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**Addressing the sexual cultures of heterosexual men: Key strategies in  
involving men and boys in HIV/AIDS prevention**

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\* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

## 1. Overview<sup>1</sup>

The following paper addresses preventative education efforts focused on men's safe sex and condom use. The discussion takes as given the broad frameworks for involving men and boys in achieving gender equality outlined for example by Connell (2003). Its major contribution is centred on men and HIV/AIDS, in offering a more detailed examination of what stops heterosexual men from using condoms and how they might be encouraged to do so.

This paper;

- Outlines contemporary scholarship on men's unsafe sex, focused on the ways in which men understand condom use and non-use (drawing on both my research and the international literature).
- Explores four strategies in engaging men. Each has been used in anti-violence community education directed at men, and involves particular challenges. The strategies are: define manhood as non-violent, use men to address and educate men, draw on masculine culture, and build on men's resistance to dominant masculinities.
- Briefly discusses understandings in masculine culture which are potential resources for condom use.

## 2. Men's roles in building gender equality

In working to transform the social structures, relationships and ideologies on which gender inequality is based, it is vital to engage with men and boys (Kaufman, 2003: 1). Many men participate in sexist practices and the maintenance of unjust gender relations, men often play a crucial role as 'gatekeepers' of the current gender order and as decision-makers and community leaders, and men's own health and well-being are limited by contemporary constructions of manhood. Involving men in efforts towards gender equality runs the risk of reinforcing men's existing power and jeopardising resources and funding directed at women, so the goal of promoting gender justice must be central. Male participation is not a goal in itself, but a means to an end: egalitarian, healthy and non-violent relations for all.

Men's and boys' roles in progress towards gender equality are now the subject of a growing international dialogue, as the Brazil meeting itself demonstrates. The notion that it is both desirable and practical to involve men in efforts to build gender justice is rapidly becoming institutionalized in the philosophies and programmes of international organisations. Across the globe, a wide variety of

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initiatives focused on or inclusive of men are proliferating in such fields as men's violence against women, sexual and reproductive health, HIV/AIDS, and fatherhood and families.

As such efforts accelerate, there has been growing international interest in developing an overall framework with which to articulate the role of men and boys in achieving gender equality. Two recent documents which do this are Connell's (2003) framework prepared for the Brazil meeting, and Kaufman's (2003) "AIM Framework: Addressing and Involving Men and Boys To Promote Gender Equality and End Gender Discrimination and Violence". Other important discussions of men's roles in progress towards gender equality are given by Lang (2002) and Greig, Kimmel and James Lang (2000). In addition, there is in pro-feminist academic writing on men and masculinities a very substantial articulation of men's relation to feminism, exploring questions of epistemology (men's relation to feminist knowledge) and political practice. (Important recent texts include Digby (1998), Gardiner (2002) and Pease (2000; 2002).) I have contributed to discussions on men's anti-violence activism (Flood, 2001), arguing that partnerships with women must be central to men's involvements in building gender justice and that men's anti-sexist efforts are themselves shaped by patriarchal privilege.

Such frameworks do not show unanimous agreement on the position or role of boys and men in gender relations. For example, there are likely to be disagreements over the extent to which men's own health and well-being are limited by contemporary constructions of manhood, the nature of men's 'contradictory experiences of power' and the need to simultaneously challenge men's power and speak to men's pain (Kaufman, 2003: 14). Nevertheless, this paper takes as given the utility of the broad frameworks for involving men and boys in achieving gender equality currently on offer, and leaves aside possible tensions between them.

### **3. Men, gender and HIV**

Global research on HIV/AIDS has established that gender and sexuality are key factors in explaining patterns of HIV transmission. But heterosexual men's role in the sexual transmission of HIV has rarely been addressed. Few studies have focused on men's involvement in safe and unsafe heterosexual sex, far more research on the heterosexual transmission of HIV centres on women than on men, and very few education campaigns have been aimed at heterosexual men. There are good and bad reasons for this. On the one hand, this reflects feminist achievements in identifying AIDS as a women's issue. On the other hand, men's absence reflects the status of maleness as normative and invisible and perpetuates the allocation of responsibility for safe sex only to women. Women's inclusion in AIDS policy and education is a valuable achievement, and there are sound feminist reasons for directing attention also to heterosexual men.

When it comes to HIV/AIDS, men are part of the problem, but they are also part of the solution. Growing recognition of this is reflected in recent international efforts to involve men in HIV prevention, such as the UNAIDS campaign "Men: Make a Difference". Research too is shifting, and a small body of scholarship focused on heterosexual men's roles in safe and unsafe sex has emerged. My PhD research (Flood, 2000) joined a handful of Australian studies in the area. I conducted in-depth interviews with seventeen men aged between 18 and 26 in Canberra, examining men's sexual practices and the meanings and sociosexual relations through which these are organised.

### 3.1 Why heterosexual men don't use condoms: The literature

Feminists writing on HIV/AIDS argue that there are constraints to women's and men's practice of safe sex at every level of social interaction and social structure, from the broad structuring of heterosexual culture and gender inequalities, to the micro-politics of sexual negotiation in heterosexual relationships, to the organisation of sexual practices.

Gender inequality is a key barrier to HIV prevention. Unequal power relations limit the adoption of effective risk-reduction strategies, or produce the adoption of ineffective strategies (Doyal, 1994: 17). Women's inferior economic and social status increases their vulnerability to HIV and limits their ability to control their sexual and social lives and protect themselves. At the same time, both women and men's vulnerability to infection is heightened by common constructions of gender and sexuality.

There has been strong agreement across the literature on AIDS and heterosexual men about which aspects of heterosexual men's understandings and practices limit their adoption of safe sex. Condom use is seen to run counter to seven central aspects of the enactment of masculinity and heterosexual men's sexuality. These are summarised below. This discussion focuses on their significance for *men's* safe and unsafe sex, but it should be obvious that each also impacts on women's vulnerability to HIV.

First, sexual control and knowledge are constructed as male, while condom use involves the man's agreeing to a woman's request to change his sexual behaviour (Wilton 1997: 34). Masculinity is equated with sexual activity and knowledge, while femininity is equated with passivity and innocence (Foreman, 1998: 31). If men are expected to be more knowledgeable and experienced about sex, this makes it more difficult to admit ignorance, seek information or learn about sex or AIDS from women (Campbell, 1995: 206).

Second, male sexual pleasure is the defining principle of heterosex and is prioritised. Penis-in-vagina intercourse and male intravaginal ejaculation define 'real sex', and men's sexual pleasure is focused on the penis. Condom use involves men deprioritising their own sexual pleasure in the interests of sexual safety, while adopting non-penetrative sex poses an even further risk to masculine identity (Wilton, 1997: 34).

Third, male sexuality is understood to be an uncontrollable or barely controllable force, typically through the notion of "male sex drive" (Kippax, Crawford & Waldby, 1994: S318). In contrast, condom use involves men demonstrating a degree of control over their sexual behaviour. Notions of powerful or uncontrollable male sexual desire also can shape men's sexual involvements with multiple partners, increasing their risk of HIV transmission.

Fourth, there is a cultural association between masculine status and sexual experience. For boys and men, the achievement of intercourse with girls and women is an important source of masculine status. Young men in many male peer groups compete with each other, measuring success in terms of sexual conquest and experience (Holland, Ramazanoglu & Sharpe, 1994: 14; Kimmel, 1994: 133). Such norms can pressure young men into experimenting with sex in unsafe ways, and at a young age, to prove their manhood (Gupta, 2001: 7).

Fifth, responsibility for prophylactic (and contraceptive) safety is allocated to women while masculinity is associated with risk-taking. Women rather than men are seen to be the gatekeepers

and guardians of sexual safety (Waldby, Kippax & Crawford, 1991: 40). Safe sex involves men accepting or taking responsibility for their partners' and their own sexual safety, rather than engaging in risk-taking which is masculine and thus masculinising (Wilton, 1997: 34).

Masculinity is also implicated in men's responses to infection with HIV. Given that conventional masculinity involves the valuing of toughness and the denial of vulnerability (Petthebridge & Plummer, 1996: 666), the other side of the coin of men's risk-taking is men's unwillingness or inability to seek help and treatment when their physical or emotional health is impaired (Campbell, 1995: 202). Men may shun a 'feminine' concern with health and display manly nonchalance, for example being slow to get tested for HIV (Kimmel & Levine, 1997: 148). However, the extraordinary mobilisation of collective support among gay men in the face of the AIDS epidemic is a counter to generalisations about all men's failures to sustain their health.

Heterosexual men's adoption of safe sex is further limited by their risk perceptions and strategies of risk management and, in particular, their basis in assumptions about women's sexual histories. Heterosexual men are said to distinguish between two types of women, "clean" and "unclean", on the basis of their appearance, behaviour and resistance or otherwise to sexual overtures, and men perceive the need to take precautions only with the latter (Waldby, Kippax & Crawford, 1993a; Wight, 1993).

Heterosexual men's homophobia is a seventh factor limiting their adoption of safe sex. Heterosexual men may feel distant from the epidemic and unconcerned about its effects and they may see themselves as at low risk of contracting or transmitting HIV. Because of homophobic fear, they may try to disassociate themselves from AIDS and thus not respond to safe sex education (Campbell, 1995: 207).

### 3.2 Complicating this account

Each of the above seven principles represents two related claims: that a particular set of meanings and practices is common among heterosexual men, and that this limits heterosexual men's condom use. There are three ways in which I wish to complicate this account. First, the principles do not represent a coherent account of male sexuality. Second, there is linguistic and conceptual fuzziness. Third and most importantly, other evidence suggests that heterosexual men understand safe and unsafe sex in ways not captured in the above account.

There are obvious tensions between some of the above principles. The first principle emphasises that men believe that they should define the terms of sexual engagements and sexual control is male, while the third principle stresses that men believe that they are unable to control their sexual behaviour, so women must accept responsibility for their own safety in heterosexual sex. According to the fifth principle men do not take responsibility with any women, while according to the sixth principle men do take responsibility for their sexual safety with women they see as "unclean". While the seven principles above represent common claims in the literature, it is harder to argue that they offer a coherent depiction of masculinity and masculine sexuality.

A second problem is linguistic and conceptual. Authors writing on heterosexual men and HIV/AIDS use a bewildering array of terms for what it is that is seen to shape men's condom use and non-use, and when they rely on the same terms they use them in discrepant and sometimes vague ways. Authors use such terms as "male assumptions", "masculine ideals", "male gender roles", "masculine sexuality", "masculinity ideology", "hegemonic heterosexual masculinity", and the "sexual cultures

of heterosexual men”. The term “masculinity” is all-pervasive, but it is used in a wide variety of ways and as a shorthand for a diverse range of social phenomena (Clatterbaugh, 1998; Hearn, 1996: 203). Given the potential for definitional confusion, it is useful to maintain a focus on men — on men’s practices, men’s understandings and men’s sexual and social relations.

Third, recent research (including my own Australian study) suggests that the above understandings are not necessarily present among heterosexual men, or work in contradictory ways, or other understandings are more influential in men’s unsafe sex.

### 3.3 Lust, trust and latex: Recent Australian research

How do heterosexual men themselves understand safe and unsafe sex? My own research finds that young heterosexual men emphasise five themes in accounting for their non-use of condoms. Some of the configurations of sociosexual meaning and practice documented are at odds with the depictions of masculinity and masculine sexuality in the literature described above. Greater detail on my study’s results can be found elsewhere (Flood, 2000, 2003).

First, men stress the risk of pregnancy rather than the risks of HIV or other sexually transmitted infections, and they deal with the risk of pregnancy by relying on their partners’ use of the Pill. The young heterosexual men in my study spoke of being unwilling to become fathers, especially at this stage in their lives, and some emphasise the financial and emotional burdens of unwanted fatherhood.

When heterosexual men use condoms, often they do so to prevent pregnancy rather than the transmission of STIs. However, in long-term or regular relationships, young men (like young women) commonly rely on the contraceptive Pill.

I found three problematic features to young men’s reliance on the Pill. Some men simply assume that women are using the Pill — because they are sexually active, because Pill use is seen to be common, or even because the woman did not ask them to wear a condom. Some men ask or pressure their female partners to go on the Pill. Some men move from condoms to the Pill very early in their sexual involvements, too early to have established that both people were free of diseases. And some men started having intercourse without condoms after they and their partners had decided to use the Pill but before it had become effective.

Second, men emphasise that condoms decrease their penile sensation and are difficult to use. This represents that popular idea that having intercourse with condoms is like ‘taking a shower in a raincoat’. Condoms do have a material effect on men’s sensate experience of intercourse: some men take longer to reach orgasm, and some men lose their erections. However, men’s bodily experience is shaped by cultural meanings, including the widespread idea that condoms are desensitising.

Heterosexual men’s complaints about ‘showers in raincoats’ demonstrate a privileging of the penis as an important site of sexual sensation and erotic pleasure. To the extent that these complaints inform heterosexual men’s reluctance to use condoms, they privilege men’s pleasure over prophylactic and contraceptive safety.

Men also remark that condoms are difficult to use. Some men experience difficulties in unwrapping the condom and putting it on while still erect, and in keeping it on and sustaining an erection throughout the session of intercourse.

I found that three other aspects of heterosexual men's understandings of sexual practice further hinder safe sex, particularly the option of minimising the risk of HIV transmission (and pregnancy) by avoiding intercourse. For many heterosexual men, penis-in-vagina intercourse is the most important and defining practice constituting 'sex'. Intercourse often is seen as the inevitable and natural endpoint of a sequence of other sexual practices. And some men in my study emphasise that intercourse represents intimacy and intimacy requires intercourse. This understanding again makes it harder to forego intercourse, but also to use condoms for intercourse because they are seen to block the closeness expressed through the practice.

Third, men emphasise that condoms "kill the moment" and interrupt the "heat of the moment" of sexual episodes. For many of the men in my research, sexual encounters involve a particular ambience or "moment" that is passionate, sexually and emotionally intense, verbally silent, and unable to accommodate calm considerations of prophylaxis or of the possible consequences of the episode. The significance of the "heat of the moment" is particularly in thwarting awareness or reflection about condoms or the prevention of disease transmission.

The "heat of the moment" is 'hot' because it is sexy — it involves the literal heat of two bodies in physical contact, and both participants are 'hot' in the thrall of sexual passion. Condoms *kill* this moment: either condoms cannot be incorporated into the episode, or they are unwelcome intrusions which interrupt and spoil the moment.

Fourth, men rely on notions of trust and monogamy to abandon condoms in favour of the Pill (or other contraceptive methods) in regular relationships. Many of the interviewees represent trust, monogamy and closeness as intertwined meanings which rule out condom use in a regular relationship. They quickly define sexual involvements with a particular woman as a "relationship", and relationships signify trust and monogamy, again rendering condom use redundant. This may show a "gender convergence" in the meanings young men and women give to sex and relationships. I found that a sense of trust and sexual safety can be established very quickly, even over the course of a single night. Thus the fact of having sex can itself create trust, and trust means sex without condoms.

Fifth, young heterosexual men believe that they are very unlikely to contract HIV because they see their social circles, institutions, the heterosexual community or heterosexual sex *per se* as safe and free of HIV/AIDS, so there is no need to wear condoms. Such boundaries of imagined safety are constituted by widely available discourses of AIDS as gay and heterosexuality as safe, and by the protection granted by particular institutions' regimes of HIV-testing and exclusion, but also by the actual low prevalence of HIV and AIDS.

Given the small number of men on which the analysis is based, it cannot be claimed that the patterns established can be generalised to all young heterosexual men in Australia, let alone to men elsewhere in the world. But the possibility that these configurations of meaning and practice are present in similar forms in the lives of other men deserves further investigation.

### 3.4 Cross-cultural research on men's sexual cultures

There is significant cross-cultural and historical variation in the construction and meaning of sexualities and genders. Sexual communities and subcultures are crucial to the social organisation of sexual interactions, and thus also crucial to their potential re-organisation. Sexual meanings are inter-subjective, and structured by local or indigenous categories and systems of classification.

The literature described above comes largely from research in Western countries. Studies based in other cultures find similar discourses of masculinity and male sexuality, but also differences, structured by local contexts and communities. For example, among Indian men there is a widespread concern with semen loss and its potential impact on one's physical and spiritual well-being (Chandiramani, 1998). There are further diversities among men in any one country, structured by race, class, age, region and a host of other social factors. For example, among traditional Aboriginal populations living in Australia's central desert region there are cultural prohibitions on non-intercourse sexual practices, and on men handling their penises (e.g. to put on a condom) in the presence of a woman. Initiation rites for men include the ritual circumcision and subincision of the penis. It is difficult to put a condom onto an erect, subincised penis, condoms are associated with uninitiated men, and the special shape and sound of the subincised penis during intercourse is lost (Willis, 2001). Yet it may be possible to adopt the 'whitefella' technology of condoms to this context, for example by aligning prevention strategies with men's ritual law.

Other circumstances or practices place particular groups of men at special risk. Poor young men, economic migrants and refugees may use sex as escapist behaviour in the context of lives of low job security, lack of control over one's working situation, personal frustration and dissatisfaction. Men's HIV risk is heightened in prison, because of sex between men, injecting drug use, and other risky practices such as tattooing, skin-piercing and blood-brother rituals. Heterosexually identified men may have sex with other men, and some may sell sex to other men. Finally, male police and soldiers in the male-dominated cultures of these services may have greater numbers of sexual partners than men elsewhere, they are more likely to use sex workers, some may rape women, and they may also have been brutalised by their own victimisation (Panos Institute, 2001).

Local sexual cultures are being transformed by globalisation and capitalist 'development'. Traditional sexual categories of 'third gender', or Indonesian notions of men who cross-dress and have sex with heterosexual men, or Brazilian distinctions between the insertive and receptive partners in male-male sex, are being reshaped by Western models of "gay" sexuality (Connell, 2002: 95). This transformation has been intensified by the AIDS epidemic. The mobilisation of global responses to AIDS has aided the diffusion of certain concepts of individuals and of human rights, and Western ways of understanding and organising sexual identities such as "gay" (Altman, 2001).

A more thorough and wide-ranging engagement with heterosexual men's sexual lives is necessary in order to understand and influence both women's and men's roles in the HIV/AIDS epidemic. This engagement reveals that while there are important understandings and practices among men which constrain condom use, there are also significant resources in men's lives for safe sex. The paper returns to this issue in Section 5.

#### **4. Engaging men**

The role of men and boys in achieving gender equality so far has been addressed most substantially in two fields: violence against women, and sexual and reproductive health. Here I focus on the first field. This section discusses recent community education campaigns on violence against women which are directed at men, focusing on what they have to offer for other fields in which boys and men can play a role in gender equality, particularly the field of HIV/AIDS.

In Australia only a handful of community education campaigns have attempted to undermine social and cultural supports among adult men for violence against women. However, a recent New South

Wales campaign is one of the best examples of community education directed at men. The campaign is titled “Violence Against Women — It’s Against All the Rules,” and has been run from 2000 to 2003 by the Violence Against Women Specialist Unit of the NSW Attorney General’s Department. The campaign uses high profile sportsmen to deliver the message to young men that violence against women is unacceptable. It is targeted at men aged 21 to 29, and takes the form of posters, booklets, and radio advertisements. The campaign materials borrow common sporting terms in ways which lend support to the idea that violence against women is unacceptable. For example, a well-known rugby league player is shown alongside the words, “Force a woman into touch? That’s sexual assault.” A soccer player says, “Mark a woman, watch her every move? That’s stalking.” And an Australian Rules football player says, “Striking a woman? That’s assault.”

#### 4.1 Define manhood as gender-just: Do ‘real men use condoms’?

Community education strategies directed at men on issues of violence have adopted three broad strategies, the first of which is to promote alternative constructions of masculinity, gender and selfhood which foster non-violence. This embodies the recognition that men’s violence against women is informed by the cultural association between violence and masculinity. Some campaigns enact this strategy indirectly. The NSW campaign tries to rewrite the cultural meanings given to men’s violent behaviour, by linking physical and sexual behaviours to actions on the sporting field which are literally ‘against the rules’. Other campaigns have attempted to redefine violence as unmanly or manliness as non-violent, therefore representing violence and masculinity as contradictory. “Real men don’t bash or rape women” was the bold message of some posters in the 1993-1994 national campaign by the Office of the Status of Women (OSW). Similarly, the NSW campaign materials state that “sports role models can show that a masculine man is not a violent man” (Violence Against Women Specialist Unit, 2000: 24).

The American campaign “My strength is not for hurting,” encourages men to practise consent and respect in their sexual relations. This campaign attempts to reconfigure a trait traditionally associated with masculinity, strength, such that it now embodies non-violence and moral selfhood. Another American approach among young men asks, “Are you *man enough* to turn away from violence [or] to stand up to violence?” This draws upon boys’ existing investments in male identity and desires to become adult men, in order to invite non-violence. Similarly, violence may be described as ‘weak’ or ‘cowardly’, and thus as in opposition to the qualities of strength, bravery, self-control and moral courage associated with ‘true’ masculinity (Gilbert & Gilbert, 1998: 247).

Such approaches represent a strategy of both complicity in and challenge to masculinity. On the one hand, appeals to male identity and stereotypically masculine qualities are complicit in common constructions of masculinity and collude with males’ investments in manhood. On the other hand, such appeals also attempt to shift the meanings associated with maleness.

Should safe sex campaigns directed at men therefore try to tell them that ‘Real men use condoms’? Appeals to manliness have already been used in marketing condoms to men (Campbell, 1995: 206; Foreman, 1998: 41). However, we should be wary of approaches which appeal to men’s sense of ‘real’ manhood or invite them to ‘prove themselves *as men*’. These may intensify men’s investment in male identity, and this is part of what keeps patriarchy in place (Stoltenberg, 1990). Such appeals are especially problematic if they suggest that there are particular qualities which are essentially or exclusively male. This simply reinforces notions of biological essentialism and determinism, and denies valuable qualities such as strength and courage to women.

Nevertheless, community education addressing males should speak to questions of identity. Boys and young men in particular struggle with the formation of their gendered identities, negotiating competing discourses of manhood and heterosexuality. There is often a dichotomy between their public projection of a confident masculinity and their experience of private anxieties and insecurities (Mac an Ghail, 1994: 99). Boys' and young men's processes of identity formation represent a critical opportunity for intervention. Education campaigns can model identities based on moral reasoning, justice and selfhood rather than gender-identity anxiety, dominance and manhood (Stoltenberg, 2001).

#### 4.2 Show men speaking out

The second key strategy in violence-related community education campaigns directed at men is to show men speaking out or standing together against violence. Some campaigns use male celebrities and sporting heroes in their materials, and others depict 'ordinary' men of the community collectively voicing their concern. Similar strategies should be adopted among men in relation to HIV/AIDS prevention.

There are four rationales for this strategy. First, the men shown are literal representatives of men's intolerance of violence, support for gender equality or practice of responsible sexual behaviour. More importantly, they function as role models. Male 'heroes' and celebrities were used in both the recent NSW campaign and the national campaign "Stop Violence Against Women" by OSW. Focus group participants for the NSW campaign perceived the sportsmen to be credible and authoritative 'real men' who have the 'common touch' as "the 'everyman' of Australian culture". But they also praised the fact that these were 'ordinary blokes' with faults and weaknesses, rather than 'gods' like tennis player Pat Rafter who probably 'unpacks the dishwasher for his mum' (Hubert, 2003: 40-41).

The third rationale for using men in campaigns addressing men is the importance of peer acceptance and collective norms. Scholarship on men and gender documents that men's lives are highly organised by relations *between men*. The performance of manhood often is in front of, and granted by, other men (Kimmel, 1994: 128-129). If men's perceptions of collective masculine norms can be shifted, then individual men may shift as well.

Fourth, ours is a culture in which men's voices are granted greater authority than women's voices. It is probably true that men will listen more to men than to women. We may think it highly desirable that men listen to *women's* voices, to women's stories of the harms done to them by violence, and indeed to women's stories of the joys and pleasures of non-violent and egalitarian relations with men. But it may be more effective to continue to use men to say the things that we wish men could hear from women.

#### 4.3 Draw on masculine culture

It is now firmly established in community education that one's strategies must be 'culturally appropriate'. They must be sensitive to the audience's values and needs and draw on culturally specific languages. The NSW campaign "Violence Against Women — It's Against All the Rules" is an ideal example in its use of sporting language, and evaluations of the campaign suggest that men did perceive the campaign as meaningful and clever.

However, to what extent are there existing discourses and investments among men with which to build a culture of gender equality? For example, the NSW campaign was unsuccessful in

encouraging men to talk about violence against women. Ninety percent of men in the target group who had seen or heard something of the campaign reported that violence against women was not an issue they would talk about with their peers (Hubert, 2003: 32-33).

In trying to appeal to and engage with men, education campaigns have drawn on stereotypical masculine culture, and this poses more fundamental dilemmas for violence prevention. The NSW campaign draws on male-focused sports, and some American violence prevention programs focus on training male athletes as peer educators in violence prevention (Katz, 1995). But sporting culture also contributes to the construction of violent masculinity as a cultural norm. Sport is an important site for teaching boys and men some of the key values associated with dominant masculinity, such as extreme competitiveness, aggression and dominance (Bryson, 1990: 179; Schissel, 2000), and athletes are over-represented among the men who commit acts of sexual assault and domestic violence.

Across the three strategies described, an approach combining complicity and challenge is an understandable and indeed desirable response to the real challenge of educating men on gender issues. Efforts to reach men must negotiate a tension between two necessary elements: between speaking to men in ways which engage with the realities of their lives on the one hand, and transforming the patriarchal power relations and gendered discourses which are the fabric of those same lives on the other.

#### 4.4 Find and build on resistance.

A fourth strategy, less often used in community education campaigns, is to find and build on boys' and men's existing resistance to gender inequalities. Boys' and men's relations to and involvements in dominant constructions of masculinity are diverse and fluid. With this in mind, an important strategy is to find examples of boys' and men's resistance to hegemonic and violent masculinities and evidence of their gender-equitable practice, and foster communities of support with which to sustain and spread these (Denborough, 1996). For example, in an action-research project in low-income settings in Rio de Janeiro, Brazil, young men who questioned prevailing violence-supportive views were trained as peer educators to foster gender-equitable relations in their communities (Barker, 2001).

### **5. Mobilising condom use**

An HIV/AIDS education strategy informed by feminist ideals would address the dominant organisation of heterosexual sex and gendered social relations. It would challenge those discourses which disempower women and reproduce patriarchal and homophobic power relations. Health education by itself is insufficient, and wider social and political changes are also necessary (Wilton, 1997: 142).

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

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

My study shows that heterosexual men are sometimes motivated to use condoms through

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

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

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

A mobilisation of young men's fear of fatherhood would be limited by men's existing strategies for avoiding pregnancy. Many men thwart the possibility of pregnancy through reliance on their sexual partners' use of the contraceptive Pill, and some men encourage or pressure their partners into this use. Additionally, men may be confident that many women are using the Pill, and they may assume that their prospective sexual partners are on the Pill simply by virtue of being sexually active. Of course, the Pill does nothing to prevent the transmission of HIV or STIs. In emphasising the burdens occasioned by premature fatherhood, such an education message may encourage young men who are already fathers to abandon responsibilities for their children and to leave the mothers. Especially in its more distrustful form, it reinforces patriarchal narratives of manipulative and dishonest women seeking to trap men and managing their own reproductive choices for personal gain.

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

*Care, respect and protection:* Another related approach is to draw on boys' and men's common desire to "protect" their partners and to frame condom use as symbolising respect and care for their partners (Rix, 1996: 109). One problem here is the potential paternalism in some men's notions of "protecting" their female partners. If this element is dropped, AIDS education could encourage a more mutually responsible heterosexuality founded on cooperative and mutual support for condom use, shared responsibility and decision-making (Browne and Minichiello, 1994: 248).

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

*Getting sex:* Heterosexual men's desire to have sex *per se*, and the seeming gender disparity in such desires, could be enlisted to increase safe sex practice. This may be especially effective among adolescent and young men given that 'getting sex' is an important marker of masculine status and men are under pressure to achieve heterosexual sexual relations. A "get sex" approach would emphasise heterosexual women's desire for and attraction towards men who use condoms ("Women say yes to men who wear condoms"), and the greater likelihood of having sex if one willingly dons condoms. This strategy is dependent on a role for women as sexual gatekeepers, which is already manufactured and exploited in heterosexual AIDS education campaigns. But while existing campaigns are addressed to the gatekeepers themselves, they could also speak directly to men, saying in effect that they will not 'get through the gates' unless they are wearing a condom. A "get sex" approach is complicit with constructions of heterosexuality in which men see how far they can get and women set limits, and women themselves do not always desire or enforce condom use.

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

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

Rather than using "slut" as a negative term, one could imitate gay male AIDS education's use of "safe sex sluts" as peer educators. However, the very powerful association of "slut" with negative female sexual reputation limits the attractiveness and effectiveness of a notion of heterosexual *male* "safe sex sluts".

*Safe sex studs:* An alternative strategy is to draw on the *positive* construction of male sexual reputation which appears common in the sexual cultures of young heterosexual men: "stud", and related terms such as "gigolo", "Casanova" and "legend". Advocating for "safe sex studs" could draw on the associations between men's level of sexual experience and their masculinity, virility and sexual prowess. While such significations of positive male sexual reputation may be common, my research also found an example of a man for whom concerns about *negative* sexual reputation (being perceived as "sleazy") reduce his likelihood of purchasing and carrying condoms.

*Good lovers use condoms:* Education campaigns could galvanise men's investments in notions of

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

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

*Sensitive lovers use condoms:* HIV/AIDS education materials could emphasise the message that “*sensitive* lovers use condoms”, drawing on the narratives of sensitivity which also seem common among young heterosexual men. Here a readiness to use condoms is represented as the mark of the considerate and desirable male sexual partner, while an unwillingness to do so betrays men’s brutish, sexist and self-centred insensitivity. The notion of the “good lover” could be re-positioned to include more ethical notions of responsibility or care, such that being “good in bed” has the double meaning of sexual performance *and* safe sex.

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

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

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

*Staying power:* A couple of men in my study comment that condoms' reduction of physical sensation increases men's ability to prolong erection and delay ejaculation. Condoms' influence in increasing erectile "staying power" is a potential resource for their use. But it is a weak resource only. Given contemporary constructions of masculine sexuality, the penis is a primary site of men's erotic sensation and sexual practice. It would be hard to market condoms to men on the basis of the apparently desensitising or numbing effect on penile sensation of their use. Nevertheless, one way to deal with heterosexual men's perceptions of condoms as difficult to use and as associated with diminished sensitivity and erection loss is to confront them head-on. Condom education for young men should be honest about the possibility of reduced sensitivity, create familiarity with the sensation of wearing a condom by encouraging men to masturbate with them, inform young men that most men have experienced loss of erection and not only in relation to condom use, and attempt generally to reduce men's performance anxiety (Rix, 1996: 108–109).

*Woman as dangerous:* Perhaps the most problematic way in which heterosexual men could be encouraged to use condoms is by inviting them to protect themselves *from women*. This approach could draw on images of women as diseased, dangerous or deceptive, such that men use condoms because they distrust and fear women. Such images are readily available given "the hold that the image of woman as source of contagion exercises within both popular masculine iconography and public health discourse" (Waldby, Kippax & Crawford, 1991: 40; Waldby, Kippax & Crawford, 1993a: 38). In fact, the very few AIDS education materials addressed to heterosexual men, as well as materials with a general invisible address to heterosexual men, already tend to represent woman as deadly seductress (Wilton, 1992: 82).

Particular patriarchal understandings can be mobilised in support of safe sex. But "woman as dangerous" condom use is likely to suit only some of the forms of sociosexual interaction in which young heterosexual men engage, limiting its effectiveness. It is more likely to be employed by men for casual rather than regular sexual encounters, as few men are likely to perceive their long-term sexual partners in "loving" and "trusting" relationships in such hostile and suspicious ways. More importantly, the approach intensifies sexist discourses concerning women's bodies and sexualities as contaminating and diseased, scapegoats women for disease transmission, privileges heterosexual men and maintains masculine sexual "freedom" through a restriction of women's sexual behaviour, and enhances cross-gender hostilities.

In most of the approaches I have outlined, there is a tension between complicity in dominant or problematic understandings of men's sexuality and masculinity on the one hand, and challenges to these on the other. The approaches attempt to mobilise common understandings in men's sexual and gendered lives while also adding to or modifying these such that they include or prompt condom use.

The appeals I have described are a far cry from the deconstruction of heterosexual masculinity envisaged by Cindy Patton, who writes that "heterosexual identity can only be reconstructed as truly 'safe sex' when heterosexual men are just *queer enough* to wear a condom." (Patton, 1993: 259) Several of the appeals are vulnerable to the same criticisms as those made of existing AIDS education, particularly that they collude in and intensify forms of understanding and practice among men which are already troubling in feminist terms.

In health education and promotion the balance between short-term, pragmatically motivated approaches and the long-term aim of fundamental social change is a complex and contested one. But

in either case, strategies directed at heterosexual men will require a thorough understanding of their sexual lives. Education and prevention efforts must engage with the sexual cultures of heterosexual men.

## **6. Conclusion**

Effective approaches to HIV prevention will need to be gender-sensitive. They will need to empower both women and men to challenge unequal power relations and narrow constructions of gender. And they will need to transform the wider gender and sexual relations within which HIV transmission occurs.

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