

Mobilising condom use among heterosexual men

By Michael Flood

Shifts in the sexual cultures of young heterosexual men and women represent both opportunities for and obstacles to safe sex.

The sexual cultures of young men and women have undergone important changes in the last two decades. First, there are signs of a gender convergence in sexual practices and understandings. The gender gap has narrowed when it comes to ages of first intercourse, numbers of partners, and some sexual attitudes.¹ Some young men have moved towards more traditionally feminine forms of intimate involvement, emphasising trust and intimacy.² Young men show growing acceptance of norms of gender equality, although they lag behind young women.

At the same time, other gender differences persist, in sexual pleasure and sexual violence. Gender inequalities facilitate unsafe sex. Unequal power relations limit women's adoption of effective risk-reduction strategies, or produce the adoption of ineffective strategies.

Common constructions of masculinity and heterosexuality inform some men's resistance to condom use. Some men learn that male sexuality is uncontrollable, and stopping to put on a condom once you're aroused is impossible. Some young men pursue sex in unsafe ways, and at a young age, to gain status with male peers.

Responsibility for prophylactic and contraceptive safety is often allocated to women, while masculinity is associated with risk-taking and invulnerability. Definitions of heterosexual sex often

focus on intercourse and privilege men's sexual pleasure, making it more difficult for men either to use condoms (as condoms are seen to compromise physical pleasure) or to practise non-penetrative sex. Emphases on male sexual control and knowledge inhibit men from agreeing to women's requests to change their sexual behaviour. And homophobia fuels some men's distancing from the HIV/AIDS epidemic.

While these constructions of gender and sexuality persist among many young men and women, there are shifts as well. There are signs of a growing assertion of sexual desire and agency by young women. Some young women challenge the imperatives of heterosexual femininity by divorcing sex from love, making lusty demands for sexual pleasure, and pursuing casual sex.³ However, female desire remains constrained by the policing of the sexual double standard and an ethic of female sexual servicing. Young women may feel sexually agentic enough to perform oral sex on young men, but this may reflect interpersonal and social pressure as much as it does personal desire, and they may rarely receive oral sex in return.

Young women's sexual expressiveness has been seen as part of 'raunch culture'. Here, there is a cultural expectation that women will exhibit their bodies, female empowerment is signaled only by overt and public sexuality, and sexuality itself is only recognisable in the codes of pornography and prostitution.⁴ More widely, there has been a 'pornographication' of mainstream media, involving a proliferation of sexual imagery and the widespread adoption of the language and visual codes of

pornography, as well as increased access to pornography itself. These processes have facilitated sexual knowledge and sexual diversity, but also intensified youth's exposure to sexual materials which can encourage sexism or violence.⁵

These trends may have contradictory impacts on youth's safe sex practice. On the one hand, female sexual assertiveness may translate into stronger bargaining over condom use, and heterosexual pornography itself could (but rarely does) help eroticise condoms. On the other, mass-market pornography's narratives of female nymphomania and male sexual prowess and its often callous and objectifying treatment of women hardly will help inspire young men's respect for women and willingness to negotiate sexual safety with them.

The third trend of interest here is the development of new formations of male heterosexuality. The emergence of the 'metrosexual', 'a straight urban man willing to embrace his feminine side', might have heralded men's radical critique of gender divisions. However, this potential was quickly co-opted by commercial imperatives. Metrosexuality has come to signify merely a commitment to personal grooming, with companies helping men to become what women are still expected to be: vain, shallow, and status-conscious consumers. At the same time, popular culture does show instances of the blurring or transgression of hetero/homo boundaries among men.⁶

A more radical trend is represented by the small numbers of straight men who draw on gay culture or who 'act gay'. Men described by some as 'queer heterosexuals', 'straight queers', or

'straight with a twist' are not merely 'anti-homophobic' or 'gay-friendly', but attracted to and comfortable in queer culture and indeed often mistaken for gay. This points to the weakening of heterosexual men's traditional hostility towards male homosexuality, a blurring of sexual boundaries, and the growing cultural cachet of queer culture.

Queer-friendly heterosexual men may be more likely to take on the safe sex culture of many gay men. They may be less likely to rely on their membership of an imagined 'heterosexual community' to protect them from HIV, and more willing to acknowledge and respond to the risk of HIV and other STIs.

Mobilising condom use

Given the complex and shifting state of play among young heterosexual men, there are multiple ways in which to mobilise condom use. The most effective strategy may be to draw on existing constructions of masculinity and heterosexuality. On the other hand, substantial change in the sexual and reproductive health of heterosexual sexual relations will only be achieved by challenging these and the social relations which reflect them. I summarise a range of possible appeals to heterosexual men below.⁷

Fear of fatherhood: Some young men express a fear of premature or unwanted fatherhood (and marriage), concerned about losing their occupational, financial and sexual freedom. Education campaigns could play on this fear, telling men to protect their independence by wearing condoms. This approach would be limited by many men's existing strategy for avoiding pregnancy, a reliance on or assumption of their partners' use of the contraceptive Pill.⁸ And it could reinforce patriarchal narratives of manipulative and dishonest women seeking to trap men.

Care, respect and protection: Another approach is to draw on men's common desire to 'protect' their partners, framing condom use as symbolising respect and care. If the paternalistic element is dropped, AIDS education could encourage a mutually responsible heterosexuality based on mutual support for condom use, shared responsibility and decision-making.

Getting sex: Heterosexual men's desire to have sex *per se*, and the seeming gender disparity in such desires, could be enlisted to increase safe sex practice. This approach would emphasise that 'women

say yes to men who wear condoms'.

This depends on a role for women as sexual gatekeepers, which is already manufactured and exploited in heterosexual AIDS education campaigns, although here it speaks directly to men.

A 'get sex' approach is complicit with constructions of heterosexuality in which men see how far they can get and women set limits. Women themselves do not always desire or enforce condom use, and some men avoid raising the topic of condoms because it may jeopardise their potential to get sex.

Safe sex studs: Positive constructions of male sexual reputation, such as 'stud' and 'legend', are common among young heterosexual men. Advocating for 'safe sex studs' could draw on the associations between men's level of sexual experience and their masculinity, virility and prowess.

Good lovers use condoms: Education campaigns could galvanise heterosexual men's investments in notions of sexual skill. They could stress that safe sex is 'good technique', familiarity with condoms should be part of men's expert sexual knowledge, and women will be less likely to have an orgasm if they're worrying about pregnancy or disease. AIDS education could also enlist masculine notions of physical and sporting prowess or preoccupations with technical equipment (condoms as essential 'gear').

However, appeals to sexual skill prop up men's reliance on skill and expert knowledge rather than dialogue with their partners, and may collude in the male control of the sexual episode and the woman which is part of some men's 'good lover' narratives.

Sensitive lovers use condoms: HIV education could draw on men's narratives of sensitivity, representing a readiness to use condoms as the mark of the considerate and desirable male sexual partner.

Staying power: The fact that condoms increase some men's ability to prolong erection and delay ejaculation could be used as a selling point, but it's only a weak one. The penis is a primary site of most men's erotic sensation and practice, and it would be hard to market condoms on the basis of their desensitising or numbing effect. Nevertheless, we should respond to men's perceptions that condoms are difficult to use and cause erection loss, e.g. by encouraging men to masturbate with them and trying to reduce men's performance anxiety.

Woman as dangerous: Perhaps the most problematic way in which heterosexual men could be encouraged to use condoms is by inviting them to protect themselves *from women*. This could draw on images of women as diseased, dangerous or deceptive, encouraging men to use condoms out of distrust and fear. Unfortunately, images of woman as deadly seductress and source of contagion are already visible in AIDS education.⁹ This approach would have limited appeal outside casual encounters, as few men are likely to perceive their long-term sexual partners in such hostile and suspicious ways. The approach intensifies sexist discourses concerning women as contaminating and scapegoats women for disease transmission.

These approaches are a far cry from the transformation of heterosexual masculinity envisaged by many feminist and queer scholars and activists. In health education, the balance between short-term, pragmatic approaches and the long-term aim of fundamental social change is complex and contested. But in either case, strategies directed at heterosexual men will require a thorough understanding of their sexual lives.

References

- 1 Kimmel, M.S. (2000) *The Gendered Society*. New York & Oxford: Oxford University Press.
- 2 Flood, M. (2003). Lust, Trust and Latex: Why young heterosexual men do not use condoms. *Culture, Health, & Sexuality*, 5(4): 353-369.
- 3 Stewart, F., A. Mischewski, and A.M.A. Smith (2000) 'I want to do what I want to do': Young adults resisting sexual identities. *Critical Public Health*, 10(4): 409-420.
- 4 Levy, A. (2005) *Female Chauvinist Pigs: Women and the rise of raunch culture*. Melbourne: Schwartz.
- 5 Flood, M., and C. Hamilton (2003) Youth and Pornography in Australia: Evidence on the extent of exposure and likely effects. Canberra: *The Australia Institute, Discussion Paper No. 52*, February.
- 6 Flood, M. (2005) Bent Straights: Diversity and flux among heterosexual men. *Moving Masculinities: Crossing Regional and Historical Borders*, ANU, 30 Nov-2 Dec, Canberra.
- 7 Flood, M. (2001) *Lust, Trust and Latex: Why Young Heterosexual Men Don't Use Condoms*. PhD thesis, Women's Studies, ANU, Canberra.
- 8 Flood, M. (2003) *op cit*.
- 9 Wilton, T. (1997) *Engendering AIDS: Deconstructing Sex, Text and Epidemic*. London: Sage.

Dr Michael Flood is a Postdoctoral Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University.

HIV AUSTRALIA

INCORPORATING THE NATIONAL AIDS BULLETIN, THE HIV HERALD AND LEGAL LINK

Volume 5, No. 4

Features

HIV infection attributed to heterosexual contact

4

ANN MCDONALD provides a comprehensive overview of heterosexual HIV transmission from 1996–2005.

Notes from the trenches

9

DAVID BARTON discusses peer support programs for HIV positive heterosexuals.

The feminisation of HIV

11

With the global face of HIV changing, it's time to challenge the stereotypes of HIV prevention and treatment in Australia. By MARSHA EISENBERG, EFFIE KATSAROS and BARBARA LUISI.

Get it straight

14

ASHA PERSSON, DAVID BARTON and WENDY RICHARDS provide an overview of the *Straightpoz* study which explores the experience of living with HIV heterosexually.

Do you tell?

16

The unique experience of HIV positive mothers and disclosure is explored by KARALYN MCDONALD.

Late diagnosis

18

HENRIKE KORNER explores late diagnosis of HIV among heterosexual people from culturally and linguistically diverse backgrounds.

Masculinity and sexuality

20

How does HIV shape the identity of heterosexual positive men, ask ASHA PERSSON and DAVID BARTON.

Condoms, consent and pleasure

22

Research on the communication and consent of condom use among adolescents is explored by DR NICOLE VITELLONE.

Swinging subcultures

24

KATH ALBURY discusses the sexual health knowledge among swingers, BDSM players, bisexuals and bi-curious couples.

HIV and heterosexuality in Aboriginal communities in WA

26

HIV impacts heterosexual Aboriginal people's cultural expectations and markers of gender and heterosexuality. By CHRISTY NEWMAN, MARIA BONAR, SANDRA THOMPSON, HEATH GREVILLE, DAWN BESSARAB and SUSAN KIPPAX.

Condom use among heterosexual men

29

The sexual cultures of young men and women are changing. MICHAEL FLOOD reports on how this is impacting on condom use.

Treatments, conception and pregnancy

31

KIRSTY MACHON provides an update on the experience of HIV for pregnant women and those wanting children.

Legal

HIV on trial

33

A number of recent trials have changed the legal landscape of HIV transmission. SALLY CAMERON reports.

Treatment

Poz straight men and treatments

37

JASON APPLEBY reports on the treatment experience for HIV positive heterosexual men.

HIV Australia welcomes suitable reports from interested authors.
To submit an idea or report for consideration, email scasey@afao.org.au

HIV Australia

ISSN 1446-0319

Volume 5 No 4

Editor

Sharyn Casey

Contributing Editors

Sally Cameron (Legal)

Jason Appleby (Treatments)

Design + Production

Geoffrey Williams + Associates

Cover Sharyn Casey

AFAO would like to acknowledge Asha Persson from the National Centre in HIV Social Research (NCHSR) for assistance in commissioning the range of articles in this edition of *HIV Australia*.

Correspondence

HIV Australia

C/- AFAO, PO Box 51

Newtown NSW 2042

Australia

Telephone +61 2 9557 9399

Facsimile +61 2 9557 9867

Email scasey@afao.org.au

Website www.afao.org.au

HIV Australia gratefully acknowledges the assistance of the Australian Government Department of Health and Ageing.

Print post approved PP225920/00016



AFAO's aims are to:

- Advocate on behalf of its members at the Federal level, thereby providing the HIV/AIDS community with a national voice;
- Stop the transmission of HIV by educating the community about HIV/AIDS, especially those whose behaviour may place them at high risk;
- Assist its members to provide material, emotional and social support to people living with HIV/AIDS;
- Develop and formulate policy on HIV/AIDS issues;
- Collect and disseminate information for its members;
- Represent its members at national and international forums; and
- Promote medical, scientific and social research into HIV/AIDS and its effects.

AFAO Board

President Ian Rankin

Vice President Alan Brotherton

Secretary Mike Kennedy

Treasurer Trish Langdon

Ordinary Member Rodney Goodburn

NAPWA Robert Mitchell

AIVL Mike Lodge

Scarlet Alliance Shelle Mulvey

Executive Director (ex officio) Don Baxter

Staff Representative Phillip Keen

In recognising the fundamental importance of information and education in working against the HIV/AIDS epidemic, all written material in this publication may be reproduced free of charge, provided the following citation is made: "Reprinted from Volume 5 No 4 of *HIV Australia*, published by the Australian Federation of AIDS Organisations". Copyright of all images resides with the individual artists.

Views expressed in *HIV Australia* are those of the authors and do not necessarily reflect the views of AFAO.

AFAO is the peak non-government organisation representing Australia's community-based response to the epidemic of HIV/AIDS. AFAO's members are the state and territory AIDS councils, the National Association of People Living with HIV/AIDS, the Australian Injecting and Illicit Drug Users League and the Scarlet Alliance.

We want to hear what you think about

HIV Australia. Please send your feedback to the Editor, at editor@afao.org.au or write to us at:

HIV Australia

C/- AFAO, PO Box 51, Newtown
NSW 2042 AUSTRALIA