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‘Don’t die of ignorance’
I nearly died of
embarrassment
Condoms in Context

WRAP PAPER 2

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A: *If I don't die of ignorance I will die of embarrassment
..... instead.*

Q: *Do you think that's a real issue?*

A: *Yes I think it's embarrassment.*

Q: *Embarrassment about what? Talking about it?*

A: *Yes, just talking about sex is a very embarrassing
thing to do.*

(Young woman interviewed in Manchester, 1989)

Introduction

State agencies in the UK, in their attempt to manage the AIDS crisis (Weeks, 1989), have tended to present condoms as a simple and practical solution to the sexual transmission of HIV. This policy rests on two major assumptions: first, that heterosexual sexual intercourse is a factor in the spread of HIV and second, that using condoms is a rational strategy which people can discuss prior to sexual intercourse. There are then two areas of ideological tension underlying the policy of choosing condoms for safer sex. There is the tension between those who interpret official statistics to mean that AIDS is not an immediate threat to heterosexuals in the UK and USA (for example, public statements by Lord Kilbracken; Fitzpatrick and Milligan, 1990; Fumento, 1990), and Britain's Chief Medical Officer, doctors and epidemiologists who support the current Health Education Authority campaigns advocating condoms and aimed specifically at young heterosexuals. There is also a tension between the policy of individual responsibility for safe sex, and the social pressures and relationships which constrain people's talk and behaviour in sexual encounters. In this paper we are assuming that a threat to the heterosexual population does exist, and are primarily exploring the complexities of condom use in the experience of young women.

On a world scale, AIDS clearly is an issue for those who engage in heterosexual sex (Panos Institute, 1988; Rieder and Ruppelt, 1989; Holland et al., 1990a, 1990b). Although the numbers of those infected by heterosexual transmission seem to be lower than predicted earlier in the epidemic, the factors which are now known to contribute to the spread of HIV make it seem that complacency in the UK would be misguided (Gross, 1987; Padian, 1987; Heyward and Curran, 1988; Johnson, 1988, Pye et al. 1989). The spread of HIV into the heterosexual population is still limited, but the ways in which young women understand the risks, negotiate their sexual relationships and reach agreement on strategies for safer sex, will play a significant part in the spread or limitation of AIDS in the UK.

In the official campaigns which encourage condom use and disparage complacency about the risks of spreading HIV through heterosexual intercourse, condoms are represented as a means of self help in which the individual takes responsibility for safer sex. Campaign advertisements represent young women as well as young men as bearing responsibility for sexual safety, and now recognise some of the problems that young women face in introducing a condom into a sexual encounter. One advertisement comments, '... and she's too embarrassed to ask him to use a condom ... wouldn't it have been easier to talk about it earlier...'. We are arguing here that embarrassment over using condoms is not simply a question of bad timing, but indicates a very complex process of negotiation.

The Women's Risk and AIDS Project¹ currently has questionnaire data from 496 young women aged between 16 and 21, and qualitative interview data from 150 of these respondents. These data are beginning to provide knowledge of the social situations in which condoms are used or are rejected, and of the symbolic significance of condoms as young women negotiate their sexual relationships. A major focus of our study is the

negotiation of safe sex among young heterosexuals.² We intend that our findings will feed into public education and debate and will, therefore, make some contribution to the limitation of HIV infection.

In this paper we both illustrate and conceptualise the contradictions which have arisen around condoms for many of the young women we have interviewed.³ We will examine condom use in heterosexual encounters and argue first, that the issue cannot be understood without taking account of the gendered power relations which construct and constrain choices and decisions, and second, that condom use must be understood in the context of the contradictions and tensions of heterosexual relationships. We have drawn on our data to illustrate the importance of men's power in sexual encounters and their control of sexual pleasure; women's opposition to condoms; the ways in which women can demand safer sex; the complications of love in unequal relationships, and the contradictions of asking young men to use condoms.

AIDS, young women and the negotiation of sexual encounters

AIDS has presented us with an opportunity to reassess and redefine sexuality (Watney, 1987; Coward, 1988). Exploring the social construction of AIDS sharpens the mind and focuses the attention on how little we know about sexuality. AIDS has given us the space (if not the time) to explore the meanings which we attribute to sexual practices, and to rethink our knowledge and language of sexuality and the forms of its social construction. The threat of death has made change imperative but, for change to be effected, it is necessary to identify the processes through which sexuality is socially constructed. AIDS has given us an opportunity to understand how sexuality takes on the appearance of being natural rather than social. As they negotiate their sexual

relationships, the discourse of romance widely available to young women (McRobbie, 1978) does not necessarily prepare them for the contradictions of sexual encounters.

Our data suggest that the HEA campaigns have been very successful at the level of information and ideas as, almost without exception, the young women we have spoken to answer 'condoms' when asked what they understand by 'safer sex'.⁴ There is ample evidence, though, to suggest that while public education may be able to affect what people think, the acquisition of information does not necessarily affect behaviour (Gatherer, 1979; Azjen and Fishbein 1980; Hanson et al. 1987). Condoms are not neutral objects about which a straightforward decision can be made on health grounds (COI-DHSS, 1987; Freeman, 1990). The idea that women are free to choose the most rational form of protection ignores the nature of systematic inequalities in the social relationships between women and men. The linking of sex and health is in itself problematic in a cultural context which endows sex with meanings which are far from healthy. It is in the light of the social character of sexual relationships, and the weight of meanings carried by condoms that we will analyse young women's accounts of condom use.

Our data illustrate the complexity and contradictions of the processes of negotiation over condoms and indicate a range of potential outcomes. We will explore these processes and the relationship between knowledge of risk and safer sex practices through an analysis of our respondents' reported experiences of condom use for contraception and prophylaxis. We make the case that condoms carry symbolic meanings which can differ for each sexual partner and for individuals over time, and that these meanings are illustrative of the gendered nature of responsibility and what is considered 'appropriate' behaviour in contraception and safer sex. These meanings cannot simply be swept away and replaced by public education.

Asking him to use a condom - the social context

The social context of condom use is the gendered relationships within which sexual encounters occur. In feminist social theory, sexual intercourse in western societies has been identified not only as a social relationship, but also as an unequal relationship in which men exercise power over women (Shulman, 1971; Millett, 1977; Dworkin, 1987; Hite, 1989a).⁵ Feminist challenges to this male power provoked an immediate popular conception of feminists as personally sexually perverted; as man-hating, unnaturally competing with men or as unattractive, sexually undesirable and frigid. The institutionalisation of heterosexuality (Rich, 1983) means that sexual intercourse is socially located in gendered power relationships. This helps to explain the tensions and embarrassment of condom use and also the risks taken where condoms or other forms of protection are not used. From a feminist perspective, using or not using a condom is not a simple, practical question about dealing rationally with risk, it is the outcome of negotiation between potentially unequal partners. Sexual encounters are sites of struggle between the exercise and acceptance of male power and male definitions of sexuality, and of women's ambivalence and resistance.

The physical intimacy which can lead to orgasm, pregnancy or sexually transmitted disease is potentially an experience of both pleasure and danger (Vance, 1984), but it is also unknown social territory. Even for the sexually experienced, encounters with new sexual partners are not wholly predictable, yet sexual intercourse entails trusting our bodies, our identities, our self respect to others and, not uncommonly, to strangers. Sexual practice in western society is heavy with moral meanings but while the English education system may equip pupils with some knowledge of the mechanics of vaginal intercourse, much of the danger, and

virtually all the pleasures of sexuality are an embarrassed area of silence.

In many sexual encounters women have little choice about whether or how to engage in sexual activity with men, the options being physical injury or more subtle forms of sanction. The accounts given by the young women in our sample support Liz Kelly's conception of a continuum of sexual violence, from sexism, to mild pressure to have unwanted intercourse, to more overtly coerced sex, child abuse and rape (Kelly, 1988). But women are not simply helpless victims in the face of male control of sexuality. Male power in sexual relationships is both embraced and resisted by young women in the course of negotiating sexual encounters. The same woman can negotiate very different sexual encounters with different men or at different points in her sexual career.

The social context of condom use may or may not be problematic for young women, depending on their priorities in a particular relationship, the degree of trust between partners and other factors which we discuss below, but condom use remains the focus of a number of social tensions. Male sexual power, the privileging of men's sexual pleasure and the dominance of men over women can be challenged by a woman's insistence on her needs for safety being met. Asking him to use a condom is embarrassing when it is a potentially subversive demand. The spontaneity of passion can be undermined by recognition of risk and responsibility. If coming to orgasm means losing control, being taken over by sensation, then condoms symbolise control and a curb on passion and spontaneity. Sexual fulfilment and sexual safety pull against each other when they are defined in terms of men's fulfilment.

There is more than one way in which men can express their masculinity (Morgan, 1987) but it takes a special combination of

circumstances for young women to gain sufficient control in sexual encounters to ensure both safety and their own sexual pleasure. Hite (1989b, p. 529) concludes from her survey of predominantly well-educated American women that women are tired 'of the old mechanical pattern of sexual relations, which revolves around male erection, male penetration and male orgasm'. We have found that much, if not most, of young women's sexual experience is not particularly pleasurable. Sometimes it seems that what is valued is the social relationship with a partner rather than the sexual activity. Young women are not without the ability to choose and to act for themselves, but they are heavily socially constrained. Young men are much better placed socially to gain sexual pleasure for themselves. When a young woman insists on the use of a condom for her own safety, she is going against the construction of sexual intercourse as men's natural pleasure, and women's natural duty.

Asking him to use a condom - young women's experiences

Health educators and policy makers want to know who uses condoms and this information can be produced. Of the 496 respondents to our questionnaire, 81 (16 percent) said that they had used condoms without any other form of protection, 62 (13%) had used condoms while they were taking a contraceptive pill, 2 (.5%) had used condoms with spermicide⁶ and 3 (1%) had used a condom and a cap at the same time. We can, therefore, say that 30% of our sample had used condoms, but we know from our interview data that this statement is of limited value because it tells us nothing about the circumstances of condom use. The fact that a young woman uses a condom on one occasion does not necessarily mean that she will be able to negotiate the continuation of this practice even if she wants to. Young women's accounts of

their sexual relationships indicate their experiences of men's power over women.

Power, control and pleasure

General aspects of men's power over women and their control of sexual relationships, emerge from young women's accounts of situations in which they have or have not felt able to ask for, or insist on, condom use. These accounts illustrate the contradictions through which young women often have to negotiate their way. In our data we have found a wide spectrum of behaviour and experience, from the active negotiation of condom use in a situation of trust, to rape. There is an initial problem in discussing these accounts, and that is the question of what constitutes a sexual relationship.

One problem in asking for accounts of sexual encounters is the lack of an agreed language in the UK for talking about sex (Spencer et al. 1988). Much of our sexual vocabulary, and particularly that relating to female sexuality doubles as obscenities, or is too technical for everyday use.⁷ The language of the 'normal' is particularly lacking so that there is no popular and publicly acceptable term for vaginal intercourse in the missionary position. There is no language for women's ambivalence about male sexuality, or for concepts which fall between 'sex' and 'rape' for identifying pressures to have sexual intercourse, or women's ambivalence in situations where they are reluctant to have sexual intercourse, but also reluctant to refuse it. 'Sex' covers a range of ideas and practices including vaginal, anal and oral intercourse.

We have taken the young women's own definitions of what constitutes a sexual encounter or relationship, and some of these include events and relationships which did not include sexual intercourse.⁸ But, when asked in the interview what sex meant for them, most of the young women accepted the prevailing

construction of sex as heterosexual sex with male penetration, whether they are sexually active themselves or not.

Q: You only count it as a sexual relationship if you actually
.....?

A: Having sex I think.

'Sex' was very generally associated with vaginal intercourse:

A: Yeah, most of the time when I think about sex it is actually sexual intercourse.

Q: Yeah. And other sorts of things might not be, wouldn't be included, like we've been talking about masturbation and oral sex. I mean, do you think of those as being sex?

A: It comes in as part of sex, yes, but when I think about sex, those things don't come to my mind.

In general young women saw this association between sex and intercourse as obvious.

A: When anyone ever said sex before, all I ever thought was sexual intercourse. That's what it is isn't it?

Recent publicity about safe sex had given young women some reason for thinking about the possibilities of 'having sex' without penetration:

A. I know that safe sex can be just touching each other and anything else except for intercourse, but it always seems to me ultimately all sex always leads up to intercourse, so I always just think of safe sex as just using condoms.

But even when they had some knowledge of safer sex, the idea of sex as intercourse seemed to dominate.

A. ... I think if they say sex they mean going the whole way.

Q. So sex actually means penetration -

A. I think that's basically what it means now.... which maybe isn't quite fair because there's lots of other things that go on before you get there, sort of part of the same game as it were, but at the end of the line that's what you're

talking about. That's how I would see it anyway.

It was much more uncommon to find young women who had thought of the possibility of sexual pleasure without sexual intercourse.

A: I don't think that, you know, men feel that they have to actually be inside somebody before they can feel as if they've had any pleasure.

It also became clear in the interviews that for many, vaginal intercourse was something they did not particularly enjoy, although they assumed that it was what men wanted. A number said that they never experienced orgasm through penetrative sex and that they much preferred other sexual activities in which they engaged. One felt that to stop short of intercourse would label her a tease:

A: Actually, seeing as you asked me earlier, "did you find it enjoyable or pleasurable?" I find everything enjoyable and pleasurable except for the actual penetration, so I mean, why bother? I think really if you're with a guy and you are going to do everything but, it's obviously a big tease.

Behind this definition of sex as the need to fulfil male sexual desires in a specific way lies the notion of men's uncontrollable sexual drive which cannot be interrupted or diverted. While this idea implies that women must take responsibility for moral standards and contraception, it can also lead to failure to use contraception, particularly condoms where these have connotations of breaking the flow and destroying the passion.

Some women showed a limited sense of the potential for their own sexual pleasure, particularly when this was something which they had not experienced. One young woman, when asked why she didn't like using a condom, responded, "because it was like having a bath with your clothes on". She said later that sex had been very painful at first but that after the third time it got better.

This turned out to mean that intercourse had stopped hurting. This comment was made well into the interview and it seems it had been easier initially to draw on the public/male discourse of condoms as pleasure killers than to admit to personal pain which could indicate personal failure. She went on to say that she and her boyfriend didn't talk about sex and she felt unable to tell him what she liked sexually. Even where women had high expectations of sexual pleasure they were often prepared to settle for less:

Q: Have you found the sexual relationship satisfactory, satisfying, pleasurable?

A: Yes. Yes.

Q: You sound a bit doubtful.

A: Well, I'm not - I've never, in all the sexual relationships I've had I've never - it's never been like it is in the books, I've never, you know - I'm sure it could be a lot better but - yeah, it was okay, yeah.

The meanings associated with a heterosexual encounter, which are accepted or assimilated by young women, help to reinforce male power. These are located in a discourse which positions young men as knowing sexual actors *vis-à-vis* young women who are constructed as lacking knowledge and expertise in relation to sex. This was sharply illustrated by one young woman who, when discussing her first experience of condom use, explained that her boyfriend had been certain that the condom should be 'blown up' first. She had strongly doubted this but had allowed her views to be overridden on the assumption that men knew better.

There are other more direct modes of the exercise of male power when women accept men's rights or needs to exert control over their sexual behaviour. Men exercise power when they are considered to be the initiators of sex, when they threaten the loss of the relationship if the young woman will not have sex, when they refuse to use a condom even when asked, and when they

destroy a young woman's reputation with the epithets such as 'slag' or 'drag' (Lees, 1986). (The English language has a rich vocabulary of sexually abusive terms for women, Mahoney, 1985). It is these behaviours and expectations which constitute a framework of male power within which young women negotiate sexual encounters and relationships. Their sexual understanding and behaviour within this context can demonstrate acceptance of male power, ambivalence towards it or resistance. Variations in these stances means that negotiations around condom use are worked out in a number of different ways.

Where men did agree to use a condom, there was still the problem of how to make the sexual activity pleasurable. Couples need to be relatively sexually experienced to deal with the woman's need for pace and timing. This young woman compared her experience with two different boyfriends:

A: Unless you're quite close it does interrupt things. They [the boyfriends] have got to be quite liberated themselves to use them in a way that's really good. It's frustrating because there isn't an equal amount of knowledge on how you use them. Like with David at the moment. I don't think it would have been a problem with Michael because he's really quite experienced and does it [uses a condom] as a matter of course.

These cases did not necessarily entail much, if any, discussion of condom use, since condoms were either taken to be a precondition for intercourse, or intercourse did not take place. Refusing intercourse without protection was not a trouble-free strategy, however, as women's demands for safe sex illustrate.

Women's demands for safe sex

Despite a very general perception that men dislike condoms our interviewees did not necessarily see that men's needs must always dominate a sexual encounter. Women are not without

agency in protecting themselves when they define sexual safety as a priority.⁹ Here again, 'love', can complicate protection.

Q: If you were having a relationship with someone, and they say they don't like using condoms, you know the line, what would you do?

A: I got that last night, I got that line.

Q: So what did you do last night?

A: I made him wear one - we always do if I miss the pill there's no way... I find it quite interesting, putting it on, its good fun.

When we asked young women how they felt personally about using condoms, 26% of a subsample of 78 young women disliked condoms themselves, and 38% reported that they had partners who disliked them; but 47% of the young women liked or preferred condoms, and 32% reported this as being the case for their partners. Condom use for safe sex could then be seen either as a problem or as a solution or, in a contradictory way, as both.

Where women did insist on sex being safe, they were often able to get men's co-operation:

A: Whether I liked them or not, we - we used them. I mean, he doesn't like them, but we - we did use them, because you - you've got to take the responsibility for it.

Sometimes they had to assert themselves quite strongly:

A: He really hates using them, so I used to say to him, 'look, right, look, I have no intention of getting pregnant again and you have no intention to become a father, so you put one of these on'. And he starts whingeing. He goes, 'oh, no, do I have to?' I say, 'look Alan, do it or you know...' He's all right, he knows how to do it now.

Insistence on this strategy could mean being prepared to give up the relationship

A: Some boys are just stupid, but if they don't want to wear

a condom then tough, you know, go and find someone else. That's it. But most of them don't mind.

A very small number of young women in our sample seemed to be prepared to attempt to negotiate either non-penetrative sex or condom use in a range of different situations. These young women have some characteristics in common. They all seem to have a fairly strong sense of themselves, rather than being highly dependent on having a relationship with a man, and they also talk about sex in terms of pleasure and their own needs. As we have already pointed out, the usual response to the question, "what do you understand by safe sex?" was, "condoms", but these women gave more considered responses based on personal experience:

A: Safe sex is as pleasurable an experience as actual penetration. Oral sex, things like touching somebody else's body in a very gentle way, kissing, appreciating one another's bodies.

A more common way for young women to counter young men's rejection of condoms is to assert their fear of pregnancy. There could be considerable embarrassment about telling a new partner that a condom was wanted for protection against possible infection, but it is allowable for women to be concerned with pregnancy (Cossey, 1979; Spencer, 1984). In one case even a rapist used a condom:

A: I was 16, we just went for a drive. He locked the door and wouldn't let me out. But he used something though. But I wasn't willing.

Q: So you did not want to do it?

A: No he was forcing me.

Q: But he used a condom?

A: Yes, I thought it was weird as it goes - but I bet he was afraid that if he got me pregnant you know - because I knew where he works and so he was scared I would go down.

Fear of pregnancy might well lead young women to feel able to *ask* for condoms to be used but this does not necessarily mean that condoms will be used. Fear of HIV could also be presented as a fear of pregnancy. One young woman had discussed this strategy with a girl friend:

A: Rather than saying, 'Will you wear something, because I don't want to get AIDS?' which sounds really bad, doesn't it, we would say, 'you'll have to wear something because I'm not on the pill'.

A way of using fear of pregnancy to resist unwanted intercourse was to refuse to have sex without a condom, assuming that a young man would rather forgo sex than use a condom. This could be a short term strategy if the young man finally decided to buy a packet, leaving the young woman without an argument.

Women's opposition to condoms

While some young women were refusing or resisting unprotected intercourse, other young women (or the same young women on other occasions) had picked on a range of reasons for not using condoms. While this could be a form of self assertion, it generally seemed to indicate an accommodation to their own relative powerlessness in sexual encounters. While the reasons given varied, they seemed to be a means of incorporating aspects of the ideology of male sexual dominance into women's definitions of sexual encounters. These reasons can be seen as a diversion from, or perhaps a deflection of, women's understanding of their relative powerlessness.

A: Well, it would be nice if it was easier for girls to actually initiate things with men without feeling difficult about it. But I don't really know how it happens.

When it is expected and accepted that what men want from sex is pleasure and penetration, avoidance of practices which limit pleasure is understandable. Where women had accepted this

legitimation, they entered into sexual encounters with a general acceptance of the idea that men do not like nor want to use condoms.

Q: What about using a condom?

A: No he wouldn't.

Q: He wouldn't?

A: No, a lot of guys don't really like them.

A: I really don't know that many blokes who I think would use a condom or are even concerned about it. I mean they've never been concerned about getting women pregnant have they?

The young women also reported a wide range of negative descriptions of condom use which seemed to reflect male perceptions, for example: "like picking your nose with a rubber glove", "going to bed with your wellingtons on", "washing your feet with your socks on", although these perceptions were not necessarily presented as male:

A: I mean, they're terrible. I mean, the thing is as well, people just won't use them because they hate them. It spoils the whole effect of it. It's like - I mean, as most people say, you know, it's like chewing toffee with the wrapper on.

Q: Does it - I mean, do you feel that, that that's the effect, that it is like ...?

A: I can't - I honestly can't abide the things. I really don't like them at all. I mean, we got - we got ones which were sort of special, you know, with the bobbly bits on; but I mean, even them, it just - it just come off, it didn't do a lot for me.

A very different approach to accepting that men would not want to use condoms was for the woman to assume that she would be all right without protection. Some young women felt that they were invulnerable and certainly would not get pregnant.¹⁰

A: I had this feeling, when I didn't use anything, I had this feeling I'm not going to get pregnant, you know, I was really sure.

Or they did not think about it at all:

A: I can't imagine myself getting pregnant.

At least one reported pregnancy was the result of this attitude. Others employed a method based on "condoms or cross your fingers", using condoms when they were available or agreed upon, but going ahead anyway when they were not. In this way women justified relinquishing the control they desired.

A further group of reasons for reluctance to use condoms came from the women's fear of upsetting men by asserting their own needs. These reasons were partly to do with the fear of losing a boyfriend and the hope of a more committed or steady relationship, and partly a general unwillingness to hurt the man's feelings.

A: The climax to intercourse is all passion and kissing and I think to actually just stop and he puts a condom on, or me to turn around and say I want you to put this on, it just ruins the whole thing then.

A clear way of avoiding control was to enter into a sexual relationship with no specific expectation that there would be sexual intercourse on this occasion.

A: You meet a lad, and you start kissing, and before you know it, it's happening - and then it's too late [to use a condom].

One young woman described a situation where she had asked a man to use a condom because she was worried about HIV and AIDS, although she could not tell him that. He had no condom, and she did not want to offend him, nor cause an embarrassing social situation by refusing sex. She convinced herself that he must be OK, and went ahead, asking him to withdraw, "whether he did or not I can't remember". Another had been having

unprotected sex for eighteen months because she did not want to upset her boyfriend: “yeah, I think that’s what it is, you don’t want to hurt his feelings”. Another said that, “if you want the relationship, I didn’t want to, like, fuck around with questions”, and another, “I just thought it’s all right, I just decided he had to be safe”. These types of explanations were used by young women who feared both pregnancy and HIV infection and occurred in the context of both steady and more casual relationships.

Going steady and trusting to love

There is a common sense assumption that negotiations around sex are easier in the context of steady relationships, but this is not necessarily the case. Going steady implies a degree of trust which is lacking in less persistent sexual relationships. Trust then becomes a significant aspect of the context of decision-making about condoms.¹¹ If love is assumed to be the greatest prophylactic, then trust comes a close second.

A: If you want to have relationships then you’ve got to trust them [men]. Otherwise it’s no good from the start. Yeah, you have to believe what they tell you. You just hope that they tell you the truth. You can’t find out if it’s lies or not.

Condoms can be seen as a strategy for occasions when it is not clear whether partners can be trusted. Some young women who were on the pill told new partners that they were not, so that condoms were used as well. But there was a powerful ideological understanding that ‘steady’ relationships are based on trust. Trust can even develop into a euphemism for monogamy.

A trusting relationship provides a social context in which condom use may be relatively unproblematic. Some of these relationships involved young couples where both lacked sexual experience or where they had been going steady for some time before their first experience of intercourse. Here inexperience

provided a basis of trust so that they could discuss the problems of using condoms, and their own embarrassment. Reaching the stage of going to Boots together to buy condoms could become a joint commitment to a deepening relationship. Once the relationship was felt to be well established, the young woman would go on the pill.

This transition from condoms with new partners to the pill with steady partners is laden with symbolic meaning and can be used to signify the seriousness of a relationship, a way of showing someone that they are special. As one of our respondents put it, "I went on the pill for him". There is, however, a good deal of pressure to define a relationship as 'serious' in order to justify sex. For the current generation of young women the pill, despite the problems connected with its use, is closely associated with grown up status and grown up sex. This makes the prospect of long term condom use highly problematic, as two of our respondents clearly indicated:

A: You've got to trust somebody at some time, you can't meet somebody and start, first time say, 'I know, let's use condoms I'm not on the pill' (even if you are), and then a week later still be saying 'let's use condoms', and the week after that still be saying 'lets use condoms'...

Q: You don't think you could do that long term?

A: You couldn't do that, no.

A: I'd like to think that I would want to use one [condom] but I mean, you start off using one but are you going to carry on using one every single time?

The issue of long term condom use has been neglected and is an important area for further exploration because of the connection between risk and trust in long term relationships. Is it for example, possible to renegotiate condom use in a steady relationship, if one or both partners have intercourse with other people?

The question of what counts as a steady relationship is clouded by the meanings associated with particular types of relationship, and fears for loss of reputation particularly by the younger women. Most young women are reluctant to describe themselves as having casual sex when the culturally approved objective is to be in a steady, preferably monogamous relationship, supported by the ideologies of romance and love. Conversely they are likely to expect or to express the hope, that relationships of short duration, including one night stands, will in fact last. The positive associations of sex as leisure and pleasure, which have been espoused by the gay movement, tend not to be available to young heterosexual women. The tendency seems to be to expect that relationships will last:

A: If I sleep with anyone I intend it to be a long term relationship - so I don't know, because you don't like to think of the end of a relationship when you start it. So you think it's going to be the right one, but you never know

Our respondents who described themselves as being in steady relationships tended to think of themselves as not being at risk in relation to HIV and to focus their attention on avoiding pregnancy. This obviously makes some sense when each was the other's first and only sexual partner, but it of course assumes that the relationship will continue to be monogamous.

Another young woman illustrates this tension very clearly:

Q: When you decided to sleep with him did you think it was going to last quite a long time?

A: Yes, I think that was the only reason I did sleep with him really. I think I wanted to do it, but I didn't in a way, but because it was him I did, and I thought it would last a long time really.

This young woman goes on to explain that she was very scared the first time because they used no contraception, but she went on to insist that he used a condom subsequently:

A: I don't know because I couldn't really go on the pill and I couldn't have used a cap or something like that, [she was under 16 at the time] it was easier for him to do it. But before I did it with him I made him put it on. I didn't watch him but I stood there as if to say, 'make sure you put it on', and he did put it on.

She saw condoms as her only option and her fear of pregnancy gave her the strength to insist. It seems clear though that she saw protection as something she would have to fight for, and men as untrustworthy in this respect. She felt it necessary, literally, to stand over him while he did what she wanted.

Often the young women's experience of sexual pressure and physically unpleasant sexual encounters conflicted with their desire for love, romance, caring, closeness and trust. The contradictions of female subordination in loving relationships were expressed in this desire for close, loving relationships without a very positive sexual identity for young women. There was a widespread negative perception of male sexuality. Typical comments being that, "lads don't care", and "women want love and men want sex". One young woman commented, "I don't trust boys today - I don't trust them at all". Others insisted that if they did not trust the young man, they would not have sex, or they would not be in a relationship with them. The very fact of being in a steady relationship implied the existence of trust. Where there are social pressures on young women to police sexual encounters and look out for problems, particularly the risk of pregnancy, this mitigates against developing trust even when a steady relationship is wanted. Many women took risks with partners they loved but did not wholly trust.¹²

A small number of the young women clearly stated that they had casual sex or one night stands. Some of these had taken on the idea that it is legitimate for women to be sexually active, to have their own sexual identity, but they were not necessarily any more

in control of their encounters. One young woman who was very clear that she wanted to be in control of her life, which included 'choosing' to be sexually active and child-free, was in fact having unprotected sex, including intercourse with partners who were potential health risks. She said that she had come to be interviewed to make her think about what she was doing.

Condom use tends to be associated with one night stands rather than 'steady' relationships, (see also Day et al. 1988, Nix et al. 1988),¹³ but if young women's relationships are conceived as 'steady' until proved otherwise, this makes condom use rather unpredictable. Where men see sex as a process of attrition, as wearing a girl down until she says yes, there are problems in producing a condom at the right moment.

A: About two weeks ago I ended up not asking him [to use a condom] and had to go and get the morning after pill. I wouldn't say anything, and kept thinking I'll say something in a minute, it's just so difficult. I thought I'd say something in a minute and then it was too late, and I thought, "Oh no! I didn't even know this person anyway."

There are problems not only in asking about partners' sexual histories, but also deciding whether to believe the answers. The most confident young women in this respect were those from a small inner city area where they claimed that they knew the sexual histories of all the local lads who constituted their pool of sexual partners.

Leaving condoms to go on the pill in a steady relationship is not necessarily empowering for women. It depends on the strength of their sense of self and of individual agency.¹⁴ Research shows that both inexperience and experience can lead to changing conceptions of male versus female responsibility for safety, and so to shifting patterns of risk and safety in condom use (Pleck et al. 1988).

Asking him to use a condom - contradictory discourses and practices

The mixture of positive and negative ways in which the young women we have interviewed react to sexual safety makes it clear that young women cannot be treated as a unified category. A number of couples used condoms with few apparent problems in negotiation, particularly where couples were young and inexperienced, where women were assertive, or where men habitually used condoms with new partners for their own protection. Public education campaigns need to be sensitive to the different ways in which young women are positioned in relation to safer sex. Our sample indicates not only a range of sexual experiences, but also variations in levels of power and autonomy in the negotiation of these sexual relationships. While most of the young women do not use condoms most of the time, they are coping with considerable and conflicting social pressures in organising their sexual behaviour.

We found embarrassment about every stage of condom use. When young women put their reputations first, then buying condoms, carrying them, and of course, asking for their use are all embarrassing. Having a condom on one's person indicates a lack of sexual innocence, an unfeminine identity, that of a woman actively seeking sex. The sexual woman, is then, easy, fair game, a slag and generally at men's disposal. Advertising has had to counter this level of meaning by associating condoms with personal responsibility (see also Winn, 1986). But the contradictions of sexual safety mean that when the risk of pregnancy or a sexually transmitted disease is a possibility which women feel strongly about, they may be willing to ignore the risk to their reputation.

Q: Do you think that you'd feel OK asking somebody to use a condom?

A: Definitely, because it would be my embarrassment, or being in danger, and there's no contest if you ask me.

Young men may well be just as embarrassed in sexual encounters as young women, especially when they are inexperienced, but the meanings carried by condoms allow them to hide embarrassment by recourse to a public discourse which legitimates the rejection of condoms. Young men can be fearful of sexual inadequacy and apprehensive about sexual encounters, but as these emotions are not defined as natural aspects of male sexuality, there is no discourse around this issue to which women have access. Condoms are seen to limit male sexual pleasure in situations in which male satisfaction is the main point of the encounter. Dworkin (1987, p.159) argues that male sexual discourse on the subject of sexual intercourse is the only language available to women. The 'rational' discourse of safer sex promoted as official information can be seen as antithetical to an ideology of femininity which constructs sex as the relinquishment of control in the face of love. Thus young women are constantly working through these contradictions in sexual encounters.

In the course of talking about their sexual experiences, many young women who were unable to negotiate condom use even when they saw condoms as necessary for their own protection, recognised that what they were doing was not in their best interest. This was particularly so for those who were informed and concerned about HIV infection. These contradictions sometimes became apparent to them. One young woman was engaging in what she described as 'short flings' with men of whose sexual history she had no knowledge. She was having sex unprotected against AIDS or pregnancy. It was her concern about this pattern of sexual behaviour which had brought her to the interview. She appeared to be a confident young woman of 19, with a good job, 'A' levels and plans for continuing her education at some stage. She was very well informed about HIV and AIDS

and worried about the spread of HIV in general and about her own likelihood of becoming infected in particular. But she still found it impossible to negotiate the use of condoms that *she* saw as appropriate for her own protection. Her comments indicate the contradictions she is struggling with:

A: But although I really do think about it a lot, I don't know why, it goes straight out the window if I'm - no not straight out the window it doesn't, no, it's always - there's always this nagging at the back of my mind you know, you don't know what you could catch, you could get AIDS, and it's always immediately afterwards I really start panicking. The last two guys, okay, they're probably bastards - whatever, you know - I said something I think, and one of them said, "oh you're not going to make me wear one of those are you?" And I could have said - I should have said, 'yes', you know; but I wanted sex as much as they did and I didn't want any aggro. I thought straight after, 'you stupid, stupid girl' - and immediately resolved that next time I would, you know.

But this resolution, often expressed by these young women, particularly after frightening or risky sexual experiences, is not so easily realised. One young woman had experienced pregnancy, abortion and a scare about cervical cancer in the most unpleasant circumstances. Together with her current boyfriend she had had an HIV test because she thought that she might have the virus. She felt that she had changed, become more responsible and could and would take control of her own life and sexuality. Or at least this was what she wanted to think she would do. She described her inability to take control of the situation in the past, and inability to voice her wishes:

A: I know I have been in situations where I haven't [used a condom]. I have simply thought to myself, well look, well. When I got pregnant, I thought to myself, 'I'm not using a condom here, I'm not using anything', but I just couldn't

say, just couldn't force myself to say, 'look, you know -' and then the consequences were disastrous. But at the time I knew what I was doing, and I knew that I just couldn't say it and I knew that it was wrong.

When she was asked if she felt confident that she could be more assertive (her term) in a future relationship, her ambivalence persisted. She said:

A: I don't know how I would be, because I was telling myself, if this relationship comes to an end, I'm never falling in the same trap as before, that I won't. I'll make sure that I'm sort of thinking that - Oh, God, I bet I will. I don't want to but I don't know whether I am really trying to say look, if all these things happen, you should learn from it. I'm more than fifty per cent confident that it won't, but not a full hundred per cent.

Another young woman who very successfully negotiated condom use in her current steady relationship, had doubts about her ability to do so if she was in another in which she was really keen on the man:

A: But, you know - some men... you can get some men which refuse to use them, which makes it really difficult. You think 'Oh, God!', say you really like them a lot.

For another, her own doubts about her capacity to insist on protection on a one night stand brought the dramatic plea, "I would like to think that I would, I hope to death I would".

It is these varied patterns of condom use which can alert us to the unpredictable outcomes of situations in which women have to respond to conflicting pressures. To unravel the variability in women's experience of using and not using condoms, we need to develop a theoretical framework which can account for the gendered power relations and the contradictory pressures which constitute the context of sexual risk and safety. If young heterosexuals are to be able to protect themselves against the

spread of HIV, we will have to restructure the common sense of sexual relationships. The language of sexuality needs to be challenged, changed and expanded so that women and men can recognise the contradictions of their own experiences, their own responsibilities and their own agency (Cameron, 1985). Women can then develop a positive language which will make public the continuum of sexual pressure, ambivalence and pleasure in sexuality. When women have self-respecting sexual identities which do not depend primarily on being attached to a man, they will be in a stronger position to promote sexual safety. The embarrassment of negotiating condom use with the one you love indicates the current contradictions of female subordination in the close encounters of heterosexual sex.

Notes

1. The Women, Risk and AIDS Project (staffed by the authors, working collectively) is currently financed by the ESRC. It is carrying out a three phase study of the sexual relationships, beliefs and practices of purposive samples of young women in London and Manchester. This paper is based primarily on 150 depth interviews. A subsample of the young women are being reinterviewed after an interval of one year and some have kept diaries.
2. The WRAP survey covers lesbian as well as heterosexual sexuality, but our comments on the social context of condom use are confined to the negotiation of heterosexual encounters.
3. These interviews raise a number of methodological issues which will be discussed in WRAP Working Papers 3 and 4.
4. A survey of 78 'A' level students found that 77 per cent of them considered using a condom to be the best way of avoiding HIV infection, whereas only 8 per cent thought that it would be safer to avoid intercourse (Scott, Aldridge & Temple, 1990).
5. We have not taken up here the differences between young women in terms of age, class, ethnicity, levels of education etc. These are significant differences and we will include this analysis in subsequent publications.
6. While safe sex is widely associated with condoms, there is less knowledge of chemical barriers to use with condoms. It has been argued that condoms provide an effective physical barrier to HIV used together with Nonoxonol 9, although there is some confusion about how much is the correct amount to 'kill' HIV, (Conant et al., 1986; Reitmeijer et al. 1988).
7. We are making a detailed analysis of our qualitative data using the 'Ethnograph' computer program to develop systemic networks. For the purposes of this paper we are using extracts from transcripts to illustrate our concepts. These concepts have been developed in a process of interaction between our understanding of theory and a systematic reading of our data.
8. The 496 respondents to the questionnaire reported 491 instances of sexual relationships or encounters which did not include intercourse, and 590 which did.
9. Insisting on sexual safety, however, may or may not be a successful strategy. Sexual violence is always a possibility. Of the 496 women who completed questionnaires, 11 per cent said that they had had intercourse against their will, and we found in the course of the interviews that this was a considerable understatement, since a number of women who had been raped or pressured into unwanted intercourse had not stated this on their questionnaire. This issue will be more fully developed in later publications.
10. See Abrams et al. (1990) for this notion in relation to AIDS.
11. The importance of trust as a sociological concept is developed in Alderson,

1988. See also Koller, 1988, Gambetta, 1990.

12. The most extreme case of trusting to love which we have come across is of men wanting to show the depth of their affection by having unprotected intercourse with seropositive women (Thomson, 1988).

13. Research indicates that while women prostitutes in London seem to be prepared to use condoms with clients they rarely use them with their boyfriends (Day and Ward, 1990).

14. If their steady partner is seropositive or otherwise carrying infection, trusting to the pill can put young women at risk. Critics have argued that heterosexuals are not at risk in the west because sexually transmitted diseases which facilitate the spread of HIV are not widespread. Herpes, cervical cancer, and STDs, however, do constitute risks about which many young women are very ill-informed.

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