the innermost circle, with whom he is least likely to use a condom, are women both personally known to him and from ADFA.

A division between “civvie” and “cordie” women is less important for Curtis. While he believes that ADFA women will be “clean” because of the medical tests and that ADFA women “have to be” on the Pill or are “advised strongly” to take it, he has both condom- and non-condom intercourse with such women.

The prophylactic safety of ADFA can also inform ADFA women’s assessments of their male partners’ ‘cleanliness’. Curtis reports that he knew his partner Leanne was on the Pill and they began their sexual relations without condoms. It was only after several weeks of sexual activity including intercourse that she brought this up. Curtis represents Leanne as saying, “we should’ve been a bit safer about it but no it’s okay, I trust you, and you know I know you’re clean.” Leanne knew that he was “clean” *because* he is at ADFA. (Curtis had also had STI tests, but it is unclear whether Leanne knew of this or of their results.)

The actual HIV-related boundaries of institutions such as ADFA are likely to be more permeable and fluid than the ADFA men envisage. ADFA personnel may become HIV-positive or infected with other STIs in the periods between annual testing and, as Tim’s and Curtis’s experiences confirm, ADFA men may contract sexually transmitted infections from sexual relations with women outside ADFA and thus potentially pass them on within ADFA. Thus STIs and HIV may infiltrate the territory of ADFA and infect its apparently safe occupants.

## Heterosexuality as safe

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Two of the men at Stromlo Hall have similar understandings of their context as safe. These are not organised by a perception of the institution as safe, but of the safety of their social circles or of heterosexuality itself. Adam's condom use is confined largely to his casual sexual encounters and primarily oriented towards preventing pregnancy. While he mentions "disease" as a worry in such encounters, his sense of the prophylactic safety of "the heterosexual community" and heterosexual sexual practices renders this marginal.

with one-night stands, you're worrying about disease but, a, a relationship it's stupid [...] this is just not me, it's other people that I've talked to [...] for some reason you don't think that they'd have any, um, diseases. [...] I've looked at the numbers and worked it out [...] in the *heterosexual* community it's pretty rare that you'll catch a disease.

MF: Pretty rare that you'll catch HIV, for sure, I mean AIDS is pretty rare among heterosexuals. Except if they're IV drug users.

But even if they are, and you just have normal sexual acts, it's only about a one in one thousand chance that you'll catch it. [...] If if you're carrying another sexual disease, um, the numbers, it pops up really quickly. But, um, clean sex, acts, in, just normal circumstances, very low chance of catching something. [...] bodies defend, it has natural defences.

Thus, the chances are in this imagined "heterosexual community" that disease transmission is unlikely. Even when I introduce the possibility of heterosexuals who are also intravenous drug users,<sup>1</sup> Adam stresses the very low likelihood of contracting HIV through "normal sexual acts". It is not merely this "community", but the very sexual practices which constitute it, which are rendered AIDS-free in this construction. Adam's mention of 'clean sex acts' may represent long-standing associations of STIs with dirt and poor hygiene, and of homosexual sexual practices as 'unclean' and dirty and thus dangerous. Adam implicitly uses representations of homosex as diseased to organise his map of the disease-related safety and risk of his own and others' sexual practices.

In this account, one can have unsafe sex with other heterosexuals, even those who inject drugs, but as long as one practises 'normal sex acts' one is safe. Of course, I do not assume that Adam would necessarily enact this belief if actually

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<sup>1</sup> My comment here was inappropriate in the interview context, in 'leading the witness'. This interview with Adam was one of the earliest conducted, and I quickly learnt to refrain from offering my own commentary.

faced with having sex with a woman he knew to inject drugs or to have had IVDU partners. His claim of a “one in one thousand chance” may be a lay interpretation of discussions about the probability of HIV transmission from a single episode of unprotected heterosexual intercourse, but it fails to recognise that this single episode is sufficient for transmission. Adam does acknowledge that the presence of other STIs increases the risk of sexual transmission, but again asserts the safety of “clean sex, acts, in, just normal circumstances”, as well as the protective power of the body’s “natural defences”. Asked later about the kind of education he *would* like to see, Adam calls for a “special course for heterosexual males that don’t use drugs”. He distances himself from “homosexuals” and “drug users”, and fails to see the possibility of transmission through the partners of his sexual partners. For Adam, another prophylactic against AIDS is science: the conviction that scientific information about AIDS is much better than that offered in AIDS education. He asserts that AIDS educators have “always got their numbers wrong [...] if you really look at it in a scientific manner” and that “AIDS education is pretty ill-informed”.

Several men in the study distance themselves from the practices and types of people they imagine to involve the risk of HIV, but none use the phrase “risk group” to do so. Nor does anyone in the study use the word “group” in a way associated with risk. While these young heterosexual men’s distancing of HIV risk is not couched explicitly in terms of membership of a “general population” and avoidance of “risk groups”, it embodies assumptions identical to those built into such terms.

While Jake, also from Stromlo Hall, does not assert the prophylactic safety of heterosexuality itself, he too organises his perception that he is at low risk of transmitting or contracting an STI including HIV through his sense of his sexual circle;

I tend, like the people I’ve slept with, and I mean this, this might come across as irresponsible or ignorant, but they’re a pretty, clean living, group of people, on the whole, pretty healthy pretty, down to earth, pretty unpromiscuous if that’s a word.

The most striking example of the representation of a “heterosexual community” as safe comes from Tristan, whose own homosexual sexual experience and self-description as “primarily heterosexual with bisexual leanings” threaten this construction. Tristan has had at least two episodes of homosex (including one as an adult), he is interested in further homosex and fantasises about this, and he is anti-homophobic. He is not gay-identified, and his participation in gay culture or

community was largely confined to a two-year period in Sydney where he socialised with gay co-workers. Tristan has not adopted the adherence to safe sex which now is characteristic of or at least normative in urban gay communities. He has had two tests for HIV and believes himself to be HIV-negative.

HIV/AIDS is more prominent for Tristan than for many other young heterosexually active men, because of the gay-related experiences mentioned, but he perceives his own likelihood of contracting HIV as “pretty slim”. He justifies this by stating that he has not practised male/male anal sex for over a decade, he does not have sex with junkies, he does not use intravenous drugs (although he did once in the past) and he has never shared needles. Thus, he is ‘not terribly worried’ about AIDS, and it ‘doesn’t scare him’. Tristan relies on the relative absence of practices popularly seen as risky to ensure his low risk of HIV, leaving heterosexual sexual practices (apart from sex with intravenous drug users) out of scrutiny. He relies also on his female sexual partners’ membership of “the heterosexual community”, a collectivity he understands to have low levels of HIV infection. Tristan sees it as unlikely that his female sexual partners would have HIV, justifying this first in terms of ‘knowing their backgrounds’. If he does indeed have detailed knowledge about their HIV status and sexual and drug-using histories, then this is a reasonable claim (leaving aside the possibility that his partners have misled him).

Having focused on risky sexual and drug-using *practices*, Tristan goes on however to emphasise the prophylactic safety of “the heterosexual community”:

in terms of how *deep* into the heterosexual community HIV is. [...] for a long time there HIV was very pertinent in the gay community. Now it’s slowing down obviously now because, homosexuals are far more aware and using condoms all the time. Um, whereas it took a little while longer I think in the heterosexual community but there’s also the, the fact that, there’s never been- maybe, I dunno, maybe heterosexuals aren’t as *promiscuous* as gay men or something like that, but there just doesn’t seem to be the, the level of heterosexual HIV infection. I mean I know it is rising still, and it’s coming up closer towards that of of gay men. [...] You *don’t* really know but I guess I I’m making an assumption that most of the people I sleep with um are fairly unlikely to have come into contact with the disease.

MF: Yep. And is that because they’re not IV drug users and stuff?

They’re not IV drug users, they’re not promiscuous sexually, um... [...] they’re not sleeping with bisexuals or, whatever I mean as far as I know, as far as *they* know and as far as I know that they know, that kind of thing.

There is an incoherence here in which the specifics of Tristan’s own sexual

history, and potential future homosexual practices, are erased by the symbolic power of “the heterosexual community” of which Tristan counts himself a member. Tristan’s perception of the relatively low prevalence of heterosexual sexual transmission of HIV is accurate, but this sits uneasily beside his own less absolutely “heterosexual” sexual identity and practice. His experience as a ‘man who has had sex with men’ might erode the binary of heterosexual/homosexual and the hermetically sealed boundaries of his imagined “heterosexual community”, but does not do so here. Tristan is an example of the homosexually active but non-gay-identified men who have become an important focus of HIV/AIDS research in Australia.

Men’s belief that participation in and membership of a heterosexual community guarantees immunity from HIV/AIDS is formed by a complex of forces, but one influence is the direct advice of doctors. Several of the research participants have been told or reassured by doctors of their minimal or zero risk of HIV, typically at the very points during which they were questioning their risk and seeking HIV tests. In other words, the experience of HIV testing itself facilitated a distancing from perceived HIV risk. Tim’s doctor asked, has he had homosexual sex, does he hang around with homosexuals, does he think that any of his female sexual partners have had sex with homosexuals? Tim’s “no” answers prompted the doctor to say, “Your chances of getting- having AIDS are zilch”. Curtis’s doctor said that his “chances of catching AIDS through just normal sex” are “*extremely low*”. Thus the interviewees and other young heterosexual men are subject to contradictory messages regarding HIV risk, with the ‘expert’ knowledge of these doctors working at odds with the message of universal risk that the men typically receive through university AIDS education.

### **‘Clean’ or ‘nice’ women as safe**

Heterosexual men’s categorisation of women into two types, “clean” and “unclean”, is identified in the AIDS literature as an important aspect of their strategies of risk management and prevention. In Chapter Three I identified this as the fifth principle of masculine sexuality and masculinity said to constrain condom use. Such assessments among men are a problematic basis for HIV risk assessment and subsequent decisions about condom use, as they rely on highly stereotyped notions of female reputation, appearance and promiscuity rather than accurate details of HIV status and sexual history. Sexual reputations among young people are constructed as much by one’s position in peer relations and by contestations and negotiations of gender relations as they are by actual sexual histories. Young men’s

reliance on sexual reputations is especially risky given the evidence that girls may be positioned as “sluts” because of their violations of norms of femininity, relations with other girls, and associations with unfashionable males (Stewart, 1996). In addition, knowledge about an individual’s number of previous sexual partners is no guarantee of knowledge about that person’s HIV status.

A discursive division between “clean” and “unclean” women has a long history in the West, in particular in nineteenth and early twentieth century attempts in public health to identify and control “promiscuous” women and especially sex workers in responding to syphilis (Waldby, Kippax & Crawford, 1993a: 37). Wilton traces the medico-moral conflation of physiological sickness with moral contamination or sinfulness, the disease model of female sexuality and female genitals, and threats posed to men, the imperial state and the racial nation by uncontrolled female sexuality and ‘easy’ women (Wilton, 1997: 57–64).

Waldby et al. argue that the circulation of a clean/unclean division among today’s young men does not represent the repetition of outdated prejudices, because contemporary AIDS discourse and strategy revives and re-works them. Again women’s bodies are seen as the conduits of infection between men, and HIV/AIDS education ostensibly addressed to the “heterosexual community” tends only to target women (Waldby, Kippax & Crawford, 1993a: 37–38). Given its early epidemiology, AIDS came to be associated in the industrialised West with the male body and specifically the gay male body, and gay men took women’s symbolic role as dangerous Other. But more familiar narratives regarding women came into play as it was recognised that AIDS was not specific to gay men, and old scripts of female sex workers as ‘reservoirs of infection’ were resuscitated (Wilton, 1997: 65–69). In addition, women have been positioned very differently in the AIDS epidemics depending on their place in power relations, with privileged women seen as innocent victims of or heroic conscripts in the war on AIDS and powerless women as sources of infection (*ibid*: 68, citing Treichler, 1988).

The prevalence of a schema of “clean” and “unclean” women is also sustained by the contemporary organisation and policing of femininity and especially female sexual reputation. As many research projects with young women in Australia, the UK and the USA over the past two decades document, concerns about such sexual reputations as “slut” and “slag” are pervasive in young women’s social and sexual relations (Bartky, 1988; Cowie & Lees, 1981; Holland et al., 1996; Kitzinger, 1995; Lees, 1986, 1989, 1993, 1996; Stewart, 1996; Stompler, 1994; Tanenbaum, 1999).

Women were coded by my interviewees into safe and unsafe categories on the

basis of assessments of their stereotypical attractiveness, “promiscuity”, “virtue” “character”, demeanour and personal acquaintance, of which all were markers of the extent to which they were seen to have had sex with other men. Codings were based also on women’s apparent physical health, which is an aspect of the general practice of judging an individual’s HIV- and STI-related risk by their appearance. Such judgements among men are similar to those among the young male heterosexual students in Waldby et al.’s interviews, for whom the most dangerous women are those who have had an unknown or large number of sexual relationships with unknown men or with men who belong to ‘risk groups’ (Waldby, Kippax & Crawford, 1993a: 35).

Women who are “normal”, “healthy”, “cleancut”, “attractive” or “beautiful” are judged by several of my interviewees to be free of HIV/AIDS (and other STIs). Curtis says of the woman with whom he began a long-term sexual relationship,

she doesn’t *look* like the sort of girl who would have AIDS or, but I mean you can’t really tell with just looks, but I mean as far as I was concerned I could, you know, she’s not the sort of girl that’d have AIDS so, it didn’t really fuss me too much that I was having sex with her without a condom.

The incoherence and weakness of this division is evident to Curtis and, despite his perception that such women won’t “have a problem”, sometimes he will wear a condom “as a safety thing”. In general,

whenever I have used a condom I’ve always thought well, do it for safety because you don’t know where they’ve been, even though, I know you sort of look at ‘em and all the girls I’m with I never say well shit they look like they could have a problem here. They always look like the girls who are clean-cut, the beautiful sort of girls no problems there, yet I was just doing it as a safety thing.

As well as using “looks”, some men make judgements of women’s previous sexual histories on the basis of their demeanour or manner. Scott says of one partner that “she seemed like such a sweet and innocent girl”;

she was sort of ‘the girl next door’ sort of look. Sweet, and, charming [...] Just the looks, the attitude [...] she was sort of shy as well. She used to look sort of shy but, god she’s not shy when she gets in bed but. [...] Plus I, I associate shy with good, and good with innocent [little laugh]. But, I was wrong.

Tim mentions “the lovely little timid girls that you meet occasionally that, you might be able to talk around into fucking you”, with whom “I wouldn’t necessarily feel as though I need to wear a condom”. And he says several times that “you can just tell” which women are “girls that get around”.

Classifications of “two types of women” may also be organised by women’s dress and other cultural and material markers of sexual activity. Tim judges a woman to be “of completely questionable, virtue” or “character” on the basis of what she is wearing (fishnet stockings, a revealing lacy top, stiletto shoes or sexy clothes) and whether her bedroom is “equipped for sex” (as revealed by the presence of condoms, a vibrator, a four poster bed or a bigger doona). Women’s dress and demeanour also were the basis of coding procedures used by the young men in Waldby et al.’s study, especially when they did not have a personal acquaintance with the women (Waldby, Kippax & Crawford, 1993a: 32).

Constructions of “clean” and “unclean” women are organised particularly by the conflation of stereotypical unattractiveness with promiscuity and disease. This relationship is repeated in young women’s understandings of “sluts” and “slags”, in which the terms can refer to unattractive or not-quite-attractive-enough women who display their bodies to public view (Kitzinger, 1995: 189). However, heterosexual men’s notions of attractive-women-as-safe involve the contradiction that such women are more desirable to heterosexual men and may receive more sexual advances than unattractive women, have more sex with more men, and thus have a greater likelihood of picking up an STI, while women who are stereotypically unattractive “wallflowers” have a lesser likelihood of doing so. Men in another study recognised the contradiction in judging attractive women as “clean” (Chapman & Hodgson, 1988: 99–100), and the men in my study also showed some ambivalence about such codings.

When heterosexual men construct promiscuous “unclean” women in terms of their unattractiveness, in some cases they rely directly on the character of women’s bodies themselves. Tim tells a detailed and apparently humorous story of one particular sexual encounter from which he contracted genital warts and crabs. He describes the woman as a “white whale, in a *red teddy* [...] a shaved ape”, constructing humour in inviting the story’s listener to appreciate the horror of this “*shocker* from hell”. He describes the woman’s clitoral piercings, large body, tattoos and “death makeup”. There are similarities between Tim’s description and the criteria for “unclean” and promiscuous women in Waldby et al.’s study, in which the men mentioned “diseased” genitals and tattoos (Waldby, Kippax & Crawford, 1993a: 32). In this and other stories, Tim suggests women’s promiscuity through the condition and size of their genitals, their body shape and their general unattractiveness. He says, “She had a box [vagina] like a v-dub bonnet”, “she had more rolls than a bakery”, and

She was *fat* and *ugly*. Tch, God me. And she’d been through a lot of the boys. God she was filthy. [...] her vagina was like sandpaper [...] she

had *rolls* of fat on her [...] her tits went down to her fuckin' belly button. She was, she had, acne problem. Oh, just to think about it makes me sick.

Thus men may use women's bodily characteristics to make judgements of their sexual behaviour.

Given circulating accounts among men and women that "so-and-so is a slut", men may simply rely on women's already established sexual reputations. Elliot and his friends perceive a number of women at Stromlo Hall to be sexually "easy", terming them the "Stromlo bikes". ("Bike" is a colloquial term for a woman with a reputation for promiscuity, in that 'everyone rides her'.) Having not had sex for a year, Elliot is increasingly interested in such women. But he says he is unlikely to pursue sexual relations with any of the "Stromlo bikes" because of concern about his sexual reputation, his interest in a relationship, and a worry about AIDS. His friends would 'give him shit' for having sexual relations with women who are "not even that good-looking" but simply "easy". Elliot wants a long-term and "real" relationship, one where he respects the woman and more than sex is involved. And even wearing a condom, he says that "I'd be paranoid that it might *tear* or... I suppose I'm a b- pretty safety conscious, ah in the fact that they're for *life*. Like HIV is for *life*." Thus, the "two types of women" schema here does not determine whether or not to use condoms with particular women, but whether to have sex with them at all.

The discursive division between 'clean' and 'unclean' women intersects with social divisions of race and class and the representation of particular groups of women, such as the portrayal of Aboriginal women as loose and easy (Pettman, 1992). In explaining why many people have not changed their AIDS-related behaviour, Nigel cites four attitudes: that AIDS is a gay disease (a belief he personally rejects); that it won't happen to them; that people including himself don't think about it, and that people with AIDS will be obviously "dirty":

[People would] expect them to be, I guess some sort of dirty person [...] dress like [...] a homeless person or something and, you know a bit like a stray dog [...] I guess if you go to a nightclub and you see some really nice-looking girl wearing a great dress, you know nice hairstyle, white, you know, nice shoes, good dancer or whatever, you don't think, she could have AIDS. But on the other hand if you saw I guess maybe some... you know Aboriginal or, foreign person, dressed in a scrappy way, trying to, being sleazy with everyone you'd think, it *may* strike, not necessarily but it may strike in your head a connection

This description is a clear instance of a racialised and class-related construction of the "unclean" and possibly infectious woman. Understandings of women as unsafe

can also be organised through their geographical location, although geography may be an implicit marker of race, as in Tim's mention of what he would do "if a girl's particularly promiscuous, some girl out the back of Darwin or something, who's just some sort of scrubber". The recognition that female sexual reputations are also organised by other symbolic and material axes is an important addition to Waldby et al.'s framework.

Waldby et al. emphasise that the clean/unclean woman division maps onto the division between "risk groups" and the "general population", with unclean women as members of the former and clean women as members of the latter (Waldby, Kippax & Crawford, 1993a: 37). However, there was little sign in my interviews that women were considered "unclean" because they were intravenous drug users or the partners of users, having sex with bisexual or gay men or working as sex workers. Instead, women received this classification on the basis of assumptions about their level of sexual activity, and through more metaphoric associations between cleanliness, virtue, dirt, disease, class or race and the likelihood of HIV or STI infection.

Similar to the heterosexual men in other studies (Waldby, Kippax & Crawford, 1993a: 37; Venables & Tulloch, 1993: 34), among those men in my study who include the notion of "two types of women" in their risk management strategies, most have an equivocal relation to the division, express doubt about its accuracy and acknowledge its double standard. Scott says that 'it is really hard to generalise' and gives examples of both sexually experienced and inexperienced women who confound these stereotypes. He also describes the way in which men through their own sexual relations construct such reputations for women;

people look at her and assume she would have been a sleep-around sort of girl but, because they've made that assumption they've tried to sleep with her, and because they've got with her they've sort of added to it. And so they've built the character themselves.

Curtis too is able to reflect critically on at least some aspects of the coding of kinds of people as "clean" or "unclean". He says that "AIDS is out there amongst *everyone*" and being "rich" or "upper class" does not provide immunity. He says "anyone can have it", including "straight clean white women" earning a \$50,000 a year income whom he has picked up in a "nice clean pub". This ambivalence in some men's accounts reflects a tension between the need for a way of going on with daily routines in relative safety, and a reflexive awareness of the inadequacy of this procedure: "You can tell — or think you can tell." (Venables & Tulloch, 1993: 34)

Allegiance to a division between "nice girls" and "sluts" may be widespread

among heterosexual men, but it will not necessarily be employed in men's strategies of risk management. Tim and Curtis from ADFA and Elliot and Scott from Stromlo Hall all deploy versions of the clean/unclean classification, but in none of their cases has it organised their actual condom use. Tim comments that even with women "of completely questionable, virtue" he would have been happy not to use a condom. While Tim *has* used condoms with some 'women of questionable virtue' and not with some women outside this category, this has been a function of their requests or not for condom use rather than of his own risk assessments.

However, Tim's strategies of risk management in casual sexual relations have been shifting over the past three or four years, and ironically the shift takes up this very same schema of clean and unclean women. Tim says of safe sex that, "If I know there's an imminent danger it's fuckin', *essential*. But some girl of questionable character, then I think, these days then I would just stick one on." He mentions after this that he "would have thought twice" about having intercourse without condoms with the "shocker from hell" in Melbourne, that on various occasions of casual sex he has been more likely to use condoms for intercourse or to avoid intercourse because no condoms were available, and that he is more likely now to use condoms with "scrubbers". And he says that he will use condoms on his forthcoming trip to Asia, "because of the reputation, of Asian prostitutes [and] women in Asia in general" as "rife with" AIDS. Nevertheless, like many heterosexual men, Tim says that he feels at very little risk of contracting HIV and that "I *honestly* don't really think about it very often".

There is a tension between the two systems of risk evaluation I have outlined. Given that particular types of women may be seen as risky, this implies that heterosexuality — whether of one's sex, circle or community — is not necessarily a guarantee of freedom from HIV. One danger in heterosexual circles is the woman who is *too* heterosexual: the woman who has had sex with too many men or with the wrong type of men. While one's institution may be "safe", "sluts" within this institution may be unsafe and "clean" women outside the institution may be "safe". Ronald's schema of risk assessment recognises this tension, and statements in other men's accounts about the safety of heterosexual social circles and communities occasionally were qualified by a similar recognition.

## The good, the bad, and the ugly

Several aspects of heterosexual men's sexual culture influence the operation of the clean/unclean women division and therefore its potential use in men's assessments of HIV risk. First, the categorisations of female sexual reputation used by some heterosexual men appear to be more readily available in homosocial masculine environments. Of the social locations sampled for this study, the Australian Defence Force Academy appears to involve a greater policing of feminine reputation than the other three locations. A routine assessment of women's sexual reputations and a sexual double standard of female "sluts" and male "legends" is visible in the interviews with the four ADFA men. Perhaps this is because the military university is a historically patriarchal and homosocial institution which only recently has admitted women to its ranks, and their presence is contested and often resented. In such a context, the policing of women's behaviour is likely to be more powerful than in institutions where males and females have co-existed in equal numbers for long periods. ADFA has a well-documented local culture of sexism, and exists within a broader military culture with similar emphases,<sup>2</sup> and such a culture again is likely to involve men's policing of women.

Wight's research lends further support to the claim that allegiance to notions of 'two types' of women is associated with male homosociality and gender segregation, in his case by documenting a relationship between men's peer group relations and their maps of safety and infection. Among young Glaswegian men Wight found two sets of peer groups, one mixed sex, geographically dispersed and characterised by successful schooling and commitment to career, the other almost entirely male, parochial, and largely unemployed or unskilled. While the moral dichotomy of "nice girls" and "slags" or "cows" was highly salient in the latter group, along with entrenched gender divisions and the norm of a predatory male sexuality, in the former it was largely absent and the men expressed ideals of companionate relationships (Wight, 1995).

While the men in my study do espouse categorisations of women into "nice girls" and "sluts", they do not necessarily avoid sex with women they judge to be promiscuous. Elliot is the only one to mention keeping a sexual distance. Tim's and Curtis's accounts suggests a different sub-culture among his friends at ADFA, where casual sex with "easy" women is legitimate and even encouraged. To the

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<sup>2</sup> See Agostino (1997a, 1997b), Burton (1996), Moore (1993), Senate Standing Committee on Foreign Affairs, Defence and Trade (1994), Smith and McAllister (1991), and Walbank (1992).

extent that heterosexual men avoid women they judge to be promiscuous, this contrasts with stereotyped male attitudes of the pre-AIDS era of seeking out women who appear likely to agree to early intercourse (Woodcock, Stenner & Ingham, 1992: 239). Some men among Woodcock et al.'s 125 young interviewees still adhered to this, and men in another study maintained a social rather than sexual distance, having casual and secret sex with such women and using condoms with them (Waldby, Kippax & Crawford, 1993a: 35).

In Tim and Curtis's circles at ADFA, one loses little or no status from having casual sex with promiscuous or stereotypically unattractive woman, and this practice is even codified in particular sayings such "go ugly early" and "fat chicks need lovin' too". The practice of 'going ugly early' involves the attempt to initiate sexual relations with unattractive women in the belief that sex is more likely and one can go home earlier with such women. This choice is seen to circumvent the "work" involved in wooing more attractive women who are more difficult to persuade because of their stronger position in the sexual marketplace. Tim mentions that, "I prefer to find girls that are of ah, have loose general morals and are out to enjoy themselves heaps." As he describes, "you'd take your fair share of fat girls home and ugly girls home and, just fuck 'em." Curtis says that men who do so will be teased, but they suffer no real loss of face. However, a man may suffer stigma if he continues to see an ugly woman. As Tim said to a mate, "she looks like a fuckin' *bulldog*, get yourself a real woman will ya?". Ronald comments that initially he did not want to be in a relationship with Eve because other cadets teasingly said that she was "an atrocity [...] an untouchable female".

Hence, young heterosexual men may seek apparently "promiscuous" women as casual sexual partners, while assuming that only "nice girls" make eligible relationship partners. In my study, categorisations of "two types" of women influence some men's choice of regular sexual partner and their assessments of whether women have HIV or other diseases, but only rarely do they influence actual condom use and non-use.

### **"Male sluts" and sexual reputation**

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One concept to emerge from this research, the "male slut", is evidence for a new phenomenon in heterosexual sexual relations. The label "male slut" is a derogatory term for excessive or inappropriate male sexual activity. It adds to the possibilities for male sexual reputation previously in circulation, such as "stud" (a common and positive term among men for male sexual activity) and similar terms

such as “legend”, “player” and “gigolo”, and also labels associated with lack of sexual experience such as “V” for virgin<sup>3</sup> and negative terms especially used by women such as “sleaze” and “bastard”. Heterosexual men’s concerns about avoiding the reputation “male slut” can have an indirect but positive influence on safe sex. They may prompt some men to reduce the numbers of women with whom they have sex, or the extent to which they have sex with much younger women, or the extent to which they ‘take advantage of’ women who are intoxicated or otherwise incapacitated, and all are significant in terms of HIV/AIDS and STIs. Decreasing one’s sexual activity can lower one’s overall risk of transmitting or contracting STIs. Heterosexual men often choose female sexual partners who are younger and have less sexual experience than them, and such patterns are associated with unequal power relations which make it less likely that the women will be able to enforce condom use. If men begin to avoid younger or incapacitated partners, this may produce greater equality as well as safety in heterosexual sexual relations.

Heterosexual men can be concerned about the sexual reputations they may gain through sexual activity which is either excessive (too much ‘sleazing’ or ‘picking up’) or with the wrong women (those who are too young or who are “sluts” themselves ). A concern to avoid the reputation “male slut” is evident in the accounts of three of the men from Stromlo Hall — Adam, Scott and Jake — as well as Curtis from ADFA. Adam says that having a girlfriend is advantageous as one does not have to “go out and sleaze and try and pick up”. The problem with such behaviour is that, “*People* don’t like it. People perceive you as becoming the male slut and, you get a reputation and, it’s just nicer to have a girlfriend”. Scott is worried that by having sexual relations with first-year female students he may receive the “Fuck a Fresher” award, one of the sex-related awards given to individuals at Stromlo Hall and included in the Hall yearbook. Scott uses the term “slut” for men in his conversations, and in fact comments that his friend Adam “is a bit of a slut, um, well from what he makes out anyway.”

Both Adam and Scott are comfortable ‘picking up’. They feel that doing so has costs, but these seem relatively minor, and do not resemble the powerful stigmatisation which can accompany the label “slut” when applied to women. Jake agrees, saying that he does not think the reputation “male slut” is “anything *bad* for them”. In fact, as Scott explains, getting a reputation as sexually active (through

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<sup>3</sup> One of the interviewees, Macca, describes this term in use among his male friends in Rockhampton. Whether it is used more widely is unclear.

kissing several women in one night) can have a *positive* significance, in encouraging “bad girls” to approach him and thus allowing him to pursue “fast love”. This is an interesting example of an interaction between male and female sexual reputations. At Stromlo Hall and probably elsewhere, men also can acquire positive sexual reputations as a “nice boy” or “nice guy”. Scott earned this in his first year by not ‘taking advantage of’ a drunk woman, while it was also constituted by his appearance and studiousness.

In these accounts, the term “slut” continues implicitly to refer only to women, while “male slut” is a male version of the female original. This is apparent in the term “*male* slut” itself, something like the term “*lady* doctor”, and for example in Jake’s commentary where he defines “slutty” as “somebody who would go to Mooseheads, um, throw themselves on guy after guy and then go home and sleep with whoever”. The reputation “male slut” does not have the same moral and disciplinary weight of the term “slut” when applied to women.

In Curtis’s account the term “slut” is applied to men in a slightly different way, in that it is constituted by the degree to which a man talks about his sexual activity. Curtis emphasises his reputation among women as a good lover, but there is one kind of male reputation that he wishes to avoid, “as being a complete and utter slut”. In “picking up all the time”, Curtis says that “a lot of people branded me a bit of a slut but, they thought it was pretty cool, they didn’t really mind.” Thus a “male slut” reputation has some relation to Curtis’s level of sexual activity. But in his account the reputation is organised less by this and more by the degree to which one ‘kisses and tells’. He says that there are other similarly “promiscuous” men who do have this negative reputation. Curtis says that his discretion is highly appreciated by the women concerned, and further enhances his positive reputation. In Curtis’s account, men can be highly sexually active without being “sluts” as long as they do not harm a woman’s reputation. On the other hand, presumably women receive the term “slut” on the basis of actual or imputed “promiscuous” sexual activity alone.

The policing of the reputation “male slut” appears to be primarily a female practice. Jake notes,

there’s always going to be, the idea that if a girl sleeps around she’s a slut and if a guy sleeps around he’s a stud. [...] although, at Stromlo, as far as I can tell, the females tend to frown upon, the guys who sleep around, and the guys tend to frown upon the females who sleep around, whereas the guys will give you know the other guy a pat on the back you, good on you mate, whatever. [...] and the girls will definitely frown upon the other girls. So I think females, especially amongst my friends, frown

upon guys or girls who sleep or get with a lot of people.

In other words, female sluts are policed by both men and women, while male sluts are policed only by women. Most importantly, men who are sexually active still have available to them the positive label “stud”, while women do not (at least from this research). Usually men’s use of the term “slut” continues to refer only to women. The coding of “male sluts” can be organised in turn by notions of female “sluts” and by the “two types of women” schema. Elliot expresses concern about the effect on his own reputation of having sex with the wrong women. Some young British women judge the safety of their male partners on the basis of the appearance or reputation of their previous female partners (Woodcock, Stenner & Ingham, 1992: 244).

Men’s concerns about being perceived as “sleazy” can work *against* safe sex, particularly their willingness to carry condoms. While Greg is comfortable with and committed to condom use, he usually does not carry condoms himself. Greg’s account of his reluctance to carry condoms shows him to be caught between two representations: on the one hand as “aiming to have sex”, which perhaps might seem ‘sleazy’, and on the other hand as sexually irresponsible. He says,

the act of carrying means that you’re sort of aiming to have sex whereas if you don’t have them then, it’s sort of like maybe you weren’t aiming to have sex but you actually really want to [...] having them on you all ready, people think oh maybe, who were you going to use them for?

On the other hand, he does not want to be seen as someone who ‘goes around and screws without condoms’. Greg’s resolution of his dilemma is to rely on the woman to provide condoms and to say “after a lot of foreplay” that he doesn’t have any condoms, or sometimes to purchase condoms on the way to the woman’s house. The weakness of this strategy was demonstrated on a couple of occasions where neither partner had condoms and they ended up having intercourse anyway.

Bringing this back to the six principles of masculine sexuality outlined in Chapter Three, Greg is concerned to avoid being seen to typify two of these. He does not want to be regarded as irresponsible and risk-taking. Nor does he want to be seen as focused on planning for and achieving sex and his own sexual gratification, such that his own sexual pleasure is primary. This may also represent Greg’s attempt to conceal his interest in having sex, for example to thwart the possibility of rejection, and both men and women engage in this concealment. Greg is caught between two images of the male sexual subject, both of which he sees negatively.

Only a minor shift in the construction and regulation of male sexual reputation is signalled by the term “male slut”. It represents a slight weakening of the sexual double standard and the ethos of male sexual license, and an increased policing of male sexual behaviour, especially by women. But unequally gendered constructions of sexual reputation and unequal power relations remain powerful influences on heterosexual sexual interactions. In addition, men may avoid carrying condoms for fear of being perceived by women as “sleazy”. I argue in Chapter Ten that the notion of the “male slut” would have limited appeal in encouraging men’s safe sex, and it would be more effective to use the notion of “safe sex studs”.

## **Conclusion**

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Notions of the safety of one’s sociosexual circle, of a heterosexual community and of heterosexual sex are important elements in young heterosexual men’s belief that they are at low or no risk of contracting HIV. Such boundaries of imagined safety depend on the understanding of heterosexuality as normative. These constructions are typical of the widespread presentation among heterosexual men of HIV/AIDS as a problem of the other, a disease of ‘Otherness’ (Kippax, Crawford & Waldby, 1994: S321). For Wilton, heterosexual men’s absenting of themselves from the collectivities of people seen as at risk of transmitting or contracting HIV is symptomatic of “heteropolarity” (the hegemonic regime of gender and sexuality) and “heteropatriarchy” (the privileging and power of heterosexual men) (Wilton, 1997: 9, 31). The boundaries constituted by sexual identities and sexual communities are not absolute, nor are the relationships between sexual behaviour and sexual identity always simple. Tristan’s and Greg’s examples in my study demonstrate heterosexual men’s risk of HIV transmission from other men. Other social categories and divisions can also be mobilised in the construction of hierarchies of risk. As the examples of the men from ADFA illustrate, men’s perceived boundaries of safety may be concomitant with the formal boundaries of a particular institution and shaped by its HIV-testing and HIV-excluding regime.

In Chapter Four I argued that heterosexual men’s estimations of their low risk of HIV are informed by the shape of the epidemic itself. Compared to gay and homosexually active men, exclusively heterosexual men are unlikely to have sexual relations with an HIV-positive partner. Like Ron Gold et al. on London university students, I see heterosexual men’s assessments as “grounded in reality” (Gold et al., 1992: 320) — the reality of relatively low HIV incidence. However, a crucial caveat is in order. Young heterosexual men’s beliefs in low HIV risk are grounded not only in their lack of personal contact with the epidemic, but in problematic

understandings of which women are risky, which contexts are safe, and under what circumstances one can safely forego or abandon condoms. There are dangers in how they manage HIV risk — how they decide with whom to have sex and how they judge whether to use condoms with a particular partner.

Kippax et al. argue that strategies of HIV risk prevention based on assumptions about women's sexual histories hinder heterosexual men's condom use (Kippax, Crawford & Waldby, 1994: S320). Waldby et al. spell out the framework of "clean" and "unclean" women which supports such assumptions (Waldby, Kippax & Crawford, 1993a). My research lends support to these accounts but also invites their modification. While the schemes for coding women employed by some men in my study are similar to those in Waldby et al.'s study, I find that only rarely do they organise actual condom use. My study documents four aspects of constructions of sexual reputation, which may reflect wider patterns in heterosexual male sexual culture. The clean/unclean woman division can be organised along other symbolic and material axes such as those of race, ethnicity and class; allegiance to the division is stronger among men in homosocial social circles and institutions; the division informs some men's choices of partners for relationships; and male sexual reputation includes the possibility of "male sluts".