

FEMALE STUDENTS' EXPERIENCES OF POWER DYNAMICS AS
REFLECTED IN THE NEGOTIATION OF CONDOM USE

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A mini-thesis submitted in partial fulfillment of the requirements for the degree of M.Psych
in the Department of Psychology, at the University of the Western Cape.

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April 2008

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KEYWORDS

Female

Construction of gender

Heterosexual discourses

Social Constructionism

Power

Barriers to condom use

HIV/AIDS

Risk factors

Qualitative Research

Discourse Analysis



ABSTRACT

The number of women in sub-Saharan Africa acquiring HIV/AIDS is increasing at a greater rate than for men. Given the efficacy of condoms in reducing the transmission of HIV through sexual intercourse, there is a need to explore women's experiences of negotiating condom use. One factor which limits women's ability to negotiate condom use is the gendered nature of heterosexual behaviours and the power inequality which male-female subjectivity entails. Intervention programmes which focus at the level of the individual, assume that individuals have control over sexual encounters. They fail to acknowledge the impact of contextual factors on the formation of identity. In a patriarchal society like South Africa this results in men having more power than women in heterosexual relationships. This study aimed to explore female students' experiences of power dynamics as reflected in the negotiation of condom use in heterosexual relationships. A qualitative paradigm was used. A social constructionist framework was employed, as it allowed for the exploration and deconstruction of gender constructions and sexual discourses, with particular reference to power. Eight heterosexual, sexually active, female students were selected for the study. The information was gathered using individual, semi-structured interviews and interpreted using discourse analysis. The discourses used by the women revealed the complexity and contradictions of negotiating safe sex. Male power was seen to operate in both covert and overt ways. In this study, the two most dominant sexual discourses were the male sexual drive discourse and the have/hold discourse. These discourses, together with traditional gender constructions, made condom negotiation difficult for women. Nevertheless, the discourses and constructions were also resisted and challenged. This study was limited by its focus on heterosexual women and the negotiation of condom use. Future studies which explore alternate forms of safe sex, sexual orientation and allow men's experiences to emerge would provide greater insight.

APRIL 2008

DECLARATION

I, the undersigned hereby declare that FEMALE STUDENTS' EXPERIENCES OF POWER DYNAMICS AS REFLECTED IN THE NEGOTIATION OF CONDOM USE is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

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Joanna Louise Goodwin



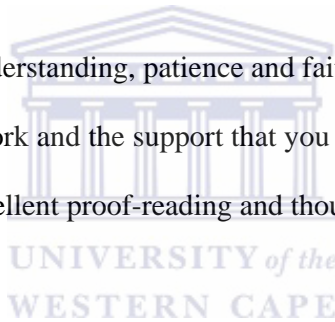
April 2008

ACKNOWLEDGEMENTS

I wish to acknowledge and thank the following people for their contribution and support of this study:

My family and friends for their belief in me and for providing valuable emotional support throughout my academic career. In particular, a big thank you to my parents and sisters for tolerating me throughout these challenging years of studying.

My partner, Warren for his understanding, patience and faith in me. I am truly grateful for the interest that you took in my work and the support that you gave me throughout this process. I am indebted to you for the excellent proof-reading and thought-provoking discussions.



A special thank you to my supervisor Mohamad Adam, who provided me with valuable guidance, positive critique and the encouragement necessary for me to be able to complete this study.

And lastly but most importantly, the women who participated in the research, for giving up their valuable time and sharing their experiences with me. Without them this study would not have been possible.

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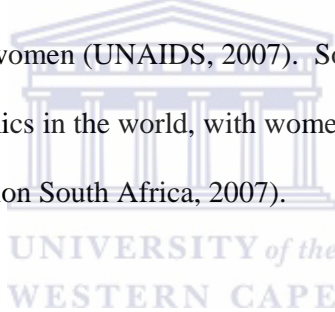
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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The spread of HIV/AIDS and its prevention is an area in which much research has been undertaken. The increase of HIV infection in women has been explained by their being biologically and socio-economically more vulnerable to acquiring HIV (Kalichman, et al., 2005; Nelson Mandela/ HSRC study of HIV/AIDS, 2002). In sub-Saharan Africa the number of women contracting HIV continues to increase with 61% of the adults living with HIV in sub-Saharan Africa in 2007 being women (UNAIDS, 2007). South Africa is considered to have one of the most severe HIV epidemics in the world, with women being particularly at risk for acquiring HIV (AIDS Foundation South Africa, 2007).



One of the ways in which HIV may be acquired is through sexual intercourse. Ways of preventing the transmission of HIV include sexual abstinence, alternate forms of sexual expression than penetrative or oral sex, and the use of condoms. Consistent use of condoms in sexual relations has been shown to be an effective barrier to the spread of HIV through sexual intercourse. Intervention programmes frequently promote condom use as a means of protection. However, condoms are not used consistently, and the number of people infected with HIV/AIDS continues to increase. Numerous factors are purported to act as barriers in the use of condoms. These need to be explored and understood to better inform the development of intervention programmes.

One barrier in the use of condoms is linked to the gendered nature of heterosexual behaviours and the power inequality which male-female subjectivity often entails. In male-female relations,


women are seen to have less power and are thus less able to negotiate the use of condoms (van Dyk, 2001). Women may be fearful of a negative response, anger or rejection at the suggestion of the use of condoms. They may not want to appear 'wanton' or 'forward.' Women may be unable to ask for condoms to be used as initiation of sex and sexual communication may be perceived to be the domain of men (Kalichman, et al., 2005; Sethosa & Peltzer, 2005; Strebel & Lindegger, 1998). These kind of gendered constructions, which perceive men as having control over barrier methods (Nelson Mandela/HSRC study of HIV/AIDS, 2002), place women at risk of contracting HIV.

According to Shefer (1999, p.60) the social construction of gender as part of an identity within a patriarchal society, "with a rigid set of relations characterised by hierarchically structured, power imbued opposites", has important implications for the negotiation of safe sex behaviours for heterosexual partners. The impact of gender roles on communication regarding sexuality and the negotiation of safer sex may be one of the most important variables in predicting condom use among heterosexual women and men (Amaro, 1995). Sexual communication skills which enable the person to negotiate the use of condoms with their partner are necessary, particularly when there are power differences between the genders (Fisher & Fisher, 1992). However, traditional constructions of women encourage passivity and silence when it comes to sexual practices.

Shefer (1999) in a study on The University of the Western Cape (UWC) students stressed the lack of information regarding local understandings of the difficulties involved in negotiating safe sex, particularly with regards to how this is mediated by gender related power dynamics. Gendered roles which limit women's ability to negotiate the use of condoms and practice safer sex are particularly concerning when the increased rate of HIV infection in women, in comparison to men, is taken into consideration.

1.2 Significance of the study

Given the increasing number of women who are acquiring HIV/AIDS through heterosexual intercourse, and the efficacy of condoms in reducing HIV transmission, there is a need to explore how women are able or unable to negotiate the use of condoms. I was interested in exploring the gender constructions and sexual discourse available to women and how this interacted with their ability to negotiate condom use. In particular, I wanted to explore the power dynamics produced by these constructions and discourses, looking at how women were either hindered by them or challenged and resisted them. This type of research could provide women with the opportunity to voice both the difficulties and success that they may experience in negotiating condom use.

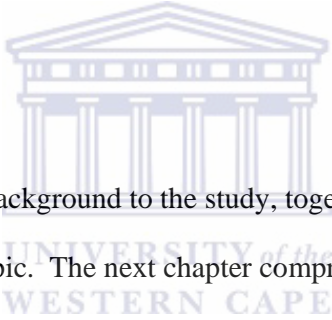


The study could also provide local information on women's experiences of condom negotiation. Fisher and Fisher (1992) state that successful AIDS-risk-reduction interventions are conceptually based and group specific; they provide AIDS-risk-reduction information, motivation, and behavioural skills. UWC's HIV and AIDS Programme Office provides a variety of services for students and staff members, including information about HIV/AIDS, free distribution of male and female condoms, free voluntary counselling and testing services and multiple levels of support for students and staff infected and affected by HIV. It is important that local or "group specific" understandings are made available to these programmes. This study proposes to qualitatively explore female student's experience of power dynamics in negotiating the use of condoms in sexual relations, in order to provide local gender relevant understandings of this process, and to provide a range of women's experiences and understandings.

In focusing on women's experiences it is important to emphasise that this is not to deny the importance of other aspects of identity (e.g. ethnicity, 'race', religion) which are also related to

the balance of power within a sexual relationship. Nor is it to exclude the importance of men's understandings and experiences. However, it is beyond the scope of this study to explore these aspects. It is also significant that women's voices are heard as some feminist psychologists argue that psychology has been dominated by "male voices" (Wilkinson, 1997). However, one of the difficulties of highlighting gender power inequalities within heterosexual relations, is that I may be in danger of further reproducing dominant gender discourses (e.g. reinforcing the perception of women as powerless) and reinforcing difference (male-female). What I tried to do within this study is to draw attention to the complexity and difficulties of negotiating condom use.

1.3 Outline of the thesis



Chapter one has provided the background to the study, together with the significance of undertaking research on this topic. The next chapter comprises a review of the literature that was relevant to the study. This includes exploring research related to barriers to condoms use, constructions of gender, social constructionism and discourses of sexuality.

Chapter three introduces the methodological framework and research process. This includes explaining the aims of the research, the process of acquiring participants, how the information was collected, and the method of interpreting the information. Reflexivity issues and ethical considerations are also explored in this chapter.

In chapter four I present the women's accounts of their experiences of negotiating condom use and/or safe sex. I explore the constructions of gender and the sexual discourses that emerge with particular reference to the power dynamics which they produce. The final chapter provides

conclusions, central findings and my reflections on the study. I also include the limitations of the study and recommendations for further study.

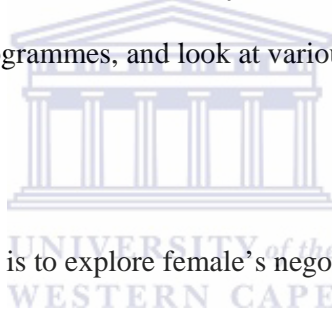


CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this chapter I will begin by briefly looking at HIV infection rates in females, risk factors for women and the effectiveness of condoms in preventing the transmission of HIV infection, before exploring barriers to condom negotiation. I will focus on the difficulties that women may experience in this process, particularly in the South African context. I will also examine some of the different level (individual, social/community, or structural and environmental) theories used to inform intervention programmes, and look at various strengths and limitations of these different levels of intervention.



As the main focus of this study is to explore female's negotiation of condom use in heterosexual relationships, the gendered nature of heterosexual behaviour will be examined. In my exploration of gender I have taken a social constructionist stance as I understand gender and the negotiation of safe sex to be power laden. The theoretical framework of this study is therefore a social constructionist approach which enables me to emphasise the importance of structural power and explore resistance or challenges to the status quo.

2.2. Females and HIV/AIDS

In 1990 UNAIDS estimates indicated that 25% of HIV positive people were women (UNAIDS, 1997a). This increased to 42% by 1996 and to 50% by 2007 (UNAIDS, 1997a, UNAIDS, 2007). The global ratio of women to men living with HIV remained stable from 2001 to 2007 (UNAIDS, 2007). However, in sub-Saharan Africa unlike other regions, the number of women

infected with HIV continues to grow. In 2007 almost 61% of the adults living with HIV in sub-Saharan Africa were women (UNAIDS, 2007). In sub-Saharan Africa, women between the ages of 15 and 24 are more than three times as likely to be HIV positive as men (UNFPA, 2005).

South Africa is considered to have one of the most severe HIV epidemics in the world (AIDS Foundation South Africa, 2007). It has the sixth highest prevalence of HIV infections, with 18.8% of the population being HIV positive (UNAIDS, 2007). In South Africa 30.2% of the women attending antenatal clinics were HIV positive in 2005, whilst 29% were HIV positive in 2006 (UNAIDS, 2007). This suggests that the rate of pregnant women becoming infected with HIV might be leveling off (UNAIDS, 2007). However, UNAIDS study of *HIV and sexual behaviour trends among young people* showed that there was no evidence of a decrease in HIV infection levels in young people in South Africa (UNAIDS, 2007). Within South Africa HIV infection rates vary considerably. KwaZulu-Natal, at 39%, has the highest number of HIV positive pregnant women between the ages of 15 and 24, whilst the Western Cape has the lowest, at 15% (UNAIDS, 2007).

There are two factors which increase the risk for women acquiring HIV, namely biological factors and socioeconomic factors. These will now be briefly explored.

2.2.1 Biological factors that place women at risk for acquiring HIV and Aids

Women are up to four times biologically more vulnerable towards acquiring HIV through sexual intercourse than men (UNAIDS, 1997a). This is largely because the area of the female genital mucosa exposed to the male's sexual secretions during intercourse is four times larger than that of men's (UNAIDS, 1997a). Furthermore, female's genital mucosa is thin and there may be tearing or bleeding during sex which greatly increases the risk of HIV infection (UNAIDS, 1997b). Women are also more at risk of becoming HIV positive because semen contains greater

amounts of the virus than vaginal fluids. Furthermore, the presence of STI's increases the likelihood of being infected by HIV, and in women it is common to have an STI with no symptoms (UNAIDS, 1997a). Younger women are even more vulnerable to acquiring HIV as their cervix is physiologically immature and their vaginal secretions are minimal (UNAIDS, 1997b).

2.2.2 Socio-Economic factors that place women at risk for acquiring HIV and Aids

Social and economic factors also impact on the high rate of women becoming HIV positive. Many HIV/AIDS intervention programmes and campaigns urge prevention methods that women may be unable to apply (UNAIDS, 1997a). For example, imbalances of power in sexual relationships or economic dependence make it difficult for some women to negotiate safe sex (Shefer, 1999; Strebel & Lindegger, 1998). In patriarchal societies like South Africa, culturally formed gender roles tend to lead to the silencing of women's sexuality. Women are often therefore unable to ask for safe sex as sexual practices are seen to be the domain of the man. Thus, through the socialisation of gendered sex roles, women's risk of acquiring HIV and Aids is increased.

Women are further at risk for acquiring HIV infection due to the high levels of rape and sexual violence that they may experience. The suggestion to use condoms may lead to rape or violence as some men have negative associations attached to the idea of using condoms, for example that their sexual orientation is being questioned or that their partner has been unfaithful. Social and economic risk factors will be discussed in more detail later in the chapter when barriers to condom use and the negotiation of safe sex are explored.

2.3. The effectiveness of condom use in preventing the transmission of HIV and AIDS

Statistics of the effectiveness of condom use in sexual relations as a means of decreasing the transmission of HIV vary considerably due to the different levels of consistency in condom use employed in the studies. A meta-analysis of condom use of variable consistency indicated a 69% reduction in the annual transmission of HIV (Foss, Whatts, Vicekerman & Heise, 2004). However, consistent use of condoms in sexual relations has been shown to be an effective barrier to the spread of HIV through sexual intercourse. Studies which only investigate consistent condom use show a decrease in the transmission of HIV infection of 95% (Foss, et al., 2004; Pinkerton & Abramson, 1997).

The female condom when used consistently has also been shown to be extremely effective in reducing HIV infection. It has the benefit of providing women with some control over preventing HIV infection, although it still requires partner negotiation and consent (UNAIDS, 2006). A review of 40 studies examining the acceptability of the female condom to both men and women found a largely favourable response (UNAIDS, 1999a). However, the female condom is not as widely available, is more expensive than the male condom and has not been marketed as broadly as the male condom (UNAIDS, 2006), consequently it is not used that frequently. Nevertheless, research has shown that where women have access to both male and female condoms rather than only male condoms, there is a decrease in the number of unprotected sex acts (UNAIDS, 1999a).

2.4. Barriers to condom use and the negotiation of safe sex in the South African context

Multiple barriers to condom use have been identified. It is beyond the scope of this work to discuss them all in detail, but key barriers to condom use will be explored briefly.

2.4.1. Social, cultural and religious factors

Societal disapproval can be a barrier to people using condoms. Culturally or religiously, there may be disapproval of, or prohibition of the use of condoms (Eaton, Flisher & Aaro, 2003; Sethosa & Peltzer, 2005; UNAIDS, 2000). In many cultures and religions, premarital sex is forbidden and this results in the silencing of discussions about sex and safe sex practices.

Women in particular are expected to be sexually naïve. If they have sexual knowledge, they may hide it so as not to appear as if they have been sexually active (Miles, 1997; Shefer, 1999; Shefer & Potgieter, 2006). Consequently, they are less likely to be able to negotiate condom use.

Even when the use of condoms is not discouraged, there may still be stigma around using or acquiring condoms and/or around communicating about sex. In South Africa, many cultural and religious influences consider sexual relations to be the man's domain, consequently women may be unable to request the use of condoms (Kalichman, et al., 2005; Sethosa & Peltzer, 2005; Strebel & Lindegger, 1998). Another cultural factor that impacts on the use of condoms is the level of emphasis placed on procreation, fertility and motherhood (Salo, 2002). Cultures which see these as being fundamental, use condoms less frequently (Eaton, et al., 2003).

2.4.2. Power differentials within relationships

Unequal power in a sexual relationship may result in one of the partners not being in a position to request that condoms be used (Kalichman, et al., 2005; Sethosa & Peltzer, 2005). Women in particular are often unable to negotiate the use of condoms due to unequal power dynamics in their sexual relationships (Ehler, 2003; Gavey & Mc Phillips, 1999; Holland, Ramazanoglu, Scott, Sharpe & Thomson, 1996; Kalichman, et al., 2005; MacPhail & Campbell, 2001; Rohleder & Gibson, 2006; Sethosa & Peltzer, 2005; Shefer, 1999; Shefer & Potgieter, 2006; Strebel & Lindegger, 1998; UNAIDS, 1999). They may be financially dependent on their

partner and therefore unable to insist on the use of condoms. Women may also be threatened with violence and therefore unable to negotiate safe sex.

Browning, et al. (1999), found that women tended to submit to their partners desires in sexual relationships. Consequently, if their partner did not want to use condoms, there was a greater likelihood that they would be influenced by their partner's desire, and acquiesce to condomless sex.

2.4.3. Sexual coercion and violence

Women may be coerced or threatened into sexual relations and therefore be unable to negotiate condom use (Holland, et al., 1996; Kalichman, et al., 2005; Sethosa & Peltzer, 2005; Swart, Seedat, Stevens, & Ricardo, 2002; Strebel & Lindegger, 1998; UNAIDS, 1999a; Wood, et al., 1998). In a study by Kalichman, et al. (2005), 40% of the women reported that they had been sexually assaulted. Twenty-nine percent of the women in the study stated that they had been forced to have sexual intercourse. Women who are raped are placed at greater risk for contracting HIV due to the increased likelihood of bleeding and the difficulty of trying to negotiate condom use in a rape situation. The high rape rate in South Africa is thus of great concern when trying to address the number of women becoming HIV positive (Wood, et al., 1998).

Eaton, et al.'s (2003) review of unsafe sexual behaviour in South African youths found that negotiation with regard to condom use was lacking, relationships were not monogamous and there were high levels of sexual coercion and violence. Within some South African contexts, the female partner was frequently shown to have little control over when and how sex occurred or of having any influence over who else her partner slept with (Sethosa & Peltzer, 2005). In 1996, a study by the National Progressive Primary Health Care Network found that "only about

one-third of adolescent boys in the survey believed their girlfriends had the right to refuse sex.” (cited in Eaton, et al., 2003, p.161). Kalichman et al., (2005) also found that 29% of their participants believed that rape was often the women’s fault. Lesch and Kruger (2004) discovered high levels of threatened violence in sexual relationships in the women they interviewed. The imbalance of power created by the ever-present possibility of violence seriously hinders women’s ability to negotiate condom use.

Sexual coercion is not necessarily overt (Gavey, 1993; Holland, et al., 1996; Shefer & Potgieter, 2006). Verbal persuasion, social pressures or the threat of the relationship ending may result in the women agreeing to unwanted sexual intercourse and may also make it difficult to negotiate safe sex (Holland, et al., 1996; Lesch & Kruger, 2004; Miles, 1997; Shefer & Potgieter, 2006; Wood, et al., 1998).

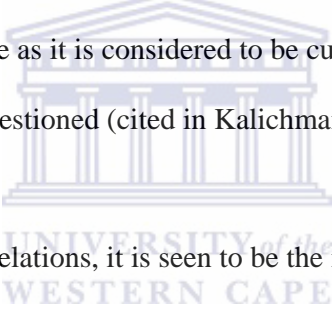


2.4.4. Economic factors

Low socio-economic status is frequently linked to women being financially dependent on men and having less power in their interaction with them (Ehler, 2003; Kalichman, et al., 2005; Shefer, 1999; Shefer & Potgieter, 2006). It is also often linked to higher levels of sexual coercion, sexual abuse and rape reinforcing the concept that women may be sexually dominated by males on their terms. Furthermore, research in South Africa has shown that poverty, unemployment and overcrowding are linked to higher levels of early sexual activity and less knowledge about HIV and AIDS (Eaton, et al., 2003; MacPhail & Campbell, 2001). Poverty and unemployment are also reasons why some young women may become involved in relationships with wealthier older men (Shefer, 1999; UNAIDS 1999a). A frequent consequence of financial dependence is that sex then happens on the man’s terms, which generally means that condoms are not used (Eaton, et al., 2003; Strebel & Lindegger, 1998).

2.4.5. Gender roles: Female

Many researchers emphasise the importance of culturally formed gender roles in modifying how sexual encounters are negotiated, and in determining who establishes which sexual practices will prevail (Holland, et al., 1996; Lesch & Kruger, 2004; Sethosa & Peltzer, 2005; Shefer, 1999; Shefer & Potgieter, 2006). Lesch and Kruger (2004), in a South African study of rural adolescent women, discovered that women were often unable to discuss sexual pleasure. Similarly Kalichman, et al., (2005) found that a third of the participants in their study believed that women should not talk to men about sex. This inhibition around sexuality and sexual desire may result in limited sexual agency (Lesch & Kruger, 2004; Wood & Foster, 1995; Wood, et al., 1996). Furthermore, Hadden (1997) found that South African women do not initiate discussions around safe sex and condom use as it is considered to be culturally inappropriate and results in their sexual behaviour being questioned (cited in Kalichman et al., 2005).



In many South African sexual relations, it is seen to be the man's role to initiate and establish sexual practice (Lesch & Kruger, 2004; Shefer & Potgieter, 2006) and the women's role to "please the man." Often, women understand 'flesh to flesh' sex as being necessary to please the man and to meet male sexual desire (Shefer & Potgieter, 2006; Wojcicki & Malala, 2001; Wood & Foster, 1995). There are misconceptions in the understanding of 'flesh to flesh' sex with some women perceiving it as essential in maintaining a man's health as they understand it as preserving the balanced levels of blood/sperm within the body (Wojcicki & Malala, 2001). Furthermore, genderised sexual roles tend to lead to women prioritising male sexual pleasure (Gavey, 1993; Holland, et al., 1996; Wood & Foster, 1995). In addition to this, women are frequently socialised to prioritise relationships (Holland, et al., 1996; Shefer & Potgieter, 2006). In order to maintain the connection with their partner they may avoid the potential conflict involved in suggesting using condoms (Amaro, 1995; Miles, 1997; Sethosa & Peltzer, 2005;

Wood & Foster, 1995). Women often prioritise relationships, particularly if they don't perceive themselves to be at risk of acquiring HIV (Maxwell & Boyle, 1995; Watson & Bell, 2005).

Women may also be socialised in such a way that it encourages passivity, dependence or self-sacrifice, thus making it difficult for them to negotiate safe sex (Gavey, 1993; Shefer & Potgieter, 2006; Wood & Foster, 1995). In a South African study, Kalichman, et al., (2005) found that men and women endorsed passive and submissive roles for women, and almost all the participants believed that women should obey their husbands. These gender roles make it difficult for women to negotiate safe sex.

Gavey and McPhillips (1999) found that even when some women perceived a health risk and had condoms available they were unable to use them at the necessary moment. Instead these women experienced “a sort of unchosen but inescapable passivity” (Gavey & McPhillips, 1999, p.351). Passivity may also result in the non-use of condoms, as for women, it frequently involves persuading their partners to wear condoms. Some women may not have the power or communication skills necessary to ask their partner to use a condom. In particular, it may be difficult for them to manage a partner's refusal to use a condom (Harvey, Beckman, Browner & Sherman, 2002; Fernandez-Esquer, Atkinson, Diamond & Useche, 2004; van Dyk, 2001).

Another factor which impacts on women's ability to negotiate safe sex is the social construction of the 'good' women as not desiring sex. Fisher (1992) emphasises the importance of acknowledging one's sexuality, as in doing so, one is more likely to acquire the skills and information necessary to manage safe sex. However, women who buy condoms or who suggest using them may be perceived to be promiscuous as the sex is seen to be premeditated (Caron et al., 1993; Holland, et al., 1996; Miles, 1997; Shefer, 1999; Wood & Foster, 1995). The 'whore-madonna' dichotomy of female sexuality is invoked by the decision to carry condoms or not to

(Shefer, 1999; Shefer & Potgieter, 2006). This dichotomy is also invoked by the number of sexual partners that women have with the ‘madonna’ or ‘good’ woman having one or few partners whilst the ‘whore’ or ‘bad’ woman has multiple sexual partners (Shefer & Potgieter, 2006). Furthermore, Lesch and Kruger (2004) found that women who were able to discuss their sexual pleasure immediately felt shameful and guilty. A key conclusion of *The Women, Risk and AIDS Project* (WRAP) which explored women, sexuality and AIDS, was “...that ‘safer sex’ for women constitutes a challenge to the very construction of femininity and masculinity in hegemonic heterosexual culture...at the centre of such a challenge is the acknowledgement of female sexual desire and female sexuality...” (Shefer, 1999, p106).

2.4.6. Gender roles: Male

In South Africa many men are reluctant to use condoms because they are perceived as reducing pleasure (MacPhail & Campbell, 2001; Wojcicki & Malala, 2001; Wood & Foster, 1995). The user may find that condoms reduce sensitivity and pleasure or they find them uncomfortable (Wood & Foster, 1995). Women’s ability to negotiate the use of condoms is then hindered by the social construction that sexual encounters are the domain of the man and require that women prioritise male pleasure (Holland et al., 1996; Kalichman, et al., 2005; Lesch & Kruger, 2004; Maxwell & Boyle, 1995; Shefer & Potgieter, 2006). Perceptions of male sexuality which sees men as “needing” sex further limit women’s ability to negotiate the use of condoms (Gavey, 1997; Holland, et al., 1996; MacPhail & Campbell, 2001, Miles, 1997; Shefer, 1999; Shefer & Potgieter, 2006; Wood & Foster, 1995).

The close association of masculine identity with heterosexual penetrative sex creates additional difficulties in condom negotiation (Wood & Foster, 1995). In particular, there is a strong belief amongst South African men that masculinity entails having condomless sex with multiple partners (MacPhail & Campbell, 2001; Rohleder & Gibson, 2006). Thus ‘flesh-to-flesh’ sex is

seen to be part of their masculine identity and perceived to be the most gratifying way of meeting their sexual desire (Wojcicki & Malala, 2001; Wood & Foster, 1995). The use of condoms is not seen to be “manly” (Eaton, et al., 2003; Kalichman, et al., 2005) as it is largely associated with homosexuality and AIDS in South Africa (Miles, 1997). Therefore women who request that their partners use condoms may be interpreted as implying that they suspect them of having AIDS and/or questioning their sexual orientation (Miles, 1997). Furthermore, condoms require a level of skill which the user may not have and they might feel embarrassed about this. Difficulty in using condoms might threaten their sense of masculinity as a man is seen to be the ‘expert’ in sexual practices (Holland, et al., 1996).

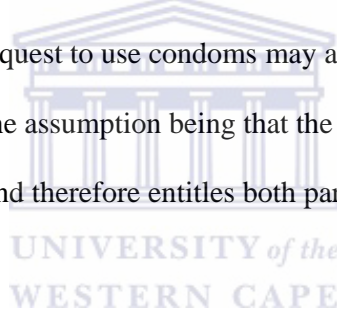
2.4.7. Trust and love

The use of condoms within stable relationships is frequently seen to imply a lack of trust with regard to their partner’s fidelity (Eaton, et al., 2003; Holland, et al., 1996; Maxwell & Boyle, 1995; Miles, 1997; Shefer, 1999; Shefer & Potgieter, 2006; Watson & Bell, 2005; UNAIDS, 2000; Wood & Foster, 1995). Long-term, trusting, monogamous relationships are generally assumed to be safe relationships, partly because the person is now known (Watson & Bell, 2005; Wood & Foster, 1995). There is often the understanding that condoms are associated with having sex with ‘others;’ not for use within stable relationships which presuppose faithfulness and are based on trust (Eaton, et al., 2003; Shefer, 1999; Shefer & Potgieter, 2006; Watson & Bell, 2005). For some women having sex with someone meant that they knew their sexual partner well enough to trust them and therefore did not need to use condoms (Miles, 1997; Patton, 1993; Watson & Bell, 2005). They therefore equated knowing someone with being safe sexually.

In some contexts, not using condoms is seen to reflect a new level of commitment within a relationship (Eaton, et al., 2003; Gavey & McPhillips, 1999; Maxwell & Boyle, 1995; Manzini,

2001; Watson & Bell, 2005). Watson and Bell (2005) found that for the women in their study safe sex practices and condom use meant 'I don't trust you.' Sex without condoms may also be seen to be proof of love which may be deemed as more important than possible health risks (Gavey & McPhillips, 1999; Miles, 1997; Shefer, 1999; Shefer & Potgieter, 2006; Watson & Bell, 2005; Wood, et al., 1996).

A person who suggests the use of condoms may fear their partner's response. Their partner may interpret the suggestion as casting doubt upon their faithfulness, or they may assume that their partner is asking to use condoms because they have been unfaithful (Ackermann & de Klerk, 2002; Kalichman et al., 2005; Miles, 1997; Sethosa & Peltzer, 2005; Shefer & Potgieter, 2006; Wood & Foster, 1995). The request to use condoms may also be used to legitimise sexual relations with other partners, the assumption being that the partner who requested the use of condoms has been unfaithful and therefore entitles both parties to have multiple sexual partners.



2.4.8. Education

Limited awareness about the seriousness of HIV and the effectiveness of condoms as a preventative measure may result in condoms not being used (UNAIDS, 2000). However, a South African study with scholars showed that 85% of the sexually active participants agreed that condoms should be used consistently every time they have sex indicating knowledge of safe sex (Lagerberg, 2004). Nevertheless, only two thirds of the participants reported using condoms and then only 50% percent of the time (Lagerberg, 2004). Eaton, et al. (2003) found that knowledge of safe sex practices in South African youths were vague. They also observed that the majority of respondents who were aware that condoms were effective in preventing HIV transmission did not use them. Poor communication from parents about sex and low parental guidance was found to be a factor which resulted in an increase in adolescent sexual activity and low rates of condom use in South Africa (Eaton, et al., 2003).

2.4.9. Other

There may be personal reluctance to use condoms for a variety of reasons. Condoms may interfere with sexual spontaneity which many people find objectionable as it can disrupt the pleasure of sex (Ehler, 2003; Gavey & McPhillips, 1999; Holland, et al., 1996; Wood & Foster, 1995). Furthermore, in South Africa a number of individuals believe the myth that condoms may come off inside the women causing injury or death and avoid using them (Eaton, et al., 2003). Another factor which impacts negatively on condom use is that users who have experienced condom failure may be reluctant to rely on them for protection (UNAIDS, 2000). In addition, up to eight percent of condom users experience an allergic reaction to latex and this may lead to a negative perception of condom use.

Some people who are sexually active do not consider themselves to be at risk and therefore are disinclined to use condoms (Eaton, et al., 2003; Ehler, 2003; Watson & Bell, 2005). “Others,” like homosexuals, drug users or people having casual sex are perceived to be at risk (Watson & Bell, 2005; Wood & Foster, 1995). They may believe that ‘it won’t happen to me,’ that they are good judges of character or that they “only sleep with ‘nice’ people (Holland, et al., 1996; Watson & Bell, 2005; Wood & Foster, 1995, p.20). In addition some people believe that they can ascertain a person’s HIV status by seeing if the person looks healthy or seems confident (Wojcicki & Malala, 2001).

The accessibility of condoms can be a barrier to condom use (Ehler, 2003). Condoms may be difficult to obtain because of price. Free condoms may only be available at certain locations which may be hard to get to, or they may not be well promoted (Taylor, Dlamini, Kagoro, Jinabhai, & de Vries, 2003; UNAIDS, 2000). In some communities, obtaining free condoms from a clinic may not be considered desirable because of a lack of privacy and confidentiality (Eaton, et al., 2003).

Lack of control over condom use is another important factor which can result in condoms not being used (UNAIDS, 2000). The consumption of alcohol or drugs may lead to people not being entirely in control of their actions and therefore having condomless sex (Taylor, et al., 2003). In South Africa and particularly in the Western Cape alcohol use and abuse is very high, thus increasing the likelihood of unsafe sexual practices.

2.5. Theoretical explanations that inform intervention programmes

There are numerous theories which examine high-risk sexual behaviour and the barriers to practicing safe sex in order to inform intervention programmes. These theories tend to address change at either the level of the individual, or at the level of social/community, or at the structural and environmental level. However, some theories try to integrate these levels. Firstly, I will briefly outline some of the theories, and then I will examine some of the strengths and limitations of the different levels of intervention.

2.5.1 Individual Level Theories

Theories which focus on the level of the individual include the *health belief model*, the *theory of reasoned action*, *social learning theory*, *stages of change model* and the *AIDS risk reduction model*. Models like the health belief model (Becker, 1974) and the theory of reasoned action (Ajzen, 1987, in Caron, Mdavis, Haltemann & Stickle, 1993; Fishbein & Ajzen, 1975) use cognitive-attitudinal explanations to understand behaviour and behaviour change.

The **health belief model** emphasises the importance of knowledge, attitudes, beliefs, perceptions of others, and the intention to adopt preventative behaviours when trying to appreciate high-risk sexual behaviour (Amaro, 1995). In terms of safe sex the individual is usually taught to weigh the benefits against the costs and barriers to change by looking at the

risk involved in practicing unsafe sex, examining the severity of AIDS, looking at the effectiveness of condom use in preventing HIV infection and the benefits of using condoms or delaying the onset of sexual relations (Albarracin, et al., 2005; UNAIDS, 1999b). Similarly, Fishbein and Ajzen's (1975) **theory of reasoned action** highlights the importance of attitudes towards the use of condoms, the subjective norms or social support for using condoms, and the person's perception of control over the use of condoms as critical to determining the intention to practice safe sex.

Another theory which is used to inform the development of intervention programmes is Bandura's (1977) **social learning** or **social cognitive theory**. This theory emphasises modeling, perceived efficacy and self-efficacy. It goes beyond most cognitive models as it also highlights how social factors impact on risk behaviour. Social aspects like peer pressure, social norms and media are seen to interact on the individual's ability to negotiate safe sex. Consequently, it is seen to be necessary to develop communication and negotiation skills as they enable individuals to resist external pressures by increasing self-efficacy (Albarracin, et al., 2005; Amaro, 1995; Schwarzer & Fuchs, 1995). Intervention programmes based on **social learning theory** incorporate information and attitudinal change in order to motivate the individual to reduce risk behaviour together with training in risk reduction skills and the promotion of self-efficacy (Albarracin, et al., 2005; UNAIDS, 1999b).

Byrne and Fisher's (1983) **behavioural step model**, suggests five behavioural steps for the successful use of contraceptives: 1) accurate knowledge is required; 2) recognise the possibility of having sex; 3) get the necessary contraception; 4) communicate with the sexual partner about using contraception; and 5) use the contraception (cited in Caron et al., 1993). Fisher (1990, in Caron et al., 1993) expanded upon this model so that it would also address the prevention of HIV/AIDS. He included two more steps, an 'active-decision making step' and a step which required making a 'shift to preventative scripts' (Caron et al., 1993). These two theories both

hold that frequently, failure to use condoms is the result of not progressing through all of the stages.

The **stages of change model** (Prochaska & DiClemente, 1992) is similar to Byrne and Fisher's behavioural step model. They suggest that there are six stages that individuals go through when changing their behaviour, namely pre-contemplation, contemplation, preparation, action, maintenance and relapse. In terms of condom use, an individual who has not considered using condoms would be in the pre-contemplative stage, whilst someone who recognises the importance of using them would be in the contemplative stage. An individual thinking about using condoms would be in the preparation stage and the action stage would reflect an individual who has been using condoms consistently but for less than six months. Using them consistently for longer than six months would be the maintenance stage. The relapse stage would reflect a lapse in condom use. In using this theory to inform an intervention programme, emphasis is placed on ensuring that the correct stage of the individual or group is determined and focused on (UNAIDS, 1999b).

The **AIDS risk reduction model** integrates concepts from the health belief model, the social learning theory and diffusion of innovation theory to understand the process of how individuals or groups try to change their behaviour (Catania, Kegeles & Coates, 1990). Three stages are identified as necessary for the reduction of unsafe sexual practices. The first step is behaviour labeling, which includes knowledge about AIDS, perceived risk and how emotions impact on how people feel about AIDS. The second stage, commitment to change, is seen to be influenced by four factors, namely, perceptions of enjoyment, self-efficacy, social norms and aversive emotions. In the third stage, taking action, aversive emotions, sexual communication, help-seeking behaviour and social factors need to be addressed as they are understood to be an essential aspect of people's decision making process (UNAIDS, 1999b).

2.5.2. Social Level Theories

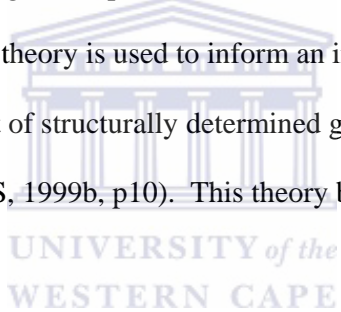
Theories which focus on the social level include the *diffusion of innovation theory*, *social influence or social inoculation model*, *social network theory* and the *theory of gender and power*. These will be look at briefly.

The **diffusion of innovation theory** (Rogers, 1995) looks at how ideas or innovations are dissipated within society and how long this process may take. The rate of adoption of an idea or innovation is understood to be influenced by five attributes, namely, the relative advantage, compatibility, complexity, trialability and observability of the innovation or idea (Rogers, 1995). The rate of adoption is further influenced by the type of innovation-decision involved, the communication channels being used to diffuse the innovation, the nature of the social system and the change agents involved in the innovation diffusion process (Rogers, 1995). When this theory is used to inform intervention programmes, several key opinion leaders are identified to adopt and sanction behavioural change in order to influence and encourage others to adopt the behavioural change, eventually leading to the new behaviour becoming a societal norm (UNAIDS, 1999b). If the new behaviour becomes a societal norm, the individual is more likely to adopt this behaviour.

The **social influence or social inoculation model** (Howard, 1990, as cited in UNAIDS, 1999b) also uses role models to influence behaviour. However, because peer pressure is seen to be a major factor in engaging in early sexual relationships, participants are taught how to deal with social pressure by slightly older teenagers who act as role models. These role models also provide information, help identify pressures and difficulties, role-play handling problem situations with the participants and teach assertiveness skills (UNAIDS, 1999b).

Unlike other models, the **social network theory** (Morris, 1997) looks at HIV risk behaviour by examining relationships. The focus is on how people choose who they mix with as well as the variations in relationship patterns in terms of length of partnership and overlap (UNAIDS, 1999b). This is examined at the level of the couple and the broader social community and it includes identifying key people who act as role models for behaviour as all these factors are seen to influence risk behaviour.

The **theory of gender and power** looks at how the structure of society impacts on women and their ability to negotiate HIV risk behaviour by examining aspects like distribution of power, economic factors, violence and gender specific norms within heterosexual relationships (UNAIDS, 1999b). When this theory is used to inform an intervention programme it would be necessary to “assess the impact of structurally determined gender differences on interpersonal sexual relationships” (UNAIDS, 1999b, p10). This theory bridges the social and structural level theories.

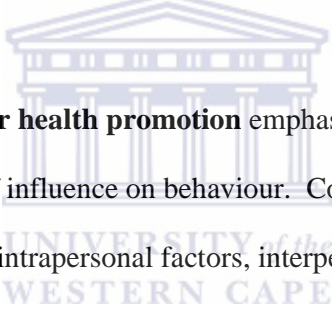


2.5.3. Structural and environmental level theories

Some theories perceive sexual behaviour to be the product of individual, social, and structural and environmental factors. Theories at this level tend to be multidimensional in approach. They examine behaviour at the level of the individual, the impact of their social group on behaviour and how the structure and environment in which they live influences behaviour. The *theory for individual change and social change or empowerment model* and the *social ecological model for health promotion* focus are considered to be structural and environmental level theories (UNAIDS, 1996b).

The **theory for individual change and social change or empowerment model** focuses on the need for a critical understanding of context together with taking action against oppressive

factors within that context. This would require that a disadvantaged community be empowered to problem solve and identify oppressive aspects of their context and ways in which they could be addressed. Three types of empowerment are differentiated. Firstly, personal empowerment, which is comparable to self-esteem. Secondly, organizational empowerment includes improving the functioning of the individuals within an organization, as well as enabling the organizations to influence policy and community based decisions. Lastly, community empowerment requires that both the expertise and the resources of the individual and the organizations are used to meet needs (UNAIDS, 1999b). Interventions which use this theory examine all three types of empowerment, and the inclusion of the participants in developing the programme is central to this type of intervention.



The **social ecological model for health promotion** emphasizes the importance of the interaction of multiple levels of influence on behaviour. Consequently, interventions would need to take into consideration intrapersonal factors, interpersonal factors, institutional factors, community factors and public policy (UNAIDS, 1999b).

2.5.4. Strengths and limitations of intervention theories

Individual level theories are useful in identifying individual behaviour and cognitions associated with increased risk. They provide practical ways to target some of the problematic behaviours and identify key areas of development like communication skills, perception of vulnerability and self-efficacy. These models provide some insight into the numerous factors which impact on the negotiation of condom use in heterosexual relationships and have resulted in risk reduction. However, several theorists argue that they fall short, as sexual behaviour is more complex than the models allow for (Amaro, 1995; Bowleg, Belgrave & Reisen, 2000; Harvey, et al., 2002; Shefer, 1999, Wood & Foster, 1995).

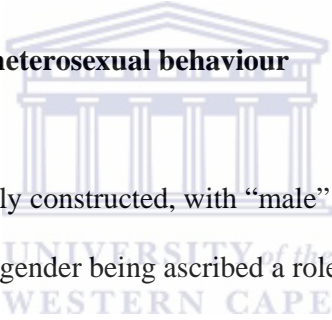
Amaro (1995) points out three problematic assumptions which underlie these models. Firstly, the models main focus is on the behaviour of the individual and doesn't examine how cultural and social factors construct sexuality and the repertoire of sexual behaviours available within a community. Secondly, there is an assumption that the individual is able to initiate and control sexual encounters. And thirdly, culturally defined gender roles influence and can delineate how men and women interact within a sexual relationship.

Although the individual level theories are useful, their general lack of emphasis on social and contextual factors has resulted in limited success in certain populations, indicating that there are gaps which the theories do not address (UNAIDS, 1999b; Wood & Foster, 1995). In focusing on the level of individual behaviour and psychological processes, the complex interaction between the individual and their context is missed (Harvey, et al., 2002; UNAIDS, 1999b, Wood & Foster, 1995). In addition to this, the very nature of heterosexual sex highlights the importance of gender as an aspect to be considered when informing intervention programmes; yet most of these theories do not consider the impact of gender on the negotiation of condom use. Whilst purely individual level interventions were initially used, most intervention programmes now draw from several models depending on the context (UNAIDS, 1999b; Wood & Foster, 1995).

Intervention theories that focus on the social level are informed by societal, religious and gender norms and attempt to understand the context in which the individual is situated. There is thus some insight into broader barriers which may make using condoms difficult at an individual level. By involving peers or key figures in intervention programmes a shift can be made at a societal level making it easier for individuals to practice safe sex. Societal level intervention programmes often incorporate concepts and aspects from individual level theories.

Structural and environmental level theories tend to be multidimensional in their approach and examine behaviour in terms of the individual, their society and broader structural factors like politics, economics and organisations. They do not replace individual level interventions, but rather, contextual factors are used to inform where the emphasis needs to be placed and which concepts and approaches from the individual level theories (like the need for sexual communication skills or perception of personal risk) should be incorporated into the intervention programme. Programmes therefore vary depending on the context. Successful interventions have been shown to take the context, the individual and individual difference into consideration (UNAIDS, 1999b).

2.6. The gendered nature of heterosexual behaviour



Gender can be seen to be socially constructed, with “male” and “female” having contextually bound meanings and with each gender being ascribed a role with particular ways of behaving and relating. This socially constructed understanding of gender sees the meanings and behaviours associated with male or female as being fluid and specific to the situation, culture and interactions of the time (Bohan, 1997; Burr, 1995; Fouten, 2006; Gergen, 1985; Hare-Mustin, 2001; Hare-Mustin & Marecek, 1992). From a social constructionist position so called feminine actions are not inherent to females, but rather socially construed as feminine and reproduced by the enaction of those actions (Bohan, 1997; Hare-Mustin, 2001). Wetherell (1997, p.149) argues that “... femininity and masculinity are ideological practices all the more effective because they appear as natural and inevitable results of biology or experience.” She maintains that sexual differentiation is continually reinforced by society through the family, media and education; and is used to preserve the status quo.

An aspect of gendered identity is sexuality, where gender roles may be seen as “prescribing” certain ways of interacting sexually. Dominant constructions of sexuality perceive heterosexuality and penetrative sex to be “normal” and “real sex” (Miles, 1997). The emphasis placed on penetrative sex reinforces the idea of men as controlling sex acts and sexual decision making (Miles, 1997). Furthermore men are seen to be more knowledgeable about sex, as needing and demanding sex; as sexually more egocentric and insensitive to their partners needs. (Gavey, 1997; Miles, 1997; Shefer, 1999). Female sexuality, on the other hand, is seen to be ignorant, passive, submissive and receptive, with the emphasis placed on pleasing their partner (Gavey, 1997; Miles, 1997). Whilst men are depicted as needing to have sex with as many women as possible; women are portrayed as desiring one stable partner. Sexually men are required to be experienced experts while women must be sexually naïve and inexperienced. A consequence of this polarisation of masculine/feminine sexual roles is that women have a limited range of acts which society allows for negotiating sex. It also places men and women in opposition to each other, particularly with regards to negotiating sexual intercourse.

Negotiating sex and safe sex is made even more difficult for women as societies make social distinctions based on gender and most of them attribute more power to men (Kalichman, et al., 2005). In a patriarchal society, the “genderised” ways of relating are exemplified by “...hierarchically structured, power imbued opposites,” which have particularly important implications for the negotiation of safe sex behaviours for heterosexual partners (Shefer, 1999, p.60). The male-female subjectivity of a patriarchal society results in a power differential where women have less power and are thus less able to negotiate the use of condoms (van Dyk, 2001). Furthermore, sexually women are characterised as passive and receptive whilst men are understood to be demanding and controlling.

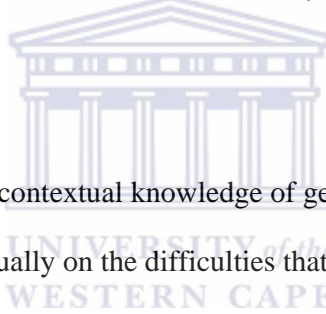
Initially intervention programmes ignored the impact of gender roles on communication and behaviours regarding sexuality and the negotiation of safer sex. However, studies increasingly suggested that this may be one of the most important variables in predicting condom use among heterosexual women and men (Amaro, 1985; Catania, et al., 1989; Kalichman, et al., 2005; UNAIDS, 1999). Currently, the gendered nature of heterosexual behaviours has increasingly been recognised as impacting on women's ability to negotiate safe sex and it is frequently considered to be an important factor in the development of intervention programmes.

As discussed earlier in the chapter under barriers to condom use, there are several aspects of gender which are important to consider when exploring how gender may impact on women's ability to negotiate safe sex. In examining gender as part of identity it becomes apparent that it is dependent upon learning and social reinforcement. It is seen in the 'gendered' ways in which people behave, in the way in which they communicate, their conflict resolution styles and their level of selfishness or selflessness. (Amaro, 1995; Bowleg et al., 2000). Gendered roles may result in women having poor sexual communication skills, low self efficacy and being financially dependent on men. Sexual communication skills which enable the person to negotiate the use of condoms with their partner are necessary, particularly when there are power differences between the genders (Fisher & Fisher, 1992).

In many communities women have been socialised to place great importance on having a relationship and ensuring that their partner enjoys sex. Shefer (1999) looked at how women's fears around losing their partners; being rejected; or feeling anxious about their partner not enjoying sex with a condom, narrows the space for discussion of safer sex. Women may be fearful of a negative response, anger or rejection at the suggestion of the use of condoms. They may not want to appear 'wanton' or 'forward.' Women may be unable to ask for condoms to be used as sexual communication might be perceived to be the domain of men. These kind of

gendered constructions, which perceive men as having control over barrier methods, place women at risk for contracting HIV (Kalichman, et al., 2005; Shisana & Simbayi, 2003).

Negotiating safe sex becomes even more difficult when women are economically and socially disadvantaged (Ackermann & de Klerk, 2002). They may become involved in sexual relationships for which they are rewarded with food or gifts; these sexual interactions are usually controlled by the man and it is his decision if condoms are to be used or not. There may also be the threat of violence if women suggest the use of condoms. Poverty has also been shown to be linked to women accepting sexist beliefs and discourses about relationships, whilst women with higher socio-economic status are more likely to reject them (Kalichman, et al., 2005).



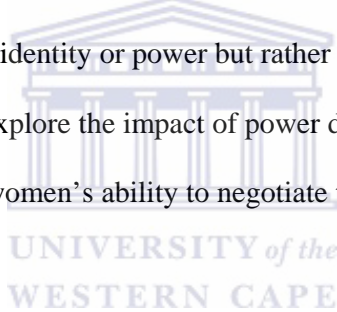
The emphasis, when acquiring contextual knowledge of gendered behaviours to inform intervention programmes, is usually on the difficulties that women experience in negotiating safe sex, as these place them at risk for contracting HIV. However, it is also important to examine “female power” so as not to reinforce the idea of women as helpless victims (Kitzinger, 1992, p.429). Part of the difficulty in this study is to balance highlighting structural problems that make condom negotiation difficult for women, whilst also trying to make space to explore women’s ability to use condoms, and the other ways in which they are able to negotiate safe sex. Wojcicki and Malala (2005, p.101) emphasise the importance of highlighting “the choices and agency that women do have in the micro decisions that they make.” Similarly, Kitzinger (1992) stresses the importance of acknowledging women’s personal agency despite unequal opportunities and their covert powers which enable them to achieve their goals. Consequently, ways in which women are able to negotiate safe sex need to be incorporated into intervention programmes. It is important to bear in mind, however, the variability of women’s situation.

2.7. Social constructionism and discourses

The social constructionism orientation is described by Gergen (1985) as making clear the way in which we explain the world. Knowledge is understood to be constructed through language and social discourses, not objectively acquired through research or experience. Burr (1995) outlines four key assumptions of social constructionism, namely, 1) a critical stance towards taken-for-granted understandings of the world; 2) the ways in which we understand the world are historically and culturally specific; 3) knowledge is created and sustained through social interaction, particularly through language; and 4) knowledge/understanding sustain social action.

A central aspect of social constructionism is the role of language and discourse in the construction of knowledge (Beyer, Du Preez & Eskell-Blokland; Burr, 1995; 2007; Gergen, 1985; Gergen & Gergen; 2007; Hare-Mustin, 2001; Sampson, 1998). Language is perceived to be opaque rather than a clear medium of communication (Burr, 1995; Gergen, 1999; Gergen & Gergen; 2007). Beyer, et al. (2007) explain that reality is constructed through social interaction. In social constructionism language is seen to be structured in such a way that it forms discourses (Bayer, 1998; Burr, 1995; Gergen, 1985; Gergen & Gergen; 2007; Sampson, 1998). There are many definitions attempting to define what a discourse is. Burr (1995) defines a discourse as a set of statements, representations, metaphors, and so on, which constructs an object giving it meaning. This meaning is constructed and maintained by social groups, through their interaction (Beyer, et al., 2007). Discourses are used to interpret events and objects. Depending on the discourse used, we obtain a different meaning and interpretation of the event or object. It is important to note that they appear to be 'natural' and have implications for what we should do (Burr, 1995).

Burr (1995) distinguishes between two approaches to discourse analysis. Firstly, there is the approach which stems from structuralism and poststructuralism and focuses on issues relating to identity, personal and social change, and power relations. Burr (1995, p.167) explains that this approach examines how existing ways of understanding and representing events, people and society arose, in order to show how these “‘truths’ have come to be constituted, how they are maintained and what power relations are carried by them.” This approach draws largely from the work of Foucault who explored ‘what’ discourses do, their role in the creation of subjectivity, and the power which they are imbued with (Gubrium & Holstein, 2000). The second approach stems from speech act theory, conversational analysis and ethnomethodology and concentrates on how accounts are created and the effects that they have. This approach does not focus as much on issues of identity or power but rather with how words can be used to do things. As this study aims to explore the impact of power dynamics within heterosexual relations, and their impact on women’s ability to negotiate the use of condoms, I will draw mainly from the first approach.



Discourses are emphasised because different discourses allow for the development of different kinds of identities and actions. Kitzinger (1992) argues that our identities and subjectivities are formed by the language we use; they are shaped by the innumerable ‘discursive practices’ which position us in the world. These identities and subjectivities are not an intrinsic part of us, rather we are defined through language by the categories (like ‘female’, ‘black’, ‘Jewish’) ascribed to us and it is from the meanings and connotations which these categories convey, that our identities and subjectivities are formed. These categories' dominant stories are further reinforced by the individual’s experience of different people in different situations responding in similar ways to them (Michel & Wortham, 2002). The categories are also associated with power, consequently power is “...intimately involved in the construction of the individual and her sense of selfhood” (Kitzinger, 1992, p.437). It is the resistance of dominant discourses and

contradictions within subjective attempts to explain themselves or events, that challenges dominant discourses or gives rise to new ones (Shefer, 1999).

2.8. Discourses of heterosexuality

I will briefly explore the three discourses of sexuality identified by Wendy Hollway (1996) as they have become crucial in any investigation of sexual discourses. They provide great insight into the subjective positions of men and women in sexual relationships. They are the 'male sexual drive discourse', the 'have/hold discourse' and the 'permissive discourse'. These discourses are seen to inform how people talk about and make sense of their relationships and sexual experiences.

The 'male sexual drive discourse' is particularly dominant in patriarchal societies and espouses the idea that men are biologically driven to have sex in order to reproduce (Hollway, 1996). Men are understood as being unable to control their urge to have sex and as having greater sexual drives than women. In this discourse women are perceived to be sexually passive and occupy the position of object (Macleod, 2006). Women are placed in a double bind as they are both encouraged to make themselves attractive for men and they are also responsible for restricting male sex drive as men are seen as unable to do so themselves (Macleod, 1996).

Hollway (1996) describes the 'have/hold discourse' as stemming from Christian ideals and morality which promote monogamy, family life, and which reinforce the nuclear family and heterosexuality as normal. Women in particular are portrayed as being driven to get 'hold' of and 'have' a man. This is linked to the idea that women prioritise love, the relationship, and family over sexuality. Hollway argues that this discourse, which coexists with the male sexual drive discourse, creates tension for men as they are supposed to be driven to have sex and reproduce but also to maintain monogamous relationships. At the same time women are either

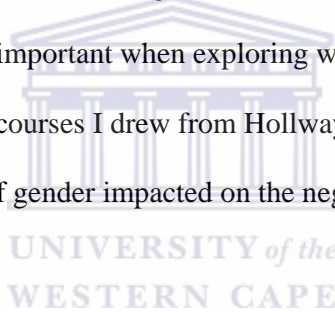
split into 'virgins' or 'whores', or they are expected to be both simultaneously. Furthermore, Hollway states that women's sexuality is perceived to be asexual, but underneath "... this discourse is the belief that [their] sexuality is rabid and dangerous and must be controlled" (1996, p. 87)

The third discourse, the 'permissive discourse,' arose out of the 'sexual revolution' and challenges the principal of monogamy and the have/hold discourse (Shefer, 1999). It is an offspring of the male sexual drive discourse in that it perceives sexuality as natural and physical (Hollway, 1996). In this discourse both men and women are seen as desiring sex and being able to initiate sex. However, sexuality is perceived to be under the control of the individual and ignores the relational aspects of sexuality and gendered power inequality. Out of this discourse came the acceptability of one-night stands. It increased the individual's accessibility to sex without any need for commitment, responsibility or emotional bonds. If one considers the social construction of gender roles which encourage men to seek access to sex, whilst women search for relationships, then the seemingly gender equal permissive discourse actually serves to meet male needs. Hollway (1996) found that many of the women that she interviewed were uncomfortable with the permissive discourse because of the lack of emotional connection.

These discourses do not coexist easily but overlap, have multiple meanings, are resisted and challenged (Hollway, 1996). They are not 'monolithic' but have weak points where they may be contested and resisted (Burr, 1995). It is through resistance and challenge that change occurs and new discourses and new ways of being are made available. It is important to note that while gender-differentiated positions may be used to make meaning of sexual practices, it is not the only aspect of identity available, nor do sexual practices have only one way of being interpreted. However, often these traditional gender roles and dominant sexual discourses are used to read sexual practices, displacing other possible understandings.

2.9. Theoretical framework

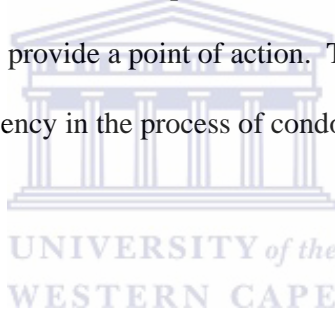
Earlier in the chapter I explored the socially constructed nature of gender and how this impacts on heterosexuality and produces discourses of sexuality which influences sexual negotiation. I also discussed how intervention theories addressed change at different levels and the strengths and limitations of these approaches. I concluded that whilst the individual level interventions are useful their lack of consideration of social and contextual factors results in some of the barriers to condom use not being addressed. I adopted a social constructionist framework as the basis of this study as it allowed for an exploration of the negotiation of condom use which considers the socially constructed nature of gender, sexuality and sexual discourses. These factors have been shown to be important when exploring what condom negotiation entails for women. In terms of sexual discourses I drew from Hollway's discourses of sexuality, as well as looking at how constructions of gender impacted on the negotiation of safe sex.



From a social constructionist perspective I was able to explore and deconstruct gendered heterosexual relations, with particular reference to power. It also allowed me to explore the connotations associated with condoms, as from a social constructionist viewpoint condoms are not neutral objects, rather their use is seen to be tied to social constructions of sexuality and gender (Holland, et al., 1996; Shefer & Potgieter, 2006; Wood & Foster, 1995). Shefer and Potgieter (2006) argue that condoms symbolise stigmas which are dependent on the context and the relationship, but still reproduce gendered power dynamics through dominant sexual discourses which impede the negotiation of condom use.

A criticism of postmodernism and social constructionism is that it is relativistic and that this results in inaction as either there is perceived to be no truth, or all truths are seen to be equally valid (Agger, 2007; Gergen, 1985; Praetorius, 2003; Terre Blanche & Durrheim, 1999). Agger

(2007) refutes the claim that postmodernism is relativistic, maintaining that what postmodernism does is it explores marginalised accounts of events or people, that the epistemological Western world doesn't see. In terms of valuing all truths equally or denying that there is truth, Agger argues that knowledge is seen to be perspectival, that all learning and knowing takes place within contexts which colours the information. The exploration of truths is an important aspect of social constructionism, however, Burman (1999) points out that where each reading is seen to be equally valid political action can be immobilised. Nevertheless, many social constructionist theorists are aware of this and write of the need to include human agency in psychological science (Held, 2002). Social constructionism will form the theoretical basis of this study, as gender and power are central aspects of the study, however, it will also take on a feminist perspective in order to provide a point of action. This will be achieved by including accounts of women's sexual agency in the process of condom negotiation, not only their difficulties (Miriam, 2007).



2.10. Conclusion

In this chapter I looked at some of the difficulties facing women in negotiating condom use, particularly those relevant to the South African context. I have shown that while some of the individual level theories used to inform the development of intervention programmes may be useful, by themselves they are inadequate in addressing the complexities involved in negotiating safe sex. An analysis which only explores these difficulties at the level of the individual (even when social factors like peer pressure are considered) fail to acknowledge the impact of context (cultural, social, economic, political, religious) in the formation of identity. This becomes particularly important when certain identities are privileged and acquire more power at the expense of others. In a patriarchal society like South Africa, this generally results in a power imbalance within heterosexual relationships which can make the negotiation of safe sex more

difficult for women. An important aspect of heterosexual relationships are the discourses that are available and the subjectivity and power dynamics with which they are imbued. It is because of the importance of the role of gender, sexuality and power in this study, that I have assumed a social constructionist approach and a feminist perspective. In chapter three I discuss the methodology utilized in this study.



CHAPTER THREE

METHODOLOGY

3.1. Introduction

The intention of this study was to explore female students' experiences of power dynamics as reflected in the negotiation of the use of condoms in heterosexual relationships. This chapter serves to explain the aims, methodological framework and process of this research project. I also briefly examine some of the difficulties and ethical issues related to conducting research on a sensitive topic.



3.2. Aims

The primary aim of this study was to explore female students' experiences of power dynamics as reflected in the negotiation of condom use in heterosexual relationships. In order to achieve a rich understanding of these experiences, three secondary aims were also undertaken. Firstly, to examine the gendered roles and discourses available in negotiating sexual relations. Secondly, to explore how these gendered roles and discourses impact on sexual communication and negotiation. Thirdly, to investigate the participants' experience of power dynamics within their sexual relationships, looking at how they were able to resist or challenge dominant discourses.

3.3 Methodological framework

A qualitative paradigm was used. Qualitative methods of research and analysis allow researchers to try to understand individual experiences in terms of the meanings that they attribute to them (Denzin & Ryan, 2007). They also provide rich information, allowing the

researcher to gain insight into the complexities of the topic (Hayes, 2000). This study aims to explore women's experiences of negotiating condom use and the meaning that they give to their experiences, with particular reference to power dynamics within heterosexual sexual relationships. The use of a qualitative approach may therefore provide rich information and insight into the complexities of this issue.

A social constructionist framework was adopted, as it allowed for the exploration of the subjective experiences of the participants in negotiating the use of condoms. It also enabled me to take a critical stance whilst exploring and deconstructing gendered heterosexual relations, and it allowed me to do so with particular reference to power. Social constructionism as a theoretical framework was outlined in chapter two. In social constructionism, the importance of the role of language and discourse in the construction of knowledge was emphasised, as it is through the use of words available to us that we construct our identities and our understandings of the happenings around us (Beyer, et al., 2007; Burr, 1995; Gergen, 1985; Gergen & Gergen, 2007; Hare-Mustin, 2001; Sampson, 1998). A central component of this study is exploring gendered identity and sexual practices, and a social constructionist framework encompasses this aim. As gender and power are central aspects of the study, the study also includes a feminist perspective in order to achieve richer understanding and to provide a point of action.

3.4 Participants

Participants were chosen who would most likely be knowledgeable about women's experiences of negotiating safe sex. In order to obtain in-depth information, students who were heterosexual, sexually active and female were selected. As the focus of the study was on the negotiation of the use of condoms, the majority of the respondents (six out of eight) were women who had negotiated the use of condoms during penetrative sex. Two of the respondents

however, had negotiated safe sex in other ways. Their information was included in the study as they had found alternate ways of negotiating safe sex which challenged some of the dominant understandings of sexuality and sexual practices. Eight participants took part in the study and the emphasis was on acquiring rich and detailed accounts.

The participants were a heterogeneous group, as the only requirement for participating was having negotiated heterosexual sex. The age of the participants ranged from 20 to 33 years. None of the participants were married, however six of them were in relationships whilst two were single. The length of their relationships stretched from one month to five years. The participants also varied in the number of sexual partners; some had one partner whilst others have had several partners. The participants were mainly “Black”, with three “African”, four “Coloured” and one “White” student participating in the study. Two of the students were not South African, although one of them had been living in South Africa for five years. Of the participants who spoke about their religion, there was also a range of backgrounds, which included Christian, Muslim and Atheist. Seven of the participants were undergraduates, while only one participant was a postgraduate student. The majority of the participants were well informed about HIV/AIDS and condom use as a safe sex practice. Two participants were training to be nurses, one had been a peer educator at an HIV intervention programme and two had attended HIV intervention courses.

3.4.1 Recruiting Participants

This study includes an in-depth analysis of eight voluntary participants. The recruitment of participants proved to be particularly difficult. Classes were addressed and the research project was advertised on notice boards and on the university’s electronic notice board. No-one responded to these advertisements. The study was then re-advertised, asking for female research participants without providing any details of the research topic and offering a R100 phone

voucher to one randomly selected participant. Interested participants then e-mailed me and I either met with, or phoned, the women who were interested in taking part in the research and explained the nature of the research to them. Due to the sensitive nature of the subject matter, confidentiality and anonymity were assured.

Of the 16 people who responded to the advertisement, four were not interested in taking part once they knew the details of the research. Two were not yet sexually active and excluded themselves from participating once they knew what the research was about. Of the 10 who were interested in taking part, two were initially interested but did not attend their interviews and then withdrew from the research. Eight participants took part in the research process.

3.5. Collection of information



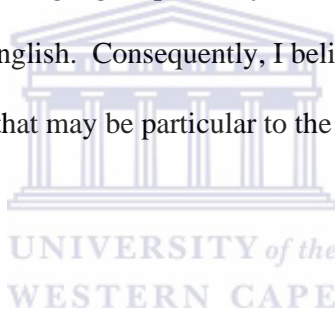
Individual, semi-structured interviews were employed, as they allow for both specific information to be explored and for the introduction of new information by the participants (Hayes, 2000). This type of interviewing is generally used to compare the differences and similarities of participant's responses to the 'common questions' asked of them (Wengraf, 2001). Semi-structured interviewing necessitates that the interviewer outlines the area to be explored or issues to be covered, but it does not entail a standard set of questions (Hayes, 2000; Patton, 1990). It requires the researcher to improvise in a considered and theorised way as much of the participant's responses cannot be foreseen (Wengraf, 2001). The interview guide (see Appendix II) served to outline the areas to be explored, and was used to ensure that certain topics or issues were delved into. As I was particularly interested in the participant's own ideas and experiences, the analysis of the information considered where I introduced ideas or topics.

Semi-structured interviews have the advantage of providing a framework which can be containing for both the interviewer and interviewee, as well as allowing participants the freedom to articulate their experiences in their own words. Individual interviews facilitate the establishment of rapport. They let the participant talk more openly, provide space for the interviewee's interests and concerns to emerge, and they allow the interviewer to investigate interesting ideas as they arise (Smith, 1995).

The subject being discussed required the disclosure of sensitive, personal information. It was therefore important that a degree of trust was established between the interviewer and interviewee. Punch (1998) states that to minimize the status differences between interviewer and interviewee and to develop a more equal relationship based on trust requires both the researcher and the participant to self-disclose. Whilst I did not go into my personal history, I tried to be open in my interaction with the participants in order to facilitate the establishment of a more equal relationship and to enable them to feel comfortable in the interview process. Two of the participants requested information that I had as a postgraduate student, as they wanted to understand and experience the interviewing process. Another participant asked me to share my experience of the master's selection process for psychology with her. By sharing knowledge, being open about my research and providing the participants with the space to address their questions I attempted to address some of the power differentials within the interview (Cameron, Frazer, Harvey, Rampton & Richardson, 1999). This, together with my being female, may have helped the process. However, as a "white" middle class postgraduate researcher, I needed to be particularly sensitive to power dynamics within the interview process, as especially in South African society, these aspects of identity are privileged.

The participants all study at an institution which has English as its medium of instruction, however, for half of the students, English is not their home language. The interviews were

conducted in English and I was cognisant that for second language participants, this may have impacted on the interviews, resulting in different information emerging than if the interview had been conducted in their home language. The participants that I interviewed who had English as a second language were generally comfortable speaking English. Consequently, the effect of language on communication in terms of misunderstandings would have been somewhat reduced. I used interview techniques such as asking for clarification, rephrasing what the interviewee had said to check if I had understood what she meant, in an attempt to minimise some of the misunderstandings that may have arisen. Nevertheless, it is likely that different discourses would have emerged if the interviews had been conducted in the participant's home language. As there are numerous different languages spoken by the students at the university, students are often required to converse in English. Consequently, I believe that the interviews were useful in that they provided a discourse that may be particular to the university environment.



3.5.1 Procedure

The interviews were pre-arranged either telephonically or at an earlier meeting. Participants were asked where they would find it convenient to have the interview. They all chose to use my office at the university campus. I spent time trying to establish rapport with the participant before each interview. Some of the participants had met with me before agreeing to take part in the study, and we took a moment to reacquaint ourselves with each other. The purpose of the study was explained again, namely that I was exploring female students' experiences of power dynamics as reflected in the negotiation of condom use in sexual relationships as local gender specific information is needed to inform HIV/AIDS intervention programmes. I also explained that this information was to be used to complete the thesis portion of my Masters Degree. The interview procedure was outlined. Confidentiality and anonymity were ensured and informed consent was obtained from the participants. With the participant's permission, all interviews

were audio-taped in order to make certain that the information was collected accurately. Participants were assured that the tape would only be used for the purpose of the study.

By means of an hour long, semi-structured interview, each participant was asked to describe their experiences of heterosexual relationships and negotiating the use of condoms. The interview began with obtaining personal information such as age, year of study, relationship status, and so on. The participants were then asked to talk about their understanding of condom use in heterosexual relationships. Their experiences of condom negotiation and understanding of some of the difficulties that women experience when negotiating condom use were also explored. Some of the participants were comfortable talking about their sexual experiences and little probing was required, whilst other participants were less comfortable. It appeared to make the interview more comfortable for the participant if we first spoke generally about women and their ability to negotiate condom use before exploring the participants' experience. As the interviews were personal and did tap into emotional issues for some of the participants, time was set aside to provide support. Participants also had the option of obtaining counseling at the university's counseling unit.

The interviews were transcribed verbatim in order to obtain as accurate as possible an account of the participants contribution.

3.6. Interpretation of information

The interview transcripts were analyzed using discourse analysis. In particular, I explored how discourses within the texts 'position' women within heterosexual relationships. I was interested in examining the contradictions and the ways in which certain dominant discourses might be resisted at times. I tried to identify the positions and subjectivities described by the participants

and the implications that these factors had for gendered identity formation and their ability to negotiate the use of condoms.

The discourse analysis 'phase' occurred concurrently with the transcribing phase. One of the difficulties in 'doing' discourse analysis is that it is largely intuitive and researchers often don't explain how they conducted their analysis (Burr, 1995; Shefer, 1998). Whilst it was useful to refer to key texts on discourse analysis and to studies which used this method, it was a daunting task to try to attempt my own discourse analysis. I found it particularly difficult to work through the process as there was a large quantity of information, with many ways in which it could be understood, ordered and framed.

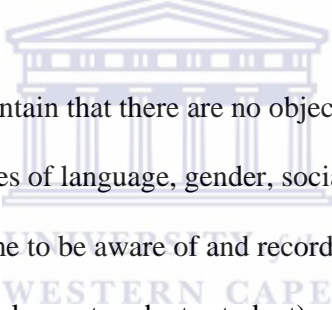
I followed Burr's (1995) steps of discourse analysis.

1. Read and re-read the transcript, searching for recurrent themes, metaphors, similarities and differences, contradictions, and what is repressed and missing.
2. Identify discourses and explore their function – what are they doing? Look at how they impact on the formation of identity and power relations.

My interpretation of the text was very much a reflection of what, drawing on theory, I felt was important and identified as key issues. Harre (2002) states that meanings, or acts, represent multiple possible social and psychological realities. These understandings of "reality" are dependent on the context of the meaning/act, the relation between the people involved and the identity of the interpreter (Shotter, 1998). Consequently, in analysing the interviews it was important that I be reflexive in my research in order to have some insight into how I am impacting on the process.

3.7. Reflexivity

Reflexivity is a crucial part of qualitative research and particularly for research conducted within a social constructionist framework, which emphasises the subjective and constructed ‘nature’ of knowledge. The questions asked and the theoretical orientation affects the ways in which a ‘problem’ is examined and explained (Banister, Burman, Parker, Taylor, & Tindall, 1994). Reflexivity is essential at every level of the research process, from formulating the questions all the way through to the final written report. It is particularly important however, during the interviews and analysis. Hawes (1998) argues that “reflexivity in dialogue” is an important way to create new and local resistance to dominant discourses and power structures.



Denzin and Lincoln (1994) maintain that there are no objective observations as all observations are “...filtered through the lenses of language, gender, social class, race, and ethnicity.” (p. 12). It was therefore important for me to be aware of and record how my presence (as a “white”, heterosexual, middle class, female, postgraduate student) may have impacted on the process of the research, and the power relations (Palmary, 2006). Interviewing within a social constructionism framework is to see the interview process as a co-construction of meaning between the interviewer and interviewee, and these meanings are understood to be products of a community which are conveyed through these individuals (Terre Blanche & Durrheim, 1999). I continually reflected on how I, as the researcher, was influencing the research particularly with regards to my beliefs in gender equality and with perceiving gendered meanings as largely constructed through society. I also understand individuals as being able to challenge dominant discourses through resistance or the adoption of alternative discourses as they become available. These understandings may have impacted on my research and flavoured the questions I asked, how I interacted with the participants and the final written product. It is important to note that

whilst reflexivity is an important part of the qualitative research process, merely being reflexive does not 'solve all the problems' (Palmary, 2007; Parker, 1999).

3.8. Ethical Considerations

It was particularly important that the power imbalances in the research process were acknowledged. I did not assume that they could be done away with, however I took what steps I could to minimize some of them. The participants were informed as to the purpose of the study, the methodological process (audio taped interviews) and how the information was be used (to write my thesis). Audio taping was only used with the participant's permission, and they were assured that the tape would only be used for the purpose of the study. Upon completion of the project they were given the option of choosing whether they would like to have their tape or whether it should be destroyed. The participants' signed informed consent was obtained. Confidentiality and anonymity were ensured and names and biographical information that became apparent during the interviews were altered.

The participants were free to withdraw at any point if they no longer wished to partake in the research. They were made aware that they did not have to answer any question if they did not feel comfortable doing so (Banister, et al., 1994). As the area being researched is sensitive in nature, time was set aside to provide support and participants had the option to obtain counselling at the university's counselling unit should they need it. Despite these attempts to provide the participants with more power and control over the process, I realise that as the researcher, the final version is my interpretation and attempt to make sense of the interviews. Consequently, I have tried to be sensitive and respectful in my use of their contribution to my thesis. Part of the process of this research project has been to grapple with complex ethical issues and to try to find ways of managing them.

3.8. Conclusion

The focus of this study is the way in which South African female students negotiate heterosexual sexual relationships with specific reference to the negotiation of condom use.

Although the emphasis of the interviews was on the negotiation of condom use, other topics like relationships, culture and parenting, and so on, arose. I have attempted to discover the dominant discourses and marginalised discourses which emerged for me after several readings and much reflection. My interpretation of these discourses was informed by my reading of social constructionist, feminist and critical literature. These discourses, and the challenges and resistance of the dominant discourses, are explored in the following chapter.



CHAPTER FOUR

INTERPRETATION OF INFORMATION

4.1. Introduction

This chapter serves to explore some of the gender constructions and sexual discourses that emerged whilst discussing the difficulties that women may experience in negotiating condom use. One of the struggles that I faced in doing this was that writing involves a linear and at times causal process, whilst my experience of the discourses was that they interweaved and overlapped, at times agreeing with and supporting one another and at other times contradicting, challenging and resisting each other. I have tried to draw attention to these aspects of the discourses in order to convey some of the complex ways in which they feed and rebuff each other. For example, in the section where I explore who initiates condom use, I look at this from three perspectives which emerged for me from the interviews. Firstly, women are responsible for initiating condom use because they are seen to be able to control their sexual desire and are more sexually responsible than men. Secondly, men are responsible for condom negotiation because they are understood to be the initiators of sexual practices. Thirdly, both parties assume responsibility for initiating condom use. Within these discourses, gender constructions and sexual discourses interact with each other and have implications for the power dynamics within heterosexual relations and the negotiation of sexual practices.

Also included in this chapter are the participant's knowledge of HIV/AIDS, and their behaviour and attitude towards condom use. I explore covert aspects of power dynamics in heterosexual relationships by looking at how female gender roles lessen women's access to power. Next, I look at overt power dynamics within heterosexual relationships, which include men using

coercion, force and economic dependence to obtain condomless sex. I end with a brief exploration of the discourse of change.

It is important to note that my reading and interpretation of the information is just one of many possible readings. I have chosen a reading that I feel connects some of what the participants were trying to say, with my own understandings of gender and sexual discourses, and links these to theory. The limited space allowed by the study requires that I restrict my findings, therefore I have focused the interpretation on the covert and overt power dynamics found in heterosexual relations and the negotiation of condom use.

4.2 Participants' knowledge of HIV/AIDS

Although no formal assessment was carried out, it was evident from the participants' backgrounds and the interviews that, overall, they had a high level of knowledge and awareness of HIV/AIDS. As mentioned in the methodology section, two of the participants were training to be nurses; one had been a peer educator at the university's HIV intervention programme, and two had attended HIV intervention courses.

4.3. Participant's behaviour and attitude towards condom use

The participants all expressed favourable attitudes towards the use of condoms. Of the six participants who had had penetrative sex, five of them had used condoms the last time they had penetrative sex. Four of these participants spoke of using condoms consistently. One participant spoke of an occasion when she did not use a condom and the feelings of fear and anger towards herself that the experience left her with. This then became a motivating factor for insisting on safe sex.

Yeah, it happened once. It happened once and I will never do it again because afterwards I was so scared. I was, I felt, I was... how did I... ? I felt scared. I was scared. And I was angry at myself. And it wasn't, I felt that it wasn't even worth it. Nothing is worth putting yourself through that. So I told myself never again. If it isn't there, then it's not there, and nothing should be done. If.. if the condom's not there then I won't have sex. [P7]

The participant who had not used a condom in her last penetrative sexual act stated that this was because she was in a long term relationship. She explained the thought process that she went through in making the decision not to use condoms.

Umm... For me, we used condoms a very long time because I didn't want to take the pill for quite a few reasons. So I think we were together for 3 years when I decided to change. And umm, and I knew that, we both did a test, so we knew that nobody had any illness or diseases so that was of course one reason. I knew that, and ja I also trust my boyfriend that he is not having an affair, and even if he has one, that then he takes condoms with his affair. So yeah, I'm pretty sure that umm I can trust him and this is, is because we have a long and strong relationship. [P8]

For her, condoms appear to be both a form of contraception as well as a method of preventing the transmission of STI's. The main factor in not using condoms is that of trust and the belief that if her partner had an affair, that he would use condoms. This issue of trust will be further explored later in the chapter.

4.4 Insisting on and initiating condom use

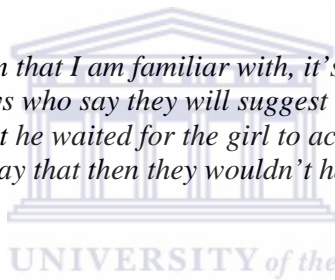
There were three main discourses that emerged around who initiates condom use. The first discourse was that of women as responsible for initiating condom use. The participants felt that the initiation and insistence on the use of condoms was the women's responsibility because men were sexually irresponsible. The second discourse that the participants spoke about saw men as being responsible for initiating condom use as men were perceived to be responsible for initiating sex. The third and least prominent discourse was that it was both parties responsibility

to initiate condom use. Sexual practices were seen as involving both men and women and consequently safe sex was the responsibility of both parties.

4.4.1 Women insist on and initiate condom use

The majority of the participants spoke about condom negotiation as being initiated and insisted upon by women. They spoke about men being reluctant to use condoms, as waiting for the women to suggest using them, or being “forced” to use condoms. Consequently, the participant’s perception was that women are largely responsible for initiating and ensuring that condoms are used.

I think that most of them that I am familiar with, it’s the women. It’s the women. There’re only a few guys who say they will suggest condom. But you know what the other guy told me is that he waited for the girl to actually say that she wanted to use a condom. If she didn’t say that then they wouldn’t have used a condom. So I think the women. [P3]



Girls. [] But, I think mostly it will rely on females. So have enough maturity to use it and carry it. [P4]

You know there are some girls that say “No, we’re going to use a condom,” you know. They’re persistent with it. And then there are some of them that don’t care, and he can see when a girl doesn’t care. And men can see that- when girls don’t care and then he will not use it. Why must he use it because she didn’t ask for it. She doesn’t force for it. [P2]

Amongst the participants, there were a range of responses the women faced in their refusal to have condomless sex. Sometimes their partner reluctantly agreed to use condoms. Some partners did not agree and were “turned-off” by the insistence on using condoms. For other women, it meant the end of the relationship. However, despite the difficulties and consequences of negotiating the use of condoms, it became apparent that these women did have agency and were often able to insist on the use of condoms even when their partners were reluctant. They

were able to refuse or resist condomless sex, prioritising their need for safe sex over their partner's demands for condom less sex.

The first thing, even if we start I'm like, there's the condom. You know. The condoms are like, next to – it's like not a fact, for me it's a must. If there's no condom, there's no point in getting into bed. You know, so, that's it – so! Yah, for me, for me I think it's my personality that just comes up – that I say "condom or no sex!" [Her emphasis] [P6]

P8: I had this experience but ummm... normally if you say... normally a male just tries to have sex without condoms. And if you say, "ok, no I want to use it." Normally they say "It's ok, its fine." But I had one experience where a guy said "No, I don't want to use it." And then I said, "Ok, then we have to go or then we have to stop now." And then he said, "Ok, no it's fine."

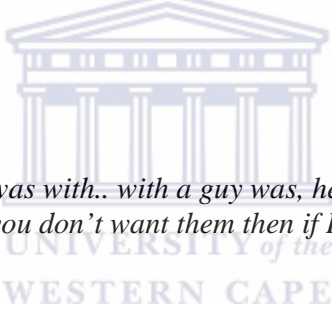
Int: Ok, so in.., generally, you found that if you, if the women insist then-

P8: =Yes, but I found that the woman had to do the first step sometimes. Not always, but sometimes.

Most of the participants insisted on the use of a condom or they would not have penetrative sex. Male power was therefore not all-powerful, with women merely passive objects. Rather at times, women were able to be assertive. According to Strebel and Lindegger (1998), this would indicate that gender dynamics are variable and it is these kinds of challenges to dominant discourses that create space for change. In the above accounts, the women are assertive, active and knowledgeable in their sexual interactions. This is contrary to the construction of females, particularly in patriarchal societies, as ignorant, passive, submissive and receptive in their sexual relations (Gavey, 1997; Miles, 1997). Hollway (1996) argues that gender-differentiated practices are reproduced through the subjectivities and discourses that are available. It is in the contradictions between subjectivities and discourses that change occurs. The participant's ability to assert their needs in an active and informed manner resists the traditional construction of women and opens up new possibilities for women.

The majority of the participant's accounts did not depict mutual responsibility for safe sex within equal relationships, but rather female driven insistence on the use of condoms. Strebel

and Lindegger (1998) also found that men generally did not take responsibility for safe sex. The participants managed male resistance to condom use in a couple of ways. It appeared that from their experiences, men would rather have sex with a condom than not have sex at all, although this was not always the case. Consequently, they were sometimes able to negotiate safe sex by tapping into the male sexual drive discourse, of men as being particularly driven to have sex and as desiring sex more than women. Their partners were thus given the option of sex with a condom or no sex. The use of condoms was also promoted by women, by pointing out some of the potential negative consequences of not using condoms. The possibility of condomless sex resulting in pregnancy and then necessitating marriage (as in extract P2), or the payment of maintenance (as in extract P6) was used by some of the participants to persuade male partners to use condoms.

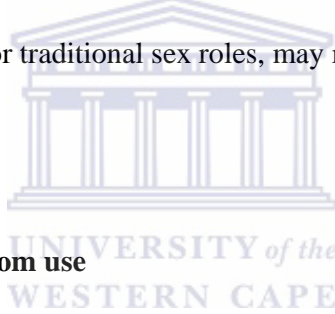


The first relationship I was with.. with a guy was, he, he wasn't very keen on using condoms. I told him if you don't want them then if I get pregnant, you've got to marry me. [P2]

Use tactics, the right tactics like uhm... I will have sex with you if you use a condom and give the reasons why and maybe tell them I don't want to get pregnant. I don't want you to have to pay me for child support for so many years. I think that that might just stop a guy and he will use it. [] ...most guys want to live that bachelorhood type of life so they're tapping into that and realising having sex without condoms means baggage. [P6]

These women therefore had agency in negotiating safe sex and the power to carry it through. Holland, et al. (1996) found that tapping into men's fear of pregnancy was one of the most common ways in which women managed their partner's rejection of the use of condoms. However, both the refusal of sex and the use of negative outcomes to encourage condom use bring to light the power differentials within heterosexual relationships. Male desire for sex, and to be unencumbered, are prioritised and used as motivating factors when negotiating safe heterosex. Female's desire to be sexually safe, not become pregnant and also have access to sex are not generally part of the discussion with men.

Furthermore, the emphasis on women as needing to initiate and take responsibility for the negotiation of condom use places the burden of protection on individual women. This frequently entails raising the subject and then insisting on, or convincing their partner to use condoms. Women are therefore placed in the difficult position of being seen to be responsible for protecting themselves sexually and needing to actively negotiate safe sex, whilst having to do so from a position of less power and with the genderised discourse of women as sexually passive and submissive available to them. Gavey and McPhillips (1999) point out that women's insistence on the use of condoms is implicitly presented as obtainable, with little consideration given to the ways in which men may obstruct this process. Furthermore, little consideration is given to the ways in which dominant discourses of conventional heterosexuality, such as men as active and women as passive, or traditional sex roles, may restrict women's agency within heterosex.



4.4.2 Men must initiate condom use

Where traditional gender roles prevailed, the male sexual drive discourse was strong and men were perceived to be responsible for initiating condom use as sexual practices were seen to be the domain of the man. Women who initiated condom use were found to be threatening, they challenged both the male sexual drive and have/hold discourses which were prevalent. Men did not know how to respond to women who had sexual knowledge or confidence because it did not fit with the available discourses of gender roles and sexuality.

Um – there's this guys that- they were talking about this the other day. The one was telling us that he would feel, not offended, but he would feel like very small, for instance, if she comes with a condom. And then we asking him "Why?" And he said [he] was brought up where women would not have condoms. [unclear] And we then said that it's no longer that time. [P2]

In the above extract the man is brought up in a community where the norm is that women don't carry condoms. A number of the participants spoke about how culture, gender roles and sexual

practices were linked. Culture was seen to influence how dominant men were perceived to be in relationships and how much control they had over sexual practices. The intersection of culture and gender was perceived to be crucial in determining gender construction, with 'white' and 'western' being seen to be the most liberal for women whilst 'black' and 'African' was the most restrictive. It was also linked to access to power with 'white' women having more access to power than 'black' women. Whilst it is important to highlight that certain aspects of identity are privileged, it is also necessary to emphasise that these binary splits are problematic as they may reinforce difference and make obscure the resistance and challenges which 'marginalised' identities are able to perform.

In discussing the difficulties that women face in negotiating condom use, the following participant emphasises the impact of culture on gender roles and women's ability to negotiate safe sex.



Well I think the biggest difficulties is the cultural, the culture. I realise that I am going to sound biased... It is one thing for the western world.. you know to say ok, we are in a relationship, we are equal, and we discuss and negotiate this. But it is actually very different in an African culture. [] Generally, anything that comes up with regards to relationship should come from the man. So, err, try to suggest something.., you know, there is this gender roles. I guess you know. So even in the relationship those gender roles apply, which means that as a women in a relationship there are things that you can't say. Then there're things that the guy can't say. So.. when you as a women say lets use these.. this, you are actually overstepping your role in that relationship with regard to the culture [unclear]. In most cases you find the guys don't know how to respond, or they feel that you've become too westernised. [] Some of them see it as disrespect and so... It raises a lot of issues... [] They [women] don't suggest anything, they just keep quiet. They know they should approach a guy and tell them this is what I've heard, this is what I suggest we do but...[use condoms]. They know he'll be angry and it is going to be a long drawn out drama about how you are [unclear]. You don't respect your culture where the man is supposed to be in charge of the sexual aspect of the relationship and all that. []When you are the women and you introduce that aspect [condoms] then the guy feels as if you are sort of trying to steal their role. You know, trying to protect, that protect, protection is actually a guy's role. So you are not supposed to do that. [P1]

The participant highlights that in negotiating condom use women and men are limited by the gender-cultural roles available to them. These restrictions may result in women not knowing how to ask for condoms to be used, as well as men not knowing how to respond to women asking for condoms to be used. Challenging or resisting gender roles may therefore mean challenging aspects of one's culture as well. This is particularly difficult for women if the construction of women is such that they are seen to be submissive, whilst men are dominant.

It also depends how you, like grew up and what culture you came from, 'cos with some friends., my black friends, um... Most of them, you know, had to have boyfriends and they had to, like, they had to be a bit submissive. Some of my coloured friends are like, for instance, um... They won't like speak up if they want, if they disagree with a guy, they won't speak up, because, you know, accept, they believe that the men is more powerful than the women and even like when they speak to them, they don't always make eye contact. Women will keep their eyes down because they believe that the man is more dominant. [P5]

Have you noticed that most of the relationship, or maybe like half of the total, that the men are dominant in the relationship. So maybe, it makes you shy, if you like need to say to a guy, like, "Lets use a condom." [P3]

Discourses which position men as being dominant within relationships also see them as needing to initiate sex. The initiation of condom use is therefore the role of the man and if it is to be broached he is the one who will do so. Masculinity, however, is often seen as synonymous with not using condoms, consequently some men are resistant to using them. Wood and Foster (1995) argue that condoms often do not get used because the script prohibits men from initiating condom use and silences women.

P7: They feel that it is a man's role to to to bring that up [using condoms] or it is a man's role to use condoms. [] Most of them [women] are afraid to speak up. I think they are afraid to speak up. They, they just assume that ok, since., they just assume that the guy will just, you know. They will, the guy will bring it up, and if it... If he doesn't bring it up then they go oh, ok, then it's fine.

Int: So is that then to do with um., kind of that men are more say, maybe more in control of sex, that women aren't as in control? Or what... why is it that it's ok for men to bring it up and not really for women?

P7: Probably because they don't want to seem as if they've been around? So if they they don't want to seem as if they... I don't know, probably they don't want to look as if they know.

The section above explores how interwoven culture and gender are as an aspect of identity, and how powerful their influence is on the negotiation of sexual practices. The male sexual drive discourse is prominent and works together with traditional gender roles which emphasise the dominant role of men in sexual relationships and sees them as controlling safe sex. Women who suggest the use of condoms may be seen to be sexually knowledgeable or experienced which is not in line with traditional female roles. However, this discourse did not go unchallenged and some of the participants spoke about men who initiated and insisted on using condoms.

My one guy friend told me: "I had sex the other night and I forgot the condom. And this girl just said it's ok. And I was like wow. And I just stopped myself." And he's like 'I almost had sex but I just stopped myself. I was like she doesn't want to use a condom. What the ...' And he didn't have sex. I mean he was like: "I was so horny." And some guys are also clued up, and they're like – "Whoa you don't want to use a condom is there something wrong with you?" And umm, so guys are also getting to the point of condom use. [P6]

But there are those ones who also want you to use a condom. If you don't want them to use a condom they will run away from you. There are those guys who are like that, so it depends which partner you have. [P3]

He's very reckless. He's very beautiful, so all the girls want to sleep with him, but he uses condoms.... He even told me, but he's fortunate, he uses his brains, he has his condoms. [P2]

These extracts point to the participant's experience of men who insist on using condoms. This challenges the traditional gender construction of masculinity generally found in South Africa where men are perceived as preferring and often insisting on 'flesh-to-flesh' sex (Wojcicki & Malala, 2001). The first extract also challenges the male sexual drive discourse, as one of her male friends was able to resist having sex, even though he was feeling "very horny." In this instance he was able to control his sexual urge and took on the "responsible" role usually

attributed to women. This also contests the earlier discourse which saw women as sexually responsible and men as irresponsible sexually.

4.4.3 Both parties are responsible for initiating and insisting on condom use

The understanding that both parties are responsible for initiating and insisting on condom use was not as predominant in terms of the participant's experiences, however it was generally perceived to make the process of condom negotiation much easier. When both parties wanted to use condoms, it appeared that the needs of both people were considered and discussed, and the relationship was perceived to be more equal in terms of decision making.

We have a certain intimacy between, to each other and umm... He's my best friend and I'm his best friend so we... []... Well we want the same things. Basically at the same point in our lives. We know we don't want children basically. We don't want children anytime now soon. Unless we are working or whatever, and so umm... When we got to that point in our relationship we had a chat. And then I mentioned something about not prepared to have kids. And he mentioned something like "Me too." So the best way for us forward, if I agree, is to use condoms. [P4]

Similarly, the following participant was able to negotiate safe sex with her partner. She did not want to have penetrative sex yet but felt comfortable with other forms of sex like mutual masturbation and was able to discuss this with her partner.

We have a very open relationship. Um, he's easy to approach, very easy to speak to. Um, we speak about anything and everything, so. I mean, from the beginning, we spoke about it and kind of like set boundaries and said this is what we're going to do and said this is what we're not going to do. [P5]

It is important to note that the women also had experiences where they felt respected by their partner and able to discuss safe sex comfortably. For most of the participant's who experienced this type of negotiation, it occurred in established relationships where there were feelings of trust and intimacy, and where both parties were invested in the relationship. One participant

stated that her partners were “OK” with her initiating the use of condoms. They were relieved that safe sex was a shared responsibility within their relationship.

They're fine with it. They never, well, they've never had a problem with me bringing it up.. So, well, I don't know. They're OK with it I guess. It.., they.., kind of thought that.., well with the boyfriends that I've had that well, they don't have to do everything themselves. We are in this together, so they don't have to think of everything by themselves. So I guess it kind of brings the load off to the guy as well if you bring it up. And it kind of shows that you are also, you know, you are in control. And you are careful, and you are taking care of yourself. [P7]

This highlights the burden of responsibility which is placed on men if they are perceived to be the initiators of sex, with women as the passive objects of their desire. It may also provide space for men who do not comfortably conform to hegemonic masculinity to find other ways of relating. Shared responsibility for safe sex and the initiation of sex in these instances was seen as positive by both men and women, according to the participants. Participant seven's partners did not experience her initiating condom use, nor her taking some control in sexual practices as threatening.

In this study it became apparent that whilst the predominant discourse was around women needing to initiate and insist on condom use, this discourse was also challenged and resisted. Part of the process of challenging this discourse included challenging traditional gender roles and sexual discourses.

4.5 Female gender roles and the negotiation of condom use

The impact of gender roles on women's ability to negotiate condom use has been partially explored in the previous section when the process of initiating condom use was looked into. Gender roles run through all aspects of female performance of sexual practices and this study, however in this section I will explore how specific characteristics of the construction of female

gender roles impact on the negotiation of condom use. In particular I will focus on the issues of personality, the centrality of the relationship to female identity, the meanings attributed to women who carry condoms and the silencing of female sexuality.

4.5.1 Personality as an aspect of condom negotiation

In listening to the taped interviews and reading the transcripts, the aspect of personality as a factor of condom negotiation stood out both for the participants and for me. These women presented as assertive, strong, knowledgeable and outspoken women, who prioritised their health and safety. In discussing the difficulties that women experience when negotiating condom use, the participants frequently mentioned personality as a factor which could make this process easier or more difficult. For women to be able to insist on condom use they were described as needing to be “assertive”, “dominant”, “extroverted”, “persistent”, “independent”, and as “hav[ing] the sense of confidence and esteem” necessary to withstand male pressure not to use condoms. It was seen to be more difficult for women who are “shy,” “introverted,” or “quiet” to negotiate condom use. In each of the examples below, the women spoke about the importance of women’s personality as an aspect of the process of negotiating condom use.

If you are an extrovert, if you speak your mind out, whatever. If you always say what you think, then it’s quite easy for you to say what you want to say, at any point in time... But if you are a shier person, then you are an introvert, you are conservative, you’re not assertive. You’ll kind of hold back, you know, and.. and not say anything. [P7]

I think it depends on the character of the women. Umm, but generally of course it is always difficult if somebody takes pressure on you.. Then you need the character and uhh and self-esteem to say: “No, I don’t do it without a condom.” So I think that’s the problem and it depends on, on every women, if she has the self-esteem or not. [P8]

The emphasis on the need for the women to be assertive and confident appears to indicate the difficulty that women face in managing this process. Condom negotiation is experienced as something which is insisted upon by women, and not as something that is mutually sought after.

There does not seem to be an equal power base within which these discussions take place. Rather, it appears that women need to be particularly strong to be able to withstand the pressure from their partners. The implication is that women may be easily silenced or pressurised into complying with men's wishes not to use condoms. In the following extract, the participant highlights the importance of being dominant in order to ensure that condoms are used when she has sex.

I'm a very dominant person, so, uh no man ever told me what to do. I, I at first.. The first relationship I was with.. with a guy was, he, he wasn't very keen on using condoms. I told him if you don't want them then if I get pregnant you've got to marry me. [] But the other times, when I was with a man, the condom we use was, I was always dominant, "you are going to use it. You put it on or I put it on myself." [P2]

This places women in the difficult position of needing to be dominant, strong and assertive which is contrary to the traditional female roles available to women. For women to be able to negotiate condom use, they have to resist or challenge dominant discourses of gender and sexuality. In the male sexual drive discourse women are expected to be passive reciprocants of male sexuality. By insisting on safe sex, they resist this role. They are no longer the passive object of male sexual desire, nor are they prioritising male sexual pleasure. For some of the participants, the use of condoms was synonymous with protecting oneself health-wise and it also indicated that they respected and took care of themselves.

You know, for me it's like you have to respect yourself you know. To say I am worth it to use a condom. I am worth it to take a moment to tell the guy I don't want to be sick. [] It's about women taking their own health, taking their own health into their hands. They are not leaving it up to a guy. They are saying, listen here, I am sexually active, but I don't want to get an STI. I don't want to go on medication that makes me nauseous for the rest of my life. I do not want to be on the next HIV status, kind of thing. [P6]

You fear for yourself. [] You don't want to end up pregnant. You don't want to end up with HIV. You don't want to end up with this and that. So you um..., so you make decisions for yourself. So I have um., I told myself that if I don't speak up, if I don't say, if I don't say anything, that I will be putting my life at risk. So..., and I'll be all alone when I'm, when you know... I'll have to deal with the consequences. So avoiding that, then this is what I'll have to do. [P7]

Prioritising their safety over male pleasure, and being assertive and strong women, however, presented certain difficulties for some of the participants. In the following extract, the participant speaks about how her ideas about safe sex and her personality are received by her friends.

But my friends tell me that my way of thinking is crazy to them. Or my friends say it's not crazy, it is unconventional. [] My guy friends would say: "You intimidate guys at times because you are so independent. You do a thing and you just have your focus." They say that intimidates guys. And I'm like "why?" [her emphasis] They're like, you know, they want that person who like says "Oh darling" [her emphasis]... I'm like why must I, like, I'm this way. So why must I change just in order to get the guy? I mean there are guys who like independent girls and there are guys who want those 'I'll do anything you say.' [P6]

The participant's resistance to dominant gender constructions appears to make it difficult for her to fit in. She is seen as 'unconventional', as 'other' because her ideas are different and her way of behaving does not conform to traditional female stereotypes. The participant challenges the idea of women needing to be subservient to men, questioning why she should need to behave in prescribed ways. Although acting in a manner which is not deemed as socially appropriate creates certain difficulties for her, she seems to find it easier to tolerate not being accepted by some people, rather than conforming to conventional roles which conflict with her sense of herself as independent.

Similarly, the following participant had to manage feelings of being excluded with acting in ways that were consistent with her sense of self. She insisted on the use of condoms which led to the end of her relationship. Her prioritisation of her sexual safety over maintaining the relationship resulted in her feeling excluded from her friends who had relationships. Although she was able to let go of one relationship, she still waited for the right relationship.

There is.. because you know, when you are not dating, and then your friends are like talking boyfriend, sometimes you kind of feel like left out. But if you know who you are, it doesn't matter, it just matters that my right guy is coming. [P3]

After training as a HIV/AIDS peer educator, the following participant found that many of her beliefs about gender, sexuality and sexual practices changed, which resulted in her feeling different from others.

Well in some ways it like contradicts with what my family, not only even my mother, but like my society that I grew up in and my extended family. Definitely it went against their beliefs, and... People automatically see you as different, who- it just makes them uncomfortable so, it definitely challenged my beliefs and just made me think totally differently. [P5]

This highlights some of the difficulties that women may experience when resisting dominant sexual and gender discourses. They may feel excluded or different from others. Acting in ways that are unconventional may make it more difficult to have a relationship, as a number of men may be 'put-off' or 'intimidated' by their behaviour. Some of the participants chose not to be in a relationship, rather than to be in one where they were unable to practice safe sex and had to assume traditional female roles. Most of them, however, felt a strong pull towards being in a relationship. Not having one seemed to leave them feeling like they were different or missing out. There did not appear to be a readily available discourse that allowed them to be assertive, independent women and single. Society frequently defines women in terms of their relationship and there may be a certain amount of status attached to being in a relationship. Furthermore, romantic love is idealised by Western society and frequently sought after. The accessibility of the have/hold sexual discourse, together with the gender construction of women as needing and being largely defined by their relationship may be hard for some women to resist and challenge without a sense of loss or disconnection from others.

4.5.2 Women are girlfriend/wife/mother

In exploring the difficulties that women experience in negotiating condom use one of the aspects that became apparent was the importance of relationships in women's lives, particularly in patriarchal societies where the male sexual drive and have/hold discourse predominate.

Relationships are often constructed as being central to women's formation of their identity. It is commonly through relationships that women may achieve feelings of self-worth, obtain status, economic support and acceptance in society. Furthermore, for women love/relationship and sex are normally conflated. This creates enormous difficulties for women who try to negotiate safe sex where insistence on condom use may result in the end of the relationship.

Most of the participants in the study found that if they insisted on condom use, their partner would comply. The following participant, however, did not have that experience, and had to choose between maintaining the relationship and practicing safe sex.

P3: My, my beginning of my... of my relationship... That is I didn't know if the guy loved me or if it was just a lust because of how we met... of the way we met. For me it just wasn't right but then I tried to convince myself that this is it. So time went by, I think about a year, and we had been seeing each other, but nothing. So when we talked about like- but he didn't want us to use a condom. But I said I can't [have sex without a condom]. So he asked me "Why? Why, am I seeing someone else, or don't I trust him? He doesn't have HIV. He tested 2 weeks ago." But he never showed me that the real evidence that he really tested.

Int: Ok and then how did you react, did you-

P3: =No, no then I just left it like that. But I told myself that I need to get rid of this relationship because everyday in the newspaper in the headings, there is always use a condom. Everywhere you go there is HIV, use a condom... I said "No" and he didn't appreciate that. And then I felt that if sex with a condom should come between us, then why should I continue with this relationship. Because he is not willing to compromise, and I'm also not willing to compromise my life. Cos I just met him at university and I don't know how he has been in previous years.

There are multiple aspects to this extract of her experience. The two that stand out in terms of power dynamics are firstly, the importance of the relationship to her and her attempt to convince herself that "this is it" and secondly, her partner's use of coercion, questioning her faithfulness

and her trust in him. The first point's power dynamics are covert, as it seems natural for her to want a relationship and to be drawn to prioritising it. However, the powerfulness of the pull of relationships for women, together with gender constructions that encourage women to be passive and to sacrifice themselves to men, makes safe sex particularly difficult to negotiate. This taps into the male sexual drive discourse, through her partner's expectation that his needs should be primary and she should 'sacrifice' her requirements. It also makes use of the have/hold discourse as she struggles to let go of the relationship in order to protect herself. This discourse places her in the impossible position of needing to be in a relationship to have sex, yet sex within a relationship is determined by the man and is not what she desires.

Her experience of negotiating condom use seemed to present her with a dilemma; one that she managed to work through, although not without feelings of loss which became apparent later in the interview. In discussing the difficulties that women face in negotiating condom use, she stated that:

I think they [women] end up compromising too much. Because they don't want to make the partner angry because then he is going leave me. And also, these people are also getting the guys because they want the majority of people to see them that they have been dating for long. They're in a stable relationship. [P3]

Similarly, the following participant tried to make sense of what it was about a partner leaving that caused such difficulty for some women.

Um, I think that some of them, they don't wanna stand up and say that we need to protect ourselves cos they afraid if they loose, that their guy or their boyfriend or whatever, um, will be alone and will be lonely, so...it's like, um, condom negotiation, the women just.., they don't wanna speak up. I don't know if they're afraid... I don't know what is, like, what is the motive behind loosing the guy, what are they scared of? It's like, if you're gonna be alone, are you gonna be seen by culture as being insecure or something, or are you gonna seem like, as a loser or something like that. But it's like we don't want to loose that guy so they will do anything to give in. [P5]

These extracts emphasize the fear that many women experience in trying to negotiate safe sex, namely that their partner will leave and highlight how significant having a relationship is for many women. This is complicated by the fact that some women may form part of their identity around their relationships. Therefore, relationships may be central to the way in which they achieve feelings of fulfillment, worth, happiness, status and love.

I guess some of them are looking for worth, self-worth through someone else. They want to feel like they are worthy. They want to feel like they are making a difference in someone else's life and they want to make that other person happy. And so, that other person's happiness and.. and fulfillment and satisfaction and.. whatever. They put that other person's needs before their own, because if that person's happy then I guess that person's- I don't know. The person's being nice back to them, or I don't know, or they treat them ok or whatever. Whatever the reason is. But I think also that it's because they are just trying to look for.. um... They are just trying to look for someone to make them feel worthy. [P7]

She thinks in order for her to be accept by the guy, to be loved by the guy, is to do what the guy tells her to do. She doesn't stand her ground saying "no this is not right." [P3]

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I think that some of them [women] just like lose some of themselves and want to be with this person and make that person everything in their world and whereas they are not still their individual self. [P6]

For many women relationships are therefore part of their purpose in life and feelings of self-worth. This idea of relationships as crucial to women is part of the have/hold discourse and it overlaps with the discourse which conflates love/relationships with sex for women. In these discourses, women are largely defined through their relationship with their men and children. Their role in society is to marry and have children, and at times this is seen as being synonymous with being a women.

I think in some ways, we [women] are conditioned by our society or our family that girls have to have a boyfriend at a certain age, because, you know, it's... we have to provide [unclear] like all the roles that goes with being a mother. Being a woman. [P5]

The emphasis that is placed on women needing to be in a relationship places men in a more powerful position when it comes to condom negotiation. Although men are also drawn into the have/hold discourse, the pull is not as powerful for men as it is for women. They have easy access to the male sexual drive discourse and men who remain single are seen in a more positive light than women who remain single. For women relationships may also be linked to status and fitting into the group.

They just want to fit in. They do the things so to fit in with the group. And some of them, they don't even share their bad experiences with the girls, because they want their relationship to be seen as perfect amongst the group. The one who is loved, the one who her guy is bringing things for her. [P3]

And with relationship wise they either want to prove to their friends 'I can get a relationship with that guy' even though that she knows that guy is not using condoms. [P2]

From the above extracts the importance of relationships becomes apparent, a good relationship or 'getting the guy,' provides status within certain groups of women. The negative or difficult aspects of relationships are not acknowledged, but hidden, serving to perpetuate an idealised idea of love and relationships. It becomes extremely difficult for women to negotiate safe sex when insisting on condom use may mean losing their relationship which plays such a vital role in their life. Holland (1996) argues that in order for women to be better able to negotiate safe sex, they need to develop "self-respecting sexual identities which do not depend primarily on being attached to a man." (p.129). In this section, I have limited my exploration to the pull of a relationship for women in terms of what it means for their identity and status. Women have even less power to negotiate safe sex when relationships involve economic dependence or violence. This will be explored later in the chapter.

4.5.3 Women do/don't carry condoms

There was a lot of variability in the discussions around women carrying condoms. Most of the participants felt that it was a good thing for women to carry condoms.

I think women who carry condom are very clever. (Laughs.) Yes, they are responsible... for themselves and for the other person as well. Yes, maybe somebody will say ok, if you carry a condom you want to have sex and you take it with [you are] go[ing] to have sex. But to me women who do that are just responsible. [P8]

It's interesting some of them say they are promiscuous kind of things, to me it's not that. It's about women taking their own health, taking their own health in their hands. [P6]

Both participants state their positive views about women who carry condoms. They refer to and dismiss the dominant perception that women who carry condoms are promiscuous and that carrying condoms means they will inevitably have sex. This taps into the have/hold discourse which asserts that women lack sexual desire, but that underneath this seeming asexuality is the belief that women's sexuality is ardent and needs to be controlled (Hollway, 1996). Women who carry condoms may be seen to be taking some control over the negotiation of sexual practices. This may be perceived as threatening the have/hold discourse in two ways, firstly it brings to light the repressed fear that women's sexuality is rabid, and secondly, by taking some control of this process men are no longer able to control women's 'dangerous' sexuality (Hollway, 1996). Women who carry condoms therefore challenge dominant sexual discourses by taking sexual initiation and control away from men, and by not conforming to the construction of them as asexual. It forces acknowledgement of women's sexuality, challenging both moralistic conceptions of sexual relationships and traditional gender constructions. It creates space for discussion around women's desire and sexual experience which have otherwise been largely silenced.

A couple of the participants spoke about how some men had positive attitudes towards women carrying condoms.

To me it's not, err, a major thing of women carrying condoms. I mean the guys that I know, that I talk to, that I've been with, they are..., are guys that are like "Cool, she has the condoms, I don't have to worry about it." [P6]

Many of the participants, however, found that a lot of people did not share their views and saw women carrying condoms in a negative light.

This guy used to say remarks about her [girl who carried condoms] behind her back like "Oh, she 's too forward" or "She's too slutty." All those things. [P4]

OK, from my friends, that would be my 12 friends, there are only 2 that go with the condom. But the others they don't believe in that, they think it's, they're crazy, it's like, when they have a condom, people will think you're always having sex, that's why you're having all these condoms. [P2]

It's like, um, immediately you think, no she's a slut, [unclear] asking for sex, and look at them, can't they contain themselves and wait till they're married. So women always get negative, you know, they always get negative comments when they do, like whereas if a man does it, it's completely different. He's seen as a man, and, you know.... [P5]

You [women] want more sex, or you don't care who sleeps with you because you've got the protection with you.[] Also umm..., they say that when you carry them.. sort of.. disempowering the guy, cos like I said, the guy is the one who is supposed to carry then for protecting you, but you're carrying it around so... the guys don't like that. [P1]

From these extracts it becomes apparent that both men and women can be seen to have negative perceptions of women who carry condoms. Hollway (1996) describes how in the have/hold discourse women are frequently split between wife and mistress, virgin and whore. In terms of carrying condoms, women who carry condoms are perceived to be the mistress/whore, whilst women who don't carry condoms are perceived to be the wife/virgin. The powerfulness of this

discourse is apparent in that women may be as likely to experience judgment from other women as from men.

In the last extract (P1) women who carry condoms are perceived to be usurping men's role of protector and disempowering them. On the one hand men are positioned as dominant, powerful and in control, but when condoms are introduced this is seen as threatening the very core of their masculinity.

For them it's like, "I'm the man and I want to have sex this way." And you.., for them it's like- like this one guy said it's like "de-manning them" by using condoms. [P6]

Women therefore need to protect men by not carrying and/or initiating condom use, as this is seen as threatening. The appeal is therefore once again to the women's desire for the relationship and taps into traditional gender constructions of women as nurturing and looking out for their partner's best interests.

A discourse which appears to be becoming more prevalent is women need to carry condoms in case they are raped.

The reason why I go with a condom is I'm so scared of getting raped again and if I get raped I will tell him to use a condom. Even if he refused, at least I had it there. [P2]

At first, at first, like people, they used to think they were just looking for sex. But now I don't think so, because now there is rape going on and now people are modernised. [P3]

Well, I mean, I think it's a good idea [women carrying condoms] because you never know if, I mean, anybody could come and attack you,.. if you were to be raped. It's like, I don't know but, it's like if someone came and he wanted to rape me. I would rather prefer having a condom because I mean what if the person has HIV or AIDS? They will obviously pass it to me through unprotected sex, so if you could convince that person, you know, to use a condom then you could still protect yourself. [P5]

That this discourse is becoming more common is alarming as it points to the high number of rapes within the South African context and the disturbing power imbalances within sexual practices. Nevertheless, women who don't feel comfortable carrying condoms because they fear being stigmatised, have made use of this threat as a way to legitimise the fact that they carry condoms. However, the reality is that these condoms might well need to be used in a rape situation.

4.5.4 Women's sexuality is silenced

Women's sexuality is often defined in relation to male sexuality, it either compliments or is silenced by male sexuality (Hollway, 1996; Shefer, 1999; Wood & Foster, 1995). The focus that a lot of women place on male pleasure in sexual practices highlights the importance that male sexuality assumes in these encounters. This, together with constructions of women as passive and the object of male sexual desire, creates little space for women's sexuality.

In the following extract the participant explores the difficulties that she faces when speaking about and asking for what she would like to happen during sex.

Sometimes, some guys are just like about me, me, me, and you get those guys who are like – ja! “What do you like? And what are you into?” And, you know, you can say, “OK, I like this” even while your having sex. Like one time, the one guy says your really bossy when your in bed. I’m like “Why?” He’s like, “cause you tell me what to do!” I’m like, “sorry.” And you know. And then I mean like OK, I should tone down. And then like, you are bossy. And they’re like, you’re bossy out of the bedroom, you’re bossy in the bedroom. It’s like don’t you just relax and let the other person give you pleasure. And I’m like, Yes, I do, but you know, I know what I want and I want that. And then I go, you can do the same, you know, like, there’s nothing that they can say that they want, and so I’m like, so OK, we’re even, you know, I’m telling you [what I] want so you know if I’m satisfied or not in the relationship. And they are like, OK. But I think I’ve been told a couple of times, “You are bossy in the bedroom,” and I’m like, maybe I need to tone down or [unclear] saying to myself, “OK, stop.” You know, stop myself before I say, say something, stop myself and like Ok this guy might feel a bit intimated and low self-esteem afterwards, you know. You made me think I’m not good in bed, and I’m like “What?” You know, what has [that got] to do with anything that I, you, they are like, you don’t tell a person what to do. I’m like, Ok, so. [P6]

She is labelled as bossy and finds that men are threatened by her requests. They would prefer it if she would relax and let the other person give her pleasure, in other words become the passive object that male sexual desire acts upon. By asking for what she wants she is taking away from male dominance of sexual practices. She is assuming some control, asserting her sexual needs and depriving him of the sense of power he may derive from giving her pleasure. Her partner's difficulties in accepting her ability to express her sexual needs points to how powerfully men are constructed as needing to be in control of and directing sexual practices. Women who ask for what they want during sex become seen as intimidating. Their partner may interpret their requests as indicating that they are not proficient sexually. This is particularly threatening for men as masculinity is closely tied to their sexual ability (Shefer, 1999).

The participant's questioning of her own behaviour and her thoughts about needing to 'tone it down,' shows how powerful discourses around gender roles and sexuality are. Ensuring that her sexual needs are met is not as important as making certain that her partner does not feel intimidated or experience low self-esteem. Women's prioritisation of male sexual pleasure was a common understanding in the interviews, as the following participant attests to:

P5: *It's definitely that.., women are not standing up and, you know, they want to give the men the pleasure. [] So it's all about pleasing them and putting your own needs aside.* [P5]

The prioritisation of male pleasure did not go unchallenged, however, as some of the participants insisted that sex required that both partners needs be met.

I think sex is both, it's, it's pleasing both partners, both people. It doesn't take one person so it shouldn't be about the one person, it should be about both people. [P7]

To me sex is about not just pleasing the partner but you must be pleased, yourself and if you're doing something just because the other person wants it, in the end you don't get your pleasure and satisfaction so what's the point of having sex then. [P6]

The interviews allowed the participants to speak about women who are more active sexually.

There's, there's one particular one, she sleeps with every popular guy there is, she makes it a point. She even has a book that says I will sleep with this one by this night. And she's going to do, even if she has to make him drunk, but she will do it. She will do it with a condom. But I don't think [it's] right, it doesn't make it right by using a condom. But that's what she's doing. [] Women are becoming more in front, it's like they're making the guys, they're taking the role of what the guys right [unclear], this era. But with contraceptives and, I think this, this thing they have inside of them... It's like a power they have inside of them. [P2]

In the above extract the woman is portrayed as a sexual 'predator'. She is seen as taking on the man's role of active pursuer and consequently is positioned within the male sexual drive discourse. The participant appears to be uncomfortable with this woman's behaviour, stating that she doesn't think it's right. This could be because of the discord created by this woman's behaviour and the traditional positioning of women within dominant sexual discourses.

Resistance and challenge of dominant discourses may feel uncomfortable because their taken-for-grantedness is no longer secure and hidden aspects of accepted practices start becoming apparent. The same behaviour that may be accepted in men is unacceptable when performed by women. Women who take on the men's role of being active sexually are also perceived to be powerful, but it does not seem to be a powerfulness that sits comfortably with other women.

Another factor which becomes apparent in the interviews was the lack of positive sexual discourses available for women. The tendency was for women to be placed uneasily within male sexual discourses.

I was told, its two guys I know. They would never be able to go into a relationship with me, personally, because he thinks I like sex too much and I'll cheat on him. And I'm like "WHAAT", I mean, just because I enjoy sex doesn't mean I will cheat on someone. I

mean, I was in a relationship for almost – a while – and I didn't cheat on him and he cheated on me. And I was like WOW! This is funny and people thought I was the one who was going to cheat. You know! So I mean its, its strange, but ja! [P6]

The participant is positioned within the male sexual drive discourse which understands men as needing multiple partners in order to fulfill their sexual drive and because they are unable to restrain themselves sexually. Consequently, enjoyment of sex and cheating are seen to be linked. The male sexual drive discourse does not allow men to enjoy sex but also be faithful because of the emphasis on not being able to control sexual urges. By enjoying sex, a male prerogative, the participant is then also understood as not being able to be faithful.

These cases, where the women enjoy and initiate sex also tap into the permissive discourse which perceives women as having an equal sex drive to that of men (Hollway, 1996). However, this does not sit comfortably with traditional gender roles which still appear to dominate sexual interactions in South Africa, hence the women's behaviour is interpreted from a male perspective. Furthermore, participant six did not fit into the permissive discourse which although allowing women equal access to sex, does so without the need for commitment. She challenges this discourse by asserting her ability to both enjoy sex and be in a committed relationship. There appears to be a struggle for women to find a new sexual discourse, one which allows both parties access to sex but without cutting off the relationship aspect.

Through the interviews it became apparent that women often experience difficulties in expressing and asserting their sexual needs. Traditional gender roles encourage women to be passive and prioritise male pleasure. Men may perceive women who challenge dominant sexual discourses as threatening. Their response to women, may result in women silencing their sexual needs in order to protect men.

4.6. Male use of coercion and force

In the earlier sections I explored some of the more hidden aspects of power differentials and pressures experienced by women to have sex without using condoms, whilst in the last section the threat of rape was briefly touched upon. In this section I will look at the more blatant uses of power within sexual relationships. Some of the participants shared their experiences and knowledge of men using coercion, force and women's economic dependence to attain their sexual needs. For these participants the use of coercion was the most prominent aspect. The use of force and economic dependence were not as prominent, however, they are important factors when exploring barriers to safe sex and will be briefly explored.

4.6.1 Coercion: Don't you trust me?

Several of the participants spoke about their partners pressurising them into having sex without condoms by using the "trust or love card." In this study trust emerged as the most common way in which women were induced into having condomless sex. Due to limited space I will focus my exploration on the issue of trust in relationships. Either women are accused of not trusting or loving their partner, or they are accused of being unfaithful.

But I said I can't [have sex without a condom]. So he asked me "Why? Why, am I seeing someone else, or don't I trust him?" [P3]

Also there's this issue of trust, you know. The guy ok, so you don't trust me [unclear] but or they turn it around and say maybe you're the one who has been doing something, you know, on the side? [P1]

*...some people, you know, it's either they pull that trust card or the love card. "Why don't you love me enough?" "Or don't you trust me?" And people fall for it, a lot of people fall for it. You know, they think, aagh, but you know he hasn't really given me any reason not to trust him. And he has been doing this and that and he has been showing that he loves me. So I mean, I should, I should at least do this one thing for him, or this one small thing. **It's not a small thing it is a very big thing.** (Her emphasis). And people find ways of making it small and making it insignificant you know but it is a*

very big thing. So uumm, yah... People, a lot of people, a lot of guys use that, that love or trust card to manipulate women, so as to not use condoms. [P7]

As participant seven points out, “it is not a small thing” to be asked to have condomless sex with someone. Women are placed in the position where, to prove that they love or trust their partner, they should risk their sexual health as well as becoming pregnant (if not using other forms of contraception). This makes use of both the male sexual discourse and the have/hold discourse, as women are supposed to prioritise male sexual pleasure and the relationship. It makes use of the perception that women need relationships and that they will ‘give-in’ in order to please their partner and maintain the relationship. The participant points out the manipulative nature of this interaction and the man’s use of power.

Requesting that women agree to not use condoms to show that they trust their partner is made particularly difficult due to the pervasiveness of the discourse of men as needing and having multiple partners. This forms part of the male sexual drive discourse where men are understood as needing to have sex frequently with many women as part of their drive to reproduce.

I think certain guys, when they get to a certain age, cause I’ve just had this, like some of the guys I’ve been with are like older than me like late 30’s. They feel like power. They should spread their seed or something.[] And I think it’s more of recklessness and kind of seeing where can they, how far they can go in that way. [P6]

Men are therefore perceived to be reckless when it comes to sex, with women assuming the responsibility for contraception and sexual safety. Women are understood as having to curtail men’s sex drive, because men are unable to control themselves once they are aroused. This constant drive for sexual pleasure, is seen to lead to men actively pursuing sex and consequently being unfaithful. The male sexual drive discourse of men having multiple partners was prominent in the interviews. The portrayal of men as unfaithful in relationships, which a number of the participants had personally experienced, was also prominent.

Most of my relationships are not long term relationships and I haven't had so many relationships. I think I've had two, two relationships and this one is my third one. So what usually happens, I use a condom but then maybe, before we even go further, I discover that, no man, this guy, he's not into me. So, it doesn't happen that I don't use a condom and then I find out later that he is cheating on me. I always start with a condom and then if I find out that he is cheating and I cannot stand his cheating then I leave him. [] So these days it's difficult to say that this guy loves me or what, when they cheat a lot, that's one thing I can tell you.[] Maybe it would happen that one guy is dating you, and you and him are [unclear] on campus that he is dating you. He'll have other girlfriends, but those girlfriends, maybe he will come to them one o'clock in the morning when he is from the Barn [Pub]. They will accept that this is- like they always say "This is my main man." Ja, they use words like "This is my five sixty. This is the main man." So you just have to be, you have to accept that ok, here's this woman which everybody knows, and I'm just the woman in that woman's shadow. And you can't tell him, like we, we can't, we can't do this, because it is always about him. You can't say I'll go public and tell people I'm dating you. He'll tell people that, "That one, she's after me. I'm not even interested in her she's the one who's interested in me." [P3]

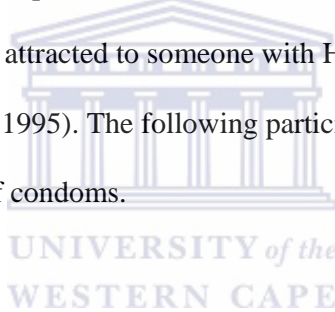
You can go tested, you can go get tested and find out that you're negative then he starts, you know, he starts cheating, or he starts having multiple partners so you can never really be too sure, you know. [P7]

The prominence of women's understanding that men have multiple partners and are unfaithful, whilst at the same time being asked to trust men and have condom less sex with them was particularly noteworthy. It emphasises the power of the have/hold discourse and the pull of relationships for women, that at the same time as being aware that men have multiple partners, they also encounter a strong pressure to please the man sexually by not using condoms in order to maintain the relationship. In the case of being the 'other' women they have even less power to negotiate safe sex. Women face the double risk of losing their partner and of being disgraced if they don't comply with his wishes. Women's sexual reputation is 'vulnerable' as the whore-madonna dichotomy indicates and this may be used against women; the same standard does not apply to men.

The tension created between the male sexual drive discourse which promotes male sexuality and the have/hold discourse which confines sex to marriage or long term relationships is difficult to manage. Several of the participants emphasised the importance of trust in a

relationship and expressed the idea that they would not want to be in a relationship where they could not trust their partner. The conflict between these two discourses places women at risk by reinforcing the importance of sex for women within trusting long term relationships whilst male sexuality is not necessarily restrained. Furthermore, these discourses serve to equate men with desiring sex, and women with desiring relationships, creating binary opposites which do not allow men or women to desire both sex and relationships.

The issue of trust becomes particularly difficult in long term relationships which presuppose faithfulness, consequently condoms often stop being used. A number of other factors may also impact on this, for example, their partner is known to them so they begin to feel safe; or they may feel that they could not be attracted to someone with HIV, that they would know if their partner has it (Wood & Foster, 1995). The following participants discuss the impact of long term relationships on the use of condoms.



Some people don't use condoms because they feel that um, once they are in a relationship for a certain period, they feel that they are safe, as long as they have both been tested. And they feel that, ok we're safe, we've been tested, he's faithful, I'm faithful, nothings going to happen. So they think its, that sense that they blindly trust their partner. They assume that if they're faith--, if they're not cheating or whatever the partner doesn't do the same. [P7]

I think people, they get comfortable with each other. Like the people they say I've known you for 6 months and then they say they don't want to use condoms 'cos now you, I want you to trust me. [P3]

Condoms are used to prevent the transmission of STI's and unwanted pregnancies. Their use is associated with casual sex, the beginning of relationships or other situations where trust has not yet been established (Holland, et. al., 1996). Some of the participants explained how condom use could be used by men to differentiate between casual sexual relationships and their 'main' girlfriend.

Or maybe there are some guys that ok fine, they acknowledge that yes, we are cheating, but I'm going to use to condom. With who, and who, and who and who. Then maybe I'm not going to use a condom with her, because she's my main girlfriend. [P3]

Other guys are like "No but she's my girl." [] "she's my girlfriend, she's my wife so why not." [have sex without condoms] [P6]

In these instances, using condomless sex to denote the level of commitment to a relationship is particularly problematic, as sex with condoms becomes associated as sex with others whilst, condomless sex becomes associated with sex in a relationship. Consequently, not using condoms is seen as a sign of commitment to the relationship. This is also apparent when women make the transition from condoms to the pill, this transition is seen as signifying that the relationship has become more serious (Holland, et al., 1996). Condom use doesn't fit comfortably into the discourses about long term relationships, as they are perceived as questioning the trust and faithfulness which the relationship is supposed to be based on. The following extract shows the participant's dilemma when she was asked by the male partner of a couple she tested why they needed to use condoms when they were both HIV negative and faithful.

I could not answer such things. I cannot. I don't know, but I really wish I could answer him, but I didn't answer him. I just didn't answer him. Because, he wanted to know why must we use a condom when me and the girlfriend is HIV negative and both have no STDs and both of them are faithful, why must they use a condom - that's what he was asking me. [P2]

This extract highlights the conflict between the discourse around condom use and long term relationships and absence of any positive discourses around the use of condoms in faithful long term relationships. Using condoms in long term relationships has become coupled to cheating, whilst not using condoms has become associated with being faithful. Other ways of thinking about condom use in long term relationships have been marginalised

4.6.2 Violence, rape, abuse

Male use of force in sexual practices was both spoken about and silenced. In exploring the difficulties that women might encounter when negotiating the use of condoms participants spoke about women being afraid of their partner's reactions. Their partner might leave them or be angry. The anger was often not explained. What form would this anger take? Were they afraid that the anger would be expressed physically? In discussing the difficulties that women faced in negotiating safe sex, violence, rape and abuse were mentioned. This was the most transparent aspect of male dominance of sexual practices. It provided little room for women to refuse sex, let alone negotiate safe sex.

Some of my friends even like, experienced um..., violence if they said "No". There were, like, very bad things that happened to them. [P5]

From where I come from, the background I come from, there is physical abuse and emotional abuse, so plays a major role in the relationships I know.[] Usually as a result of the abuse, the woman feels intimidated by the man and then she's grown up not to exert her right to use a condom. [P4]

These extracts highlight the difficulties that women face in negotiating sex. They draw attention to the power imbalances which may predominate heterosexual relations. These imbalances are most apparent in cases of rape, which was the most frequently mentioned use of male sexual power. As discussed earlier in the chapter, several of the participants referred to the need to carry condoms as a protection against rape. One of the participants briefly made reference to her own experience of having been raped. The most concerning aspect of this discourse was how normalised and dominant it was.

4.6.3 Women's economic dependence

Women who were financially dependent on men were not perceived to have much power when it came to negotiating condom use. Most of the participants believed that the man would control whether or not condoms would be used.

I think that financial dependence on men is a huge factor. Uhm, you get a lot of females even, who are young girls who are, get their things bought by a guy. Their clothes, cash, everything they need is seen to by this guy and they know they are not the only girl but yet they will still have sex with them without a condom because of that financial support. [P6]

You think that this way, that this is the benefit I have, and if maybe I do something he will give me money. [] I think some will, maybe they will., say the person would go to the guy and say "I want to use a condom." And they would wait for their response [unclear] he'll say "I'm feeding you. I doing this for you. I'm doing this for you." And will like make you somehow feel like, will make you feel guilty, that he is doing things for you, but there is this simple thing that you can not do for him. So most girls they will end up not using a condom. [P3]

In the second extract, the women is made to feel guilty for not even doing this one simple thing for him after all that he does for her. As in the section which explored trust, condomless sex is again positioned as a "small thing" and the implication is that women are selfish for not complying with their partner's simple request.

In the following extract the participant discusses the difficult position that women are placed in if they are financially dependent on men.

P7: The partner would be the provider of the- probably the partner is providing for them and in a way that they need to. So if they, if they loose that person, they, they would be, kind of be..., it would be a very frustrating position for them, because they wouldn't have anymore money. Or they wouldn't have anywhere that they can get their own source of income. So I guess they kind of stick with their partner because of whatever reason, because of the money, so ja.

Int: So then in that kind of situation would they be able to negotiate condom use? Or how would that work?

P7: In that kind of situation... am pretty sure that the man feels that they have power over the women. So if she negotiates and he says "No, I don't want to." Then it's his word, his, whatever he says goes. Yeah.

The participant clearly identifies the power differentials which occur in relationships where women are economically dependent and how this may play out in the negotiation of condom use. Relationships where women are economically dependent on men often have the added problem of incorporating traditional gender roles. Male traditional gender roles tend to be associated with hegemonic masculinity and not using condoms.

4.7 The discourse of change

Many of the ideas spoken about in the interviews revealed traditional gender constructions and dominant sexual discourses, in particular the male sexual drive and the have/hold discourses. In the preceding sections I have explored both the ways in which these discourses are perpetuated, and the resistances and challenges, to them. In the interviews, it became apparent that this understanding of dominant discourses as being challenged and resisted, was also part of the participant's discourse of sexuality and gender construction. This appeared to address some of the contradictions and uneasiness sometimes felt by the various pulls of discourses, desires and needs.

In exploring change, participants differentiated between the sexual restrictions placed on their parent's and the relative freedom that they had today. They also spoke about changes that were occurring within gender roles. The discussion about change reflected the inconsistencies that permeate society, it included both positive and negative elements and pointed out resistance to change.

I mean life is changing constantly, I mean everything is changing constantly. I mean there's things that I mean – I'm sure 15 years ago if a guy went for a facial everybody would be "He's gay." I mean today if a guy goes for a facial, it'll mean "Oh, you're a metrosexual." I mean it's a new thing, it's not seen as anything. [] But some people are like no that's too forward thinking and that's thinking, I'm, you know, they still want to see that home grown, backward kind of thinking in a way. [P6]

I think times are changing. I think it used to be... to be, to be not so easy, it used to be difficult but now... we are developing. And as time- and it's changing. Circumstances around us our changing. And I think we can talk about sex now. Women can talk to men about sex. It depends on how responsible I am, cos if you are just going to keep quiet and let men go over it, it'll just stay like that. It depends on individual cases but things are really changing. [P3]

These extracts highlight shifts that have occurred both within gender roles and sexual discourses. The recognition of change as a factor in sexual practices may create room for new ways of talking about things, allowing for different ways doing things and other ways of being.

4.8 Conclusion

This chapter has focused on exploring the gender constructions and sexual discourses that emerged in the interviews, with particular reference to the power dynamics that women may experience in negotiating heterosex. The complexity of the process of women negotiating condom use was apparent in that there was a strong interplay between numerous factors. Constructions of gender identity interplayed powerfully with dominant sexual discourse, creating discourses around condom use that intertwined and conflicted with each other.

Constructions of gender were seen to be closely linked to other aspects of identity like culture, which in turn influenced what roles were available to women. Pervasive aspects of traditional female roles, such as passivity, the importance of the relationship, women as following the male lead in sexual practices and so on, were found to hinder women's ability to initiate and insist on condom use. At the same time, the construction of women as responsible and able to control their sexuality was understood as making women responsible for initiating and insisting on condom use. This placed women in a difficult position as they were seen to be responsible for initiating condom use and yet traditional gender roles meant that men were perceived to be the

initiators of sexual practices, consequently leaving them very little room in which to negotiate condom use.

In terms of sexual discourses, the male sexual drive and have/hold discourses were the most prominent. Traditional constructions of masculinity were connected to the male sexual drive discourse, depicting men as needing sex, initiating sex and their masculinity as being defined through their sexual accomplishments. This was linked to men having multiple partners, desiring condomless sex and the use of coercion or even force to achieve this. Women were predominantly positioned in the have/hold discourse, with the emphasis placed on their needing a relationship as it was through relationships that women were understood to achieve feelings of self-worth, obtain status, economic support and acceptance in society. Working together, the male drive for condomless sex with multiple partners and female need to be in a relationship have significant implications for condom negotiation. However, this was not a consistent picture, but the one end of a continuum. These discourses and constructions were also resisted and challenged.

In the next chapter I will highlight the central findings of this study, examine the limitations and make recommendations for further studies.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

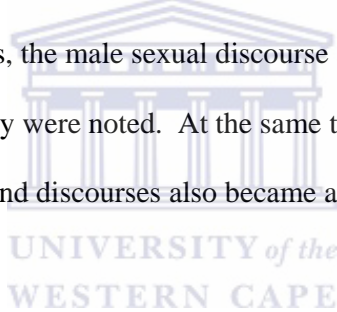
5.1 Introduction

Discourse analysis does not sit comfortably with the idea of closure as readings are always seen to be partial, subjective and incomplete. Consequently, rather than concluding this study I will follow Shefer's (1999) example of providing a 'concluding discussion' of the interpretation that I have provided. It is important to reflect on the role of the researcher in the research process. In trying to understand and make sense of the participants experience I asked clarification questions. I also contributed to the discussion, especially helping participants explore when they were trying to make sense of their experience or the different sexual and gender discourses. These factors and others show the co-constructive nature of the research process. Furthermore, whilst I tried to identify different discourses presented by the participants, this process was clouded by my subjectivity, knowledge and the research process. My choices have been guided by the literature and the social constructionist approach that I have used in this study. In highlighting certain aspects and leaving out or missing others, I have constructed an interpretation which reflects an understanding that I have of the information and literature. This is important to note, as it reflects the power and the participation of the researcher in the research process (Wilkinson, 1997).

This chapter serves to identify some of the findings that were central to this reading of the participant's information and to link it to the research. Limitation of this study and recommendations for further study are also considered.

5.2 Central findings

The primary aim of this study was to explore female students' experiences of power dynamics as reflected in the negotiation of condom use in heterosexual relationships. This was accomplished by examining the gender roles and discourses available in negotiating sexual relations, looking at how these gender roles and discourses impact on sexual communication and negotiation, and exploring how they were able to resist or challenge the dominant gender constructions and sexual discourses. The analysis offered in chapter four attempted to address this aim. Whilst this reading is partial, it provides insight into some of the hidden aspects of the power differentials between women and men in heterosexual relations. The powerful impact of traditional gender constructions, the male sexual discourse and the have/hold discourse in limiting women's sexual agency were noted. At the same time, women's ability to resist and challenge these constructions and discourses also became apparent.

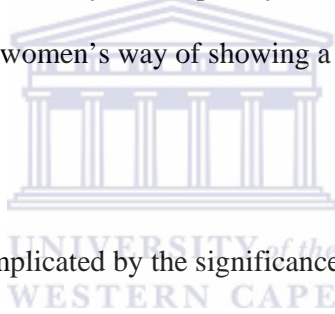


5.2.1 Power, gender constructions and sexual practices

As I indicated in chapter four, constructions of gender have a powerful impact on women's ability to negotiate condom use and creates power imbalances. This occurs in multiple ways, women may be traditionally socialised to be passive, dependent, self-sacrificing and nurturing, whilst men are encouraged to be active, independent and egocentric. If women internalise these attributes as part of their identity, condom use becomes difficult to negotiate, partly because self-assertion runs counter to their personality.

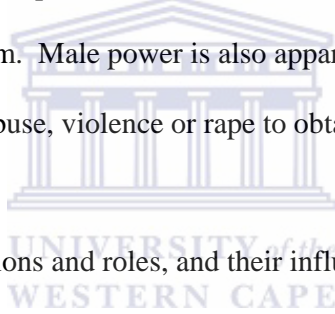
Added to this are the social constructions of sexual practices. In this study and others, it was found that in terms of sexual practices, women may be understood to be sexually passive and naive, as letting sex happen to them and as asexual (Gavey, 1993; Holland, 1996; Shefer, 1999). At the same time men may be seen to initiate sex, they assume an active role and give women

pleasure which women passively receive (Gilfoyle, Wilson & Brown, 1993). Male power in sexual relations is therefore apparent in that they have the power of initiating and controlling sexual practices and refusing to use condoms even when requested to (Holland, et al., 1996). If men are the initiators of sexual practices then the link between masculinity and condomless sex commonly found in South Africa is problematic in terms of the negotiation of safe sex (Wojcicki & Malala, 2001). Women who suggest condom use or voice their sexual needs may be seen to be threatening by men as they assume some of the control over sexual practices. In assuming agency within sexual practices, women may be experienced as taking away from men's sense of themselves as sexual experts (Gilfoyle, et al., 1993). Consequently, women's attempts to express themselves sexually are frequently silenced. Furthermore, sex is often socially constructed as being a women's way of showing a man that she loves him (Wood & Foster, 1995).



Sexual relations are further complicated by the significance which relationships may carry for women. In chapter four the significance of relationships for women was explored, and it became apparent that it is through relationships that women may achieve feelings of self-worth, obtain status, economic support and acceptance in society. Consequently, the loss of a relationship may have enormous significance for women, whilst for men it may mean the loss of a sexual encounter, thus creating unequal power balance within the relationship. The importance of the relationship, together with socialisation tendencies which encourage passivity, nurturance and self-sacrifice frequently leads to women prioritising male pleasure (Holland et al., 1996; Kalichman, et al., 2005; Lesch & Kruger, 2004; Maxwell & Boyle, 1995; Shefer & Potgieter, 2006; Wood & Foster, 1995). Male sexual pleasure, as mentioned earlier is frequently associated with having sex without condoms. It is also associated with needing greater access to sex, which is then used to justify having multiple partners (Strebel & Lindegger, 1998).

Condomless sex is also used as a way of indicating commitment within a relationship, with sex with condoms being seen to be for sex with others (Holland, et al., 1996; Shefer, 1999). The negotiation of condom use is therefore even more difficult to manage in long term relationships which presuppose trust and which has become associated with having condomless sex (Holland, et al., 1996). This is particularly problematic in communities where men are portrayed as perceiving it as their right to have multiple partners. It also indicates the strength of male power in relationships when women request the use of condoms and their partners respond with “don’t you trust me” and yet it is ‘common’ knowledge that they have multiple partners. Furthermore, realising the importance of the relationship for the women they may threaten to end the relationship or they may ask their partner to have condomless sex as a way of proving that they love them or are faithful to them. Male power is also apparent in that men may threaten the loss of economic support and use abuse, violence or rape to obtain sex on their terms.



The power of gender constructions and roles, and their influence on gendered sexual practices, thus creates little space for women to negotiate safe sex. The pull of the relationship, the tendency to prioritise male pleasure and the need to show their partner that they love or trust them, make initiating condom use difficult. At the same time women have become positioned as being responsible for initiating condom use as they are understood as being able to regulate their sexual desire, whilst men, driven by irrepressible sexual urges, are unable to do so (Holland, et al., 1996; Strebel & Lindegger, 1998).

It is also important to note women’s ability to negotiate condom use despite power differentials and the limitations imposed on them by traditional gender constructions and sexual discourses. In the previous chapter, I looked at how women were able to initiate and insist on the use of condoms within relationships. For some women this meant refusing to have condomless sex which sometimes resulted in the end of their relationship, which they chose despite the loss this

might entail for them. Some of the women made use of men's fear of pregnancy or 'baggage' in order to achieve this.

As can be seen from this discussion of power and gender constructions, the discourse of difference between men and women prevails. The ways in which women and men are understood is largely based on the concept of difference. This is problematic as it promotes the idea that subjectivities are closed and limits the attributes and practices to those typically ascribed to a specific subjectivity. Furthermore, the differences between men and women are then "used to explain and legiti[mize] the way in which heterosex is negotiated or not negotiated." (Shefer, 1999, p.324). In noting women's successes in negotiating condom use, I hope to have shared some of the resistances to the dominant discourses which hinder condom negotiation.



5.2.2 Implications

The findings of this study, like the study by Wood and Foster (1995) serve to highlight the need for understanding condom negotiation as "embedded in contradictory social meaning systems and discourses which themselves express and constitute power relations." (p.31). Whilst this study has focused on the experiences of women, it is also necessary to include men in these studies and intervention programmes in order to create opportunities in which the power dynamics between men and women in sexual relations are explored and the discourses challenged. This study is not intended to be generalised but to provide some insight into possible experience that women may face in negotiating condom use. It is important to note that in this study women were able to negotiate condom use despite power differentials. The ways in which women are able to achieve this needs to be observed. It may be useful to encourage discussion around this in intervention programmes in order to provide women with other ways of talking about condom negotiation.

5.3 Limitations and recommendations for further research

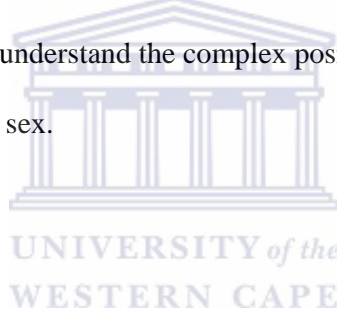
Due to the sensitive nature of the topic it was difficult to find participants who were willing to talk about their experiences. The participants who took part were open to discussing sex and condom use. They had positive perceptions of condoms, were often able to negotiate condom use successfully and were generally well informed about condom use. Whilst I do not want to detract from the positive findings of women as succeeding in negotiating condom use, it is probable that women who struggle to talk about sex and experience difficulties negotiating condom use would have been less likely to have participated in the study. Consequently, there are other gender constructions and sexual discourses that remain silent and need to be explored.

Similarly, the focus on female participants means that male voices have been missed. In only focusing on females, there is the danger that this study continues to reinforce the binary classification of male/female. However, I have tried to highlight the participant's experiences of men who challenge and resist dominant discourses. The exploration of male experiences of the negotiation of condom use may provide examples of challenges to dominant heterosexual discourses and traditional discourses of sexuality which may help to create new discourses and ways of being men. Discourses of sexuality would be further challenged by exploring alternatives to heterosex. The negotiation of safe sex within homosexual and lesbian sexual relationships would allow for this and would also provide an opportunity to explore power dynamics within same sex sexual relationships.

Although this study focused on condom use as a form of safe sex, due to limited space it did not explore alternate forms of safe sex. However, two research participants who were sexually active, but had not had penetrative sex were included in the study. This is an area which would be valuable to explore further as alternate discourses around sexual practices need to be made

available to society. An alternative to the male condom is the female condom, however, the use of female condoms was conspicuously silent in this research. It does not even appear to be part of the discourse around condom negotiation, even though they are freely available on campus. More research needs to be undertaken in this area as the female condom would provide women with greater agency in condom negotiation.

It is important to note that whilst focusing my research question, I separated out gender as an aspect of identity. This is a false construct because gender is so entwined with other aspects of identity like culture, religion, experience, age, and so on. It has been useful to do so for the purpose of this research, however, it cannot be isolated as such but needs to be seen within the context of the whole person to understand the complex positionings and subjectivities of their experiences in negotiating safe sex.



5.4 Final thoughts

This study has been an enriching experience for me, one that has enabled me to grapple with the complexities and diversity of experience that women encounter when negotiating condom use. At times it has felt overwhelming trying to see how women will be able to attain a position of equality given the power differentials inherent in society and the disparity in access to economic resources. Furthermore, the dominance of the male sexual drive discourse and the have/hold discourse in this study, led to my questioning how positive sexual discourses for women would be able to be implemented. However, in interviewing the women who participated in the study and reading and re-reading their interviews, I also saw how strong, assertive, caring and powerful women can be, despite having to negotiate power differentials.

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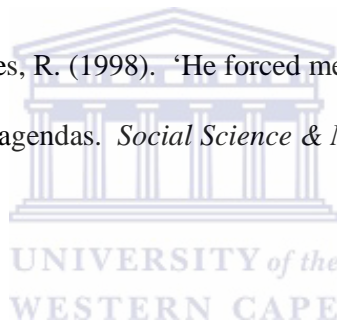
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APPENDIX I

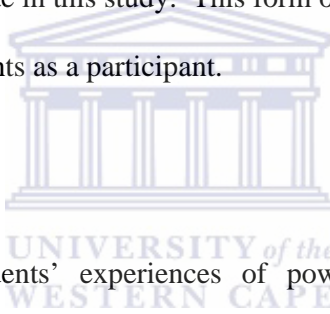
INFORMED CONSENT FORM

Researcher: Joanna Goodwin

Participant's Name:

Contact Details:

Thank you for agreeing to participate in this study. This form outlines the intent of the study and describes your involvement and rights as a participant.



The purposes of this study are:

1. To determine female students' experiences of power dynamics, as reflected in the negotiation of condom use in sexual relationships, as local gender specific information is needed to inform HIV/AIDS intervention programmes.
2. To complete the thesis portion of my M.A. degree at the University of the Western Cape.

The methods I will be using to collect my information for this study are as follows:

I will be interviewing eight sexually active female students about their experiences of negotiating the use of condoms in sexual relationships. I will be asking each person to answer questions about how they negotiate sex, particularly safe sex. Through the study I will explore both the difficulties and ease of this process.

You are welcome to ask about the nature and methods used in this study.

The interviews will be transcribed and I will analyse them in order to see the commonalities and differences of experiences. The information will then be used to write my thesis which will be read by you (if you choose), my thesis supervisor, external examiners and the appropriate UWC faculty charged with granting the Master's degree.

I guarantee that the following conditions will be met:

- Your real name will not be used at any point of information collection, or in the written thesis; instead you and any other person and place names involved in your case will be given pseudonyms that will be used in all verbal and written reports.
- If you grant permission for taping, no audio tapes will be used for any purpose other than this study, and will not be played for any reason other than to do this study. You may choose to have the tape returned to you, otherwise it will be destroyed.
- Your participation in the study is voluntary; you have the right to withdraw at any point of the study; you do not have to provide a reason.

I, have read the details of the study and voluntarily give my consent to serve as a participant in this study.

Signature of participant: Researcher:

Date: Researcher's Signature:

APPENDIX II

SEMI-STRUCTURED INTERVIEW FORMAT

- What is your understanding of the use of condoms and the prevention of HIV infection?
- Tell me about some of the difficulties faced by women with respect to sexual relationships?
- Tell me about some of the difficulties that you have experienced in negotiating sexual relationships?
- How does safe sex fit into this?
- What are some of the difficulties that women experience in negotiating condom use?
Tell me about your experiences?
- Who makes decisions about condoms in your sexual relationships?
- How easy/difficult is it to talk about condom use with a sexual partner?
- Have you ever had to convince a partner to use a condom?
- What are your feelings about women carrying condoms?
- How does being female impact on negotiating safe sex?
- Have your ways of negotiating sexual relationships changed at all?



APPENDIX III

TRANSCRIPTION CONVENTIONS

P1	Participant one
Int.	Interviewer
[]	Material omitted
...	Pause
=	Speaker cuts in
[text]	Explanatory material, or additional/replaced word that was probably meant by the participant to make the excerpt read better.
[unclear]	What was said is not clear

