Psychology in society (PINS), 1995, 20, 13-35

"BEING THE TYPE OF LOVER...": GENDER-DIFFERENTIATED REASONS FOR NON-USE OF CONDOMS BY SEXUALLY ACTIVE HETEROSEXUAL STUDENTS

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Abstract. This qualitative study explores reasons for heterosexual students not using condoms as a means of protection against HIV transmission. Twenty sexually active, heterosexual University of Cape Town (UCT) students (10 women and 10 men), all of whom had relatively good knowledge about HIV transmission, participated in individual, semi-structured interviews. Data were first analyzed by method of ethnographic content analysis, but limitations of this approach lead to the predominant use of a discursive analysis. Seven themes are highlighted: negative attitudes towards condoms; condoms seen primarily as contraceptives; perceived invulnerability; stage of relationship and condom use; gender-role expectations; gendered power relations; and a new women-centred discourse of sexuality. Findings provide insight into gender differences in safer sex negotiation: the most significant being that women's real or perceived sense of powerlessness within sexual encounters prevents them from insisting on the use of condoms. Implications of these findings for future prevention programmes are discussed.

" ... being the type of lover who will assume several positions ... and who moves around ... they (condoms) become problematic ... " (Peter)

INTRODUCTION.

Research on condom usage has recently undergone a paradigm shift from the knowledge-attitude-belief-practice (KABP) paradigm to a post-structuralist one. Central to this change has been the realization that condoms are not neutral objects and that decisions about their use are perhaps not driven by rational

reasoning alone. Rather condom use is intimately linked to social constructions of sexuality and gender as well as power relations operating between individuals.

As there is no cure for Acquired Immunodeficiency Syndrome (AIDS), nor a preventative vaccine, health education leading to behavioural change is argued to be the only way to reduce the spread of Human Immunodeficiency Virus (HIV), the virus that causes AIDS (Aggleton, 1989; Fishbein, 1990; O'Keeffe, Nesselhof-Kendell and Baum, 1990). In South Africa the HIV virus is predominantly a sexually-transmitted disease with young heterosexual women and men having the highest HIV prevalence rate (Strebel, 1991; Strebel and Perkel, 1991; Abdool Karim, Abdool Karim, Preston-Whyte & Sankar, 1992b, Kustner, Swanevelder & Van Middlekoop, 1994). One major emphasis of educational and prevention campaigns has of necessity then focussed on proper and consistent use of condoms.

Such prevention work has generally been informed by research carried out within the KABP paradigm. Central to this paradigm is the assumption of individual rationality and causality (Ingham, Woodcock & Stenner, 1992; Joffe, 1993a). In terms of this view campaigns have relied predominantly on the provision of information with the expectation that this will in itself lead to behavioural change.

In South Africa, however, studies have shown that in spite of a fairly high degree of knowledge regarding HIV, AIDS and condoms, there is a low incidence of condom use and a widespread lack of feelings of personal susceptibility (Mathews, Kuhn, Metcalf, Joubert & Cameron, 1990; Friedland, Jankelowitz, De Beer, De Klerk, Khoury, Csizmandia, Padayachee & Levy, 1991; Strebel & Perkel, 1991; Abdool Karim *et al*, 1992b; Flisher, Ziervogel, Charlton, Leger & Robertson, 1993; Galloway & Scheepers, 1993). Therefore, it is apparent that knowledge acquisition regarding the transmission and prevention of HIV is no guarantee that precautions will be taken to avoid infection (O'Keeffe *et al*, 1990; Strebel & Perkel, 1991; Perkel, 1992). KABP studies have further found a general dislike for condoms and strong peer pressure encouraging both young females and males to engage in condomless sexual intercourse at a young age (Mathews *et al*, 1990; Friedland *et al*, 1991; Preston-Whyte & Zondi, 1991; Strebel and Perkel, 1991; Abdool Karim *et al*, 1992b; Preston-Whyte & Gcadinja, 1993; Makhaba, 1994).

KABP studies have been important in gauging the knowledge, "mis-knowledge", attitudes, beliefs, subjective norms, past behaviour and behavioural intentions of individuals. These studies have obviously provided valuable information which has been useful in informing and directing AIDS educational campaigns. However, a fundamental problem with KABP studies is their assumption of individual rationality and linear causality (Ingham *et al*, 1992; Joffe, 1993a). As the studies outlined above have shown, young people may be well informed, but this does not necessarily lead to the adoption of safer sex practices.

As a result, there has been a shift in recent years to exploratory, qualitative studies. Informed by post-structuralist, discourse analytic and social representations theories, this new theoretical cluster has pointed to various interpersonal barriers which render the issue of condom-use more problematic than merely the possession of accurate knowledge or good intentions.

This literature has shown that individuals still link AIDS vulnerability with membership of sexually deviant groups in society. Thus any suggestion to one's partner regarding the need to use a condom in order to prevent HIV transmission is seen as an insulting insinuation or an indication of one's own immorality (Miles, 1992; Joffe, 1993a; Wight, 1993). Reasons for not discussing condom use are then driven by fears that a sexual opportunity might be lost (Wight, 1993). Similarly through a selective perception that only certain people get AIDS, individuals perceive themselves to be invulnerable and feel that they can identify and avoid someone who has the virus. They, therefore, do not use condoms because they see no need to (Ingham, Woodcock & Stenner, 1991; Gold, Karmiloff-Smith, Skinner & Morton, 1992; Oswalt & Matsen, 1993; Waldby, Kippax & Crawford, 1993).

A further barrier to the suggestion of condom use is that they are seen primarily as a method of contraception and an ineffective and intrusive one at that. As a result, they are often abandoned, particularly in long term relationships, in favour of an alternative method of contraception (Gold *et al*, 1992; Stephenson, Breakwell & Fife-Schaw, 1993; Wight, 1993). Their continued use once another form of contraception is used would symbolize lack of trust or infidelity (Abdool Karim *et al*, 1992b; Holland, Ramazanoglu, Scott, Sharpe and Thomson, 1992a; Maticka-Tyndale, 1992; Miles, 1992).

A final and central reason for not discussing the issue of condom use in heterosexual relationships is that this suggestion is discordant with certain gender-role expectations, traditional beliefs, vested interests, constructions of appropriate and pleasurable sexual behaviour and gender power relations (Holland, Ramazanoglu, Scott, Sharpe & Thomson, 1990a, 1990b, 1991, 1992a, 1992b; Richardson, 1990; Ingham *et al*, 1992).

A series of qualitative studies carried out by Preston-Whyte and her colleagues (Abdool Karim, Abdool Karim, & Preston-Whyte, 1992a; Abdool Karim *et al*, 1992b; Abdool Karim, Preston-Whyte & Abdool Karim, 1992c; Preston-Whyte & Gcadinja, 1993) have found similar barriers complicating the negotiation of condom use among young heterosexuals in South Africa.

All the interpersonal barriers mentioned above have been shown in the literature to affect adversely individuals' ability to interpret rationally and implement advice disseminated in AIDS education campaigns. It is apparent that young people are shaping the knowledge they receive into strategies. However, these strategies do not necessarily prevent HIV transmission. Knowledge transfer concerning transmission and prevention is obviously necessary but this should not overshadow the need for skills transfer as well as the need for challenging the dominant attitudes young people have regarding sexuality and the need for far reaching social change throughout society. The aim of this study is to explore some of the reasons why heterosexual students do not use condoms as a means of protection against HIV transmission and AIDS in order to inform AIDS prevention campaigns. The question of gender differentiation in negotiation of condom use is central to this research.

METHOD.

Participants.

Participants were twenty unmarried University of Cape Town (UCT) students (10 women and 10 men), all of whom defined themselves as heterosexuals and had had penetrative sexual intercourse. They ranged in age from 19 to 28, with a mean age of 22.5 years. The students were from different faculties and study years (10 undergraduates and 10 postgraduates). The participants were either friends of the first author or referred contacts. Participants were selected using the criteria that they were having or had had penetrative sexual intercourse with a member of the opposite sex.

Procedure.

The participants were all individually interviewed. The interviews were semi-structured and lasted between 20 minutes and 1 hours. The interview schedule, drawn up after five preliminary pilot interviews with other friends, was designed to encourage participants to explore reasons for not using condoms.

Individual interviews with friends and their referrals was chosen as a method of data collection because of the sensitivity of the topic and the level of trust and intimacy that was needed for individuals to be able to share their personal experiences. A central goal of research was to investigate whether barriers to negotiating condom use are gender differentiated, and, therefore, both men and women were interviewed.

The interviews were all taped with the participants' knowledge and consent. Ethnographic content analysis (Altheide, 1987) was initially chosen to analyze the data. This approach allowed for systematic and analytic analysis of the interviews without being rigid. On listening to the tapes, categories were drawn up and the individuals' responses coded according to these categories. This allowed for the inclusion of new themes as they emerged in the different interviews. Categories were not mutually exclusive. The number of times a person mentioned a certain point was not recorded. Statements of particular interest were jotted down in order to supplement the anticipated numeric analysis.

However, once all twenty interviews had been coded, the coding sheet had become so long and included so many categories that were only supported by individual participants that it was unmanageable to work with. Therefore, relevant categories were collapsed into each other and categories with very little support were excluded (Brenner, Brown and Cantor, 1985). Male and female responses were tallied up and compared across each category.

However, this process was problematic. From listening to the tapes, a clear impression emerged that for some heterosexual women their gender was a prominent barrier to initiating condom use. But, when scanning through the content analysis table, no significant gender differences could be identified. This was partly due to there being too much individual variability for this method of analysis to pick up dominant trends. As Potter and Wetherell (1987) argue, content analysis through restriction and gross categorization tends to suppress account variability. For example, equal numbers of men and women in this study claimed that condoms were intrusive in that they resulted in "less intimate" sexual

intercourse. However, for some men, "less intimate" was apparently synonymous with a decrease in pleasure, whereas for some women condoms were "less intimate" because they usually resulted in an argument over their use. Thus, it is clear how in content analysis through adopting broad categories, out of necessity, account variability is suppressed.

A further and related problem with content analysis is that language is treated as a transparent medium, representative of some external, stable and enduring "truth". As Hollway (1989) claims, content analysis, in this way, imposes "consistency" on accounts. Since content analysis tends to suppress account variability, neutralize texts and obscure inconsistencies, we decided to adopt a more post-structuralist method of analysis. However, occasionally the findings from the content analysis are incorporated within the textual analysis in order to contextualize the findings.

Tapes were partially transcribed drawing on interesting and relevant sections (a judgement based on experience and theoretical reading). All names and places in the texts have been changed in order to ensure anonymity. No detailed transcription of linguistic features were attempted since this did not contribute further to analysis. Where sections are omitted, within a single response, they are indicated by three dots (...) and where a large section of the interview has been omitted, the term [Section left out] is used to reflect this. The dominant issue which emerged in each transcribed section was labelled (for example, "fear of losing partner", "sex is impulsive", etc). These coded transcriptions were then collapsed into broader themes which then formed a structure for writing up of results. Particular attention was paid to ensuring that intra- and inter-relationships between themes was carefully analyzed. Wherever possible, participants' own words were used. In this way, the process of interpretation is made explicit (Holland *et al*, 1992b).

RESULTS AND DISCUSSION.

KNOWLEDGE.

In spite of the fact that no formal knowledge test was carried out, it was apparent from the interviews that the level of knowledge of all the participants about HIV/AIDS was relatively high. The only areas of confusion seemed to concern the "window period" and whether HIV could be transmitted through oral sex.

BEHAVIOUR.

The number of sexual partners for the full sample ranged between 1 and 14. The sample's mean number of sexual partners was 4.5 (4.7 for women and 4.3 for men). Twelve of the participants were currently involved in a serious sexual relationship (7 women and 5 men). Only 8 of the participants (4 women and 4 men) had used a condom the last time they had had penetrative sexual intercourse. Of these 8, five participants used a condom as well as some other form of contraception whereas 3 of the women used only a condom, the expressed purpose being to prevent conception (that is, no other form of contraception was used). Of the participants who were involved in a serious relationship, only one used condoms as well as another method of contraception in his relationship.

Seven of the participants (4 women and 3 men) had been for an AIDS test. Only 2 of these participants were in a serious relationship and in one of these

relationships their partner's HIV status was unknown. Of the single participants who had been for AIDS tests, 3 out of the 5 had used a condom the last time they had penetrative sex with a person who had an unknown HIV status.

Only one male participant had previously been diagnosed as having a sexually transmitted disease (STD). One male who was involved in a serious relationship reported that he had been unfaithful to his partner on a number of occasions. Four women reported (or had the suspicion) that their partners had been unfaithful to them during their relationship. Only one of these women had managed to insist on the use of condoms following these instances. One woman reported having had unprotected sex with a married man. No one in the sample reported intravenous drug use.

ATTITUDE TOWARDS CONDOMS.

Both men and women expressed a dislike of condoms. Women disliked condoms because they felt that they ruin the atmosphere and that condoms remind one that there are consequences of sex.

Ruth: "Yes, they do, because you are all caught up with the moment and now you have got to stop and put the condom on and you become more aware of what's actually going on here and I can't get it on or something like that and the whole thing just becomes embarrassing and complicated so you just leave it out ..."

Men, on the other hand, disliked them because they were disruptive and decreased the sensation of a sexual experience. Although 3 women report that condoms lead to a reduced sensation of a sexual experience for them, both men and women felt that the decrease in sensation was greater for men than for women.

Alan: "Oh definitely. They are hideous objects. They really are very nasty. Umm, what do they do? They, umm, desensitize unquestionably ... they prevent direct skin contact ... They pinch ... they're uncomfortable. They're like screwing a plastic bag ... they bunch up ... They come off and they do all manner of things that ... are not conducive to the seamless fulfillment of pleasure.

Both men and women disliked condoms because they were less intimate. However, as mentioned earlier, the word intimate had gender differentiated connotations.

PRIMARY PURPOSE OF CONDOMS.

Many of the participants seemed to use condoms more for their contraceptive properties than as a means of HIV prevention. Condoms, however, were not viewed as a very effective method of contraception and because they are disliked, they are often abandoned in favour of an alternative method of contraception, such as the pill or the injection. Condoms are then only used when they are needed as a supplementary form of contraception, such as if a woman is on an antibiotic which interferes with the efficacy of the pill. In this sample only 1 woman and 4 men used condoms in addition to another form of contraception the last time they had had penetrative sexual intercourse. Throughout the interviews, many of the participants, particularly some of the women, expressed a greater fear about falling pregnant than getting AIDS.

Ruth: "I'd be very worried (sex without a condom). But not for AIDS, for getting pregnant. Not for AIDS at all, just worried about getting pregnant ..."

Matt: " ... umm, at a time when you, you're ready to get more intimate, you basically ask the question, 'are you protected or should we put something on?'..."

When commenting on the behaviour of other students, 65% of the participants felt that students were using condoms to prevent pregnancy rather than to prevent HIV/AIDS. The reason given for this was that anybody could fall (or get someone) pregnant whereas only certain people were likely to get AIDS. Pregnancy was also seen to have more immediate consequences for one's life than AIDS.

Significantly more men than women, however, felt that condoms were being used by students for the dual purpose of preventing pregnancy and HIV/AIDS ($X = 5.026$, $df = 2$, $p < 0.1$). Also, a large number of men expressed a real concern about becoming HIV positive:

Thomas: " ... Petrified of AIDS. I know I am. And I know that for certain. And I also know a whole bunch of my friends are also petrified of AIDS. And that's, that's one of the major reasons why they are using condoms. Umm, even in steady relationships. No, no certainty that, as such, your partner is not, umm, HIV positive."

PERCEIVED INVULNERABILITY.

"It won't happen to me".

Eighteen of the sample of 20 identified the attitude "it won't happen to me" as a major barrier to students using condoms as a means of protection against HIV infection. Fifteen participants (9 women and 6 men) rated their vulnerability to HIV infection as mild, 2 males participants rated it as moderate and 3 participants (1 woman and 2 men) saw their vulnerability as high. Two participants claimed that they had previously engaged in high risk behaviour and were "lucky that they haven't got it".

Lynn: "... It'll happen to other people, it's just not going to happen to me ... You don't want to think of playing with death, so you just put it in the back of your mind and forget the condom."

John: "Aggh, it's more like it won't happen to me ... you think that you the one that you are with ... obviously won't have AIDS. Umm, only people who go with umm hookers and urr that kind of thing will get AIDS. But like students don't, umm they come from school, they are from good homes ..."

AIDS is an infectious disease with full blown AIDS being a terminal disease. Thus, by being able to deny that "it won't happen to me", individuals are able to alleviate the potential anxiety associated with the possibility of contracting HIV (Archer, 1989; Perkel, Strebel & Joubert, 1991; Perkel, 1992; Joffe, 1993a). Joffe (1993a) argues that individuals interpret AIDS information messages through unconscious defensive and ideological filters. She identifies projection of AIDS susceptibility onto deviant "others" as a common defense used by individuals to distance themselves from the disease.

The people or groups that this sample identified to be at greater risk than themselves are promiscuous people (55%), less educated people (40%), prostitutes (35%), intravenous drug users (30%), people who don't use condoms (25%), younger people (25%), people in "the experimental stage" (20%), people of lower class or income group (20%), health care workers (15%) and women (15%).

The participants on the whole, thus, tended to attribute membership to "risk groups" (for example, promiscuous people, intravenous drug users) rather than engaging in "risky practices" as making certain people more vulnerable to HIV transmission.

"Gays and Blacks: The promiscuous other".
While recognizing that outgrouping tendency occurs across all identities (Tajfel, 1981), previous research (Clatts & Mutchler, 1986; Gilman, 1988; Joffe, 1993b) has found that individuals often identify black people and gays as being the only people susceptible to HIV infection. It was felt that students would not be forthcoming with these social representations, even if they were held, as they run counter to the ethos of UCT, that is, one which supports non-racism, non-sexism and non-homophobia. Two questions were, therefore, included to probe whether the participants felt that black students and gay students were more vulnerable to HIV infection than themselves. These questions revealed that 25% of the participants felt that black students as a group were more vulnerable and 20% felt that gay students as a group were more vulnerable.

The key reasons proposed for black students being more vulnerable was their supposed greater promiscuity, their social norms and their ignorance.

Cathy (interviewer): "Do you think that black students are more vulnerable than you?"
Andrew: Probably, ja. I don't know, but I assume I think that they are, ugh, more promiscuous, ugh, less informed. So in that sense, ja."

Gay students, on the other hand, were viewed to be very aware of the risks of HIV infection. It was rather issues relating to their lifestyle, supposedly inherent in their choice of sexual orientation, that put them at greater risk than the heterosexual participants.

Alan: "... the particular lifestyle of, of gay men tends to promiscuity and incredible insecurity and instability within personal relationships. They tend to have a lot, a hell of a lot of sexual partners, not necessarily simultaneously, but in the course of, of their sexual life. They are a more vulnerable group."

"I only sleep with 'nice' people".
Maticka-Tyndale (1992) and Patton (1993) argue that heterosexuals, by only accepting that particular individuals are risky and not that certain practices are risky, believe that they are able to single out and identify somebody who is HIV positive, despite knowing that a person with HIV does not look sick.

Paul: "... I have actually said to myself that it is very unlikely that this person has AIDS ... because of their background ... who they are sort of. One almost sort of

imagines that only certain sorts of people (Cathy: Mmm) get AIDS ... I have been in the company of some girls, umm, and there is something inside me that says, 'no way, just don't have anything to do with them.' Umm, and it is almost like you almost know that something is wrong."
Cathy: "Umm, what is it about those girls?"
Paul: "Umm, I don't know, it is like. It is an intuition, I don't know I can't explain it."
Cathy: "It is not like their behaviour or what they say?"
Paul: "Ja, it is a combination of a lot of things, tiny little subtle things ..."

From this extract, it is clear that some of the participants, and in particular some of the men, felt they had the ability to identify and avoid people who are infected with HIV. Men, in particular, seem to distinguish between "clean" women (HIV free) and "unclean" women (potential carriers of the HIV virus). Descriptions of "clean" women and "unclean" women were, however, vague. "Clean" women are identified by their clean appearance, they are honest and they have often just come out of a serious relationship, whereas a "combination of a lot of things, tiny little subtle things" make a woman "unclean". "Clean" women are safe to "make love" to without a condom despite knowing nothing about their sexual history or HIV status whereas "unclean" women are either avoided or a condom is used.

Waldby *et al* (1993) similarly found this clean/unclean dichotomy in the AIDS discourse of young heterosexual men. They argue that it creates an imaginary margin of safety, a *cordon sanitaire*. The speaker places him (or her)self in the centre and tiers women (or men) away from the centre, whose presumed infectiousness increases as they are placed further away. From the discussion, with Julian (below), which probes whether he and/or his partner would go for an AIDS test before they had sex, it is apparent that a number of variables are used to "assess a person's risk of being HIV infected": number of partners (4 or more); type of partners (have a dubious background); being a member of any of the high risk categories; a person who "does not mate amongst their own kind" (see quote below); and a person who is evasive about their background. The potential partner is not directly asked about their background and once a suspicious impression is made, they are either avoided, "treated with extreme caution" or condoms are used to maintain distance.

Cathy: "Umm, could you just explain what you mean by high risk?"
Julian: "High risk as in multiple sexual partners as, umm, multiple sexual partners with a dubious background ... he or she has gone out with someone who has a kind of very long history of being playboy slash playgirl ... has probably had multiple sexual partners and is not particularly discriminating with those sexual partners ... That I would, umm, classify as a fairly, umm, dangerous way of going around."
Cathy: "By multiple partners what?"
Julian: "A quantifiable number? Umm, it depends, from my perspective, I would say five would be a lot. Umm, two not particularly. Three not particularly. Umm, but four and five and above would be a lot of partners. At, at what point things do begin to get risky ... because then there is a straight exponential curve after that and the number of people they have had sex with and on it goes, umm. If you are working with a incestuous group, umm, where he goes out with that girl and, then he goes out with that girl, then she goes out with his best friend and all the rest of

it, that kind of thing. Then you get. Umm, then you get a lower risk environment and a considerable amount of inbreeding too. Umm, but that kind of thing, I don't regard as high risk. Umm, it depends, umm, how many social groups people go through. Umm, kind of people who don't mate amongst their kind. Umm, are going to be again in fairly high risk categories. Umm, where they go through a number of social circles and a number of groups and, umm, again in each one increase the chance, umm, quite a lot of, umm, the possibilities of having one of them a sexually transmitted disease."
Cathy: "So would you discuss number of partners with your partner before the two of you had sex?"
JUlian: "Yes, probably talk about it. Not directly. Umm, then get an overall impression and then presumably pick up whether the person's either trying to be evasive or, umm, directly indicates they have been within a high risk category of one type or another, umm, and if so treat with extreme caution after that."

In this extract, a "moralistic" discourse emerges. It is suggested that people who have "multiple sexual partners" are "high risk" and as a result they need to be treated "with extreme caution". As Aggleton, Homans, Mojsa, Watson and Watney (1989) suggest, it is not the number of partners a person has, but the kind of sexual acts that occur between two lovers that places them at risk of infection. Obviously, if a person has a large number of sexual partners and does not practice safer sex with these partners, their chance of infection increases. However, the crucial factor is not the number of sexual partners, but rather the kind of sexual practices that occur within these relationships.

The "moralistic" discourse is a "reverse" discourse (Foucault, 1990) from that which Hollway (1984) has identified and labelled as the "permissive" discourse. In the "permissive" discourse, both women and men are viewed as engaging in sex merely for physical pleasure without getting involved in a relationship (Hollway, 1984). In the other two dominant discourses identified by Hollway (1984), namely the "male sex drive" discourse and the "have/hold" discourse, women are in no position to negotiate sex as their sexuality is viewed as either nonexistent or complementary to men's sexuality (Kippax, Crawford, Waldby & Benton, 1990). Kippax *et al* (1990) argue that it is only in the "permissive" discourse that women are theoretically able to negotiate sex since they have equal access to the subjective position of sexual desire and are consequently able to express their desires, making the suggestion of condom use easier. However, as Hollway (1984) cautions, since gender differentiation in sexuality has not undergone radical transformation, the "permissive" discourse is riddled with contradictions, especially for women. It is still more socially acceptable for men to have a greater number of casual sexual partners than women. As apparent in the above quote, women who position themselves as the subject of the "permissive" discourse run the risk of being pejoratively positioned in the "moralistic" discourse as "high risk" and viewed as needing to be treated "with extreme caution". These derogatory connotations discourage women from positioning themselves in this discourse and, as a result, they are pushed into positions where they have to depend on men to initiate safer sex.

Discourse of stigma.
A discourse of stigma in relationship to AIDS is discernable.

Peter: "... the sort of stigma of well you must use a condom because you may have AIDS is a very, very big stigma to put on somebody, because it is implying a large amount of sexual promiscuity and, therefore, a partner might be reluctant to do so ..."

The selective perception that only deviant "others" will get AIDS has resulted in a discourse of stigma complicating condom negotiation, particularly for women (discussed later). Through suggesting that a partner should use a condom as a means of protection from HIV, one is either questioning that person's infectious status or suggesting that you might have HIV. Because of an understanding that only deviant people have AIDS, this is perceived as insulting or indicative of an immoral past history.

Through this discourse, however, individuals are able to define their friends' and their own behaviour as safe in terms of who they are not. This occurs despite their behaviour being no different from the group of people they are defining themselves against.

Thus, Julian (see earlier lengthy quote) in alternating between "moralistic" discourse and discourse of stigma is able to selectively define people who have had multiple partners as "high risk". That is, if a person has had multiple sexual partners, but these have all been within one ("My") group then s/he is not regarded as "high risk". Only when a person goes "through a number of ("other") social circles" in terms of his/her sexual relationships is s/he seen to be "high risk". Thus, the "moralistic" discourse only applies to certain "others" (discourse of stigma).

A person who is in "my social circle" could not possibly be HIV infected as this would reduce the distance between "me/my friends" and the deviant "others". In this way, AIDS would no longer be kept at a "controllable distance" and Julian, for example, would have to consider the possibility that he too could get AIDS. Furthermore, by seeing AIDS as only belonging to deviant "others", the implication is that if a potential partner is familiar, they are safe.

Cathy: "Did the STD influence future relationships?"
Paul "... Well, sort of half and half. Because the person I am thinking of after that when I met her we, we went to bed. The first time, I used a condom, I remember that. But I remember thereafter, I didn't and I hadn't really discussed and I didn't really know if she had HIV either. So it is a bit of an actual assumption that because you have been with them once, then you sort of think, well now I know them ... so there afterwards I wasn't as concerned. The STD didn't make me wrap up every time.

For Paul, having sex with an unfamiliar woman made her immediately familiar. Thus, she became somebody who could not have AIDS because she was now "known". Condoms, therefore, did not need to be used. Issues like previous sexual history then became irrelevant because "having been" with that person made them a "nice person" who could, thus, not have AIDS.

Therefore, contrary to KAPB research predictions, people do not rationally interpret and implement information they receive. Rather they shape knowledge concerning HIV and AIDS into strategies. These strategies do not necessarily prevent HIV transmission. Thus, it is important that AIDS educators access the social representations of AIDS held by target groups. It is only once the current social representations that individuals and groups hold are known, that the anxieties, fears, prejudices and stereotypes that they sustain can be modified and dealt with (Moscovici, 1981; Aggleton, *et al*, 1989; Paez, Echebarria, Valencia, Romo, San Juan & Vergara, 1991).

STAGE OF RELATIONSHIP.

Some women considered it more difficult to initiate condom use in casual relationships than in a long term relationship, because in casual relationships the space had not been created for equal negotiation or there was not yet enough trust in such delicate matters. However, for the majority of participants, long-term relationships presented greater problems for condom-use, particularly if condoms were not part of their previous routine. Condoms are often considered inappropriate and are rapidly abandoned in favour of a less intrusive, more effective methods of contraception. Abandoning condoms frequently seems to symbolize that relationships have become serious, meaningful, trusting and committed.

Lynn: "I mean I haven't used them in long-term relationships, umm, having been on the pill and having trusted my partner. Umm, it is almost something you want to do for each other then, a sort of commitment. And it is a trust issue, umm ..."

Christopher: "... it all depends, if it, you see, sex is fun, it's like it's casual and it doesn't really matter you are just out for the bang. But if it is like with your partner, obviously, you want a more meaningful thing, ja."

Therefore, when another form of contraception is used, to continue using condoms, or suggest this, is considered an indication that one is questioning the faithfulness of one's partner or oneself.

Andrew: "If the guy suddenly says no he wants to use a condom well maybe the girl thinks he's been messing around and is worried. Ja, or if she insists on using one, it is the same thing. I would be suspicious."

Because of the discourse of stigma, to suggest the re-use of condoms within a long-term relationship, even if one is doubting the faithfulness of one's partner, is considered difficult because this suggestion is seen to violate all that the relationship stands for, that is, love, trust and commitment.

Judy: "Umm, he is in Joburg and I am here and according to me, a very negative view, but all men fool around. So I know he has got lots of girlfriends. So I don't want to take the chance of getting AIDS and we have big fights about it because I say you have got to use a condom and he says, 'but you love me, don't you trust me?'"

GENDER-ROLE EXPECTATIONS.

"Real men don't wear condoms".

In the "male sex drive" discourse identified by Hollway (1984), men's sexuality is viewed as being driven by biological necessity, and a desire that is irrational and overwhelming (Ingham *et al*, 1992). Using this discourse, a few male participants expressed that it was "unmacho" to initiate the use of condoms. An extreme view was that condoms symbolized potential castration.

Paul: "... A lot of men ... umm, really have, umm, distorted self images when it comes to their masculinity ... They are conditioned and brought up to believe the sort of things that our patriarchal society expects us to believe, the sort of power issues. Women are there for our pleasure ... And that manifests in going to a party, being really macho. Umm, I am going to pick up a few birds tonight, sort of thing. Have a good time, umm, buy the girl a few drinks, seduce her. And the whole thing of wearing a condom doesn't, doesn't fit into that picture ..."

Alan: "I think in some men ... the vaguest hint that in some way they are going to be disempowered, umm, either by something coming between them and their ejaculation or, umm, even by vague association, umm, John Bobbitt, Bobbitt's experience. Any mention of castration, I suppose Freudian castration anxiety, umm, those must, and performance anxiety and so forth, in relation to, to condoms, those must play a part in failure to bring the subject up, to use, to use them.

In the "male sex drive" discourse, Hollway (1984) argues that women are positioned as the objects of men's sexual urges and, apart from curtailing these male impulses, they are silent. Women's ability to negotiate condom use within this discourse is constrained (Kippax *et al*, 1990). Thus, the entire script is written for men, the pursuers of women, and because the script seems also to preclude men from initiating condoms, they will not get used because neither partner will bring the issue up.

"Silly girls and slags".

As stated above, in both the "male sex drive" and the "have-hold" discourses, women's sexuality is predominantly constructed as something which is either nonexistent or complementary to men's sexuality (Hollway, 1984; Kippax, *et al*, 1990). Women are supposed to be pursued in relationships and adopt a passive role as far as sex is concerned (Holland *et al*, 1990b, 1992a; Richardson, 1990). Within these discourses, women's ability to initiate and negotiate condom use is constrained. However, since male sexuality is predominantly constructed as irrational and out of control, AIDS prevention discourse has emphasized the need for women to initiate condom use (as they are supposedly more responsible and controlled). This has occurred without challenging their relative powerlessness in heterosexual sex (Richardson, 1990). It is problematic to expect women to carry condoms around and, thereby, be prepared for sex when traditional beliefs discourage this through emphasis of female passivity. Some of the female participants struggled with this paradox between the AIDS prevention discourse and these dominant discourses of sexuality.

Cathy: "Whose role do you think it is to initiate condom usage?"
Ruth: "It should be both I suppose but, umm, I am more comfortable if he brings it up. If I, if I, 'cos that's exactly how I feel that I am the little girl saying (puts on voice) 'oogh, come on, you must put the condom on', you know and he thinks, 'umm, oh God, what have I got here.'... But I suppose it should be both."

Sexual activity, particularly for women, is also socially constructed as something mysterious, natural and spontaneous. One should not prepare for, or even talk about, sex with a partner. It should just happen (Ingham *et al*, 1992). Sex is considered to be romantic when it happens as a result of being carried away by the moment. This construction of sexuality denies people, particularly women, the opportunity to bring up the issue of condoms. By "premeditating the act" the "spontaneity" of the moment is spoiled. To carry condoms around on you is seen to be in direct contrast to the dominant social constructions of sexuality; men who carry condoms are just "after one thing" and women who prepare for sex are pejoratively labelled "slags".

Lynn: "The only problem is, if you are going to have one available then, the whole thing is sort of planned. It's not that spontaneous. So even if you shove it under the pillows, so you don't have to go walking across the room to get it, it is still, 'whoa, there is the possibility we now are going to have sex, therefore, we are putting the condom under the pillow.' And it sort of spoils it in a way ..."

Christopher: "... it's just the stigma attached to having condoms in your wallet and the stigma that goes attached with that. Ja, you are just carrying because you may get lucky ..."

Samantha: "So women may not (initiate condoms) because maybe they don't want to be seen as, as a slag and having condoms in her bag ..."

However, Michelle revealed that whereas previously she felt silly insisting on condoms, in her last relationship with Troy, they negotiated condom use and an AIDS test. This, she claims, did not detract from the relationship, it actually added to it, resulting in a "phenomenal sexual relationship".

Michelle: "... Somehow, we don't imagine that sex should be negotiated. It should just happen ... by having negotiated ... It's almost like we were entering into a contract that had been set up that then allowed us to be anything we needed (Cathy: Mmm) or wanted to be. Because there wasn't this iffy ground about where sex just kind of suddenly happened one night. It had been discussed and it had been sorted out ... I didn't once feel powerless. I felt empowered by the whole thing because I was being asked (Cathy: Mmm) for my consent, in a way, to actually having sex ..."

GENDERED POWER RELATIONS.
Earlier on in the interview, however, Michelle spoke about the two sexual encounters she had had prior to her relationship with Troy. Both of these sexual encounters were unprotected and one occurred with a married man. She attributes the fact that both these encounters were unprotected, despite her training as an AIDS counsellor, to her feelings of powerlessness at that time within those relationships.

Michelle: "... the fact that we were sleeping together was in itself problematic. Forget the fact that then a condom came in to it ... the only thing that makes sense to me is that sense of powerlessness ... It wasn't even a case of saying, 'we don't need a condom or we'. It almost didn't even get to the point of discussing a condom because I felt that I was in no position to even negotiate the whole process. [Section left out] ... I just didn't have the personal sense. The kind of personal power, in inverted commas, of being able to say this is what I want (Cathy: Mmm) and being able to put my needs forward and like I said it feeds into so many other situations in life. It's not just a sexual encounter, it's that kind of inability to. Where we haven't been encouraged to put, to insist on our needs being kind of taken into consideration and being the most important ..."

Michelle talks about the way she was feeling about herself at that time, a "sense of powerlessness", about not having been encouraged "to insist on our needs being kind of taken into consideration and being the most important" and, later on in the interview about how it was "more important what that person ultimately thought about me". All these feelings lead to her not initiating condom use, despite her high awareness concerning AIDS. Thus, it is clear in Michelle's case, as Perkel (1992) has argued, her low self-concept resulted in her seeking external acceptance from lovers and thereby ending up in positions of relative powerlessness in these encounters. She, thus, felt "in no position to even negotiate the whole process". Michelle acknowledges her uncertainty as to whether, if she was "feeling really low again", she might end up in this situation once again.

Women are often unequal partners within heterosexual relationships. As a result, many contradictions and tensions exist that complicate the negotiation of condom use for them within these relationships. As Holland *et al* (1992a) found, just because a woman manages to negotiate condom use on one occasion, there is no guarantee that in other situations or with subsequent partners she will be able to negotiate condom use again. The degree of control a woman has within a relationship will determine how successfully she will be able to negotiate condom use. As we have outlined above, even if condoms were used in the early stages of a relationship, once they are abandoned, it is very difficult to suggest their use once again, even if one's partner's faithfulness is doubted. Condoms are only acceptable in these circumstances as a means of supplementary contraception. Throughout the interviews, it became apparent that it is particularly difficult for a woman who has a vested interest in a relationship, to insist on the use of condoms when her lover is resistant to the idea. This is because sex is socially constructed as the means for a women to show a man that she loves him. Furthermore, sex is seen as most pleasurable for a man when it is penetrative and condomless; that is, "real sex". Thus, in order for a women to satisfy her man she should have condomless sex with him.

"Privileging men's sexual pleasure".

The dominant reasons given equally by both women and men for men not initiating condom use were: selfishness; do not like condoms, reduction of sensation; not concerned about HIV and/or pregnancy; and it is "macho" not to. These reasons are driven by the concerns of men and a desire to maximize their degree of pleasure. The dominant reasons given equally by both women and men

for women not initiating condom use were: embarrassment; fear of losing their partner; anxiety that partners would not enjoy sex with a condom; a feeling that it was not their role to ask the man to wear a condom; and a fear of implying that their partner was promiscuous. These reasons also seem to be driven by a concern for men and for maximizing their degree of pleasure.

Anne: "Ja, I think men wouldn't initiate because they are anxious about their own performance. Women wouldn't initiate because they are worried about hurting the man's feelings. I definitely think it works that way (laughs)."

John: "Men wouldn't do it on purpose, whereas women wouldn't initiate it because of fear of losing the guy ..."

Over half of the participants claimed that in their experience men normally initiated condom use. Only 3 women claimed that they initiated the use of condoms and 6 of the participants claimed that either they or their partners initiated the use of condoms. An analysis of the responses to Question 9 (Can you imagine a few scenarios in which you could see yourself getting into the position where you would not use a condom? Please describe how these situations could arise and why you would not use a condom in these instances?) shows that 60% of the men replied quite firmly that they could not imagine such a scenario, whereas only 20% of the women could not.

Cathy: "And could you imagine any other scenarios in the future?"
Andrew: "In the future, I'll actually, unless we'd both had been checked and come out negative, I wouldn't. (Cathy: Ja) I wouldn't do it without a condom ..."

It appeared that men who wished to use condoms could quite easily overcome the social construction that it is "unmacho to initiate condoms", by carrying this wish out in an assertive and dominating manner. Already being in a more powerful position, they did not seem to meet up against the same resistance women did. The only scenarios in Question 9 that men could imagine, other than being drunk, were fantastical, such as Claudia Schiffer bursting into their flat pleading, "Ride me BIG", whereas a large majority of the women could describe situations that had actually occurred, in which they were persuaded out of using a condom.

Cathy: "After you brought it up, what were the responses that ultimately got you backing down?"
Michelle: "... it also links into kind of physical manipulation because he never forced. I mean it was never something physically forced. But, (Cathy: Ja) umm, being very attracted to the person, then being able to verbally manipulate that attraction (Cathy: Mmm) was really what happened."

Judy: "Okay, umm, a very obvious one (scenario) is with my boyfriend. I see him well like once in every two months. And I say, 'a condom'. And he doesn't want to use a condom. And I really want to be intimate with him and there is such a dilemma of whether not to use a condom or to use a condom. (Cathy: Ja) Umm."
Cathy: "And in those instances do you think you could see yourself backing out of using a condom?"
Judy: "Ja."

The passages above indicate how women often find themselves in a dilemma over whether to assert their needs and thereby upset their lover or remain silent. As Holland *et al* (1990a, 1992a) found, by defining sex in terms of love, romance and a relationship, many women were more likely to view sexual practice in terms of men's needs with men's pleasure being paramount in the encounter. Women were, therefore, reluctant to suggest the use of a condom as this was seen to interfere with men's pleasure.

Judy: "Okay, I think well I have experienced this with African men. (Cathy: Mmm) They will tell you, 'I am not going to use a condom because it's not the same. And if you, you love me we are just going to do it naturally ...' girls actually get really threatened by that ... they don't want to lose the guy. They really love him. (Cathy: Ja) And they end up not using a condom. [Section left out] Well, okay, mainly because of the man saying the sensation will be different and women actually starting to believe that ...I don't think it is true but the way a guy tells you so convincingly ... So you think, 'okay, I want this man to love me and if I am going to use a condom, he is not going to feel things as much as (Cathy: Mmm) they would be otherwise ...'"
Cathy: "Do you think it comes about because of power difference between males and females?"
Judy: "Ja, definitely. I can't see myself saying to a male, 'you better use a condom because to me I feel the sensations more'. (Cathy: Mmm) And the guy actually saying, 'okay.' (Cathy: Ja) Because he's going to say, 'no, I don't feel the sensations.' And in the end you just think it is a man and you want him to be happy."

Thus, issues like love, romance and fear of losing one's lover all complicate women's ability to initiate condom use. As we see in Judy's account, when men claim that condoms are uncomfortable, women have no means of telling how uncomfortable it actually is for them: insisting on condoms becomes difficult.

A further problem for women was the tension that existed between asserting their needs and gender-role expectations, such as a traditional role as "peacekeeper". If a woman was to initiate condom use, it was bound to lead to a protracted discussion which "spoils the mood" at a time when all she wanted to do was get more intimate with her lover. As a result, many women are reluctant to insist on condoms.

Cathy: "Why do you think women do not initiate condoms?"
Jenny: "... But also the fact that I think because we like to always play the person who is going to ... establish the peace once again ... I mean if you are going to go on about condoms you are just going to end up fighting ..."

Cathy: "Your reaction to their suggestion to use a condom?"
Ruth: "Ja, it's fine (Cathy: Ja) straight away. Umm, that's weird because if a, if you think about it, if a girl initiates a condom there would probably be a little discussion about it ... But if they (men) decide then it just goes on, straight away. Girls don't question it, ever ..."

Women are thus seen to be far more compliant to a man's suggestion to use a condom, than a man is to a woman's suggestion.

A NEW WOMEN-CENTRED DISCOURSE OF SEXUALITY.

Interviews showed that it was easier for men to initiate and insist on the use of condoms. A number of women in this sample spoke about feeling silly and embarrassed initiating condom use because they were not the ones who wore condoms. Women often did raise the issue, but were persuaded that it was unnecessary even when they did not agree. It is apparent that women are often positioned in the dominant discourses of sexuality as the objects of men's sexual urges and their ability to negotiate safer sex is minimized. As a result, women may struggle with the tensions between asserting their needs and valuing their sexual enjoyment, while simultaneously not wishing to violate gender-role expectations and upset and dissatisfy their lover.

If women are going to be able to negotiate successfully the use of condoms, as Kippax *et al* (1990) have argued, a new discourse from which women can assert their desires needs to be developed, a discourse which places their sexuality centrally and from which male sexuality can be problematized. Such a discourse would give women more power to challenge the dominant masculine discourses and practices and enable safer sex practices.

It was encouraging to see the emergence of such a discourse in some of the interviews, with a few of the women positioning themselves as subjects of a women-centred discourse of sexuality.

Anne: "... Well, umm, I can't, the only scenario (sex without a condom) that I can really imagine is that, umm, where I am sleeping with my partner, umm, or if I decided to sleep with a woman ... But, umm, Ja, those are the only two. Other than those two, I WOULD NOT sleep without (Cathy: Ja) either the assurance that they were AIDS free or a condom. [Section left out] ... I think if I got into a situation where, umm, I got that close to a man who, who then said to me, 'look I have never used a condom and I never plan on it and et cetera', I wouldn't want to sleep with that kind of person. (Cathy: Ja) [Section left out] ... umm, personally, I get a condom out and wave it around pretty quick, (laugh) you know. I am just like that, ja ..."

Michelle: "... And now to me it wouldn't matter what somebody thought of me insisting on an AIDS test, whereas before I wasn't secure enough in myself to be able to say, 'hey, actually you know my health is more important than what you think of me'. Because prior to that, that's what it really was. It was more important what that person ultimately thought of me."

These women were not afraid to assert their needs. They generally carried condoms on them. They said they would insist on the use of a condom despite the fact that this might offend their partner or result in sexual intercourse being less pleasurable for him. They found a man's reluctance to use a condom a "turn-off", and an indication that such a person was somebody they should not be involved with. They would insist on the use of condoms to the point of being prepared to give up a relationship or sexual intercourse.

CONCLUSION.

Informed jointly by post-structuralist, discourse analytic and feminist theoretical views, this study examined gender differentiated perspectives on condom use among heterosexual students. These newer theoretical orientations, still somewhat on the fringe in psychology, place greater emphasis upon relational, power, social and ideological aspects than do traditional approaches such as attitudinal studies or the KABP perspective on AIDS-related work. On a methodological front these newer perspectives favour qualitative approaches which explore both common (shared) and variable meanings and representations regarding a social phenomenon such as AIDS. Instead of linear causality as an explanatory mode, these newer approaches see human relations as dilemmatic, not fully rational and embedded in contradictory social meaning systems and discourses which themselves express and constitute power relations.

In the interviews, the following issues emerged as barriers to negotiating condom use: negative attitudes towards condoms; condoms seen primarily as contraceptives; perceived invulnerability and projection of negative, stigmatized aspects of AIDS or sexuality onto others; and the meaning attached to various stages or forms of relationship. All these areas are in turn shot through with gender-role expectations and gendered power relations. In the main, patterns reported here are supported by an increasingly substantial body of qualitative research in other countries (cf Wood, 1994). This literature has challenged the mainstream notion in respect of AIDS that knowledge and attitudes are directly related to behaviour.

The patterns of gender-related power issues point to the need for a move beyond the KABP and related cognitive approaches to AIDS intervention programmes. Both women and men, but for different reasons, might act to prevent condom use even while they both know the attendant risks of such actions. This creates a problematic situation for young people, particularly young women, who attempt to use condoms as a preventative measure.

Men who suggest use of condoms meet with little or no resistance from heterosexual partners. Women, on the other hand, frequently encounter resistance from men partners. Women in the present sample were not economically dependent upon their lovers nor did they report physical abuse within the relationship. Yet an accumulation of issues such as the meaning and demonstration of love, privileging men's sexual pleasure, discourses of stigma, embarrassment and gender-role expectations lead to situations where women may sacrifice their wishes to use a condom. This is particularly the case when there is a real or perceived imbalance of power between sexual partners and/or a feeling of low self-concept on the part of women.

Clearly the standard cautions need to be made regarding generalization from a small sample. Yet if condom negotiation was shown to be a difficult and complex, and clearly gender-differentiated, matter among this well-educated, informed and relatively egalitarian (in gender terms) sample, then it suggests even greater problems among other groups where gender power relations are more substantial and access to AIDS-related knowledge is poorer.

AIDS education and prevention campaigns need to move beyond the rational choice model (Aggleton, 1989; Holland *et al*, 1990). Provision of information is clearly important, but as emphasized by this study, people are not necessarily in position to make purely rational, individualist decisions about safer sex based on received information.

Small group participatory workshops are suggested as a complementary preventative strategy. These allow for social constructions of sexuality, masculinity and femininity to be unpacked. It is important that such workshops challenge existing heterosexual power differences that act as deterrents to safer sex practices. AIDS prevention campaigns need to challenge the motivation of women and men to position themselves within dominant discourses of sexuality and to encourage development of new women-centred discourses.

REFERENCES.

Abdool Karim, Q, Abdool Karim, S S & Preston-Whyte, E (1992a) Teenagers seeking condoms at family planning services: Part II. A provider's perspective. **South African Medical Journal, 82**, 360-362.

Abdool Karim, S S, Abdool Karim, Q, Preston-Whyte, E & Sankar, N (1992b) Reasons for lack of condom use among high school students. **South African Medical Journal, 82**, 107- 110.

Abdool Karim, Q, Preston-Whyte, E & Abdool Karim, S S (1992c) Teenagers seeking condoms at family planning services: Part I. A user's perspective. **South African Medical Journal, 82**, 356-359.

Aggleton, P (1989) Evaluating health education about AIDS, in
Aggleton, P, Hart, G & Davies, P (eds) **AIDS: Social representation, social practices.** London: The Falmer Press.

Aggleton, P, Homans, H, Mojsa, J, Watson, S & Watney, S (1989) **AIDS: Scientific and social issues**. Edinburgh: Churchill Livingstone.

Altheide, D L (1987) Ethnographic content analysis. **Qualitative Sociology, 10(1)**, 65-77.

Archer, V E (1989) Psychological defenses and control of AIDS. **American Journal of Public Health, 79(7)**, 876-878.

Brenner, M, Brown, J & Canter, L (1985) **The research interview: Uses and approaches**. London: Academic Press.

Clatts, M C & Mutchler, K M (1989) AIDS and the dangerous other: Metaphors of sex and deviance in the representation of disease. **Medical Anthropology, 10,** 105-114.

Fishbein, M (1990) AIDS and behavioural change: An analysis based on the theory of reasoned action. **International Journal of Psychology, 24(1)**, 37-56.

Flisher, A J, Ziervogel, C F, Chalton, D O, Leger, P H & Robertson, B A (1993) Risk-taking behaviour of Cape Peninsula high-school students: Part VIII. Sexual behaviour. **South African Medical Journal, 83,** 495-497.

Foucault, M (1990) **The history of sexuality. Vol 1: An introduction.** Harmondsworth: Penguin Books (1976 - French).

Friedland, R H, Jankelowitz, S K, De Beer, M, De Klerk, C, Khoury, V, Csizmandia, T, Padaychee, G N & Levy, S (1991) Perceptions and knowledge about the acquired immunodeficiency syndrome among students in university residences. **South African Medical Journal, 79,** 149-154.

Galloway, M & Scheepers, E (1993) AIDS research in South Africa: What have we learned? **AIDS Bulletin, 2(3),** 1-5.

Gilman, S L (1988) **Disease and representation: Images of illness from madness to AIDS.** Ithaca: Cornell University Press.

Gold, R S, Karmiloff-Smith, A, Skinner, M J & Morton, J (1992) Situational factors and thought processes associated with unprotected intercourse in heterosexual students. **AIDS Care, 4(3),** 305-323.

Holland, J, Ramazanoglu, C, Scott, S, Sharpe, S & Thomson, R (1990a) Sex, gender and power: Young women's sexuality in the shadow of AIDS. **Sociology of Health and Illness, 12(3),** 336-350.

Holland, J, Ramazanoglu, C & Scott, S (1990b) AIDS: From panic stations to power relations. Sociological perspectives and problems. **Sociology, 25(3),** 499-518.

Holland, J, Ramazanoglu, C, Scott, S, Sharpe, S & Thomson, R (1991) Between embarrassment and trust: Young women and the diversity of condom use, in Aggleton, P, Hart, G & Davies, P (eds) **AIDS: Responses, interventions and care.** London: The Falmer Press.

Holland, J, Ramazanoglu, C, Scott, S, Sharpe, S & Thomson, R (1992a) Pressure, resistance, empowerment: Young women and the negotiation of safer sex, in Aggleton, P, Hart, G & Davies, P (eds) **AIDS: Rights, risk and reason.** London: The Falmer Press.

Holland, J, Ramazanoglu, C, Scott, S, Sharpe, S & Thomson, R (1992b) Risk, power and the possibility of pleasure: Young women and safer sex. **AIDS Care, 4(3),** 273-283.

Hollway, W (1984) Gender difference and the production of subjectivity, in Henriques, J, Hollway, W, Urwin, C, Venn, C & Walkerdine, V (eds) **Changing the subject: Psychology, social regulation and subjectivity.** London: Methuen.

Hollway, W (1989) **Subjectivity and method in psychology.** London: Sage Publications.

Ingham, R, Woodcock, A & Stenner, K (1991) Getting to know you ... young people's knowledge of their partners at first intercourse. **Journal of Community and Applied Social Psychology, 1(2),** 117-132.

Ingham, R, Woodcock, A & Stenner, K (1992) The limitations of rational decision-making models as applied to young people's sexual behaviour, in Aggleton, P, Davies, P & Hart, G (eds) **AIDS: Rights, risk and reason.** London: The Falmer Press.

Joffe, H (1993a) Beyond the knowledge-attitude-belief-practice paradigm of AIDS research. IX International Conference on AIDS, Berlin, June 7-11.

Joffe, H (1993b) "Not Me", "Not My Group": Changing perceptions of AIDS in South Africa. **Aids Analysis Africa,** August/ September.

Kippax, S, Crawford, J, Waldby, C, & Benton, P (1990) Women negotiating heterosex: Implications for AIDS prevention. **Women's Studies International Forum, 13(6),** 533-542.

Kustner, H G V, Swanevelder, J P & Van Middlekoop, A (1994) National HIV surveillance: South Africa, 1990-1992. **South African Medical Journal, 84,** 195-200.

Makhaba, L (1994) Men and condoms. **Agenda, 22,** 92-95.

Mathews, C, Kuhn, L, Metcalf, C A, Joubert, G & Cameron, N A (1990) Knowledge, attitudes and beliefs about AIDS in township school students in Cape Town. **South African Medical Journal, 78,** 511-516.

Maticka-Tyndale, E (1992) Social construction of HIV transmission and prevention among heterosexual young adults. **Social Problems, 39(3),** 238-252.

Miles, L (1992) Women, AIDS, power and heterosexual negotiation: A discourse analysis. **Agenda, 15,** 14-27.

Moscovici, S (1981) On social representations, in Forgas, J P (ed) **Social cognition: Perspectives on everyday understanding.** London: Academic Press.

O'Keeffe, M K, Nesselhof-Kendell, S & Baum, A (1990) Behavior and prevention of AIDS: Bases of research and intervention. **Personality and Social Psychology Bulletin, 16(1),** 166-180.

Oswalt, R & Matsen, K (1993) Sex, AIDS, and the use of condoms: A survey of compliance in college students. **Psychological Reports, 72,** 764-766.

Paez, D, Echebarria, A, Valencia, J, Romo, I, San Juan, C & Vergara, A (1991) AIDS social representations: Contents and processes. **Journal of Community and Applied Social Psychology, 1(2),** 89-104.

Patton, C (1993) "With champaign and roses": Women at risk from/in AIDS discourse, in Squire. C (ed) **Women and AIDS: Psychological perspectives**. London: Sage Publications.

Perkel, A (1992) **The mindscape of AIDS: Dynamics of transmission**. Cape Town: Percept Publishers.

Perkel, A, Strebel, A & Joubert, G (1991) The psychology of AIDS transmission: Issues for intervention. **South African Journal of Psychology, 21(3),** 148-152.

Potter, J & Wetherell, M (1987) **Discourse and social psychology: Beyond attitudes and behaviour**. London: Sage Publications.

Preston-Whyte, E & Gcadinja, M (1993) Condoms: Who makes the decision? **AIDS Bulletin, 2(3),** 16-17.

Preston-Whyte, E & Zondi, M (1991) Adolescent sexuality and its implications for teenage pregnancy and AIDS. **Continuing Medical Education, 9(11),** 1389-1394.

Richardson, D (1990) AIDS education and women: Sexual and reproductive issues, in Aggleton, P. Davies, P & Hart, G (eds) **AIDS: Individual, cultural and policy dimensions.** London: The Falmer Press.

Stephenson, N, Breakwell, G & Fife-Schaw, C (1993) Anchoring social representations of HIV protection: The significance of individual biographies, in Aggleton, P. Davies, P & Hart, G (eds) **AIDS: Facing the second decade**. London: The Falmer Press.

Strebel, A (1991) A special burden: South African women and AIDS. **Women's Quarterly, 3,** 15-19.

Strebel, A & Perkel, A (1991) "Not our problem": AIDS knowledge, attitudes, practices and psychological factors at UWC. **Psychology Resource Center Occasional Paper Series, 4,** 1-27.

Tajfel, H (1981) **Human groups and social categories.** Cambridge: Cambridge University Press.

Waldby, C, Kippax, S & Crawford, J (1993) *Cordon Sanitaire*: "Clean" and "unclean" women in the AIDS discourse of young heterosexual men, in Aggleton, P, Davies, P & Hart, G (eds) **AIDS: Facing the second decade**. London: The Falmer Press.

Wight, D (1993) Constraints or cognition? Young men and safer heterosexual sex, in Aggleton, P. Davies, P & Hart, G (eds) **AIDS: Facing the second decade**. London: The Falmer Press.

Wood, C (1994) Barriers to young people negotiating safer heterosexual sex: A review. Unpublished Psychology Honours, University of Cape Town.