
Safer Sex and Gender Identity

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Gay, lesbian, woman, man, lover - sex is about fucking and who you fuck, and how social norms support, or raise an eyebrow at your loving, and whether your lover is male or female, and whether your loving produces children, or is supposed to produce children but you don't want to, or want to but can't. And now there is AIDS - a sexually transmitted disease that can kill you.

The experts say that avoiding HIV infection means making sure the HIV virus, carried in blood and sexual fluids, does not enter your system. This means using a condom for vaginal or anal sex, and using latex sheaths for oral sex.

But avoiding sexual fluids is not just about using 'rubbers'. It is also about how you make love. Changing the way you have sex, to having safer sex, can change how you feel about yourself as a sexual person - as a sexual man or woman.

Understanding Gender

If AIDS educators are to really address the problem of safer sex, they need to know more about gender and the practice of safer sex. For example, do women or men find it easier to practice safer sex? Is safer sex related to the particular sex roles society gives to men and women?

Men, according to socio-biologists, are programmed to 'spread their seed' as widely as possible, having many sexual partners. Men's sexuality is about having sexual conquests under their belt, being constantly sexually interested and sexually pro-active. Being masculine is traditionally associated with defending your beliefs, being independent, assertive, having a strong personality, being forceful, having leadership abilities, being willing to take risks, dominant, willing to take a stand, aggressive.

Most definitions of women, in relation to sex, describe a woman as a person who can be pregnant and have babies. She is seen as a person who is not sexually pro-active, more taken up with love than with lust. A person who waits for her lover to approach her and arouse her and make sex legitimate. A person who is nurturing, caring, concerned about connections between people. A feminist researcher found that for residents of the United States, femininity implies being affectionate, sympathetic, sensitive to the needs of others,

compassionate, eager to soothe hurt feelings, warm, tender, loving children and gentle.

Adopting Roles

But these roles do not arise directly out of one's biological make-up. People can be flexible and adopt different roles for different situations. People can be androgynous, in other words, they can behave 'like a man' (masculine) in some situations and 'like a woman' (feminine) in others. People can have sex-role identities which are different from their biological sex. Men and women can be masculine-identified, feminine-identified, androgynous or not strongly either masculine or feminine.

Therefore, in considering how gender is related to safer sex, both biological sex and sex-role identity may influence how people experience themselves and their sexual relationships.

Factors Influencing Safer Sex

Much research has been done to discover what personal and social factors influence people's ability to recognise they are at risk from HIV infection, to then decide to use safer sex, and then persuade a sexual partner to agree. This process involves several personal characteristics, such as willingness to consider being vulnerable, feelings of self-worth, communication skills, assertiveness, willingness to give up certain aspects of sexual behaviour, and



You **slept** with me—now you won't even **talk** to me!

Look, I know we need to talk—but **not now!**

If not now, then when ...? *From PPHCN/MRCs Roxy*

an ability to negotiate.

At first glance, the kinds of traits people would need to draw on to successfully persuade a partner to participate in safer sex, would be those personality characteristics, such as assertiveness, associated with being male. However, there are many reasons why it is not as simple as this. Men, until AIDS, have not had to think about sex as a potential danger to themselves. While there have been STDs, they could be treated with medication. This has been different for women. They have always had to think about the possibility of an unwanted pregnancy. There are other dangers about having sex that women have always had to think about, including the possibility of loss of 'reputation' and date-rape. Therefore, men may be less likely than women to think in terms of sex and risk. Another reason is the stigmatisation, in the past, of AIDS as a homosexual disease. Many men still believe this, and don't want to think of AIDS as a danger to themselves. Furthermore, the conception that being a man means having lots of sexual conquest makes safer sex unattractive to many men. Many men also express a deep-seated dislike of using condoms. They have been reported to say they do not regard safer sex as real sex, and they assume that it cannot be enjoyable.

On the other hand, social and biological factors associated with being a woman appear to be influential in determining a cautious attitude to sex. In many studies, women have given love-related reasons for having sex. This, it seems, is the only legitimate kind of female sexuality, and women may feel they have to 'legitimise' their own sexual activity by claiming love when they mean lust. Promiscuity and casual sex are not OK for women. Women are not



And if you don't like it, you can go...*From NPPHCN/MRCs Roxy*

allowed an active sex life, but are socialised into a passive, reactive, unassertive, sexuality, which responds to the desire of others. It has been argued that the discourse of sexuality for young women is that of victimisation, of fear of pregnancy and STDs, something adults warn you away from; rather than of desire. Women are encouraged to avoid the 'dangers' of sexuality.

This conception of sex has been reinforced by an anti-feminist trend. This trend warns of infertility and eternal husbandlessness for women who pursue a career, instead of traditional ways of expressing sexuality, such as marriage and motherhood. This argument is supported by some socio-biologists, who argue there is an instinctual urge in females towards finding the best possible mate and settling for purposes of child-rearing.

It has also been argued that women are socialised to have a morality which is about connection and consequences for other people, as opposed to the more 'abstract' morality men are socialised into. Therefore, thinking about the consequences of unsafe sex for others as well as for oneself is more of a 'woman' thing to do than a 'man' thing to do.

Safer Sex and Communication

It appears that the social and cultural forces acting on women may make it easier for women to accept safer sex. Certainly, traditional 'feminine' skills such as ability to communicate, and being sensitive to the needs of others is found to be related to being able to negotiate safer sex. Feelings of responsibility towards others, a traditionally feminine trait, is positively related to the use of safer sex.

The fact that heterosexual women do not necessarily act upon this more careful approach to sex may be due to having less power in a sexual relationship to impose their more cautious approach on male partners. It could be expected that the greater assertiveness found in men and masculine people would make it easier for them to insist on using safer sex. But it is not as simple as this. Assertiveness can also reinforce the use of unsafe sex methods, if the assertion is from the person who does not want to change their sexual practices.

This has certain implications for AIDS education, and for health psychology in general. AIDS education needs to include gender issues. Skills that make men and women feel competent in the masculine-dominated world of work, such as assertiveness, for example, might not be enough to assist them to negotiate the feminine/intimate issues around safer sex. Traditionally feminine skills, and the socialisation that goes with being a woman in this society, may make it easier for female or feminine people to practice safer sex.

Encouraging people to use the traditionally feminine skills of being sympathetic, sensitive to the needs of others, compassionate and gentle may give them the necessary skills to feel competent in the intimate domestic arena of sexual relationships.

It is important to remember that masculine and feminine skills are not necessarily related to being male or female. Masculinity and femininity are social constructs, and people don't have to be 'stuck' in these roles. Both men and women can develop both masculine and feminine skills. And it seems that to stay alive when AIDS is around, both men and women will need to learn to be responsible and assertive, communicative and decisive.



Mirror, mirror, on the wall ... Photo: Ismail Vawda

Beyond Safer Sex

But who really finds safer sex enjoyable. (Oral sex through latex? Yugh!). All over the world, men and women have said that sex in which they enjoy 'contact with sexual fluids' does feel closer and more intimate than sex across a condom or latex sheet. Can monogamy or latex be integrated into people's sense of their sexuality? Can being careful with choice of sexual partners be integrated into the discourse of desire?

This is not an argument against safer sex. But eight years into AIDS education, it is not sufficient to promote the use of latex. There are times when a masculine-style arbitrary fuck is what any man or woman needs, and to do it safely is easy and sensible. But to survive this epidemic with our sense of our sexuality intact is going to take more than that. Unless you see your sex life as life long celibacy, marrying and taking out a no-third-party contract on your childhood sweetheart (virgin of course!) or, as an endless stream of rubberised anonymous disco-jorl fucks, there is a point at which safer sex is going to seem wearisome and bothersome. It is going to feel like safer sex doesn't express closeness and intimacy for you and the temptation to "just 'los' it! this once" is going to get harder to ignore.

A serious commitment to avoid HIV is going to mean all the 'feminine' things about taking responsibility for sex and communication: regular HIV tests, talking partners into HIV tests, talking about sex, talking about what is pleasurable, talking about other ways of making love, talking about monogamy, talking about intimacy, talking about trust. And the 'masculine' strength of assertiveness to make this happen.

The silver lining on the black cloud of HIV, is that it opens the opportunity for people to learn more about themselves and their partners and about sex. A popular song in 1992 put it this way: "Let's talk about sex, baby, let's talk about you and me."

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