

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

Heterosexual anal sex in the age of HIV: An exploratory study of a silenced subject

Zoe Duby

DBYZOE001

A minor dissertation submitted in partial fulfilment of the requirements for
the award of the degree of Master of Philosophy in HIV/AIDS in Society

Department of Sociology, Graduate School of Humanities,

University of Cape Town

2008

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: _____

Date: _____

DIGITISED
26 APR 2013

Table of Contents

<i>Acknowledgements</i>	4
<i>Abstract</i>	4
<i>Introduction</i>	5
<i>Methodology</i>	6
<i>Definitions and terminology</i>	7
What constitutes sex?.....	7
“Anal sex is only for homosexuals”	10
Sexuality defined by sexual behaviour?.....	12
<i>Researching heterosexual anal sex</i>	14
Penile-vaginal heteronormativity	14
The prevalence of heterosexual anal sex	17
Implications of discursive omission of heterosexual anal sex	18
<i>The realities of unprotected anal sex</i>	19
Theoretical framework	21
<i>Social Constructionism</i>	21
Sexual Culture	24
<i>Technologies of power</i>	25
‘Technologies of sex’	26
<i>Dominant discourse and Hegemony</i>	28
<i>Embodiment</i>	30
Sexualising the body	31
The gendered body	33
Gendered sexuality	34
<i>Heterosexism</i>	36
Heterosexist society	36
Heterosexuality in theory	38
Penile-vaginal penetrative assumption	38
Penetration	39
<i>Critical Realism</i>	41
Through a historical lens	42
<i>The development of a taboo</i>	42
Negative constructions of sex	43
Silence and secrecy	43
Social regulation and control	44
Shame and disgust.....	44
A taxonomy of sex	46
Control of the self	47
<i>Procreative and reproductive emphasis</i>	47
Religion	47
Christianity and the Church	48
<i>The power of science: Biological determinism</i>	50

<i>Non-reproductive sex</i>	51
<i>Situating the non-reproductive sexual narrative in history</i>	53
The Ancient Greeks	53
The Victorian era: sexual repression	54
Enlightenment: sexual liberalisation	55
Sexology: the medicalisation of sex.....	56
19 th and 20 th century: progression	58
Sexual revolution	59
<i>Permissiveness and legality</i>	60
Sexual decision making	61
<i>Motivations: why do people have anal sex?</i>	64
i. Pleasure and desire: "It feels good"	64
ii. Intimacy and Love	66
iii. Virginit	67
ABC	70
iv. Contraception	72
v. Sexual adventure and sensation seeking	72
vi. Peer group pressure: "because everyone else is doing it"	73
vii. Misconceptions: Misinformed and Unaware	74
Condom Use and Anal Sex	75
viii. Sexual choice and variety	76
ix. Subversion and deviance	78
x. Domination/submission	79
xi. For him	79
xii. Menstruation	82
xiii. For money	82
Way forward: where can we go from here?	83
a. The inclusion of "other sex" into sex education	83
b. Including anal sex in safe sex messages & condom promotion	83
c. The sensitisation of health care providers and VCT counsellors	83
d. Enable discussion: create an open forum	84
e. Informing and empowering people to make safe decisions	84
f. The normalisation of anal sex	85
g. Improving access to services addressing anal health issues	85
h. Policy implications	86
<i>Conclusion</i>	86
<i>Appendix 1:</i>	88
Acronyms.....	88
References	89

Acknowledgements

Firstly I would like to thank Professor Ken Jubber for his open-minded support, sound advice and encouraging supervision. Huge thanks go to all those who volunteered their time and participation as interview respondents, who bravely shared their personal experiences with me as an important contribution to this paper. Thanks also goes to Dr Hazel Slavin for her valuable comments and interest; to Dr Susan Levine for generously sharing her precious time and thoughts; to Jenny Reed who acted as a sounding board for ideas and always a listening ear; to Jamie for his love and cups of tea. Lastly I would like to thank my mother, for her unwavering support, love and the inspiration she continually provides.

Abstract

Heterosexual anal intercourse is the most efficient sexual vector for HIV transmission, yet little is known about this particular sexual behaviour. Recent findings have highlighted anal sex as a significant but neglected source of HIV infection. This dissertation serves as a discursive exploration into the under-discussed topic of heterosexual anal sex and pervading penile-vaginal heteronormativity. To understand the origins and character of the seemingly universal ambivalence towards heterosexual anal intercourse I attempt to situate it historically. There is general ignorance concerning the prevalence of this sexual behaviour, but there exist deep-seated taboos and undertones of immorality and abnormality associated with it. All these factors play a part in individual sexual decision making; an attempt is made at exploring the motivations and personal choices that culminate in an act of heterosexual anal intercourse. These perceptions of heterosexual anal sex have shaped responses to the global HIV epidemic and influenced the design and content of safe sex education, behavioural interventions and clinical services. An attempt is made to develop constructive inclusive recommendations for the incorporation of heterosexual anal sex into existing HIV prevention programmes and practices.

"it's time to bring heterosexual anal intercourse out of the closet..."

[Daniel Halperin, 1999: 717]

Introduction

Heterosexual anal sex has been largely ignored in research, discussion on sexual behaviour and HIV, and has been generally omitted from health and education programmes and policy. As a consequence there is little information available on the subject. This dissertation explores the silence, taboos and proscriptions surrounding anal intercourse as a normalised sexual practice.

Research on sexual transmission of HIV consistently finds unprotected anal intercourse to be a highly predictive risk factor for sero-conversion. Despite this, most AIDS prevention messages targeted at heterosexuals continue solely to emphasise vaginal, and increasingly but still only occasionally, oral sexual transmission, without mention of anal sex. This omission is influenced by the deeply entrenched taboos surrounding this sexual practice, as well as a lack of acknowledgment of its prevalence and significance as a heterosexual behaviour. Partly as a consequence of this omission, the potential health risks of unprotected anal sex continue to be severely underestimated in the heterosexual community. Although knowledge of risks and dangers seems to be high amongst the gay community, this appears not to be the case amongst heterosexuals. Evidence of this lies in the reportedly universal lower use of condoms for anal sex than for vaginal sex by heterosexuals. Data suggests that some people choose to practice anal sex due to misconceptions about the risks it poses. Anal sex is sometimes not considered to be "real sex" and evidence suggests that young girls choose anal sex as a means of preserving their virginity (see references on pages 66-70), and as a form of contraception (page 71). It is also apparent that many people choose to have anal sex as a "safe" alternative, thinking that it is not possible to transmit HIV through anal intercourse. This is largely due to the lack of information available that explicitly depicts all potential sexual transmission vectors – vaginal, anal and oral. People are inundated with "safe sex" messages and condom advertisements, but heterosexual penetrative penile-anal sex is rarely, if ever mentioned in these, leaving a gaping hole in people's knowledge and awareness. From the above, it can be seen that there are significant gaps in knowledge and awareness of the risks of unprotected anal sex in the heterosexual population. There is also a dearth of information provision educating people with comprehensive, inclusive safer sex messages. The implications of this are that many people are practicing high-risk sexual behaviours unaware they are putting themselves at risk.

I have attempted to trace the pervasive taboos and silences that surround heterosexual anal sex, examining dominant discourse, sexual cultures and contextualising heterosexual anal sex within a historical perspective. In order to try to understand the sexual decision making processes that end in an act of heterosexual anal sex, I examine the multifarious contextual elements that contribute to sexual agency. The extent to which social, political, economic, religious, educational factors and cultural settings play a role in influencing individual sexual choices is explored, as are sexualisation processes and sexual subject formation, embodiment and sexual conduct. An attempt is made to visualise how working towards this understanding might help to inform HIV prevention and safe sex promotion programmes to ensure they comprehensively address the realities of people's sexual lives and go beyond the limited picture of sexual experiences that is presented to us by dominant discourses.

Methodology

The primary mode of research for this dissertation is qualitative ¹ discourse and data analysis, flavoured with a sprinkling of my own qualitative interview data. As this topic has until now been predominantly subjected to silence, only scanty quantitative data exists on the prevalence of heterosexual anal intercourse, mention of it only being made as a minor part of larger studies. I had initially intended to do a larger empirically based study, however due to the tabooed nature of heterosexual anal sex, carrying out primary qualitative research proved to be highly problematic; not only in the difficulty of identifying willing research subjects, but also due to the fact of underreporting. For the purposes of this study, primary research is thus limited; four informal unstructured interviews were carried out with voluntary participants. Verbal informed consent ² for participation was obtained in each and every case. All interviews were recorded with the respondent's permission, and interviewees were provided with an opportunity to give feedback on how their transcription quotes were used in the paper. Participants were found through opportunistic and snowball

¹ In qualitative research "the aim is to describe and understand events within the concrete, natural context in which they occur... It is only... if one understands events against the background of the whole context and how such a context confers meaning to the events concerned, that one can truly claim to 'understand' the events." [Babbie & Mouton, 2006: 272]

² Prospective research participants are given "as much information as might be needed to make an informed decision about whether or not they wish to participate in a study". [Bryman, 2001: 504]

sampling ³ and I make no claim to these participants being representative or this data being generalisable. Due to the sensitive nature of the topic respondents offered their participation after being informed of the nature and content of the research. ⁴

Definitions and terminology

The term 'heterosexual' is used in this paper, not to refer specifically to the sexual orientation of individuals but rather their actual sexual behaviour, to indicate sex that takes place between a man and a woman. For the purposes of this argument it is unnecessary to categorise people according to their sexual identities, rather attention is more usefully paid to the sex that they have, who they have it with, and why they have it. The very reasons for this focus only on anal intercourse between men and women, and not between men and men are elaborated on throughout the paper.

What constitutes sex?

Crucial to any discussion on sex is determining what actually constitutes "sex". This has implications in terms of safe sex promotion, sex education, religious proscription and government legislation. Dominant discourse, as shall be elaborated on later, orders, prioritises and defines the parameters of what does and does not constitute sex. "Sex is sex, but what counts as sex is . . . culturally determined and obtained." [Rubin in Grant, 1995: 678] Sex has been, and continues to be, defined predominantly as penile-vaginal penetrative sex; any other sexual activity, genital or otherwise, has been neglected from this definition. The categorisation of oral sex and anal sex as "sex" remains problematic and ambiguous ⁵. This ambiguity has had far reaching consequences, many of which we shall explore further on. Defining sex is

³ "Snowball sampling is appropriate when the members of a special population are difficult to locate... Because this procedure results in samples with questionable representativeness, it's used primarily for exploratory purposes." [Babbie & Mouton, 2006: 167]

⁴ Each time an asterix (Respondent *) appears in the following text, reference is made to these respondents.

⁵ The infamous case of Bill Clinton and Monica Lewinsky brought the ambiguity of definitions of "sexual intercourse" into the public domain. "In the world of adolescence, at least for those of us of Clinton's generation, 'going all the way' meant vaginal penetration (not necessarily ejaculation inside). Although there were stages ('first base' kissing; 'second base' the male caressing the female's breasts; 'third base' including a multitude of 'heavy petting' even to ejaculation; and the 'home-run' of getting the (shielded or unshielded) penis into the vagina), ultimately there was a dichotomy: going all the way vs. not going all the way. The South (where Bill Clinton grew up) is particularly famous for its 'technical virgins', young females with considerable experience and even appetite for one boy's penis or many boys', but who have retained intact hymens." [Murray, 1999: 253]

also crucial in framing our understanding of virginity and virginity loss. The question that remains salient is whether virginity can be defined in objective scientific terms or if virginity is entirely an individual subjective issue. ⁶

In line with anthropological reformulation of interpreting sexual behaviour within broader cultural and symbolic systems, increasingly emphasis has been given to the analysis of "indigenous cultural categories and systems of classification that structure and define sexual experience in different social and cultural contexts". [Parker, R., 2001: 167] The area of discussion on which the spotlight has shone most brightly is that of sexuality and the construction of same-sex relationships, with particular attention to the cultural relativism of these constructions. ⁷ In research we have to be acutely aware of the terms used, the assumptions that come with the use of these terms and the consequences that their use can have. Therefore anthropologists' concern with "the native's own category system" is an important point to consider; [Herdt & Boxer, 1991: 172] "...the wide range in sexual practices cross-culturally, together with variation in which behaviour is approved or disapproved in sexual ideology, suggests that the category 'sex' is defined and expressed in greatly different ways across groups. 'Sex' may not include 'oral sex', or it may include only genital-to-genital coitus." [Herdt & Boxer, 1991: 172] Studies have shown that in many cases youth do not define oral-genital intercourse as belonging to the category of 'sex'. The reasons for this can be speculated, perhaps due to the persistence of a reproductive ideology of sex. [Herdt & Boxer, 1991: 172] When adolescent study respondents are asked about whether they have engaged in sexual behaviour, despite being sexually active they may say "no," because "sex" for them is defined only as genital-to-genital penetrative intercourse. Therefore, cultural category distinctions such as these are critical in assessing HIV sexual risk. [Herdt & Boxer, 1991: 172] "...almost all young people think that sex is only about penile

⁶In contemporary popular and academic literature, the term virginity loss denotes first coitus. As one advice manual for teen women explains, "Unless his penis penetrates your vagina, you're a virgin"... social scientists often use the terms nonvirgin and virgin as shorthand to describe people who have and have not experienced vaginal intercourse..." [Carpenter, 2001]

⁷ "...it has become increasingly apparent that many of the key categories and classifications (not only "homosexuality," but also categories such as "prostitution," or "female sexual partner"...) that have typically been used in biomedicine to describe sexual behaviours, or account for vectors of infection of interest to public health epidemiology, are in fact not relevant in all cultural contexts. Indeed, the meanings of these concepts are not stable even in those contexts in which these categories are in wide circulation. By focusing more carefully on local categories and classifications, the cultural analysis of sexual meanings has thus sought to move from what, in other areas of anthropological or linguistic investigation, have been described as an "etic" or "outsider" perspective, to an "emic" or "insider" perspective - or, perhaps even more accurately, from the "experience-distant" concepts of biomedical science to the "experience-near" concepts and categories that the members of specific cultures use to understand and interpret their everyday lives." [Parker, R., 2001: 167]

penetration of the vagina... the meaning of sex... is ambiguous and contested". [Uecker et al., 2007: 5-6]

Young people create hierarchies of sexual progression in the process of exploring their own sexuality. It is interesting to look at colloquial slang such as that likening sex to baseball bases: first base being kissing; "hitting a home run" or "going all the way" as being penile-vaginal penetrative intercourse. This has implications for sexual decision-making and conceptualisations of virginity. "Although many technical virgins are motivated by religion and by risk-reduction, many others have simply embraced a sexual script that defines non-vaginal sexual activities as stepping stones on the path to the pinnacle of intimacy (per their script), vaginal intercourse (in a)... 'progression of intimacy'". [Uecker et al., 2007: 26] With the idea that neither oral nor anal sex constitute sex or a loss of virginity "pledgers are more likely to engage in non-vaginal oral-genital and anogenital sexual behaviours." [Uecker et al., 2007: 7] This illustrates that in formulating research questions and designing data collection tools, great attention must be paid to the phrasing and words used.⁸

Phrases like 'heterosexual transmission' mask the fact that women and men who identify as heterosexual engage in AI (anal intercourse). This lack of clarity, honesty and specificity negates that a significant portion of the pandemic is likely driven by UAI (unprotected anal intercourse) in regions broadly characterized as being 'driven by heterosexual HIV infection.' In this construct, heterosexual HIV transmission automatically translates to vaginal intercourse. While identity, sexual orientation and sexual practices may be related, they are not always so clearly delineated. 'HIV infection via unprotected vaginal intercourse' would be a more accurate phrase than 'heterosexually acquired HIV infection'. These are more than innocuous semantics; language matters. Inaccurate language impacts quite concretely on program design and delivery; on research design, particularly for microbicides; on stigma faced by communities, including gay men and other MSM; and, on the deceptive absence of other populations that engage in AI, including heterosexual men and women, lesbians, and bisexuals across the globe. [LeBlanc, 2008: 13-14]

The tendency to equate "sex" with penile-vaginal reproductive sexual intercourse alone represents long-standing cultural norms of acceptable sexual behaviour. It also

⁸ One study on sexual behaviour framed survey questions in the following unambiguous way:

- "Have you ever put your mouth on a [female's vagina/man's penis] (also known as oral sex or [cunnilingus/fellatio])?"
- "Has a [female/male] ever put [her/his] mouth on your [penis/vagina] (also known as oral sex or [fellatio/cunnilingus])?"
- "Ha[ve/s] [you/a male] ever put [your/his] penis in [a female's/your] rectum or butt (also known as anal sex)?"

[Uecker et al., 2007: 11]

reflects a deeply rooted ambivalence about discussing any sex that occurs outside of the conjugal male-female adult partnership. Recent research and media reports however, have instigated a reappraisal of the implications of this exclusive focus on reproductive penile-vaginal coitus for research and data collection efforts, for STI prevention and treatment, and for the framing and interpretation of abstinence and risk-reduction messages.

In the USA, despite the \$50 billion of federal funds spent per annum on abstinence education, there is little consensus among young people or educators as to whether oral or anal sex qualify as abstinence. [Keys et al, 2006: 74]

In many cases, because of interpretation and idiom, anal sex is not classified as "sex" at all. "Perhaps the most obvious sexual convention in our society that is not true of other cultures relates to coital position... our culture traditionally has considered only the male-above position to be normal...". [Johnson & Fretz, 1973: 19] 'Safe sex' messages focusing solely on penile-vaginal penetrative sex potentially miss their target, highlighting the danger of not being explicit when explaining sexual terms in sexual information and prevention messages. This penile-vaginal heteronormativity also makes it harder to gather data: "...because the term 'sex' may be understood to mean only 'vaginal intercourse' some adolescents may report that they have not had sex, even though they have had oral and anal sex or had other non-intercourse sexual activity including mutual masturbation." [Belge, 2006] A heterosexual individual is not given recognition as sexually experienced unless they have had penetrative penile-vaginal sex, an idea to be explored further in relation to constructions of virginity.

"Anal sex is only for homosexuals"

Among behavioral factors that may place women at increased risk of infection, anal sex is commonly overlooked, considered instead to be a behavior specific to MSM and thus not a high risk behavior for STD and HIV transmission in heterosexual women. However, data from several studies have shown that anal sex is practiced regularly among many heterosexual couples. [Marlink et al., 2001: 4]

The very mention of anal sex carries connotations of the sexual practices of gay men. Not only does this assumption characterise commonly held views worldwide but has also dominated medical and public health research and discussion of HIV transmission. The history of the HIV epidemic suggests that the earliest cases were

amongst the gay male population of San Francisco. From the first conceptualisations of what was thought of as a "gay disease" to the progression of the virus into the heterosexual population, the over-riding assumption was that homosexually identified men who have sex with men (and more recently, non-homosexually identified men who have sex with men, commonly termed 'MSM') passed the virus onto each other through penile-anal sex and heterosexuals transmitted HIV to each other through penile-vaginal sex.

Receptive anal intercourse has long been identified as a strong predictor of HIV transmission between male sexual partners. However, this sexual practice is rarely discussed as a primary risk factor for heterosexual transmission, despite studies demonstrating that anal intercourse carries a higher risk than vaginal intercourse. [Misegades et al., 2001: 534-535]

For reasons that we shall explore further, anal sex as a heterosexual activity has been brushed under the carpet, often being omitted from safe sex messages, condom promotion campaigns, sex education and HIV prevention efforts in general.

Cultural taboos may influence the self-reporting of anal intercourse, resulting in an underestimation of the sexual practice in heterosexual populations. The studies that have documented anal intercourse as an independent risk factor for HIV acquisition have shown that condoms are rarely used for heterosexual anal intercourse. Furthermore, relatively few studies have estimated the prevalence of anal intercourse in heterosexual populations, or considered HIV prevention interventions specifically targeting this practice among women. [Misegades et al., 2001: 534-535]

This focus on penile-vaginal penetrative sex as the primary vector for sexual transmission of HIV between heterosexuals has cast a shroud of silence and shame over any sexual practices that lie outside of this. Oral sex has also been largely disregarded as a vector for HIV transmission, and although the risks of HIV transmission through oral-genital sex are verging on negligible, the risk is still there. This prioritising of penile-vaginal reproductive sex as the only sex that needs to be monitored between heterosexuals in order to curb the spread of HIV epidemic has been misguided.

Heterosexual intercourse is often understood to refer to vaginal intercourse only; few studies of male-to-female HIV transmission risk elaborate on the differences between vaginal and anal intercourse, perhaps because some believe that the attributable risk is low. By disregarding anal intercourse in previous analyses, models may have overestimated the infectivity of vaginal sex. The only published study that has made a distinction between anal and vaginal intercourse reports the infectivity of unprotected receptive anal

intercourse to be 20 to over 500 times greater than receptive vaginal intercourse, depending on the stage of infection in the index case. Our findings show that a substantial percentage of heterosexual women engaged in anal intercourse, and that condoms are less likely to be used with steady partners during anal intercourse than vaginal intercourse...⁹ Anal intercourse may account for a higher proportion of HIV transmission to women than commonly believed, and needs to be specifically addressed in prevention message... [Misegades et al., 2001: 534-535]

In light of their frequency as well as potential risks, it seems increasingly apparent that greater attention must be paid to non-vaginal sexual practices in order to ensure a comprehensive approach to HIV prevention. We need to address anal intercourse openly as part of the "sexual repertoire" of heterosexual men and women. [Flannery et al., 2003: 228]

Sexuality defined by sexual behaviour?

Individual sexuality is complicated, with no fixed correspondence among the components of sexual desire, practice, self-perceived identity, official definition or cultural construction. [Davenport-Hines & Phipps in Porter & Teich, 1994: 373]

It is neither helpful nor accurate to classify and categorise sexual practices into homosexual and heterosexual boxes. Not only does this serve to create further divisions between the LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) community and heterosexuals but it ignores the true fluidity of sexuality that is far more complex than a simple "gay-straight dichotomy". [Kelly, 2001: 1731-1732] It is important to focus on sexual behaviour rather than sexual identity: sexual identity being largely irrelevant in sexual health terms. People's actual sexual behaviour and the risks that they are exposing themselves to are rather more pertinent than their sexual orientation. Regardless of an individual's self-identification in sexual orientation terms, each person should have the right to access the services and information that they require to make informed decisions about their health.

⁹ It was also found that "women with a history of anal intercourse were also more likely to report other risk behaviours that put them at risk of HIV infection, confirming other studies that have shown similar links." [Misegades et al., 2001: 534-535]

It is assumed that an individual's sexual behaviour is determined by their sexual orientation. Increasingly those of us privileged with 'freedom of choice' are exposed to a plethora of sexual identities available to us, from which we as individuals make choices (not disregarding the idea that broader structures delimit the choices available to us and our perceptions of them). The term LGBTI has developed from and expanded upon the previously used LGB acronym to ensure the inclusion of other minority sexualities and sexual identities. I argue however that this potentially encourages pigeon-holing and prejudice, forcing individuals to choose one and only one label to attach to themselves in order to locate themselves in the broader societal sexual context. It is however, important to recognise the sentiments of sexual minorities, their need for a unified voice with which to assert and bargain for equity in human rights and legal terms, but at the same time it is not so useful in terms of public health discussion. By providing sexual health care services specifically designed and targeted at sexual minorities, one runs the risk of excluding individuals who may practice 'non-normative' sexual behaviour but have a 'normative' sexual self-identity. In terms of sexual health what becomes important is someone's sexual behaviour, regardless of their sexual identity. An individual, whether self-identified as heterosexual, bisexual or homosexual requires access to non-judgemental comprehensive sexual health care. "...sexual acts do not define a person's sexuality". [Kelly, 2001: 1731-1732] The focus needs to be shifted towards an encompassment of sexual behaviour not sexual identity when it comes to service provision.

There is a stark lack of sensitivity in the public health sphere towards any sexual behaviour that lies outside the "normative" conception of sex as vaginal reproductive sex or vaginally centred pleasure. Health care professionals, whether doctors, nurses or VCT counsellors, often assume that their patients are heterosexual, which can "create unease in the patient-physician relationship... (this) heterosexism, not only makes patients feel uncomfortable, but can also lead a physician to neglect certain aspects of health care and to provide inappropriate counselling. Some physicians are openly hostile, destroying patient trust and breaching patient confidentiality". [Lee, 2000: 401] Sexual minority patient-provider relationships, in the African context particularly, are tainted with apprehension and fear of stigmatisation and discrimination. Health care providers tend not to ask about specific sexual behaviours, especially those that pose higher risk of HIV and STI transmission and

do not inquire about the sexual orientation of clients. There is a gap in health service provision in the sense that clinic staff are not sensitised to deal appropriately with anal, rectal and oral STIs and individuals suffering from anal or rectal STI symptoms may not seek the services that they require:

Nurses (in South Africa) in general have got a reputation, especially in government hospitals, they've got a reputation of being really really bad, communication wise. You know they ask people "why did you do this?" if you have some type of infection 'there' (anus): "why did you do this?"
[Respondent 0**]

Most national guidelines for STI management in Africa do not include syndromic management or routine examination for anal STIs, or if they are mentioned, it is undetailed and done so only in passing¹⁰. In the absence of official clinical protocols regarding anal and rectal STIs, they are often left untreated. The quality of treatment and care, utilisation of health facilities and prevention of new infections amongst individuals who practice high risk sex, and those that belong to vulnerable or high risk groups, would be improved if health care providers could communicate greater awareness of high risk sex and sexual minority issues in a non prejudicial, non judgmental manner and could ensure greater levels of confidentiality. Services may be improved if health providers and care staff were sensitised in order to equip them with the necessary skills to create opportunities for client's disclosure of practicing high risk sexual behaviours, to ensure the provision of more comprehensive and effective health care.

Researching heterosexual anal sex

Penile-vaginal heteronormativity

An important characteristic of any sexual culture is the extent to which sexual activities within it can be spoken of openly and thus made available for collective scrutiny. [Crothers, 2001: 12]

Anal intercourse is perhaps one of the most stigmatised of common heterosexual behaviours. It has a long standing association with male homosexual sex in the

* Respondent 0: Male, South African, aged early 20s.

¹⁰ [WHO, 2003], [Moys & Khumalo, 2004], National Guidelines for the Management of Sexually Transmitted Infections, Ministry of Health and Population, National AIDS Program, Arab Republic of Egypt, 2006

context of “a homophobic society with a cultural preoccupation with cleanliness and sanitation”. [Halperin, 1999: 717] This stigmatisation and cultural prohibition leads to inevitable underreporting of anal sex practices, particularly those that occur between members of the opposite sex. Consequently, anal sex is the least studied and least emphasized sexual practice in safe-sex education targeted at the general population, despite the high risks of STI and HIV transmission. This silence is related to “cultural mores proscribing anal intercourse and the assumption that only gay men participate in this activity”. [Flannery et al., 2003: 229]

As we have seen, any reference to anal sex in relation to sexual health and HIV is predominantly in association with MSM. After a long battle fought by gay rights campaigners, gay men have been increasingly catered for with the provision of services specifically targeting same-sex-loving-identified men. Increased research on non-homosexually-identified MSM has also shed light on the wide-spread prevalence of non-sexuality related same-sex sexual behaviour worldwide, and helped to gear services towards non-homosexually identified men who engage in same-sex penile-anal penetrative intercourse (particular attention in South Africa has been paid to MSM in institutional settings such as prisons, the armed forces and in mines.¹¹) Not denying the great importance of such inclusive sexual minority programmes, this has inadvertently resulted in the pigeon-holing of anal sex solely as a sexual behaviour evident among male-male partnerships. Anal sex between men and women therefore, has been pushed out of discussion, despite the considerably higher risk of STI and HIV transmission as compared to penile-vaginal sex. In assuming that anal sex is infrequent amongst heterosexuals it has become a silenced subject, associated as we have seen with sexual deviancy. Discussion and acknowledgement of heterosexual anal sex has not been encouraged, and it has not been included in the majority of safe sex messages aimed at the general heterosexual population, resulting in a potentially dangerous lack of awareness.

Social inhibition impedes the development and implementation of effective sexual health and HIV/STD education programs, perpetuates misconceptions about individual risk and ignorance about the consequences of sexual activities and may encourage high-risk sexual practices. [Surgeon General Snatcher quoted in Flannery et al., 2003: 233]

11

- a. Report on the 13th International AIDS Conference, Durban, 9 – 14 July 2000
Summary Report of Major Issues, Conclusions and Recommendations
<http://www.doh.gov.za/aids/docs/13conf00.html>
- b. HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 [p.38]

In embarking on research on heterosexual anal intercourse it is vital to be aware of the complexities involved in examining such a historically tabooed and silenced behaviour. James Scott (1991) discusses the idea of hidden transcripts, the "not-so-public-truth". Public data he argues, is overt and easily available to us as researchers, but we must be careful not to assume that this is solely constitutive of social reality. If we focus only on this accessible public evidence we discover only a partial social reality. In order to get a complete picture of social reality we must take the hidden transcripts into account and acknowledge the limits of the information that is available to us. Information on sexual behaviour, practices, attitudes and perceptions that is easily available to us comes mostly in the form of data from studies, data from voluntary counselling and testing (VCT) sites, and from what is presented in the media. However this data is limited and we must not make the mistake of understanding this to be the whole picture of sexual activity. It is important to recognise the exclusion of information regarding any sex that lies outside of "normative" penile-vaginal penetrative sex. Even "safer sex guidelines are not themselves free from ideological contamination." [Wilton & Aggleton, 1991: 150] Questions concerning heterosexual anal intercourse are not asked or are deemed inappropriate or irrelevant, so information about it is simply not available to us as researchers and therefore not available to inform policy and programme design. Discussion about heterosexual non-vaginal sex in the public sphere is scanty, illustrating a denial that this behaviour exists amongst the 'normal population'.

Researchers must be constantly aware of the motives of research subjects, and that during the research process, subjects decide what to tell or reveal to the researcher; the data is already shaped by the subjects' conscious decisions to impart or not impart certain information. However it is also important to consider the constraints on what the subject can reveal, and how these are linked to power relations and broader power structures. The subject may feel that they cannot reveal certain data that is private, inappropriate or lies outside frameworks of perceived acceptability.

According to Spivak (1988) there are two ways of speaking about 'the subject': firstly in terms of what people refuse to say (resistance); as researchers we must take note what is not said, in measured silences. Secondly we also have to take account of how structural issues constrain what people see and the ways of seeing

and thinking available to people. So, as Brain Fay (1975) also claims, we also need to pay attention to what cannot be said (ideology). These hidden transcripts are concealed by ideologies that express dominant views and shut certain modes of understanding out of our comprehension. Evidence of this is in the construction of laws and definitions of sex (see the Sexual Offences Bill, dictionary definitions of "sexual intercourse" and sex education materials for example). These portrayals and definitions of sex shape understandings and conceptualisations of what sex is, with implications for understandings and interpretations of sex education and safe sex messages. In the process of defining what constitutes acceptable sex and placing boundaries around appropriate conversation, Spivak's 'subaltern' voices are silenced in the official domain.

The prevalence of heterosexual anal sex

Due to major gaps in research on sexual behaviour, it is difficult to assess the prevalence of heterosexual anal sex with any certainty. Not only are these gaps due to the taboos and silences influencing data collection, research design and prioritisation of research topics, but also due to the methodological problems of gathering data. Data collection on heterosexual anal intercourse can be hampered on behalf of the subjects due to potential misreporting, underreporting, stigma, fear of disclosure, perceptions of abnormality and so on. However some data on the high prevalence of heterosexual anal intercourse as reported in studies does exist, suggesting that it is commonly practiced.¹²

12

- a. "A preliminary study of sexual behaviour in Vulindlela, a rural community in KwaZulu-Natal, indicates that about one in five has practiced anal sex. Factors contributing to the practice included: sexual violence which sometimes involved rectal penetration, a customary practice of 'virgin testing', the perception that anal sex is 'safe sex' as it is not included in current HIV prevention messages, sexual experimentation and to please their partner." [Karim, 2003]
- b. South Africa: 145 sex workers recruited between August 1996 and March 1997 from truck stops along South Africa's main national road, midway between Durban and Johannesburg. 42.8% of the CSWs had anal sex with their clients. [Karim & Ramjee, 1998]
- c. A study amongst heterosexual adults in California consisted of telephone interviews with a household probability sample of 3,545 California adults under sampling those aged 44 and older. 7% of sexually active respondents, 8% of males, and 6% of females reported having anal sex at least once a month during the year prior to the survey. Of these, most engage in this activity one to five times per month, and about 60% report never using condoms. Younger respondents and those who were not married were more likely to report anal intercourse. Respondents who had anal sex were more likely to report standard AIDS risks and lifestyle risks associated with STDs, and to engage in recreational use of drugs and alcohol. Both anal sex and condom use during anal intercourse were poorly predicted by these demographic and risk variables. It is concluded that a non-trivial proportion of California heterosexual adults engages in anal sex regularly, most without condoms, and those who have anal sex are more likely to have other risk behaviours associated with AIDS and STDs. These results suggest that anal sex must be addressed specifically in clinical and educational programs designed to reduce the spread of AIDS. [Erickson et al., 1995]

Among the general population, the reporting of heterosexual anal intercourse varies greatly across time and cultural groups. However, a body of recent research suggests that, despite some geographical differences, rates in most countries are relatively high. Many studies have also found that associated condom usage is low. Although unprotected anal intercourse is known to be an efficient method for the transmission of HIV and other viral infections, it has rarely been addressed outside cohorts of men who have sex with men...¹³
[Powis et al., 1995]

Findings from studies looking at the fluctuation of HIV viral load in semen during early infection and HIV transmission between sero-discordant couples have led researchers to conclude that "a large proportion of HIV infection in Africa must be occurring through routes other than vaginal sex, for example through unsterilised medical needles or anal sex". [Cairns, 2004]

Implications of discursive omission of heterosexual anal sex

Knowledge is deeply embedded within intricate and multi-layered social, cultural, institutional, economic and political discursive fields of practice. The production of knowledge involves ongoing processes of contestation, negotiation, reproduction and assimilation. It is vital to shed light on the complexity of the social and discursive fields in which people receive and interpret HIV prevention messages and "how they understand, experience and use this knowledge in the face of, or while constructing, performing and playing out their sexual identities." [Baxen & Breidlid, 2004: 21]

....social norms, which define meanings and regulate social interactions, expectations and behaviour, are perhaps more important than knowledge about the possible effects of unsafe sex. [Berger, 2004: 57]

-
- d. A US study of sexual risk behaviour among mid-western college students: 22% of sexually active women reported ever engaging in anal intercourse. Another study found 27% of Swedish college women reporting having had AI. A study of California adults found 6% of women had engaged in AI in the past month. A review on literature on HAI concluded that about 10% of US women engage in AI. [Flannery et al., 2003]
 - e. "1,220 young adults aged 18-26 attending public STD clinics in Seattle, New Orleans, and St Louis were interviewed and tested for STDs between 2001-04. ...Percent Reporting Ever Anal Sex: (n=301/919) ...Only 39% reported ever using condoms during AI w/ last partner. ...14% of those who reported never having vaginal sex reported having AI." [Gorbach et al., 2006]
 - f. Bolling (1989) – clinical interviews with gynaecological population of 1007 healthy women – 72% had experimented with anal sex – 23% engaged regularly in anal intercourse for pleasure – on first enquiry many of the women denied having had anal intercourse – only in subsequent interviews did they open up to discussion.

¹³ Research studying HIV risk-taking behaviour has tended to focus on specific populations who are characterized by particular behaviours. Such practices include the extent of unprotected anal intercourse among homosexual men, the sharing of injecting equipment among drug users and unprotected vaginal intercourse among female sex workers. There is often a failure among both researchers and practitioners to address specific risk behaviours outside of the defined risk group. [Powis et al., 1995]

Safe sex negotiations are impeded by cultural codes of politeness, acceptability and taboo. Not only is there a lack of appropriate language with which to comprehensively discuss the lived realities of people's sexual lives and desires, but sexual discourse is also fraught with cultural dilemmas. Consequently communication on sexual matters is often indirect and ambiguous. People tend to talk "around the subject rather than about it." [Pliskin, 1997: 93]

...we must understand that most... thoughts, decisions, and communication about sexual health are based on mutual representations of self and on unacknowledged, politeness-communication codes. Consequently, we need to analyze the cultural aspects of sexual relationships for the "silences" and "the strategies that underlie and permeate discourses" on sex (Foucault) in order to understand the impact of cultural practices on peoples' reluctance to discuss STDs, on their desire to create a laudable sense of self and other in a new relationship, and on the lack of a language to communicate about STDs. Until STD prevention programs develop culturally based sexual languages that empower individuals to negotiate their sexual transactions through verbal intercourse, people will contract sexually transmitted diseases through sexual communication. [Pliskin, 1997: 103]

The realities of unprotected anal sex

Despite the high risks of unprotected anal sex, and the fact that it is potentially the most efficient way to transmit HIV sexually ¹⁴, it has been largely ignored in information and education campaigns. This omission may actually serve to increase the incidence of anal intercourse amongst the wider population. Where understanding of HIV transmission is poor and where there are knowledge gaps, HIV spreads rapidly. With recognition of anal sex as a normalised sexual behaviour, both NGOs and governments can begin to develop prevention programmes that can limit or reduce the rate at which HIV is transmitted amongst vulnerable groups and the population as a whole.

14

- a. "Human sperm contains collagenase and spermine which cause a breakdown of the membrane that supports the colonic epithelium of the rectal mucosa. This causes a significant decrease in the mucosal immunity and allows pathogens to more easily penetrate these tissues. Current knowledge is that unprotected anal intercourse is the most efficient method of sexual transmission." [Naftalin, 1992, in ABCTLC, 2007: 22]
- b. Anal sex is "estimated to be at least five times more risky to the receptive partner than vaginal sex and possibly even more so..." [Robertson, 2004]

Both males and females who practice anal sex are vulnerable to infection, especially the receptive partner, due to the fragility of the anus and rectal passage ¹⁵. The lining of the anus is served by many small blood vessels separated by a thin membrane that can easily rupture during penetrative sexual intercourse. The lack of naturally produced lubrication in the anus as opposed to the vagina further presents a heightened opportunity for the membrane and blood vessels to rupture. This in turn means that bodily fluids such as blood, pre-ejaculate and semen that contain the HIV virus in an infected person can pass easily into the blood system of an uninfected person. Besides the HI virus, receptors of anal sex are also more likely to be affected by other STIs ¹⁶ (for example syphilis and rectal gonorrhoea). It would logically follow that due to tightness, friction and the lack of naturally produced lubrication in the anus, the penetrating partner in penile-anal intercourse is also more vulnerable to infection through increased likelihood of tissue damage and absorption of anally located viruses and bacteria. Additionally some STIs, particularly those characterised by symptoms such as open sores or bleeding, have been shown to substantially increase the risk of transmission of HIV.

To the extent that any sexual messages are needed, they must explicitly focus on the one sexual behavior that is a major HIV/AIDS risk for otherwise reasonably healthy persons – receptive anal intercourse... Instead of warning about the risks of penile-vaginal intercourse... The one sexual warning should be with regard to anal intercourse, and topical antimicrobials must focus on being compatible with that activity. [Dr Stuart Brody in Glazov, 2005]

It is possible that Dr Stuart Brody takes an extreme line, drawing evidence from epidemiological research, suggesting that penile-vaginal heterosexual intercourse has been wrongly blamed for the HIV epidemic in Africa. Blame he claims would more accurately be apportioned to heterosexual anal intercourse. ¹⁷ Although Brody

¹⁵ "...the rectal lining is particularly vulnerable. The entire intestinal tract, including the colon and rectum, are lined with only a single layer of epithelial cells. This fragile surface can be easily disrupted by physical trauma — such as anal sex — causing the cells to rupture, and exposing the underlying cells directly to semen. This enhances the risk of HIV infection." [d'Adesky, 2004]

¹⁶ "Sex workers practicing anal sex were 2.5 times more likely to report a sexually transmitted infection than those not reporting this practice." [Schwandt et al., 2006: 7]

¹⁷ "...inundation of vaginal tissue with HIV under optimal laboratory conditions did not infect any of the samples, but easily infected rectal tissue. My point regarding transmission risk is that the data show that reasonably healthy people do not have a significant risk by either non-genital touching or vaginal intercourse. For those people who have something political, psychological, or material to gain by focussing fear on penile-vaginal intercourse, they can take comfort in my saying that the risks are non-zero. But then such is the nature of science... AIDS does not present a significant risk of transmission to reasonably healthy persons via penile-vaginal intercourse. However, unsafe punctures and anal intercourse do present major risks. The ideological focus on the politically correct (but factually incorrect) vector of penile-vaginal intercourse has likely resulted in not only damaged sex lives for hundreds of millions, but has also resulted in mass death in poor countries... Rather than a focus on condoms, there should be more

presents a worthwhile argument that challenges existing paradigms, it remains vital not to entirely dismiss the importance of penile-vaginal intercourse as a risk factor for heterosexual HIV transmission. The risk of penile-vaginal transmission of the virus remains high in the presence of genital inflammation or disease. Such genital pathology is likely to be common in Africa and other resource poor settings where the immune systems of the general population are compromised.¹⁸

Recent work has confirmed that men having sex with men, and anal sex between men and women, may have been neglected epidemiologically in assessing how the (HI) virus is moving in many of these same African countries, and may be produced by cultural traditions and social forces other than traditional heterosexual gender relations alone. [Dowsett, 2003: 25]

Theoretical framework

It is difficult to draw a clear line here between a purely deterministic social constructionist viewpoint on one hand without bringing in the potential for creative agency on the other hand. I find it hard to separate these two theoretical standpoints. I have attempted to lay out a theoretical framework with which to interpret and make sense of sexual behaviour and sexual decision making, which for me involves an interplay of structural factors with the individual actor. Further on I attempt to embody this dualistic theory in the form of a critical realist viewpoint. I have really grappled with these theoretical concepts, finding it hard to avoid overlapping and repetition, and I have tried not to oscillate too wildly between the various positions.

Social Constructionism

The social construction of sexuality is far more thoroughgoing, encompassing the very way sex is conceptualised, defined, labelled, and described from time to time and from culture to culture. [Vance, 1984: 8]

work on developing topical antimicrobials that are suitable for the sexual route that is a major risk: anal intercourse. Sexual warnings need to be comprehensively refocused on anal intercourse." [Brody in Glazov, 2005]

¹⁸ "My GUESS is that about 20% of HIV in sub-Saharan Africa is transmitted peno-vaginally, a non-trivial burden. Thus I think prevention messages in Africa MUST continue to pay attention to advocating safer sex. But they also must warn of the dangers of non-sterile punctures AND specifically discourage unprotected receptive anal intercourse. Squeamishness and civility be damned; we're talking about lives here." [John Potterat in Glazov, 2005]

Following the example of an anthropological approach to studying cultural phenomena such as religious beliefs and political ideology, attention to sexual meanings and ideology emphasises the shared and collective character of sexual frameworks and "their constitution not as the property of atomized or isolated individuals but rather of social persons who are integrated in the context of specific cultural settings." [Parker, R., 2001: 166] Recent anthropological research on HIV and AIDS has sought to go beyond empirical research on sexual practice and the calculation of behavioural frequencies and has turned its focus to "examine and explicate what sexual practices mean to the persons involved, the significant contexts in which they take place, the social scripting of sexual encounters, and the diverse sexual cultures and subcultures that are present or emergent within different societies, ...(and) to go beyond the identification of statistical correlates aimed at explaining sexual risk behaviour." [Parker, R., 2001: 166]

Sexual cultures are the beliefs, expectations and rules for sexual conduct adopted/lived by particular groups. They tend to govern the sorts of activity that are defined as legitimate and how sexual encounters are to be staged. [Crothers, 2001: 12]

Sex is embedded within the broader social, cultural, political, religious and economic structural frameworks that govern and delimit human interactions and our understandings of the world around us. If sexual acts are "socially constructed in a given cultural milieu and the psychologic equipment that a person has to work with" then it is these broader influences that we must explore in order to understand sexual behaviour. [Kelly, 2001: 731-1732] Anthropologists emphasise that instead of focusing on the interpretation of individual behaviours more critical attention should be paid to cultural meanings, leading to closer scrutiny of "the socially constructed (and historically changing) identities and communities that structure sexual practice within the flow of collective life". [Parker, R., 2001: 167] ¹⁹

19

a. "In Western industrialized nations, and in other areas of the world already under the influence of capitalism and Christian ideology, what counted as sex was primarily intercourse; engaging in sex before marriage or with more than one partner was considered deviant. It was assumed at that time that sex was a derivative of nature and not of culture, and that sexual practices were universal in form. Sex in Samoa as it was described to Mead... was different from sex in Western cultures. Because sex and intercourse are considered synonymous in Western cultures, both are serious matters with serious social consequences... It was intercourse, not sex, that had serious social consequences. Intercourse was associated primarily with reproduction, not with sex. Promiscuity in Samoa had nothing to do with sex. To be promiscuous meant to engage in intercourse when it was prohibited and thus to reproduce indiscriminately. Sexual play that did not result in a protracted monogamous sexual relationship involving intercourse was a normal part of the complex sex-gender system. That system functioned to protect the status of men, the autonomy of women, the integrity

There is no doubt that humans are strongly influenced by culture, and sexual behavior patterns are no exception. Not only does culture prescribe how, when, and with whom we shall engage in reproductive sex, but every culture has some way of dealing with nonreproductive sexual behavior as well... Some cultures encourage this behavior, others ignore it, still others ritualize it. Now that anthropologists are beginning to shake off their own Victorian heritage, more and more information becomes available about the varieties of human sexual behavior. And much of the behavior has no reproductive significance. Distinguishing between reproductive and nonreproductive sexual behavior is thus an essential task for ethnographers, but... is not an easy one. Just as the colors of the visible spectrum are categorized differently by different cultures, so are the patterns of behavior that accompany sexual arousal. Physiological arousal, which may or may not result in orgasm, is a natural result of sexual stimulation (Masters and Johnson, 1966). There is a strong cultural determinant to this stimulation, as there is to the behavior associated with it. [Wundram, 1979: 102]

The social constructionist interpretation of sex gives new insight into the theory of 'intervention'. With this reformulation it becomes evident that "behavioural intervention may in fact be a misnomer, since HIV/AIDS prevention interventions almost never function at the level of behaviour but rather at the level of social or collective representations." [Parker, R., 2001: 167]

New knowledge and information about perceived sexual risk will always be interpreted within the context of pre-existing systems of meaning-systems of meaning that necessarily mediate the ways in which such information must always be incorporated into action. Because action has increasingly come to be understood as socially constructed and fundamentally collective in nature, earlier notions of behavioural intervention have given way to ethnographically grounded AIDS education and prevention programs that are community-based and culturally sensitive-programs aimed at transforming social norms and cultural values, and thus at reconstituting collective meanings in ways that will ultimately promote safer sexual practices. [Parker, R., 2001: 167]

The social constructionist theory asserts that we react and respond to our cultural and historical context and cannot exist or act outside of it. Contextual practices, norms and expectations at the same time enable and constrain us to act in certain ways. This framing structure serves to restrict individual action, but at the same time enables individual creativity by providing the language and discourse through which to interpret the world around us and express our lived realities.

of the kinship structure, and the emotional and economic wellbeing of the entire community by assuring procreative control without sacrificing sexual pleasure." [Grant, 1995: 681]

b. Although Mead's work has come into question in more recent years, [Freeman, 1984] the ideas she explores of the cultural particularity of sexual behaviour are still salient today.

From the perspective of social constructionism, society's members are both authors of and actors in the realities they construct. As authors, they rely on a common stock of knowledge rooted within existing institutions, everyday language, shared meanings and understandings. This knowledge consists of recipes or scripts for action and typifications of people, events, and objects. Variations in reality construction result, in part, from variations in people's lives based on their division into strata (e.g. age, gender, race). [Maticka-Tyndale, 1992: 239]

In exploring the factors contributing to sexual agency and the choices that people make in relation to their sexual conduct, an individual's sexual desires and sexual behaviour cannot be examined in isolation of broader societal context, recognising the "fundamentally social element inherent in all action descriptions and explanations". Sexual activity takes place within the "context of a certain set of social rules which provide the criteria in terms of which an actor can be said to be performing that action... it is the background of social rules of a particular society which provides the limits of this range." [Fay, 1975: 74-75]

Sexual Culture

Sexual cultures comprise the age-specific and collectively developed beliefs, expectations and rules for sexual conduct that 'govern the sorts of activities defined as legitimate and how sexual encounters are to be staged'... sexual cultures are socially constructed and reflect unequal gender relations in the broader society. [Natrass, 2004: 146]

In any discussion of human behaviour it is important to consider the role that 'culture' plays in determining or influencing individual action. Culture has a strongly influential role in individual sexual decision-making, shaping our sexual choices by "choosing some sexual acts (by praise, encouragement, or reward) and rejecting others (by scorn, ridicule, or condemnation), as if selecting from a sexual buffet." [Vance, 1984: 8] Each sexual act is weighted with social and personal meanings and we understand our sexualised bodies and the sexual actions we take in terms of prevailing codes of meaning and systems of classification that relate to our sexual identities and the sexual communities to which we belong or do not belong.

It is not enough to describe sexual encounters as if they can be objectively observed from a detached distance as just bodies in collision... it is important to see why particular types of sexual activities occur in terms of the interpretations and actions of the participants, the type of relationship that pertains between the participants and the wider setting and contexts within which this takes place... sexual behaviour is meaningful... a reflection of the structural relationships pertaining between partners. The key is to understand the ongoing negotiations and interaction between sexual partners. This in turn

tends to be broadly governed by the sexual cultures in which they operate.
[Crothers, 2001: 12]

"Sexual behaviour is... 'socially scripted' in that it is a 'part' that is learned and acted out within a social context." [Jackson, 1999: 31] Symbolic social structures in society constrain members of that society "delimiting the sorts of activity open to them". [Fay, 1975: 84] ²⁰ In the social constructionist analysis of sexual behaviour, "people learn rules that tell them how to have sex, whom they may have it with, what activities will be pleasurable'. Scripts are internalised, so that 'some behaviours come to be seen as exciting and others as disgusting'". [Unger & Crawford in Segal, 2002: 208]

The social constructionist theory aids in understanding how and why people are socialised to have particular types of sex, in this case how people are socialised to perceive penile-vaginal heterosexual sex as normative and acceptable in preference to any other form of sexual behaviour. But the social constructionist view does not allow for an explanation of deviation from the script: the sexual boundary transgression that undeniably takes place, (for example in the practice of heterosexual anal sex) challenging and throwing into question society's control and harness on individuals as sexual subjects. (The social constructionist view is also in danger of neglecting the somatic element; the physical biological body itself is also a source of information and stimuli as shall be explored in detail further on.) However this theory can prove useful in the formulation of HIV prevention programmes in order to tackle sexual behaviour change and sexual practices at a social collective level rather than at the individual level. If sexual norms and sexual behaviour can be collectively renegotiated at the social level, behaviour change may be a more realistic goal.

Technologies of power

Foucault and others have examined the ways in which technologies of power, irreducible to state power, operate in relation to sexuality. Economic, familial,

²⁰ Structuralism, the brain-child of Claude Levi-Strauss in the 1960s established the 'universal grammar of culture', "the ways in which units of cultural discourse are created (by the principle of binary opposition), and the rules according to which the units (pairs of opposed terms) are arranged and combined to produce the actual cultural productions...". [Ortner, 2001: 650] Thus all cultural meaning is based on a system of binary oppositions and contrasts which make up a series of structures that are 'categories of the mind'. The focus of structuralism therefore is looking at the varying relationships between distinct entities or concepts.

cultural, religious, and medical as well as media discourses shape, control, and regulate sexual practices, relations, and identities. [Cooper, 1993: 265-266]

Foucault illustrated the centrality of sex to human life and social organisation. He explained how through disciplines of the body, sex was tied to the regulation of populations; "giving rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to a micro-power concerned with the body." [Foucault, 1978: 145-146.] And yet as proven by the continual existence of deviance, these powers never seem to achieve complete control.

The act or event of sex is not simply a lived, experienced reality, outside of power... Sex, the deployment of sexuality, enables the power produced by their material energies to intensify its hold on bodies, forces, their sensations and pleasures, binding subjects, in their very desires, to the operations of power. [Grosz, 1994: 154]

According to Foucault both sex and sexuality are socially constructed, manifestations of "the micropolitical investment in the minute regulation of bodies", mechanisms for binding individuals to the forces of biopolitical control. [Grosz, 1994: 155] Therefore even the seemingly 'resistant and resisting' bodies and pleasures of individuals are both the objects and targets of power. Foucault implies that 'bodies and pleasures' "preexist power, that they are... the raw materials on which power works and the sites of possible resistance to the particular forms power takes." [Grosz, 1994: 155]

...sexuality organizes people into particular roles, constructs subjectivities in specific ways, and naturalizes or enforces certain behaviour, attitudes, and practices. Erotica and desire become the means of achieving these effects, assisted by norms, knowledge, and sanctions - formal and informal. [Cooper, 1993: 267]

'Technologies of sex'

According to Foucault, towards the end of the 18th century a completely new 'technology of sex' emerged. New in the sense that it was radically secular and unprecedentedly free from ecclesiastical overtones, but at the same time still had underlying themes of sin. Through the institutions of pedagogy, economics, and most importantly medicine, sex became "not only a secular concern but a concern of the state as well; ...a matter that required the social body as a whole, and virtually all of its individuals, to place themselves under surveillance." [Foucault, 1978: 116] Sex

became a public issue: "a whole web of discourses, special knowledges, analyses, and injunctions settled upon it." [Foucault, 1978: 26] This new technology of sex was ordered in relation to the medical institution and what it defined as normality.

Discussions of sex as a political issue are central to Foucault's arguments. The political technology of life was tied both to the disciplines of the body as well as to the regulation of populations: "giving rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to an entire micro-power concerned with the body... Sex was a means of access to both the life of the body and the life of the species ...employed as a standard for the disciplines and as a basis for regulations." [Foucault, 1978: 145-146]

Strong sexual norms in conjunction with weakening familial authority, greater economic individualism, and rising social alienation have precipitated an expansionist state that attempts to regulate sexual behaviour through its education provision, health policies, police force, social services, and so on. [Cooper, 1993: 270]

The discourse of power is at the heart of Foucault's work. In examining sexual surveillance in relation to the law, Foucault suggests:

Power is essentially what dictates its law to sex.... Sex is placed by power in a binary system: licit and illicit, permitted and forbidden... power prescribes an "order" for sex that operates at the same time as a form of intelligibility: sex is to be deciphered on the basis of its relation to the law... power acts by laying down the rule: power's hold on sex is maintained through language, or rather through the act of discourse that creates, from the very fact that it is articulated, a rule of law. [Foucault, 1978: 83]

Power employs laws of prohibition as a means of controlling sex, constraining sex through taboo and the logic of censorship. Foucault outlines the three forms of this censorship: the inexistent, the illicit and the inexpressible. The tabooed thing is denied existence by the very fact that it is not permitted and is prevented from being said.

...one must not talk about what is forbidden until it is annulled in reality... that which one must keep silent about is banished from reality as the thing that is tabooed above all else. The logic of power exerted on sex is the logic of a law that might not be expressed as an injunction of non-existence, nonmanifestation, and silence. [Foucault, 1978: 84]

Dominant discourse and Hegemony

Hegemony and discourse go hand in hand and it is difficult to separate them. I have attempted to use these two concepts in a constructive way to understand broader sexual cultures within which heterosexual anal sex is situated. Cultural hegemony²¹ involves "the production of ways of thinking and seeing, and of excluding alternative visions and discourses." [Marshall, 1998: 272]

Discourse refers to the "...ways of speaking which are commonly practised and situated in a social environment: 'speech in habitual situations of social exchange'." [Rapport & Overing, 2000: 117] Michel Foucault and other post-structuralist theorists posited the idea that communication, power and knowledge are inextricably bound together within discourse. Particular cultural discourses maintain "conventional ways of knowing the world" (penile-vaginal heteronormativity), these discourses consisting of "certain conditions and procedures regulating how people may communicate and what and how they may know" (the lack of communication, knowledge and available information regarding heterosexual anal sex). [Rapport & Overing, 2000: 120] Foucault denied the individual human subject power or status as the 'source and master of meaning', situating the individual within impersonal knowledge structures and collective systems of signification. [Rapport & Overing, 2000: 120] According to Foucault, discourses 'inhabit the body' and 'habituate the mind', so that individual subjects become socialised through particular discursive constructions of the world. [Rapport & Overing, 2000: 121] Social texts inform individual experience, and constitute the realities and truths by which all individuals live within the context of society.²² Individual sexual subjects and understandings of our own physical sexual bodies are dictated by these social texts and discourses. "The discursive formation of sex penetrates and colonizes the cultural space and is then internalized by individuals as the natural and appropriate behavioral code." [Coon, 2006]

²¹ Hegemony refers to "the ideal representation of the interests of the ruling-class as universal interests." [Marshall, 1998: 272]

²² Challenges to this structuralist denial of agency lie in the argument that social meanings are continually being 'constructed' by social actors, culture being in a constant state of creation, revision and adaptation. To find a midway line between structuralism and constructionism/constructivism "it is necessary to appreciate that culture has a reality that 'persists and antedates the participation of particular people' and shapes their perspectives, but it is not an objective reality that only possesses a sense of constraint: it acts as a point of reference but is always in the process of being formed." [Bryman, 2001: 18]

Dominant knowledge structures have defined sex for us as penile-vaginal heterosexual reproductive sex, and we understand our physical bodies in relation to this paradigm²³ and consider this model as 'natural'. Heterosexual anal sex has been relegated as 'unnatural' within these dominant knowledge structures, suppressing discussion of it as a 'normal' and acceptable heterosexual behaviour, resulting in its exclusion from HIV prevention campaigns.

Hegemony is built on daily practice and commonsense categories by which we understand the world. Hegemonic processes frame the way in which we understand our experience and so shape the experience itself, including the experience of epidemic disease. Central to this conception of hegemonic processes is the understanding that contention over meaning is constant and that all of us... are both subjects and agents. [Glick Schiller, 1992: 248]

During the process of hegemonic production, the conscious and strategic propagation of a particular world view or ideology gradually takes on a sense of naturalness, becoming part of the foundation for understanding "the way things are". [Cochrane, 1999: 87] ²⁴ In this way pervading penile-vaginal heteronormativity affects our understandings of the heterosexual HIV epidemic as being primarily driven by penile-vaginal penetrative intercourse, excluding alternative explanations and other heterosexual transmission vectors.

²³ 'Paradigm' refers to "a model or framework for observation and understanding, which shapes what we see and how we understand it... an accepted tradition and set of beliefs/values..." [Babbie & Mouton, 2006: 645]

²⁴

- a. In controlling the information available and placing limits on the discussion of sex, especially in conservative African countries and especially where Islam and Christianity are influential, there is a denial of any behaviour that is against the norms and acceptable standards, which as we have seen in the case of Christianity, is defined in reference to a procreative emphasis. Blame for deviant sexual behaviour is placed upon the marginalised in society: sexual minorities, commercial sex workers, and immigrants are used as scape-goats, as part of the denial that "non-normative" non-procreational sex-for-pleasure takes place in other sectors of society. With proscription placed on sexual behaviour by dominant religious institutions, their power and control over the population is asserted, with deviancy blamed on 'heathen' non-followers.
- b. Brandt depicts how immigrant populations in the USA have historically been singled out and blamed for the spread of venereal diseases, particularly African-Americans ('Negroes') who were characterised as being promiscuous and indulged in immoral sexual behaviour. Prostitutes, who were also predominantly 'foreign-born', were seen to be "the primary locus of infection". [Brandt, 1987: 21]
- c. "the Church would accuse any out-group in Christendom of excessive and unnatural sexual practices" [Armstrong, 1992: 230 in Progler, 2004]
- d. Haynes discusses the "propensity of dominant groups to charge minorities with sexual impropriety" and the "tendency for majority cultures to attribute deviant sexual practices to racial and ethnic minorities". He also refers to the Hebrew Bible texts to illustrate how "the difference between 'in' and 'out' is expressed in labeling the other as one who practices a taboo sexual act". [Haynes, 2000]

Embodiment

Although sexual acts are experienced through the physical senses of touch, taste, smell, sight and so forth, the somatic experiences themselves are interpreted through available discourses and narratives.²⁵

...we live our sexual bodies, our bodily fluids and their particular forms of jouissance or tension, never as it were "in the raw", unmediated by cultural representations. Our pleasures and anxieties are always lived and experienced through models, images, representations, and expectations.
[Grosz, 1994: 196]

Foucauldian theory asserts that historically specified discourses describe and dictate how we understand and make sense of the world around us and how we experience our physical bodies. Discourse speaks for the subject; the subject is already spoken for by discourse. The pleasures of our bodies are dictated by pre-defined sex roles, and little scope is left for creative 'agency'.

Socialist/feminists claim that sexuality and desire... are social constructions; our relation to our bodies is shaped by social structures, including prevailing gender ideologies in their specific historical context. Whom we desire, what we desire, what we take pleasure in, are perhaps forms of learned behaviour. We become 'sexed' beings.
[Dallery, 1992: 64]

In using the term embodiment I refer to the ways in which we use, experience and understand our physical bodies. Marcel Mauss describes 'techniques of the body': "the body is man's first and most natural instrument, man's first and most natural technical object". [Mauss, 1935: 104] We live and experience the world through the medium of our physical bodies. Mauss deconstructs the idea of biological bodily experiences and actions as being 'natural'; behaviours are taught and learned within specific contexts. Thus techniques of reproduction and sexual positions are also learned according to social context. What constitutes acceptable sex is ingrained in our physical beings through a process of acculturation. The physical body is a nexus of personal individual choice: providing the means by which we take up, interpret and reinterpret cultural and societal norm. Through the agency we assert by means of corporeal styles and the sexual practices we engage in, we politicise our personal and sexual lives.

²⁵ "The perceived opposition between essentialism and poststructuralism perpetuates a conceptual dualism between a natural, essential, stable, material body and a shifting, plural, socially constructed body with multiple potentialities." [Holland et al., 1994: 21]

Foucault saw the body as a "key site and vehicle of disciplinary practices, and also as a site of resistance to such practices." [Segal, 2002: 210] The ways in which we 'use' and experience our bodies as sites of sexual pleasure and desire are informed by our social settings. The regulatory mechanisms of society place boundaries around what is considered acceptable and non-acceptable behaviour. Although we may step outside these boundaries in private, the ways in which we conceptualise our behaviour is inherently affected by their very existence. The body and its pleasures are "the target of technologies of surveillance". [Segal, 2002: 210]

The body is lived and experienced contextually, co-existent with personal identity: our bodies are our modes of intentionality, our "modes of desire". [Beauvoir in Salih & Butler, 2004: 1] We cannot ignore the physical facticity of the body's presence; as Beauvoir put it, "consciousness exists one's body" [Beauvoir in Salih & Butler, 2004: 1]. In this conceptualisation the body is a project, and Butler suggests gender is a way of "doing" the body. [Salih & Butler, 2004: 1]

It is only the sensory, perceiving subject, the corporeal subject, who is capable of initiating (sexual) desire, responding to and proliferating desire. The libido is not an effect of instincts, biological impulses, or the bodily reaction to external stimuli. It emanates from the structure of sensibility, a function and effect of intentionality, of the integrated union of affectivity, motility, and perception. Sexuality is not a reflex arc but an "intentional arc" that moves and is moved by the body as acting perceiver. [Grosz, 1994: 109]

Sexualising the body

Psychoanalysis regards the body as an aggregate of "partial objects, organs, drives, orifices, each with their own significance, their own modalities of pleasure which, through the processes of Oedipal reorganisation, bring these partial objects and erotogenic bodily zones into alignment in the service of a higher goal than their immediate, local gratification (the ultimate goal being reproduction)..." [Grosz, 1994: 169]

We ceased to be the sexual authors of our fate, as certain parts of the body and the ways we 'used' them were designated for our sexuality, while others were at first forbidden, as physically and morally dangerous, and later, in the world of Orgasmia, as erotically 'inefficient'. [Hawkes, 1996: 70]

Julia Kristeva looked at the significance that various orifices and boundaries of the body have for culture and for the subject, drawing heavily on the work of Mary Douglas. Elizabeth Grosz refers to Kristeva's terminology of "abjection", linking it to "...the lived experience of the body, the social and culturally specific meanings of the body, the cultural investment in selectively marking the body, the privileging of some parts and functions while resolutely minimising or leaving un- or underrepresented other parts and functions. It is the consequence of a culture effectively intervening into the constitution of the value of the body." [Grosz, 1994: 192] Kristeva's abjection refers to "the constitution of a proper social body, the process of sorting, segregating, and demarcating the body" according to cultural expectations. [Grosz, 1994: 193] We can link this to the way in which the penis, vagina and anus have been demarcated and segregated into Douglas' categories of clean and dirty, pure and impure, those which are to be used sexually and those that are not. The anus is seen to be dirty, impure and only inappropriately sexualised and eroticised.

The parts of our bodies that are culturally and socially sexualised tend to be those that emphasise the differences between the biological sexes: the penis, the vagina and the breasts. These particular bodily zones become increasingly and noticeably different between the sexes during puberty and adolescence when adult sexualisation is taking place. The anus has been dealt with differently, with some level of discomfort, as perhaps it throws into question the similarities between the sexes. The ambiguity that the anus represents makes people uncomfortable with the possibility that men and women can be penetrated in the same way (though it could be argued here that the penile-oral sex has the same potential for gender ambiguity of the receptor). As a result the female anus has been subordinated as an erotogenic zone. Homosexuality brought this challenge to the fore with the penetration of the male anus.

Bodily zones, regions, activities, and practices which perhaps should be repressed if the penis-vagina, coital mode of sexual gratification is to develop most notably oral, anal... impulses... and the other 'sexual perversions' – may tend to be emphasised, indeed, cultivated, in a mode of defiance to heterosexist requirements. [Grosz, 1994: 76]

The 'deviant' individual has been historically defined by their choice to practice sexual activities, sex roles and sexualities that are not 'ordained by heterosexuality':

The gendered body

In most societies, gender determines how and what men and women are expected to know about sexual matters and sexual behaviour. [Whelan, 1999: 3]

Gender scripts and the performance of gender are intimately linked to the physical lived body ²⁶. The "...performance of gender entails a process by which parts of the body are eroticised, created and acknowledged as sites of pleasure". [Judith Butler in Hawkes, 1996: 139] If we examine this further in relation to heteronormativity and the effects this has on our experiencing of our own societally gendered bodies: "...within the constitution of heterosexuality, expectations are mapped onto the body in ways which relate gender performance to acquisition of sexuality. A 'feminine' woman experiences pleasure from the penetrated vagina, the masculine man from penile penetration". [Hawkes, 1996: 130] Through these means gender identity is intertwined with 'appropriately eroticised' bodily organs.

Society, culture and dominant discourse determine and distinguish "potentially sexual from the non-sexual bodily surfaces and actions... For instance, both men and women have an anus. Yet the anus as part of a sexualised body is predominantly encoded as a gay male body. This has caused some to ask if the anus is a homologue of the vagina, allowing a heterosexual understanding of penetrative sex between men, which at the same time denies visibility to female anality and anal intercourse as a heterosexual practice. Indeed the very use of the terms heterosexual – meaning vaginal – intercourse and homosexual – meaning anal – intercourse are revealing in this respect." [Richardson, 1998: 6] The penis and vagina, which are categorised as being the sexual organs, are assumed to be a 'natural fit', disallowing the possibility of the 'naturalness' of the penis penetrating the anus.

Sexual enjoyment is influenced by the social construction of male and female sexuality... These perceptions influence the ways in which male and female partners seek and experience sexual pleasure. [Blanc, 2001: 198]

The female adult is normally subjected to "vaginal coitally defined sexuality", [Hawkes, 1996: 64] and the male to penile penetrative sexuality. Rejecting this

²⁶ "...women, in order to feel appropriate and normal, are under pressure to embody specific behaviors and appearance that constitute this dominant form of femininity. These norms include particular forms of comportment and body management and containment that... produce the physical and psychological constraints evident among (White, middle-class) girls and women." [Tolman, 2006: 76]

reduction of sexuality to fixed reproductive genitality, Sigmund Freud ²⁷ challenged the pervasive perception that sexual desire and the sex drive are determined by exclusively biological physiological instinct. Freud claimed that any part of the body, or any action, has the potential to become 'erotogenic', the source of sexual attraction and satisfaction: any part of the human body therefore, not only the genitalia, can be eroticised and invested with sexual value.

Given the social construction of erotic and gender meanings, sexual and gender choices merge, blur, and recreate the boundaries of biological sex, erotic arousal and activities, gender and erotic identity, gender and erotic roles, and variations in sexual orientation or preferred erotic acts. Sexual pluralism – in desires, behaviors, lifestyles, and values characterizes any complex society. The Naturalist accepts such sexual diversity as normal variations; the Jehovanist screams "perversion." [Mosher, 1989: 503-504]

With reference to the essentialist versus constructionist debate in terms of gendered sexual subjectivity: the essentialist view would assert that sexual behaviour, orientation and sexual identities are primarily informed by biologically determined physiological differences between males and females. The aforementioned social constructionist theory argues that sexual conduct is culturally acquired: "...we are thought to exhibit a stable and abiding pattern of sexual behaviour and desire, usually in line with gender norms." [Segal, 2002: 185]

Gendered sexuality

...the kinds of "pervasive male-female differences" in sexual behavior currently being posited are not panhuman. Indeed, they are most conspicuously absent in the very hunting-gathering milieu which presumably provided the setting for human evolution. Emerging only with the advent of class society, they are fully amenable to a cultural explanation. Limits on sexual variety-seeking and sensual enjoyment are culturally imposed as mechanisms of boundary maintenance, not biologically imposed by selective pressures. In class societies, such limitations are elaborated to demarcate the boundaries of class and gender-caste, and to perpetuate male and upper class privilege. As we have seen, under American capitalism the sexual repression of women has historically been effected through invocation of an "innate" tendency toward monogamy, nurturance, and emotional (rather than sensual) gratification. [Field, 1983: 17]

It is generally portrayed that male sexual experiences and decision making processes tend to be driven primarily by sexual pleasure and sensual gratification, in contrast

²⁷ *Three Essays on Sexuality*, 1905

to female priorities of emotional bonding and reproductive instinct (commonly referred to the 'ticking' of the female 'biological clock').

For every woman – heterosexual, lesbian, young and old – sexuality is inextricably entangled with reproductivity, in other words, with procreation, relatedness, and sociality as felt and as socially instituted. [Dimen, 1992: 43]

Women are generally depicted to be less concerned about sexual variety and multiple partners in favour of greater emotional stability and feminine emotional needs. Masculinity on the other hand is associated in many cultures with broad sexual conquest, numerous partners and a depth of sexual experience.²⁸

Gender differences have significant influences on meaning, with males often more likely to cite pleasure, desire and physical satisfaction and females, love, intimacy or desire for a close relationship. [Keys et al., 2006: 74]

Karen Field challenges the idea that culturally gendered differences between the biological sexes can be explained solely in terms of innate physiological and psychological differences between males and females. She uses the example of hunter-gatherer societies, where she believes such gendered ordering of sexual pleasure was not evident.

It is only with the emergence of class society that we find significant gender differences in sexual variety-seeking and an apparent de-emphasis on female sensual gratification. The fact that these differences are not panhuman – indeed seem most conspicuously absent in non-class societies – suggests in itself (1) that these trends are culturally induced, and (2) that such patterns are entirely amenable to a cultural explanation. [Field, 1983: 6]

Field refers to female genital cutting and clitoridectomy practices that have been used to control and repress female sexual pleasure in societies as part of what she terms as 'gender-caste' systems.

Regarding the repression of sensual enjoyment, measures are taken to inhibit or preclude female sensual pleasure, even in socially approved contexts for intercourse... Nowhere do such sanctions against variety-seeking and sensual

²⁸ "It was suggested... that males who have a number of girlfriends are considered to be 'more masculine' than other males and are seen to be 'even more masculine' if they are able to have sexual intercourse with a female who is known to say 'no'. Achieving masculinity in the eyes of one's peers, then, requires increasing... one's sexual activity with females... Females who decline to engage in sexual activities with males, and are known to do so, apparently set themselves up as targets for penetrative sex from males seeking affirmation of their masculinity. An ideal version of such masculinity was described by one of the male respondents in the pilot study as '(a) bold, boasting, bullying person who also has a negative attitude towards women... (and) regards a woman as a sex object' and a female respondent described a masculine individual as 'tough, violent, powerful, strong'". [Jaffray, 2006: 6]

enjoyment fall with equal weight on men. In the face of these punitive and often sadistic practices, it is hardly surprising that women should exhibit less propensity to seek variety in their sexual encounters or report less sensual enjoyment of sex than men do. These practices, which are characteristics primarily of class societies, are the source of the 'pervasive male-female differences' in sexual behavior...; and they are clearly cultural in nature. [Field, 1983: 8]

In the 19th century, despite advances in medical and scientific knowledge, attitudes towards women's sexuality and sexual drives remained repressive. "Despite the real gains that feminism and the sexual revolution achieved in securing women's reproductive rights and increasing women's sexual liberation, the tactics of silencing and denigrating women's sexual desire are deeply entrenched in this patriarchal society." [Tolman, 1994:325] Sensual enjoyment and pleasure derived from sex acts continued to be denied to women. The medical arbiters of sexual knowledge sought to control female sexual urges through horrific and often barbaric means.²⁹

Heterosexism

Heterosexism entails a presumption of heterosexuality, and with this a prejudice against any non-heterosexuality. Heterosexism is apparent in social, cultural, religious, educational and economic institutions the world over. Heterosexism is founded on the essentialist dichotomies of male/female and masculinity/femininity.

...while what constitutes 'acceptable sex' has modified and shifted... Heterosexuality remains the dominant paradigm for erotic expression, and the one against which all other 'sexualities' are defined and define themselves." [Hawkes, 1996: 125]

Heterosexist society

Today's social context is characterised by a presumption of heterosexuality: heterosexuality has been naturalised as the norm, a standard against which any other sexuality or sexual behaviour is judged as 'abnormal'. This overarching

²⁹ "Scientific experts opined that women engaged in sex 'without a particle of sex desire'... 'Erotic tendencies' were seen as a sign of illness with ovariectomies often prescribed to 'cure' them... now female sexual desire was defined as downright pathological. With this medicalisation of sexual repression, new and often gruesome wedges were driven between women and enjoyment of their own sexuality. ...clitoridectomy was advised by physicians such as Isaac Baker Brown, who popularized the operation in the 1860s as a cure for 'nymphomania'... If women showed signs of rebelling against their assigned place in the gender-caste system through 'irritability', 'disobedience', or 'recalcitrance', common treatments were introduction of leeches into the vulva and vagina, application of nitrate of silver, or cauterization with a hot iron..." [Field, 1983: 14]

paradigm of heterosexism is played out in the cultural institutions of societies worldwide. "...there is a presumption of heterosexuality which is encoded in language, in institutional practices and the encounters of everyday life." [Epstein & Johnson, 1994: 198] Although changes are gradually taking place in some parts of the world, with the legalisation of same-sex marriages, same-sex parental adoptions and so on, the default sexuality and social partnership is heterosexual, unless stated otherwise.

Western society appraises sexual acts according to a hierarchical system of sexual value, and the practitioners of certain sexual acts are accorded a place in society in relation to their sexual behaviour.

Marital, reproductive heterosexuals are alone at the top of the erotic pyramid... Individuals whose behaviour stands high in this hierarchy are rewarded with certified mental health, respectability, legality, social and physical mobility, institutional support, and material benefits. [Rubin, 1984: 279]

Marital reproductive heterosexuals are culturally and morally centre stage; those individuals whose practice "low status sex practices" or whose sexual behaviour lies outside, or low down in the hierarchical rankings of sexual acceptability are stigmatised and treated with prejudice. [Rubin, 1984: 279]

Ideas about what is 'normal' and 'acceptable' sexual behaviour, indeed what is regarded as sexual practice, also reflect dominant constructions of sexuality as heterosexual intercourse. [Richardson, 1998: 6]

If we consider heterosexism as a cultural structure which prioritises and sustains heterosexuality as the dominant 'normal' and 'natural' form, we can see how it functions through silences, absences and omissions of anything outside of or challenging this norm. As a result any subordinate forms of sexuality become "perverse, remarkable or dangerous" [Epstein & Johnson, 1994: 198]. Heterosexism, worldwide, has a general cultural presence that we can find produced and reproduced through various societal institutions: religious institutions, legal structures and education systems are amongst these. In relation to legislation for example, 'sodomy' laws are an illustration of this.³⁰

³⁰ "Often called sodomy laws, some statutes regulate specific sexual acts (for example, anal sex) regardless of gender or sexual orientation... Many laws are quite broad in their scope, including the prohibition of any "unnatural" or "indecent" sexual act. Punishments include fines, imprisonment (from 3

Heterosexuality in theory

Heterosexuality tends to be treated as a “monolithic, unitary entity”, denied complexity in its representation as a singular norm against which any sexual diversity must be defended. [Jackson, 1999: 164] In situating heterosexuality and homosexuality (heterosexual sex = penile-vaginal; homosexual sex = penile-anal) as polar opposites we neglect to take into account the many other possible variations of sexual desire, sexual identity and sexual behaviour that lie scattered between these two seemingly bounded and static entities. “If we did not so privilege the binary divides of gender and sexuality there might be other ways of classifying sexuality”. [Jackson, 1999: 169] The processes of construction of sexual selves and sexual identities are contextual, fluid and multifaceted, in a constant state of flux in relation to personal understandings, social situatedness and external factors.

Sexual practices incongruous with the penile-vaginal penetrative paradigm, such as heterosexual penile-anal penetrative intercourse, are portrayed as abnormal and ‘queer’, destabilising the “hierarchical ordering of heterosexuality”. [Jackson, 1999: 171] However such sex acts are “perfectly capable of being incorporated into a conventional... heterosexual couple’s repertoire without having any such destabilising consequences”. [Jackson, 1999: 171]

In a context where heterosexual sex has come to be seen as something to be worked at in producing even more skilled and varied performances, where the market in ‘how to do it’ manuals is huge, heterosexual couples who expand their repertoire to include a few ‘queer’ practices are hardly radical subversives. [Jackson, 1999: 171]

Penile-vaginal penetrative assumption

Heterosexual penile-vaginal intercourse has been presented as the normative sexual standard and alternatives to heterosexual penile-vaginal penetrative coitus continue to be marginalised and silenced. Orgasm attained through penile-vaginal penetration is accorded primacy as the desirable pinnacle of sexual pleasure in the hierarchical

years to life), corporal punishment, hard labour, and death. In this political climate, it is not surprising that many gay men, other MSM, as well as women and men who engage in anal intercourse face significant barriers to accessing information and tools needed to protect themselves from HIV infection.” [LeBlanc, 2008: 11]

ordering of sexual acts. Western sexual ideology has "romanticised and normalised the heterosexual forms of desire while pathologising or silencing alternatives". [Hawkes, 1996: 130]

The assumption that sexual transmission of HIV in Africa is primarily through the vector of heterosexual penile-vaginal penetrative sex and that the HIV epidemic is reducible to issues of gendered power relations (women are accorded victim status due to their biological vulnerability and the assumed infidelity of promiscuous African men), results in the neglect of many other more subtle but insidious complexities. We tend to overlook the realities of vulnerable men, sex between members of the same sex (MSM and WSW), the fact that not only women involved in transactional sex also have multiple sexual partners, and that the vagina is not the only route of sexual infection. The epidemic proves to be far larger and multi-layered, requiring "...an inclusive, non-judgemental and accurate picture of the diverse and varied ways in which we have sex and why we do so, recognising that 'in any country, confronting the reality of the complex sexual lives of its citizens is bound to be difficult'." [Dowsett, 2003 in Berger, 2004: 48] By continuing to frame HIV in Africa as penile-vaginally transmitted we are only targeting one part of the epidemic in reality and not addressing the whole picture.

Penetration

Penetration is closely intertwined with notions of masculinity, "...a way of achieving status and power over others..." [Richardson, 1993 in Jaffray, 2006: 6] By 'phallicising the male body' the rest of the physical body is subordinated to the 'valorised functioning of the penis': "...with the culmination of sexual activities occurring, ideally at least, in sexual penetration and male orgasm..." [Grosz, 1994: 210] Definitions of female and male heterosexuality are overwhelmingly directed by the view of sex as involving penile penetration of the female body. Although links have been made with the idea of societal male-domination or patriarchy, penetrative sex pre-dates patriarchy and is common to all mammals and reptiles. This conventional view of sex as constituent of penile-vaginal penetrative intercourse is evident in research.

...when people talk about sex they think about male and female. They think about the penetration of (the) penis into the vagina. [Jaffray, 2006: 4]

Vaginal penetration is portrayed as the most legitimate route to female orgasm and holds a "privileged place as the essential heterosexual act. Feminists have described it as an 'invasion and colonisation' of women's bodies...". [Jackson, 1999: 171] Research carried out in the 1990s by the *Women Risk and AIDS Project*³¹ (WRAP) found that young women "disciplined their own bodies and pleasures to suit men in ways their partners were unlikely to even be aware of. In doing so they concede to men's definitions of what was pleasurable and acceptable, continuing to define sex as 'penetration for men's pleasure in which women find fulfilment primarily in the relationship, in giving pleasure'". [Jackson, 1999: 167] Young women interviewed in the WRAP study defined heterosexuality "in terms of 'proper intercourse' which starts with penetration and ends when the male achieves his orgasm - with the man losing bodily control, but still in control." [Holland et al., 1994: 30]

Gender conventions sanctioned by society work to place limitations on the definition of heterosexual reproductive sex and serve to reproduce and maintain its moral pedestal of acceptable, even compulsory behaviour. As we have seen, what constitutes sex has and continues to be defined in conventional terms of heterosexual penile-vaginal penetration. Some of the more radical feminist writers have tended to condemn all penetration as inherently oppressive and as a function of patriarchal domination.³² The view that all penetration is a 'prima facie wrong' act is on the extreme end of the feminist spectrum. In the assumptive situating of women as the passive subordinate 'subject' in any heterosexual penetrative act, women are denied agency and the possibility that in being receptive, females can also exert some sort of power and control over the penetrating penis: the vagina being active

³¹ The Women, Risk and AIDS Project (WRAP) carried out interviews concerning sexual encounters with 150 young women aged 16-21, between 1988 and 1990. [Holland et al., 1994: 22]

³²

- a. [Dworkin, 1988]
- b. "One current social meaning of penile penetration of a woman's vagina or anus is that such conduct constitutes a violation of the woman: it is an act through which she is rendered less powerful, less human, whilst the male is rendered more powerful and more human... The grammatical structure of our language is such that these verbs feature in sentences which take the form: 'subject-verb-object'. Notably, it is typically the person who plays the male role who is assigned as subject and the person who plays the female role who is assigned as object. Thus... the language of sexual penetration follows a familiar and illuminating grammatical pattern: 'man fucks woman: subject-verb-object.'... Given the meaning and gendered construction of our language regarding sexual penetration... 'we conceive of a person who plays the female sexual role as someone who is being harmed'. The devaluing and disrespecting of women through sexual penetration is a consistent theme in our language... at least one of the social meanings of penile sexual penetration can only credibly be interpreted as a devaluation of women qua women and a disrespecting of women's humanity. The meaning becomes clear: that the penetrated woman is not an equal to the penetrating man, but is instead less of a person in virtue of having been fucked by him." [Dempsey & Herring, 2007: 485-486]

in its taking in of the penis. Radical feminist writers have often reduced heterosexual penetrative sex to the simple manifestation of a patriarchally organised power differential. However, I argue that the danger of this is oversimplification and disallowing women the right to claim penetration as part of their own pleasure matrix. The portrayal of this supposedly hegemonic masculinity and penetration as a demonstration of this masculinity, only serves to give more power to it. "To say that penetration is irredeemably patriarchal is to reduce a social relation of dominance and subordination to a physical act..." [Jackson, 1999: 168] In associating penetration so strongly with patriarchal domination, heterosexual penetrative sex is denied plurality and complexity; any penetrative sexuality that lies outside of a hetero context is denied visibility. By reordering gendered sexual hierarchies, 'decoupling' women's sexualities from their reproductive capacities, and redefining what constitutes positive sexuality we can work towards a constructive approach to sex education and sexual empowerment.

Critical Realism

There are two distinct approaches to understanding sexual experiences: one situates each act within its social setting, asserting that no individual action can stand apart as a separate unrelated entity but is inherently informed and influenced by multitudinous factors; the other individualises each sexual experience as abstracted from its context, as if the physical bodies themselves are "untenanted, or as if the biographies, social locations and social identities of their inhabitants have somehow been left behind. There is no history, no context." [Jackson, 1999: 168] It is true that during the actual intercourse, an individual may become so involved, being overwhelmed by "a sense of total absorption in the act and the other, a sense of nothing existing beyond the immediate emotion and sensation". [Jackson, 1999: 168] However in line with the critical realist viewpoint, I argue that those bodies are active experiencing individual physical entities but at the same time are also inescapably informed by the socio-cultural milieu from which they emerge. I would strive to take a middle line between structure and agency for the purposes of this dissertation, in accordance with what has been termed a 'critical realist' approach. Critical realism posits the deterministic idea that human agency is not simply reducible to an "epiphenomenon of pre-existing social structures" [Selikow, 2005: 81]; that there are indeed social structures that do work to both facilitate and constrain individual agency, but at the same time people have the power and ability

to “engage creatively with historically given material and cultural resources.” [Selikow, 2005: 81]

...all human activity is reciprocal, occurring within the context provided for by the pre-existing social structures. Structures constrain and enable actions, but, at the same time, structures are constantly reproduced or transformed by human actors. [Selikow, 2005: 79]

Sexuality cannot simply be reduced to socially constructed factors but the physical somatic element, as well as the physical material environment, must also be taken into account, and human agency and creativity must be recognised. “...there is a physical body with some inherent drives, but... how sexuality manifests itself is enabled and constrained by material and symbolic structures.” [Selikow, 2005: 266] If we take into account how dominant discourse and hegemony place constraints on individual sexual lives, it is important at the same time to recognise the individual capacity for reflexive, reflective, innovative and creative consciousness. This helps in explaining ‘deviation’ from social scripts, accounting for the high prevalence of ‘deviant’ practices such as heterosexual anal sex. A compromise between an essentialist bio-socially informed view of an inherent sex drive and the physical body informed by neurological sensation with a social constructionist based view on contextually and structurally determined sexual scripts may provide a more comprehensive and realistic explanation for understanding sexual behaviours.

Through a historical lens

Sexual behaviour and sexuality by no means carve a simple line through time but are part of a complex multifaceted story inherently linked to broader social factors. In order to understand the development of sexual taboos and dominant discourse pertaining to sex it helps to situate them historically.³³

The development of a taboo

Heterosexual anal sex has been considered a taboo sexual act across cultures, religions and historical contexts; going unmentioned and unaddressed in matters pertaining to sexual behaviour, whether in the form of legislation on sexual

³³ “By tracing the origin and evolution of a discourse, we may become better able to place the discourse in the context of its current position.” [Babbie & Mouton, 2006: 498]

behaviour, sexual health discourse, sex education and safe sex messages or merely in everyday discussion on sex. Anal sex has historically been associated only with homosexual men and homosexual practices. Heterosexual anal sex, where mentioned at all, has been cast in the light of a deviant, even pathological behaviour practiced by a minority of individuals.

Historically the anus has been the last area for straight people to explore, and for most of recorded history anal intercourse was simply not on the agenda for anyone except homosexuals... The historic condemnation of heterosexual anal intercourse – not just by clerics and moralisers but by people who were themselves sexually active – is almost universal. [Shorter, 2005: 128-129]

Negative constructions of sex

“Western cultures generally consider sex to be a dangerous, destructive, negative force.” [Rubin, 1984: 278] Christian tradition has historically portrayed sex as inherently sinful, only redeemable when performed for procreative purposes within the context of marriage: “...sex-negative ideology diminishes freedom of sexual choice by stigmatizing all nonmarital, nonprocreative sex.” [Mosher, 1989: 498] Pleasurable sex has been treated with particular suspicion. Certain sexual acts have been particularly significant in their categorisation as heretical: anal sex for example has been portrayed as a heinous sin. “...throughout much of European and American history, a single act of consensual anal penetration was grounds for execution.” [Rubin, 1984: 278]

Silence and secrecy

Some forms of sexual behaviour exist at the margins of society... and are so stigmatised that they can barely be mentioned aloud, let alone studied. [Berer, 2004]

If, as Foucault suggests, “silence and secrecy are a shelter for power, anchoring its prohibitions”, it is interesting to look into the reasons why there has been a “nearly universal reticence” in talking about heterosexual anal sex: the “great sin against nature”. [Foucault, 1978: 101]

Silence itself – the things one declines to say, or is forbidden to name, the discretion that is required between different speakers – is less the absolute limit of discourse, the other side from which it is separated by a strict boundary, than an element that functions alongside the things said, with them and in relation to them within over-all strategies. There is no binary

division to be made between what one says and what one does not say; we must try to determine ...which type of discourse is authorised, or which form of discretion is required in either case. There is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses. [Foucault, 1978: 3]

Social regulation and control

An examination of the role that society plays in regulating and exerting a measure of control over the individual society member's sex life and sexual behaviour is important. Society exercises this control partly through the regulating means of official governmental policy and legislation and partly, and perhaps more subtly but more insidiously, through hegemonic production.

...government policy in every country in the world legislates on and seeks to control sex between its citizens in one form or another, as does every religion. Whether their laws and policies support sexual rights or restrict and punish certain sexual practices and relationships is of crucial concern. [Berer, 2004]

Norbert Elias worked towards an understanding of the notion of civilisation: "a process whereby external restraints on behaviour are replaced by internal, moral regulation." [Marshall, 1998: 186] His writings explore the idea that with the subordination of individual satisfaction and pleasure in the interests of social benefit that accompany the growth of the state and increasing complexity of society, there is a heightened demand for 'good behaviour' and increased social regulation. With an underlying script for social behaviour, control of sexual behaviours and individual action operates in a more subtle and effective manner. With the development of an increased awareness of our fellow humans alongside concerns about offending others, came an increased prudishness and heightened awareness of our own selves in relation to those around us, as well as the social and personal significance of our actions.

Shame and disgust

Until the 16th century sexual behaviour was not clearly separated from social behaviour: secrecy and intimacy on sexual matters only started to develop in the 17th century. Sexual activity was "moved 'behind the scenes' in the late stages of the civilising process" and an "aura of embarrassment" was created and cast around

everything to do with sex. [Hawkes, 1996: 23] Forms of 'uncivilised' behaviour that were seen to be expressions of natural 'instincts and impulses' became shrouded with shame and embarrassment, considered inappropriate for the public domain and were made subject to restrictions imposed by bourgeois society in order to preserve social order. The practice of self-restraint was encouraged: sexual pleasure fell under the categorisation of an uncivilised natural bodily urge and was therefore suppressed. With the aura of shame that developed around human sexual relations as a result of the 'civilising process' there was a cultural shift towards 'concealment', and an emphasis on restraint of behaviour, particularly sexual conduct:

...in the course of the civilising process the sexual drive... has been subjected to ever stricter control and re-modelling... The pressure placed on adults to privatise all their impulses (particularly sexual ones), the "conspiracy of silence", the socially generated restrictions on speech, the emotionally charged character of most words relating to sexual urges – all this builds a thick wall of secrecy... [Elias, 2000: 153]

The sexual drive was slowly but increasingly suppressed and pushed from the public arena into the private domain. Even speaking about it became unacceptable and the exercise of self-restraint was strongly encouraged, enforced even, by social structures and institutions such as the family. "Sexual conversations, whether external or internal -about or for sex -along with their concomitant practices are deemed inappropriate within the polity." [Cooper, 1993: 269] "On the subject of sex, silence became the rule." [Foucault, 1978: 3]

Consequently social inhibitions became subsumed by the sexual self, part of "a strictly regulated superego". [Elias, 2000: 158] "...sexuality is confined more and more exclusively... to a particular enclave, socially legitimized marriage." [Elias, 2000: 158] Natural bodily functions and drives, shared and experienced by every human, became "charged with sociogenetic shame and embarrassment, so that the mere mention of them in public is increasingly restricted by a multitude of controls and prohibitions." [Elias, 2000: 160] "Pleasure-promising drives and pleasure-denying taboos and prohibitions, socially generated feelings of shame and repugnance, come to battle within the self." [Elias, 2000: 160] Society restricts sexual behaviour through prohibitions and other regulatory mechanisms. Social

groups memberships and institutions, such as religions, become regulating forces in our lives, serving the interests of those in positions of power.³⁴

Human actions were organised on a hierarchical scale with 'civilised' acceptable human behaviour at the top, and more animalistic 'bestial' tendencies at the bottom: nature is subordinated by man. Civilised acceptable sexual behaviour is only that which is mandated by the Church: taking place within the boundaries of marriage and with a purposeful controlled outcome: procreation. Unacceptable sex is that which is unregulated and unconstrained by the boundaries of marriage and reproduction: sex purely for pleasure, uncontrolled by social regulation.

A taxonomy of sex

Sigmund Freud's theory on the development of sexuality has been widely influential. Sexuality, he argued, develops through various stages: the first being a polymorphous pan sexuality encompassing oral, anal and phallic phases "where libido is expressed and satisfied at different points of contact between the body and the outside world – the mouth, anus, and genitals"; secondly through the oedipal stage and eventually resulting in relative heterosexuality. [Marshall, 1998: 537] Freud discussed the results that the civilising process had on sex and sexuality: "...the negative consequences for humanity are... the inhibitions on expressions of love and the continuing process of containment of sexual desire". Freud viewed this as a grave loss: "sexual lives offer a source of pleasure with the widest and deepest dimension for humanity." [Hawkes, 1996: 25] Cultural norms that classify sex as "degrading, defiling and polluting" [Hawkes, 1996: 27], prohibit and curtail the full experience and expression of sexual pleasure in what Freud described as an "irreconcilable tension between civilisation and sexual pleasure". [Hawkes, 1996: 26]

³⁴ "Sexual pleasure and the affective ties which may develop through its repetition constitute a potential basis for bonding that cuts across culturally constructed boundaries within and between social groups. To the extent that those boundaries serve to maintain particular interests, sexual pleasure is threatening; it therefore comes to be regulated if not altogether proscribed. Recognition of this fundamental connection between sexual repression and the maintenance of social boundaries allows us to explain the dynamics of sexual choice and sexual pleasure without recourse to innate "tendencies." Examining the historical and ethnographic record, we find a general correspondence between the mechanisms of sexual repression in a given society and the kinds of social boundaries which that society seeks to maintain. Mechanisms of sexual repression found universally correspond with universal social boundaries, as in the case of incest avoidance. As social boundaries become more complex, we find that mechanisms of repression do likewise, assuming forms which reflect the nature of the boundaries and the intensity of concern over their perpetuation. In other words, they reflect the social relations of production which obtain in a given society. Where boundaries serve to maintain privilege, as in class society, ideologies of sexual repression serve the interests of the more powerful groups..." [Field, 1983: 4]

A 'taxonomy of sex' was created within the western cultural trajectory defining what was acceptable and moral, and what routes to sexual pleasure were forbidden and shameful. Ascetic, rational sex was promoted over animalistic, unrestrained and purposeless sex.

Control of the self

...in the erotic relation, 'the lover realises himself to be... freed from the cold skeletal hands of rational orders, just as completely from the banality of everyday routine'. [Weber, 1970 in Hawkes, 1996: 30]

The erotic, and the urge to satisfy sexual desire pose a constant temptation "inimical to human volition and control" [Hawkes, 1996: 50]. Civilised society called for the suppression of irrational sexual need and imposition of prescriptive rules on the expression of sexual desire, emphasising the disruptive potential of physical sensual pleasure. "...parameters of normal and perverse, of healthy and pathological, established 'civilised sex' as heterosexual (genital) coitus." [Hawkes, 1996: 31] (my insertion)

Procreative and reproductive emphasis

Sexual behavior in humans and other animals has traditionally been associated with reproduction and continuity of the species. Many of us take that association for granted, for it is an old idea in Western thinking... This association of sexuality and reproduction has been... reinforced by the Judeo-Christian ethic and the ancient need for males to secure possession of females and to establish paternity. [Wundram, 1979: 99-100]

The emphasis on and framing of all human sexual behaviour in terms of procreation and reproduction is apparent throughout history in many different manifestations: religion, science, legislation, policy, education and language to name but a few. This narrow definition of sex as reproduction has resulted in the exclusion of non-reproductive sex from sexual discourse.

Religion

Religion, particularly Western religion, continues to reinforce the repression of sexual urges and proscribe the utilization of sex solely for pleasure. ...religion's function regarding sexuality can also be viewed as a mechanism for helping society and culture regulate a powerful human force that often influences people's ability to live in harmony. Religion... becomes just one stratagem that culture uses for the necessary task of inculcating self-control in people who must live together. Rules for sexual self-regulation, therefore,

and the attendant emotions arising from breaking those rules (e.g. shame and guilt), are potentially adaptive. [Murray et al., 2007: 222]

Religion plays a key role in influencing popular discourse and ideology on sex and sexual behaviour, and has traditionally placed restrictions and proscriptions on all sex lying outside the boundaries of the officially recognised and doctrinally sanctioned institution of marriage. "Early in European history religious institutions managed to take control of sexual behavior and institutionalize it in relation to the discursive formations of the time." [Coon, 2006]

Christianity and the Church

The Church's framing of sex has been characterised by a procreative emphasis and the narrow proscription of acceptable sex as being conjugal heterosexual reproductive penile-vaginal intercourse only. Christianity tolerated sexual desire only as an inconvenience to be tolerated in order to reach a necessary endpoint: the reproduction and proliferation of God's people.

On the one hand, the elevation of procreation carried with it an elevation of genital heterosexuality, while demoting all other sources of sexual pleasure... On the other hand, there was, in such an ordering, an imposed economy of desires. The positive associations of sex with pleasure in which the purpose was the proper management of the inner self was replaced with a grudging tolerance because of its purpose – that is, procreation... emphasis on purpose and outcome, rather than the holistic experience of sexual desire, elevated something we might now want to call sexuality as an act-centred rather than pleasure-centred concept. [Hawkes, 1996: 13-15]

Sexual acts therefore are defined in relation to their direct results ³⁵, meaning that "acts without an outcome would be wilful waste"; [Hawkes, 1996: 13] seminal fluid is wasted in sex that does not lead to conception. ³⁶ "...focus on practices, ordered positively and negatively, promoted an economy of sex where expressions of sexual desire, deemed superfluous to the project of reproduction and mastery of desire, were considered wasteful in both the moral and physiological sense." [Hawkes,

³⁵ The result centred ideology is reflected in Max Weber's discussions on Capitalism. The spirit of Capitalism, Weber argued, was ascetism: giving precedence to "certain priorities of human existence" through the "conscious denial of pleasure". [Hawkes, 1996: 18] Capitalism reordered human behaviour in accordance with the motives of authority which promoted "the primacy of externally defined purpose and outcomes over internally experienced satisfaction." [Hawkes, 1996: 13] Thus human pleasure became subordinated to efficiency: sex that does not result in reproduction symbolises inefficiency.

³⁶ This is echoed by the Chinese belief that the maintenance of semen is of great importance, being linked to male virility and the quality of offspring.

1996: 49] With the pervasive marginalisation of all non-procreative sex, anal sex becomes the epitome of immorality, as with homosexual sex, being purely "sex for pleasure; sex for, in and of itself; sex unmediated and privatised by the family and reproduction...". [Hawkes, 1996: 141]³⁷

Foucault³⁸ discusses the Christian doctrine of the flesh and examines the reasons behind the Christian aversion to sex for pleasure:

...in the irrepressible force of desire and the sexual act, Saint Augustine was to see one of the main stigmata of the Fall (that involuntary movement reproduced in the human body man's rebellion against God); the Christian pastoral ministry was to set the rules of economy... according to a detailed morphology of acts; and the doctrine of marriage was to give the procreative finality the dual role of ensuring the survival or even the proliferation of God's people, and of making it possible for individuals to avoid pledging their souls to eternal death through indulgence in that activity. ...this was a juridico-moral codification of acts, moments, and intentions that legitimated an activity that was of itself a bearer of negative values; and it inscribed it in the dual order of the ecclesiastical institution and the matrimonial institution. ...the time of the legitimate procreation could absolve it of blame. [Foucault, 1990: 138]

Saint Augustine (AD 353-430) interpreted the original sin of Adam and Eve in the garden of Eden as associated with a sexual lust that had "transformed the innocent procreative instinct, instilled in humanity by God, into sin." [Nevid et al., 1995: 15]

Following precedents from the sex-negative views of Paul and Augustine, in the middle ages Thomas Aquinas enshrined the patriarchal family into Catholic dogma. He preached "the natural law": (1) seminal discharge defines the essence of sexual intercourse; (2) the only moral function of sexual intercourse is procreation (hence the emission of semen in any way that in itself prevents procreation is unnatural and immoral)... [Mosher, 1989: 498]

The concept of 'vice', as defined by moral purity advocates, was "any form of sexual behaviour that did not conform with 'Christian family values', or any sexual acts outside the framework of obligatory marital heterosexuality and procreative sex." [Fout, 1992: 2]³⁹ Sodomy and homosexual sex, in their separation from marriage and procreation were accordingly portrayed as sins against humanity.

³⁷ Since early 16th century Europe, "the penalty for the abominable vice of buggery, whether with men, women or animals, was death". [Weeks, 1990 in Hawkes, 1996: 45]

³⁸ *The History of Sexuality, 1978*

³⁹ Thomas Aquinas (1265-1274), *Summa Theologica* – framed proscriptions on sex still used by Catholic Church today – defined 'unnatural sex' and 'unnatural vice' to include all sex acts that do not have procreation as their goal. [Wilkinson, 2008: 36]

In contrast with demonizing impure sex, the Jehovanist idealizes pure sex as a religious offertory. But sexuality can be holy only when the couple engages in procreative coitus (without sexual fantasy or erotic passion) in the missionary position within a patriarchal, monogamous married blessed by a religious ritual. The Bible (or the Church) tells them so. [Mosher, 1989: 493-494]

Even with the increased secularisation of governments and society in Western culture Christianity “remains a major regulative discourse in familial and sexual matters” and national governmentally approved sex education curricula still “often rest upon an assumed Christian framework in which procreative sex, within traditional marriages is privileged.” [Epstein & Johnson, 1994: 212]

The power of science: Biological determinism

The reproductive emphasis is not only evident in Christian ideology but can also be seen within the arena of biomedical science. “...reproduction is the sole goal for which human beings are designed; everything else is a means to that end.” [Ridley, 1994: 4] The idea of biological determinism stems from our constructions of maleness and femaleness. A historical understanding of the sexual needs and desires of men and women centre around the idea that the human ‘sex drive’ is biologically determined, and as has been discussed earlier, the paradigm of penetration continually influences how we conduct and understand our sexual selves.

Underpinned by scientific positivist epistemologies, in these early constructions of sex, the sex drive was described as internal to the individual with societies and cultures playing a responsive rather than proactive role in shaping the nature and context of sexual development. Largely influenced by science and religion, and associated repressive discourses about disallowing sexual freedom, constraining sexual behaviour and punishing sexual deviance, such constructions were premised on anatomical differences and the acceptance of males and females as naturally different. [Baxen, 2006]

In reducing sex to the narrow definition of biological function and physiologically determined instinct, the only sex that can be included in this category is penile-vaginal procreative sex, any other sex being superfluous to reproductive functioning. Non-reproductive sex may serve other biological and social cohesive functions; some scientists suggest that the practice of non-reproductive behaviour in mammals may

be linked to factors such as population control, length of childhood dependency and relative size of the cerebral cortex. ⁴⁰

A 'negative theory of the perversions' represents sexuality as inherently perverse and non-normative; perversion constitutes any deviation from 'instinctual activity', as Freud suggested it to be:

...all sexuality is a deviation, all desire perverse, all pleasure an amalgam of heterogeneous component drives that refuse any simple subordination to genital and reproductive functions. Heterosexual genital and reproductive sexuality are only the tenuous results of the repression and reordering of the heterogeneity of drive impulses. [de Laurentis in Grosz, 1995: 160]

Non-reproductive sex

In exploring the literal definition of non-reproductive behaviour, ⁴¹ Ina Jane Wundram seeks to explain how despite many activities and behaviours being subsumed under the term 'sexual', the majority do not actually result in fertilisation of an egg. Therefore the commonly used definition of an activity being 'sexual' is problematic when there is no "possibility that a sperm will reach an egg. Even in heterosexual couplings, many of the positions employed do not allow access of sperm to egg, such as anal intercourse or oral sex." [Wundram, 1979: 100] The definition of acceptable sexual behaviour being only that which is reproductive seems

40

- a. "It has been suggested that nonreproductive sexual behavior has some relationship to population density. Studies of caged rats have shown an increase in male homosexual activity with crowding, and numerous other investigations indicate an increase in nonreproductive sex under crowded conditions (Ford and Beach, 1951). Sociobiologists would say that this behavior is adaptive because it helps curb population growth, and that it always exists at a low frequency in populations of any size. The problem with this interpretation is that this behavior is common in populations that have not reached their maximum limit, and does not always come to the rescue when the limit is reached. Perhaps there is some correlation between nonreproductive sexual behavior and length of childhood dependency. As we go up the phylogenetic scale in primates we find an increase in the length of time that an individual spends in growing up. The period is longest in humans. During childhood many behavioral patterns are learned, among them forms of sexual behavior, and in all higher primates sexual behavior is more learned than innate. So, during a prolonged childhood an individual perhaps has time to learn many ways of achieving sexual pleasure that have little or nothing to do with reproduction. There also seems to be a strong correlation between nonreproductive sexual behavior and relative size of the cerebral cortex. The more important that cortically determined behavior is to a species, the greater the frequency of nonreproductive sexual behavior. For example, we find more homosexuality and autosexuality among apes than we do among prosimians." [Wundram, 1979: 102]

- b. According to socio-biology, gratuitous, non-reproductive sex was a way of the female mammal keeping the male's attention, in order to help protect her offspring and help provide them with food.

⁴¹ "...all sexual behavior wherein the probability of a sperm reaching an egg approaches zero. Contrast that with the definition of reproductive sexual behavior, wherein the probability that some sperm will reach an egg approaches one, or 100%. One can immediately see a difficulty in determining the meaning of 'sexual' when it is taken out of a reproductive context. Even so, most of us would agree to include as sexual such forms of behavior as masturbation, homosexuality, voyeurism, paedophilia, various fetishisms, necrophilia, and so on." [Wundram, 1979: 100]

not to take into account the fact that even the majority of penile-vaginal heterosexual penetrative intercourse without contraceptives and within sanctified marriage will be non-reproductive, as women tend to be fertile for only about four days each month. Therefore taken that for the other twenty-four days of the month any sexual activity, even in the form of penile-vaginal heterosexual sex within marriage, is actually non procreative. An additional challenge is sexual activity that takes place outside a woman's reproductive lifetime, either pre-menarche or post-menopause, where there is no possibility of conception. Defining 'reproductive' sex as all penile-vaginal penetrative sex is therefore inaccurate.

Within the context of HIV transmission, whether sex is reproductive or not is entirely irrelevant. The salient issue is the exchange of bodily fluids and the potential for absorption of the HI virus. Penile-vaginal penetrative sex is only one vector of HIV transmission, and is not the most risky. Penile-anal penetrative sex on the other hand, places the recipient at much higher risk of becoming infected due to the physiological nature of the anus. The anus is far more fragile than the vagina: the rectal membrane being only a few cells thick and more prone to tearing and abrasion, leading to bleeding and the potential for absorption through broken skin. Additionally, unlike the vagina, the anus does not produce lubrication of its own, increasing potential of tissue tearing.

The risk of HIV and STI transmission is also present in penile-oral sex, and even vaginal-oral sex, although relatively low and dependent on there being broken skin, open sores or cuts on the mouth. However there are other sexual practices that increase transmission risks, such as the well-documented practice of "dry sex".⁴²

42

- a. "the notion that male sexual enjoyment can only be derived in the presence of a dry and tight vaginal environment" [Varga, 2001: 187]. Leaves or herbs are applied to the vagina to decrease lubrication and increase friction during sex, leading to higher possibility of tearing and tissue damage, raising the chance for vaginal absorption of the virus. The practice of dry sex is illustrative of unequal power relations in the sexual domain, with the emphasis clearly placed on men's sexual pleasure. The woman, in fulfilling her responsibility to ensure his satisfaction, dramatically increases her own vulnerability and risk of infection, as well as causing her pain and discomfort.
- b. "Dry sex refers to the practice of applying astringent agents or actions to the vagina prior to sexual intercourse. The practice has been described primarily in central and southern Africa, as well as in southeast Asia and the Caribbean. Methods documented include the insertion of powders, leaves or other preparations into the vagina, drying the vagina with cloth or paper, and vaginal douching. The motivation most often cited for the practice is enhanced sexual pleasure for the male partner through increased sensation of dryness or tightness. The practice of dry sex has been shown to be as prevalent as 86% among a cohort of women in Zambia and 93% in a female cohort in Zimbabwe." [Schwandt et al., 2006: 4]
- c. "...in parts of west, central and southern Africa, many women insert external agents into the vagina to tighten their vaginal passages, which is seen to enhance male pleasure during intercourse. These

Examples such as these highlight the importance of challenging this preoccupation we have with reproductive sex and take account of the reality of people's sexual lives and activities, refocusing on 'sexual' rather than 'reproductive' health.

...the precise challenge of HIV/AIDS has been in learning to think about sexual expression as it exists in, and is shaped by, culture and history precisely where that expression both does and does not intersect with human reproduction – because it is in these places that most of the patterns of viral transmission peculiar to HIV infection are to be found... in many places HIV is transmitted in sex acts occurring outside the ambit of the heteronormative and its reproductive imperative... [Dowsett, 2003: 24-25]

Situating the non-reproductive sexual narrative in history

...humans have wide potential for sexual expression which is not innately determined. The historic epoch and the episteme/paradigm of the specific culture play a very significant role in determining the proscriptive narrative associated with what is understood to be appropriate sexual behavior. Up until recently that narrative took the form of a totalizing master narrative which allowed very little by way of alternative behavior. [Coon, 2006]

The Ancient Greeks

According to Foucault, ancient Greek medicine and philosophy's ideology of 'aphrodisia' did not distinguish between particular forms and varieties of sexual behaviour "in order to decide which ones were admissible and which were harmful or 'abnormal'" ⁴³.

In attempting to control, limit and apportion sexual behaviour in the right manner, the ancient Greeks sought to order and distribute specific sexual acts in the "closest

agents include herbs and roots as well as scouring powders which may cause inflammation, lacerations and abrasions that could significantly increase the efficiency of HIV transmission. In South Africa, women reportedly used such external agents not only to increase their partners' pleasure, but to dry out their vaginal secretions that they believed could be construed by their partners as a sign of an STD, which would indicate previous infidelity." [Whelan, 1999: 10]

⁴³ "By considering (sexual acts) in the aggregate, as the manifestation of a generic activity, it sought to determine the principles that would enable individuals to engage in them at the appropriate intensity and to distribute them in the right way, according to the circumstances. Yet the clearly restrictive tendencies of such an economy attest to an anxiety about this sexual activity. An anxiety that also related – especially so – to the act itself, which we always perceived in terms of a male, ejaculatory, 'paroxystic' schema that appeared to adequately define all sexual activity. We see, then, that the importance that was accorded to the sexual act and to the forms of its rarefaction was owing not only to its negative affects of the body, but to what it was in itself and by nature: a violence that confounded the will, an expenditure that wasted the body's resources, a procreation that was linked to the future death of the individual. The sexual act did not occasion anxiety because it was associated with evil but because it distracted and threatened the individual's relationship with himself and his integrity as an ethical subject in the making; if it was not properly measured and distributed, it carried the threat of a breaking forth of involuntary forces, a lessening of energy, and death without honourable descendents". [Foucault, 1990: 136]

conformity with what nature demanded". [Foucault, 1990: 138] They emphasised the importance of a regimen of 'aphrodisia' and the necessity of an individual's ability to exert a measure of self control over ones sexual urges and "the most violent of pleasures"; an ideal man should be "a skilful and prudent guide of himself, one who had a sense of the right time and the right measure". [Foucault, 1990: 139] Sexual conduct and control constituted "a privileged domain for the ethical formation of the subject: a subject who ought to be distinguished by his ability to subdue the tumultuous forces that were loosed within him, to stay in control of his store of energy...". [Foucault, 1990: 139] The procreative biologically determined heterosexual paradigm was evident even then in the belief that within marriage "one would encounter the sexual relation only in its reproductive function." [Foucault, 1990: 144]⁴⁴ (Parallels can also be drawn here with Taoist philosophy.⁴⁵)

The Victorian era: sexual repression

...high-profile sexual prudency of the bourgeois-dominated world of the late 19th century is often accepted as the epitome of sexual repression... stark contrasts (can be) drawn between the prudish silence of 'Victorianism' and the cacophony of sexual discourses in the late 20th century Western context...
[Hawkes, 1996: 32]

Before 1800 "the sole lawful goal of sex was procreation: 'the Inclinations... were given us for the continuance of our Species, and no other end.'" [Porter & Teich, 1994: 147] As the 19th century progressed there was growing concern to "map out and contain the legitimate boundaries of accepted sexuality, defined in terms of male/female penetrative procreative monogamous sexuality." [Hawkes, 1996: 45] Foucault discusses 18th century sexual regulation and how "sex was central to the life and death of nation-states dependent on the regulation and maintenance of healthy populations" in the interest of social order. [Dean, 1997: xvi] Sexuality was carefully confined by the Victorian bourgeoisie: sex was "absorbed into the serious function of

⁴⁴ In an attempt to reconceptualise what is commonly perceived to be ancient Greek homosexuality and the modern obsession with 'sodomania', James Davidson asserts that anal sex in the ancient Greek era has "nothing to do with orientation, but was just a matter of the power of the penetrator and the subjugation of the penetratee... the phallic penetration obsession, which has infused so much of the discourse in the past 25 years, has no basis in the Greek (language)." [Davidson in Taplin, 2008]

⁴⁵ Taoist philosophy, the key influence on Chinese culture for many millennia, regarded sex in a spiritual manner. Sex was seen as a sacred duty, a physical practice of worship that would eventually lead to immortality and the attainment of harmony with nature. It was considered 'wasteful' however, for a man to "spill his seed". "Such sexual practices as anal intercourse and oral-genital contact (fellatio and cunnilingus) were permissible, so long as the man did not squander yang through wasteful ejaculation." [Nevid et al., 1995: 16]

reproduction" by "the legitimate and procreative couple". [Foucault, 1978: 3] Victorian "efforts to manage and protect normative bodies and populations" worked through the development of medical and statistical norms and a science of sex that aimed to define ideal sexual behaviour, best suited to serving Capitalist demands for a productive work force. [Dean, 1997: xvi] All sexual acts had to be "amenable to the strict economy of reproduction", unproductive and casual pleasures whose object was not procreation were prohibited. [Foucault, 1978: 36] "Sex... should be limited exclusively to marriage and then only for procreation; otherwise, it was merely a self-indulgent act." [Brandt, 1987: 26]

'Technologies of sex', as discussed earlier, were developed to "discipline, shape, and regulate sexuality in the interests of the power of ruling elites". [Dean, 1997: xvi] Sexologists portrayed ideal sex as "heterosexual, hygienic and restrained", and any individuals who engaged in sexual activities that lay outside these boundaries of normality were classified as perverts. All sexual acts that failed to conform to the values defined by the medical authorities and esteemed by the Church and ruling powers were depicted as dangerous and deviant since they "violated acceptable principles of gender behaviour and bourgeois standards of morality". [Fout, 1992: 1] "Doubtless acts 'contrary to nature' were stamped as especially abominable...", infringing sacred decrees that governed "the order of things and the plan of beings". [Foucault, 1978: 38]

Enlightenment: sexual liberalisation

You speak the language of the 10th century; I speak the language of the 20th... the language of joy and progress... You speak the language of the shackled theologian; I speak the language of the free scientist... You believe that the sexual instinct was given to man and should be used by him for procreation purposes only. I believe that such a belief borders on insanity for it limits the man and the woman to but one or at most a dozen acts during their lives... You believe that extramarital relations are a sin and a crime. I believe they are dangerous on account of the fear of infection... but are not more sinful or criminal per se than the gratification of any other natural instincts, such as eating or drinking. [Dr William J. Robinson to social hygienist Mary Cobb, 1910 in Brandt, 1987: 49]

The Enlightenment period saw a progression from sexual repression to liberalisation in a movement away from Victorian social control and prudency. Progressive reformers attacked Victorian sexual reticence. Following one's sexual urges was seen

as natural, acceptable and even something to be encouraged, and there was an increasing valorisation of sexual pleasures. "Sexual intercourse was promoted not just for relief of lust but as an important form of social bonding". [Hawkes, 1996: 34] Discussions on sex became desirable and manuals on sex emerged into the public arena alongside pornography and erotic literature; sex shows and sex clubs became more prolific. Enlightenment sexuality was characterised by the "valorisation of nature as the underwriter of sexual pleasure and a publicly evident celebration of sex and erotica, which openly confronted the ecclesiastically directed sexual ethics that had prevailed previously." [Hawkes, 1996: 36] "Issues of sexuality intruded in an unprecedented fashion into the public consciousness... (and) opened the way for a transformation in sexual attitudes and practice." [Brandt, 1987: 48]

Sexology: the medicalisation of sex

Venereal disease epidemics, such as syphilis and gonorrhoea, that rampaged throughout the late 19th and early 20th century sparked debate on the relative importance of sexual health and sanitation versus sexual morality. Venereal disease outbreaks fed public anxieties over the social and moral consequences of urbanisation and industrialisation. With the rapid expansion in medical knowledge and technology, the medical authorities presented themselves as the rightful "moral arbiters and mouthpieces" of the time [Hawkes, 1996: 53] whose role it was to oversee the morality of the growing urban population with responsibility as the "moral arbiter on all behaviour perceived to impact negatively on urban social order" [Hawkes, 1996: 61], reinforcing the connection between sexual behaviour, morality and public health as a means of maintaining their position of power. ⁴⁶ Tension increased between dominant Victorian moralistic discourse and the emerging secular scientific paradigm embodied in the new science of sexology.

...in nineteenth century Europe, doctors and scientists gradually usurped (although never wholly displaced) the role of the Church in instructing courts and communities about the nature of sexual 'normality' and the control of sexual 'deviance'. Science replaced religion as the authoritative voice on sexual matters, speaking of 'nature', and the imperatives of biology. [Segal, 2002: 189]

⁴⁶ Doctors and physicians had for a long time been averse to discuss matters pertaining to sex but out of a sense of duty reluctantly extended their responsibilities into the arena of sexual health. "...the public has too long ignored as indelicate, or as too intricate and mysterious to be comprehended except by those who are educated in all branches of the medical profession, the subjects which lie at the foundation of their earthly being." [R.T. Trall, *Sexual Physiology and Hygiene*, 1903, quoted in Hawkes, 1996: 54]

The medicalisation of sex and the development of sexology was a reaction against the Enlightenment's "golden age of sexual liberty" [Hawkes, 1996: 51]. In contrast to the Enlightenment idea that pleasurable sex was healthy, the increasingly influential and powerful medical profession highlighted the dangers and undesirable physical consequences of sex, particularly venereal infection and disease. Sexual behaviour became the object of academic scientific objective scrutiny and focus was shifted to behaviour and sexual practice, objectifying sex and sexual desire along scientifically ordered lines, denying the individual sexual actor sexual subjectivity and agency. A prescriptive system of categorisation and classification of sexual pathologies was developed, defining 'aberrant sexual behaviour' and establishing the parameters of 'normal' and 'abnormal'. Richard von Kraft-Ebing⁴⁷ provided an official text for medico-legal practice to use as a baseline for distinguishing between normal and abnormal sexual behaviour in the legal context. The text avoided moral value judgements and attempted to provide an objective scientific truth. 'Biologically determined coitive heterosexuality' was portrayed as the norm, any behaviour that deviated from this was considered to be pathological, to varying degrees. [Hawkes, 1996: 57]

The medical authorities defined sex and sexuality from the perspective of a biological and gender role imperative which "naturally shaped 'normal' sexual behaviour... within a framework of either nature-mandated or divinely ordained heterosexual marriage and family life; the ultimate rationale for the sex act was procreation." [Fout, 1992: 1] Havelock Ellis⁴⁸ found that there was a 'cultural precedent' for those sexual behaviours that were usually placed under question. With reference to the animal kingdom, he argued, the 'naturalness' of certain sexual acts could be validated. Thus boundaries between normal and abnormal and constraints on sexual activity, are laid out in accordance to "the interplay between nature on the one hand and human cultural variation on the other". [Hawkes, 1996: 58] The central pillars of the science of sex and "the centrality of the reproductive logic for the arrangement and experience of coital sex and the resultant 'truth' of heterosexuality..." are integral to patriarchal constructions of sexuality. [Hawkes, 1996: 61] Positively valued sexual activities are in accordance with a male defined orthodoxy that gives precedence to the male conquest of the female, a pattern and ordering of human

⁴⁷ *Psychopathia Sexualis: With Special Reference to Antipathetic Sexual Instincts*, 1897

⁴⁸ *Studies in the Psychology of Sex*, 1899

sexual behaviour that is "valorised by nature" and enshrined in the pervading heterosexual norm. [Hawkes, 1996: 58] The "coital imperative" was reinforced, hindering the exploration and discovery of "alternative forms of heterosexual intercourse which were safe and pleasurable and carried no risk of pregnancy", such as heterosexual anal sex. [Jackson, 1994: 119 in Hawkes, 1996: 59] Medico-moralisation resulted in a negative construction of sex with the emphasis placed upon the "deadly results of sexual over-indulgence and sexual voluptuousness". [Hawkes, 1996: 53] "Talk about anal eroticism, and an anal personality that arises from it, causes physicians and psychologists to explode in indignation." [Freud, 1910 in Shorter, 2005: 133] The tendency that sexologists and the medical profession had in the early twentieth century of highlighting the dangers rather than the pleasures of sex is still pervasive today, especially in the age of HIV.

In the next few decades there was a radical shift away from moral judgement in science. The famed Alfred Kinsey steps onto the scene in the 1940s. Kinsey aimed to "obtain data about sex which would represent an accumulation of scientific fact completely divorced from questions of moral value and social custom". [Hawkes, 1996: 65] Ford and Beach's *Patterns of Sexual Behaviour* (1952) provided a non-judgemental, objective examination of sexual behaviour from a meta-analysis of previous research. 'Anal copulation' was defined as "copulation in which the penis is inserted into the rectum of the partner. May be either heterosexual or homosexual". [Ford & Beach, 1952: 289] ⁴⁹ 'Copulation' in the more general sense "Usually refers to the act of inserting the penis into the vagina and the subsequent discharge of seminal material from the penis into the female organs. However, various other activities may be subsumed under this term... Thus anal copulation sometimes occurs." [Ford & Beach, 1952: 292]

19th and 20th century: progression

An increase in the availability of contraceptives in the early 20th century helped to change the relationship between sex and reproduction. Campaigning in the 1920s by pioneers such as Marie Stopes in the UK and Margaret Sanger in the USA played a key role in making contraceptives more accessible to women and more acceptable in the public domain. The contraceptive debate also provided a new and formerly

⁴⁹ Homosexual anal intercourse is differentiated from heterosexual anal intercourse and termed more specifically as "pederasty". [Ford & Beach, 1952: 304]

inaccessible vocabulary to women, making previously unmentionable topics more discussable within the framework of a "secular, scientific and sin-free discourse". [McLaren, 1999: 61] Contraceptive methods such as the Dutch cap, diaphragm and male condom presented women with the choice to experience and enjoy non-reproductive sex for the sake of pleasure without running the risk of pregnancy. "Contraception offered, in principle, a direct challenge to the idea that for so long had equated women's sexuality with their procreative instincts" and expanded the potential for enjoying sex for sex's sake providing a "free license in sexual pleasure". [Hawkes, 1996: 81]

The interwar period was characterised by a growing appreciation and acknowledgement of the sexual pleasure of both partners (male and female in a heterosexual relationship according to dominant discourse) and the increased acceptance of foreplay. Mutual sexual stimulation preceding penetrative penile-vaginal intercourse was increasingly insisted upon by newly empowered women, and sex 'with the light on' became more commonplace. Increased sexual experimentation may have been partly facilitated by conditions of improved hygiene and less crowded living conditions. Alongside contraception, the early 20th century heralded the increased popularity and acceptance of sex manuals. For example a famous Dutch gynaecologist's writings published in 1928⁵⁰ placed a novel emphasis on non-coital sex such as cunnilingus and fellatio; however still maintaining a critical hierarchical distinction between non-coital and coital sex. Oral sex was morally acceptable as a means of foreplay; attaining orgasmic climax by these means however, was portrayed as "abnormal, pathological and perverse". [Hawkes, 1996: 96]

Sexual revolution

A few decades later comes the well-documented period of the 1960s and 1970s 'hippy' era, characterised by the 'free love' ideology. In this period heterosexuality underwent an unprecedented liberalisation; sex was 'uncoupled' from marriage and reproduction.⁵¹ The "state sanctioned relaxation of sexual mores" that appeared during this time contributed to challenging the long-standing heterosexual

⁵⁰ [Velde, 1960]

⁵¹

a. [Scaperlanda, 2004]

b. "The transformation of technical potential relative to reproduction is an important impetus for the new social acceptance of non-reproductive sexual activity." [Coon, 2006]

hegemony; "wider sexual experience was at least cordoned, at most positively encouraged" and the new sexual autonomy and rights of sexual pleasure for women constituted a "new marker of liberated femininity". [Hawkes, 1996: 108] "Women were having more sex that was not procreational, and claiming the right to it as well as paying a lower social and emotional cost." [McLaren, 1999: 180]

By the late 1960s and early 1970s increased reports, studies and surveys on sexual behaviour blossomed into the public domain, resulting in "varieties of 'deviant' sexual pleasure" filtering more and more into mainstream culture. [McLaren, 1999: 178] The growth in popularity and acceptance of oral sex led to a "blurring of the line separating heterosexual and homosexual pleasure". [McLaren, 1999: 179] Links with the previously unmentionable world of homosexual sex were added to by sex manuals such as Alex Comfort's *The Joy of Sex* (1972)⁵², which covered formerly taboo topics such as anal sex. The liberation of heterosexuality went hand in hand with "the decline of genital sexuality", [McLaren, 1999: 179] increased sexual experimentation and increased and prolonged foreplay. The media played a role in the concurrent sexual and political liberation portraying sexual experimentation and the breaking of traditional boundaries as a manifestation of youth culture rebelling against the status quo, and the 'new left' openly embraced issues pertaining to free sexuality.

Permissiveness and legality

Whenever sexual behavior is private, informed, freely chosen, and mutually consenting, it is morally outrageous to interfere forcefully with it. What justifications legitimize such interference? According to ...the liberal position, only two: ... the need to prevent harm to others and the need to prevent offensive nuisances to others between them exhaust all types of reasons which may appropriately support criminal prohibitions. Legal moralism and moralistic versions of legal paternalism seek to "protect" adults from "corrupting" their own characters through private, consenting, sexual behaviors... the laws governing the private sexual conduct of consenting heterosexual and homosexual adults deny sexual justice. Although such injustice is justified in the name of "morality," it's truly named "moralistic intolerance." [Mosher, 1989: 500-501]

⁵² "*The Joy of Sex* liberated the middle classes, making sex more fun, and opened the floodgates for the hundreds of explicit sex manuals now two-a-penny in any good bookshop – and was one of the final, defining steps of the sexual revolution." [Wilkinson, 2008: 37]

Although I would ideally agree with the argument in favour of sexual liberty and freedom of choice for the individual ⁵³, there seems to be a conflict between advocating permissiveness of the diversity of people's sexualities and sexual practices and at the same time ensuring sexual safety and preventing sexual coercion and exploitation. Creating boundaries around what is acceptable and which kinds of sexual behaviour should be illegal is difficult and problematic. It raises questions pertaining to ethics, and whether there are or should be objective, fundamental and universal human rights that ought to be enshrined in constitutions. The conflict lies between the maintenance of liberalism and the freedom of the individual versus society's responsibility to provide protection to the vulnerable. The issue of consent is central here; however even suggesting that any sexual activity that takes place between two informed and consenting adults is ethically acceptable, neglects to take into account the reality of situations in which though an adult may be 'consenting', broader social and economic factors may provide an imbalance in the sexual decision making process.

Sexual decision making

I have attempted so far an exploration of the history of sexual behaviour, sexual morality and the development of sexual taboos, particularly those surrounding heterosexual anal sex. We have looked at issues relating to dominant discourses and the context that the individual sexual actor is located within and how they may be influenced by these multifarious factors. We now turn to the actual processes of sexual decision making, with a specific focus on the factors that influence decisions culminating in an act of heterosexual anal intercourse.

⁵³ "The Naturalist... conceives of sexuality within an evolutionary context as a natural means of reproduction, bonding, and self-expression. The Naturalist's ethics for human sexuality are the same ethics of concern and respect for persons that he or she applies to all human interactions. The Humanistic spirit of the sexual Naturalist favors freedom of sexual choice and compassionate respect for others' sexual choices. The Naturalist respects each of us as an end, because each of us is a person with moral autonomy. Humanistic respect for persons translates into Naturalistic respect for people's rights to make their own sexual choices. Sexuality-neither idealized nor demonized by the Naturalist-becomes a natural part of living." [Mosher, 1989: 493-494]

An individual's sexual behaviour is strongly influenced by social norms and prevailing attitudes.⁵⁴ Negotiation of safe sex, decision-making, contraceptive choices and sexual action and judgement are inextricably connected to issues of gender, power and sexuality.

...the behavior that puts people at high risk for HIV infection must be understood in relationship to the structure of power and wealth within the larger society. The cause of the risky behavior (is) embedded in the intersection of culture (including household composition, gender roles, and the positive valuation of children), economic conditions, and power relationships. [Glick Schiller, 1992: 239]

Every sexual act is reached through some form of decision making. Ideally a consensus is reached by each individual involved, the result of the conscious and informed decision to have sex: what type of sex, where, when, how, and with whom. Unfortunately however, this is often not the case, as is evident in the event of forced, non-consensual or exploitative sex or rape. The focus here though is on the sexual decision making process, and what situational and individual factors influence the choices that people make about their sexual behaviour.

...gender scripts, social contexts, and cultural meanings influence communication practices within sexual relationships ...(sexual) acts take on different meanings by locating them within the context of local youth sexual culture and cultural notions of the body. [Wood et al, 2007: 295]

Valerie Reyna and Frank Farley look at adolescent decision-making processes and personal risk perception. The scientific literature that they refer to confirms the commonsense belief that adolescence is "a period of inordinate risk taking". [Reyna & Farley, 2006: 7] They discuss decisions resulting from deliberation, reaction, and intuition, but also explore decisions that come about through "imitation, habit, social conventions, and social heuristics" [Reyna & Farley, 2006: 6]

These social factors are reflected in perceived social norms, images or prototypes, perceived benefits, and other constructs... For example, adolescents might follow a social heuristic to "do what the majority does," which would be reflected in perceived social norms (beliefs about what the majority does) and perceived benefits (the belief that doing what the majority does ensures being accepted by one's peer group, a social benefit). One

⁵⁴ The BASNEF (Beliefs, Attitudes, Subjective Norms and Enabling Factors) model developed by Hubley in 1988 asserted the fundamental role of the social in the construction of individual behaviour. [Coulson et al., 1998]

might imagine that responding to these social factors could be reactive (going along with the majority without thinking) or deliberative (calculating that one would pay too high a price socially by opposing the majority). [Reyna & Farley, 2006: 6]

The sexual decision making processes of adolescents are particularly complex, adolescence being a time of ongoing identity construction, negotiating and situating oneself in the larger socio-economic-politico-cultural world. Young people's sexual choices are influenced by their parents, peers, religious institutions, media, fashion, school based sex education and so on. The messages that are given out are varied and often conflicting, "with some of these influences espousing high levels of sexual caution and conservatism, and others pushing in the direction of experience, risk-taking and variety." [Moore & Rosenthal, 1998: 36]

Young people's lives are characterised by experimentation, exploration and questioning. This may manifest in breaking the boundaries and rules that are set out by society's controls. I would like to pose the argument that sexual experimentation by youth is part of this; that young people and teenagers tend to be inquisitive. When young people start becoming sexually active and exploring their sexuality they absorb the information they are presented with, interpret it according to the frameworks available to them, and at the same time explore their own bodies, emotions and relationships.

Young people embarking on sexual encounters have to make decisions about the physical place, time and positions; what degree of lighting and nakedness are appropriate; how to manage bodily fluids and noises; what is normal, permitted, pleasurable; what is deviant, dirty, unfeminine, unmasculine or otherwise not decent, and what is taken to be the start and end or climax of a sexual encounter. There is a tension here between the order of socially constituted, gendered identities, and the potential disorder of the uncontrolled body. [Holland et al., 1994: 34]

Young people and teenagers tend to be sexually inquisitive. When young people start becoming sexually active and exploring their sexuality they absorb the information that is available to them, interpret it according to the frameworks available to them, and at the same time explore their own bodies, emotions and relationships. Sexual decision-making is informed by various factors, many of which may be defined by broader structural forces, and the individual actor employs agency to negotiate the options made available to them within these structures. Various factors contribute to the sexual decision making process, many of which may be defined by broader

structural forces, and the individual actor's agency within these structures to negotiate within the options made available to them. "...body-persons are located socially and economically in multiple matrices of power, each of which constrains and affects..." the actions and speech of the individual actor. [Cochrane, 1999, 77-78]

Heterosexual anal sex is just one type of sex; it happens in many different settings, and the decision to practice it is reached for various reasons. I shall explore various motivations that influence an individual's, or individuals' decisions, to have heterosexual anal sex. This will hopefully provide insight into understanding sexual decision making, and more importantly sexual risk taking, and how we might move towards a more comprehensive approach to sex education, information provision, safe sex promotion and sexual health service provision.

Theory and research suggest that sexual behavior is influenced by positive motivations for sex, which may be physical (the desire for feelings of excitement or pleasure), relationship-oriented (the desire for intimacy), social (the desire for peer approval or respect) or individual (the desire to gain a sense of competence and learn more about oneself). Normative decision theory states that perceived benefits are an important component of behavioral decisions. Research with late adolescents and young adults has found that perceived benefits may be at least as motivating as perceived risks in sexual decision making. [Ott et al., 2006: 84]

Motivations: why do people have anal sex?

Why do people have any kind of sex? As we have seen, sex is not always about procreation. Many factors contribute to an individual's decision to have sexual intercourse, not forgetting the existence of rape and coercion. Factors such as sexual exploration and adventure, curiosity, desire for intimacy, pleasure, sensation seeking and so on have been paid little attention in research on sexual behaviour.⁵⁵

i. Pleasure and desire: "It feels good"

...anal sex, it's one of my favourite things – I actually prefer it to 'normal' sex, and its especially – like with this one guy I've been with, it's like 'our thing'. We both really prefer it... [Respondent 2]*

⁵⁵ Gerhard Neubeck lists a variety of possible motives for sexual activity: affection, animosity, anxieties, boredom, duty, mending wounds, accomplishment motive, adventure, recreation, lust, self-affirmation, altruism, idiosyncratic needs, situational influences. [Neubeck, 1973: 91-93]

* Respondent 2: Female, Norwegian, aged early 20s.

"Human beings are sexual by nature. If nothing else, one thing seems certain – people will never stop having sex or wanting to have sex." [Berer, 2004: 62] Sex is often nothing more complex than the simple satisfaction of need and desire. Sexuality, although a controversial and broad concept in itself, can be understood to mean "the experience and expression of desire, particularly as it relates to sex. Desire... may refer to an experience of wanting or needing something and may have little... to do with reason". [Magezis, 1996: 107 in Jaffray, 2006: 4] Pleasure seeking therefore explains much sexual activity: "...pleasure is a primary motivator for sexual activity and... social constructions of sexuality are built around this fundamental desire for sexual pleasure." [Rye & Meaney, 2007: 29] Despite this, sexual pleasure as a motivation for sexual activity is too often neglected from discussion on safe sex and HIV prevention. Discussion on sexual pleasure, especially that experienced by adolescents, is limited. (It must be noted that there may be elements of essentialism in the above quotations, palpable tension exists between the social constructionist argument and the bio-social paradigm, however discussion of this discord is not within the scope of this dissertation.)

...pleasure exists below the surface, unstated, lacking socially sanctioned vocabularies... discussions of sex and pleasure are often still taboo... it may be considered premature to consider the value of an "ethics of pleasure" in the production of discourses related to sexualities... However, the liminal and controversial place of sex and pleasure... should not be used as a justification to close down further discussion. [Rasmussen, 2004: 450]

Dangerously it is often assumed that once people are provided with the necessary information on safe sex that they will actually go on to practice safe sex.

...healthy decision making is not the same thing as rational or normative decision making as traditionally defined. What is healthy in the narrow sense of promoting psychological and physical well-being may conflict with a decision maker's goals. If a decision maker's goal is to maximize immediate pleasure, for example, many kinds of unhealthy behavior... could be deemed rational. [Reyna & Farley, 2006: 12]

There is evidence to suggest that some heterosexually identified men prefer the "tighter sensation of anal penetration" in comparison to vaginal penetration. The desirable friction achieved by non-lubricated anal sex can be related to literature on dry sex techniques and other "mucosally abrasive practices" (which implicitly have higher HIV/STI risk factors) discussed earlier. [Halperin, 1999: 725] The issue of power and gender balances may also come into play here. Some men express the

desire to “conquer women in all ways possible... anal sex is the ultimate, the final barrier”. [Halperin, 1999: 724] The implication arises that heterosexual women agree to be recipients in anal intercourse as a way of pleasing their partners, implying a more positive value of anal sex for men than women. These gender and domination issues involve complex relationships of negotiation and understandings of pleasure.

The pleasure of sex for a particular person depends not entirely on attaining orgasm but on the context and psychological state of the individuals involved. How a person has internalized the cultural messages about various aspects of sexuality will have a profound impact on the person’s experience of sexual pleasure. [Rye & Meaney, 2007: 44-45]

Heterosexual anal sex is not always about the subjugation of the woman and can be enjoyed by both partners. Anal intercourse takes place in many healthy and happy heterosexual relationships as part of a general sexual repertoire. Although it is often portrayed as being the prerogative of the penetrating male partner (which can be the case), females can and do also enjoy being the receiving partners in anal sex.

Psychoanalysis constrains us to observe that the anus – in a normal manner and among non-deviate individuals – is the seat of erotic sensitivity and in a certain sense responds quite like the genitals. [Freud, 1910 in Shorter, 2005: 133]

“The rectum is richly endowed with nerve endings and is thus highly sensitive to sexual stimulation.” [Nevid et al., 1995: 268] Females recipients of anal penetration, it has been shown, can reach orgasmic levels of sexual excitement and pleasure (sometimes as part of a multi-orgasmic experience).⁵⁶

ii. Intimacy and Love

Often misguidedly left out of discussion on sex, especially in terms of sexual health is the phenomena of intimacy and the idea that a sexual act can be the mere expression of love. “...sexual intercourse means making known to another some previously unknown aspect of the self.” [Friedl, 1994: 840] Sexual intercourse is an

⁵⁶ “...the anal sphincter responds to the initial penetrative effort with a strong spastic contraction as an involuntary protective mechanism... Once the involuntary spasm is lost, the anal sphincter usually accommodates the penis with relative ease, and full penetration of the lower bowel can be accomplished without incident... During the females’ orgasmic experiences, the distended rectal sphincter contracted in a simultaneous rhythm with the contractions of the orgasmic platform at the vaginal outlet.” [Masters & Johnson, 1979: 86]

intimate act, both physically and emotionally, and is heavily weighted with symbolic meaning. Sex usually involves nudity to varying degrees and a breaking down of the physical and tactility boundaries usually deemed appropriate between individuals. Intimacy and 'love' have been relegated to an ambiguous area in discussion on HIV transmission and safe sex information. The individual's desire to feel loved and be intimate is often underestimated in analysis of sexual behaviour.⁵⁷

Anal sex is also sometimes viewed as requiring a further level of intimacy between sexual partners; couples may practice it out of the desire to expand their physical and intimacy boundaries, to "get closer" to each other and perhaps explore previously uncharted territory together.

...there's a comfort level that goes above and beyond the comfort level of just having regular sex with somebody. Just to be able to do that and not feel gross and self-conscious about it... [Respondent 1]*

Due to both the physically and morally sensitive nature of anal sex, it can be even more symbolically imbued than vaginal sex, and may involve a further degree of intimacy and trust between individuals (in the case of consensual anal sex). There may be symbolic significance in 'transgressive intimacies':

I do it (anal sex) because I feel close to him and I really enjoy it. This means our relationship becomes strong and we experience things together, you know, so it makes us close. [Female respondent in Stadler et al., 2007: 1192]

iii. Virginit

Evidence from a variety of social contexts across the globe suggests that one motivation for young people consciously choosing to practice heterosexual anal sex is the tradition of virginity maintenance. This links back to the problematic and fluid definition of what actually constitutes sex. We have seen that anal sex is often not conceptualised as being "real sex" at all. As a result of this, evidence suggests that young women are choosing to have anal sex in an attempt to protect their virginity.

In cultures where virginity is highly valued, young women may be pursued or coerced by older men into having sex or may turn to practices, such as anal sex, that preserve their virginity but place them at increased risk of infection. When women become infected, the norms surrounding their virginity and

⁵⁷ "Among late adolescents, having sex for intimacy and to express love has been shown to predict unprotected sex." [Ott et al., 2006: 84]

sexuality can make them reluctant and ashamed to seek treatment. [Blanc, 2001: 199]

Virginity maintenance is one of an array of reasons given for young people electing to have oral and anal sex over penile-vaginal penetrative sex.⁵⁸ Evidence suggests that young people worldwide substitute non-vaginal sexual activities for vaginal intercourse in order to maintain "technical virginity." [Uecker et al., 2007: 2] However in discussing virginity we must keep in mind that the definition of virginity is not a given; safe-guarding virginity might be viewed as maintenance of the hymen or as something not so physically tangible, as previously discussed.

...there is renewed interest in virginity, with some young people being encouraged in their faith communities to take virginity pledges. Virginity is often understood in these contexts as abstaining from heterosexual sexual intercourse; other types of sexual relations are not discussed. Some young people today are engaging in oral and anal sex but believe that, because they are technically "virgins," they are not at risk for sexually transmitted diseases. Therefore they do not protect themselves. There (is) a lot of confusion among the youth about what virginity is and how to define it...⁵⁹ Talking to young people about non-vaginal sexual intercourse can be controversial worldwide... Some religious and community leaders fear that including anal intercourse in... definition(s) of sexual intercourse promote homosexuality. [Payne, 2005]

There is ample data to support the assertion that young girls practice anal sex in order to protect their virginity. In many cultures, a high value is placed by the family and society on maintaining girls' virginity until marriage.⁶⁰ In addition, evidence

⁵⁸ In a study on South African teenagers at least 15% of 800 Grade 8 to 12 pupils surveyed at four urban and rural high schools in KwaZulu-Natal considered anal sex a 'safe' alternative to 'conventional sex' - to protect them from HIV, avoid unwanted pregnancies and to keep their virginity intact. [The Pop Reporter, 2004]

⁵⁹ "...young people reported that some of their peers practice anal sex to protect a girl's virginity and prevent conception. A number of surveys have found high rates of heterosexual anal sex among young people, from 9 percent to 38 percent among female adolescents in low-income, urban areas in the United States, to 12 percent among female college students in Togo, to 44 percent among sexually active, male college students in Puerto Rico. Studies of heterosexual HIV transmission have identified anal sex as the most predictive risk factor for becoming infected with HIV." [Payne, 2005]

⁶⁰

- a. [Karim, 2003]
- b. According to one young woman in Mauritius, "Virginity is the pride and honour of the girl and also her family" [Schensul et al., 1994 in Weiss et al., 2000, 237]
- c. To unmarried adolescent factory workers in Chiang Mai, not being a virgin means "losing face for oneself and one's family" and having "people say that you are bad". [Cash & Anasuchatkul, 1995 in Weiss et al., 2000, 237]
- d. Male and female secondary students in Khon Kaen, Thailand, denoted the loss of virginity for girls as "to lose the body". Such girls were described in the local vernacular as being a "dead thing" [Thongkrajai et al., 1994 in Weiss et al., 2000, 237]

shows that young people in the United States who pledge to remain virgins are more likely to have engaged in alternative sexual behaviour, perhaps in order to preserve their virginity. In fact among those who have not had vaginal intercourse, pledgers have shown to be more likely than their non-pledging peers to have engaged in both oral and anal sex. Research has shown that in communities where there are a higher proportion of pledgers, overall STI rates were actually higher than in other settings.⁶¹

The desire to maintain one's virginity may arise from religious group affiliation and religious proscription as is illustrated by virginity pledging projects amongst some Christian communities in the United States. Virginity pledgers are encouraged to "save" themselves until marriage, and their choice to do so is symbolised by the donning of a "virginity ring".

*...a lot of my religious friends... who are trying to hold on to some sort of sanctity of waiting until they're married to have sex – feel that oral sex and anal sex are sex that they can have that's still not full sex in their eyes... I think that the youth or whatever – today, maybe yesterday as well, are searching for these things that don't make them lose their virginity – but allow them to still sort of engage in sexual activity... like they think all their peers are.. It's like a loophole – it's like they're desperate to hold onto their virginity – but they're not scared to engage in other acts so that they look cool or whatever... [Respondent 1**]*

In exploring the motives that lie behind people's decisions to have sex and the choices of what kind of sex to have, according to the frameworks of acceptability and desirability, religion plays a role in condoning or prohibiting certain sexual practices. Few religious organisations, including conservative or evangelical ones, make clear moral distinctions between vaginal sex, oral sex, anal sex, and mutual masturbation. [Uecker et al., 2007: 6] Christianity is not the only religion to proscribe sexual

e. Adolescent women from Recife, Brazil aged 13± 19 reported negative repercussions from losing one's virginity, including gossip, pressure from boys to have sex, and neighbours not allowing their daughters to play with non-virgins [Vasconcelos et al., 1995 in Weiss et al., 2000, 237]

61

a. In communities where more than 20 percent of young adults had taken virginity pledges, STI rates were 8.9 percent compared to 5.5% in communities with fewer pledgers. [Vanessa Brocato Testimony, 2006]

b. "President Bush, in his fiscal year (FY) 2006 budget, requested \$192.5 million in federal funding for abstinence-only education and prevention programs, up 50 percent from FY 2004, while funding requests for HIV/AIDS research, prevention through national institutions, and the Minority AIDS Initiative all decreased. Religious-based groups supporting virginity pledges among young women are also on the rise. However, studies conclude that young women and men receiving abstinence-only education and taking virginity pledges are more likely to engage in high-risk oral and anal sex, less likely to use condoms or contraception, and less likely to be tested for sexually transmitted infection and HIV/AIDS." [National Longitudinal Study of Adolescent Health, 1995-2002 in Connolly, 2005]

** Respondent 1: Female, Canadian, aged early 20s.

initiation and place an emphasis on pre-marital virginity, as is also illustrated with examples of Islamic communities across the globe⁶². In some communities virginity is less of an established religious issue and more of a traditional cultural preference for young girls to remain virgins until marriage. In some of these communities, "virginity testing" is practiced, where young girls are examined before marriage to ensure that their hymen is intact. Due to this high value placed on virginity and hymen maintenance – a falsity as the hymen can be ruptured in non-sexual activity or just with physical exercise – it appears that young people are choosing to have oral and anal sex, sating the desire to be sexually active.⁶³

ABC

Religious and cultural traditions may not be the only force exerting pressure on young people to remain virgins. The ABC paradigm in sex education may also contribute to this: Abstinence, Be faithful, use a Condom: the message that many people worldwide are receiving, largely as a result of funding from the George Bush administration. In 2003, US Congress pledged US\$15 billion to fight the global AIDS epidemic under the President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR intended to follow a model that had primarily been developed in Uganda, and envisioned for use across Sub-Saharan Africa in an attempt to hinder the spread of HIV.⁶⁴ Pressure on local projects was exerted by PEPFAR funding only provide 'A&B' education to young people⁶⁵, missing out 'C' altogether in the belief that providing information about condoms would serve to encourage early sexual initiation.⁶⁶

⁶² Virginity is a particular concern for young Muslim girls in the coastal regions of Kenya, "...teenaged girls in Kenya's coastal area indulge in anal sex after being encouraged to protect their virginity." [IOL, 2006]

⁶³ Zulu maidens in the northern KwaZulu-Natal (KZN) Province of South Africa participate in 'Umhlanga', the annual reed dance ceremony celebrating virginity. Zulu culture places a high spiritual value on virginity, instilled in young girls through instruction by older women. There is much political debate concerning the move to prohibit the practice of virginity inspections of young girls, exposing the ideological clash between culture and human rights. Recent surveys have also indicated that pressure emanating from virginity testing was resulting in young Zulu girls engaging in anal sex in order to keep their status as virgins intact - contributing a greater risk of spreading HIV/AIDS. [PlusNews, 8th September 2005]

⁶⁴ "The approach aims to promote risk avoidance and reduction by encouraging abstinence and delayed sexual debut in young people, monogamy and fidelity among adults, and the use and availability of condoms for people at greatest risk of infection. ABC - Abstain, Be faithful or use a Condom..." [Abraham, 2007]

⁶⁵ PEPFAR entailed "rigid guidelines requiring that 1/3 of the overall prevention budget (and 2/3 of the behavioral prevention budget) must be spent on abstinence/being faithful (A/B-only) programming". [Health Gap, 2006]

⁶⁶

- a. "funding for PEPFAR currently requires that a full 33 percent of funds be designated to abstinence education... The renewed PEPFAR legislation... (still) prohibits its funding from use on contraception or abortion." [Steiger, 2008]
- b. "...the President's Emergency Plan for AIDS Relief (PEPFAR), stipulated that a third of the money assigned to prevention be used to promote abstinence-only programs and that promoting condom

In an era of abstinence and HIV prevention programmes advocating delayed sexual initiation, it can be argued that in some instances the social pressure to remain a virgin can actually contribute to young women's risk of infection and act as a barrier to their adoption of preventive behaviours. Alternative sexual practices may be substituted for vaginal intercourse in order to protect the girl's virginity.⁶⁷ "...virginity testing of women, may place such a high premium on chastity before marriage that unmarried women practice anal sex instead, putting themselves at even greater risk for HIV/AIDS than if they had vaginal sex" [Otti & Jallow Cherno, 2003] Some young adults, may use anal sex as a means of maintaining their "virginity" but may be unaware of the high risk of HIV transmission posed by anal sex. [Gorbach et al., 2006]

Research on adolescent sexual behaviour has in the past tended to be limited to only vaginal intercourse, thus accurate prevalence statistics for non-vaginal genital activity amongst adolescents are unavailable. Traditionally, in research and sexual health programmes, the classification of an individual as 'sexually active' has been based on vaginal intercourse, meaning that 'technical virgins' have been omitted from discussions on sexual risk, potentially excluding many sexually active young people and consequently placing them at higher risk.

use should be restricted to high-risk groups, such as sex workers and truck drivers." [Anastasion, 2007]

- c. "The abstinence-only-until-marriage movement has gained momentum in recent years, and has been supported further by a 1996 Congressional Act that allocated \$250 million over five years (1998-2002) to fund state programs providing abstinence education. The Act defines abstinence education as the teaching of benefits of abstinence in terms of social, psychological, and health gains, as well as the potential harmful consequences of sexual activity and childbearing outside of the context of marriage ...as a result of this Act, several abstinence-only curricula have emerged and are being used nationwide ...evaluations of abstinence-only curricula have shown that they do not meet professional standards for comprehensive sex education curricula and they fail to bring about the desired effects of a delay or reduction of sexual intercourse or the use of contraceptives..." [Parker, T.J., 2001]
- d. "PEPFAR required that one-third of all HIV prevention spending go to 'abstinence-until-marriage' programs, or those that teach sexual abstinence as the primary method of HIV-prevention... abstinence-until-marriage programs omit information about condoms in the belief that safer sex messages encourage young people to be 'promiscuous.' They focus on the idea that abstaining until marriage is the only '100 percent guaranteed' method of HIV prevention, promoting concepts such as 'virginity pledges', 'secondary virginity' (for young people who have already had sex), and entering into 'biblical marriage relationships.'" [Cohen, 2007]

⁶⁷ Respondents in Brazil and Guatemala mentioned that young people practice anal sex as a means to protect a girl's virginity and prevent conception [Vasconcelos et al., 1995; Bezmalinovic et al., 1994 in Weiss et al., 2000: 237]

iv. Contraception

In a similar vein to that of virginity maintenance, evidence suggests that heterosexual anal sex is also practiced as a means of contraception. Young women and girls wishing to avoid pregnancy but still desirous of sexual activity may choose anal sex as an alternative means of attaining sexual pleasure without fear of conception.⁶⁸

I'd probably say the main reason for having anal sex, other than it just being nice for the guy – is ejaculation. He can come inside you and there's no risk.
[Respondent 4*^{*}]

If a sexual couple want to have non-reproductive “flesh to flesh” sex without the presence of any form of contraception, and without the physical barrier of a condom, they may choose to have anal sex so that there will be no chance of conception if the male ejaculates inside the female.

...it's a nice way because then there's no stress if he comes inside you...
[Respondent 2*]

v. Sexual adventure and sensation seeking

Heterosexual couples may practice anal sex out of a desire to try new things and experience novel sensations. One hears about sexual acts and out of a natural curiosity one may be tempted to try them to explore new dimensions of the physical body and to experience the sensation for oneself. “...in this brave new age of sex, the greatest sin is sexual boredom”. [Hawkes, 1996: 119] Some people may be sexually aroused or ‘turned on’ by the prospect of exploring new stimuli: the “creative expanding of one’s horizons” that play a part in physical curiosity and sexual recreation. [Neubeck, 1973: 92]

...it's like bungee jumping – you know you're going to get scared – and you know it's not going to be pleasant for the first few minutes but you know afterwards you'll think: that wasn't so bad... [Respondent 4*^{*}]

...it was mostly just because it was... just a different sensation or whatever...
[Respondent 1*]

Sexual exploration and arguably anything that lies outside of “the missionary

⁶⁸ “Some people are doing this (anal sex) because they don't want to be pregnant. Let's take your boyfriend refuses to use a condom. So, I think that is why some people prefer to have anal sex.”
[Respondent from Soweto, South Africa in Stadler et al., 2007: 1190]

* Respondent 4: Female, South African, aged mid-20s.

position” is attributed in conservative perceptions to individuals with nymphomaniacal and erotophilic tendencies; these ‘highly sexed’ individuals are seen as having more sex and broader sexual repertoires. There is a particularly prevailing aura of disgust and revulsion surrounding discussion on anal sex. This “anorectophobia” is characterised by a reticence to overtly tolerate or even discuss anal sex practices. [Voeller in Halperin, 1999: 722] However, this may contribute to the attraction of anal sex for some people who wish to subvert the boundaries of socio-cultural acceptability and revel in their “anal sexuality”. [Voeller in Halperin, 1999: 719] Some people express a desire to try ‘doing everything’ in the sexual sphere and feel that trying anal sex is like “losing a second virginity”. [Halperin, 1999: 724]

The first time I did it, I had to get used to the feeling – you know because it’s something that’s completely different from anything you’ve felt before...
[Respondent 2*]

This ‘accomplishment motive’ may be particularly relevant to adolescents practicing anal sex, the “keeping up with the Joneses” syndrome of having to do everything that your peers have done. [Neubeck, 1973: 91] Alfred Kinsey referred to this desire that some people have to ‘keep score’ and have sex in every position available and known about, to attain a sense of achievement.

Interviewer: *So what would you say are your key motivations for having anal sex?*
Respondent 4*: *I think just curiosity – wanting to finally prove whether I’m going to like it or not, if you know what I mean. And... I don’t think I’ve explored it enough... to be honest... Just curiosity – I need to get it out of the way if you know what I mean... otherwise I’ll just be wondering...*

vi. Peer group pressure: “because everyone else is doing it”

The power of the peer group, particularly for adolescents, should be underestimated.⁶⁹ Young people (most evidently, though not exclusively) are subject to the powerful force of wanting to conform, of needing to be accepted into social groups. In ‘school yard’ discussions about sex, prestige is gained through sexual prowess and sexual experience. Some youths, in an effort to win respect and admiration from peers may exaggerate and boast about sexual experiences, in order to appear ‘mature’. Banter about adventurous and exciting new sexual positions, that

⁶⁹ “Peer approval has been examined as a positive motivation among early adolescents...” [Ott et al., 2006: 84]

may only be entirely theoretical, may exert pressure on more inexperienced teenagers to try out 'what everyone else is doing', to catch up so that they may share and boast about their own experiences in turn. Sexual prowess, which may be expressed in terms of numerous sexual partners or claimed wide sexual experience, is linked to both peer and general social recognition, especially of a masculine profile. "Universally, young men experience peer pressure to be sexually active, with sexual experience providing them with a passport to status and affirmation." [Selikow, 2005: 75]

A paradox emerges here: young people on the one hand may be under peer pressure to claim wide and varied sexual prowess, of which anal sex may be high in the hierarchy of sexual adventurousness; on the other hand due to the stigma and taboos associated with anal sex there may be a simultaneous and conflicting pressure to deny practicing anal sex. A further exploration of this is not in the scope of this dissertation but would indeed be fascinating.

vii. Misconceptions: Misinformed and Unaware

Sadly, available evidence suggests that anal sex is sometimes practiced as a form of "safe sex", ironically, as a means of avoiding transmission of HIV. Due to the silence around the topic of anal sex and its omission from discussion on safe sex, the assumption is made that it must be safe.⁷⁰ "...many heterosexuals remain disturbingly uninformed regarding the relative risks of different sexual acts".

70

- a. [Karim, 2003]
- b. A study in Soweto, South Africa by Stadler et al. (2007) found that in focus group discussions, a number of study participants regarded anal sex as a safe alternative to penile-vaginal penetration, and as a potential method for preventing contraction of STIs and HIV.
- c. "If you sleep with a man, obviously the womb is open and at that time, the virus will get inside (the womb). But how does HIV or STD get in there (the anus) because there is no womb. There is a hole but it is not the same as the vagina. The vagina is very soft; it will absorb STD quickly." [Respondent from Soweto, South Africa in Stadler et al., 2007: 1190]
- d. "A study of secondary school students in Kwa-Zulu Natal, South Africa found that 15% of students considered anal intercourse to be a safe alternative to vaginal sex." [Karim, 2003 in Schwandt et al., 2006: 4]
- e. A survey carried out amongst Ugandan school children in 2005 showed that there was a serious lack of information on sex, especially high risk sex, as well as modes of HIV transmission. The following are quotations from the school children interviewed:
 - "At school, they talk about sex in the vagina but not anal sex, is it true you can't get HIV from anal sex?"
 - "I never knew that anal sex was a riskier form of HIV transmission than vaginal sex."
 - "I didn't know you could get an STD from anal sex, this has never been explained to us."
 - "...There is no information that penetrative anal sex puts us at risk of HIV because in Uganda, "this is just not talked about." [Human Rights Watch Publications, 2005]

[Halperin, 1999: 718] ⁷¹ Studies have shown that often health care providers are also unaware of the risks of anal sex. ⁷²

Programmes that promote behaviour change among youth through abstinence, partner reduction, and condom use do not specifically address the HIV risk associated with anal intercourse. It is possible that in the absence of specific information, youth may erroneously view anal intercourse as less risky than vaginal intercourse, and therefore may not be inclined to use condoms... Anal intercourse may also provide an alternative sexual outlet for youth who choose abstinence from vaginal sex as a contraceptive or HIV risk reduction strategy, and these youth may be similarly disinclined to use condoms. [Lane et al., 2006: 124]

The false impression created that anal sex is safer than vaginal sex may be due to its lack of address in health education. Safe sex promotion and HIV prevention strategies may unwittingly encourage misperceptions that anal sex is a 'safer' form of sex. Evidence from anecdotal reports suggest that some people practice anal sex (either with a female or a male) because they believe it will protect them from STIs/HIV. The reason for this is because they have heard no discussion about the risks of infection through anal sex.

...our reluctance to talk about anal sex... does not appear to stop many heterosexuals from engaging in the practice... on the contrary, the available evidence suggests that our silence on the matter may indeed be responsible... for the 'promotion' of anal sex as a 'safe' alternative to vaginal sex. [Berger, 2004: 54]

Condom Use and Anal Sex

71

- a. In 2001, Ugandan President Yoweri Museveni launched Uganda's first nationwide school-based HIV-prevention curriculum: PIASCY, the President's Initiative on HIV/AIDS Strategy on Communication to Youth. "... HIV/AIDS materials in Uganda's schools, including the PIASCY materials... provide inadequate information on how people who engage in anal and oral sex can protect themselves from HIV, regardless of their sexual orientation. In the PIASCY upper primary teacher's book, the only reference to anal sex or homosexuality is located in the chapter entitled 'Morally Unacceptable Sexual Behaviour for Young Adolescents'. The chapter provides a list of 'immoral behaviour', including sexual activity between people of the same sex. The draft secondary materials for PIASCY state that HIV transmission can occur through anal sex because the lining of the anus is delicate and likely to be bruised during sex. There is no information provided, however, that condoms and lubricant when used correctly and consistently can prevent the transmission of HIV from anal sex."
- b. Few HIV education programmes, especially those targeting the Black South African population, have discussed anal intercourse, and as a result people are unaware of the risks involved. [Halperin, 1999: 722]
- c. Houston et al. cite a study on adolescents sexual behaviour by Boekeloo & Howard (2002) which found low levels of awareness regarding HIV transmission via heterosexual anal intercourse: "while 96% believe that HIV transmission is possible via vaginal intercourse, only 80% believe that anal intercourse can transmit HIV. [Houston et al., 2007: 300]

⁷² Nurses in South Africa. [Halperin, 1999: 718]

It is an urgent necessity to ensure that future campaigns on condom promotion also address condom usage for anal sex... [Horizon, 1998]

Despite anal sex having been identified as the most predictive risk factor for sero conversion in heterosexual HIV transmission, its risks are still underestimated by the vast majority of sexually active heterosexuals. This is illustrated by data that suggests that reported rates of condom use are nearly universally lower for heterosexual anal intercourse than vaginal ⁷³, and that far more women engage in unprotected anal sex than gay men. The male homosexual population seem to be more sensitised to condom use for anal sex than heterosexuals. [Halperin, 1999: 718] This can perhaps be attributed to the fact that HIV and STI programs targeted at the general population do not specifically address anal sex, whereas prevention programmes aimed at the gay population do. Another reason may be that condoms are primarily used by women for contraceptive purposes rather than protecting against STIs. Due to the failure of prevention programmes to sensitise heterosexuals to the high risk of infection of HIV and other STIs through unprotected anal intercourse, the widespread assumption that HIV transmission between heterosexuals is synonymous with penile-vaginal penetrative sex is inadvertently reinforced. Most literature on HIV and AIDS does not pay heed to heterosexual anal sex, although contrary to the popular association of anal sex with homosexual men, numerically more heterosexuals engage in anal sex than homosexuals. [Halperin, 1999: 718] But due to the highly stigmatised and hidden nature of heterosexual anal sex as a topic, both male and female heterosexuals are less likely to discuss and negotiate safe sex approaches to anal intercourse than homosexual men.

viii. Sexual choice and variety

The market in sex presents an ever-changing panorama of choices in which the individual is encouraged to construct their own identity through a form of erotic 'window shopping'. [Hawkes, 1996: 115]

73

- a. "Among a cohort of FSWs (female sex workers) surveyed in Kenya, experience of anal intercourse was associated with non-use of condoms, forced sex and a higher occurrence of sexually transmitted infections." [Ferguson & Morris, 2003 in Schwandt et al., 2006: 4]
- b. A study in New York City showed that 84% of females who practiced anal intercourse never used condoms when doing so with "steady partners", compared to 30% who never used condoms for vaginal sex. [Halperin, 1999: 726]
- c. In a study by the International Centre for HIV/AIDS Research at the University of California, amongst women who reported anal intercourse 74% reported never having used condoms. [Halperin, 1999: 725]

Sex is a consumer product in the context of the consumerist society we live in ⁷⁴. There is a plethora of sexual choices and lifestyles that the ('free' and 'modern') individual sifts through and samples as a means through which to express the self. With sex shops, pornographic material, sex toys and sex shows becoming increasingly accessible and popular, we are inundated with imagery of the weird and wonderful world of adventurous and exciting sex. Within this jungle of sexual opportunities we are encouraged to find our sexual selves. In a context free from coercion, exploitation and economic pressure, the modern Western individual reaches sexual self-realisation through conscious choice (although it may be argued that this context does not in fact exist in the reality of today's world – due to space limitations of this paper, we shall not elaborate on this further here).

Until now safe sex messages and HIV prevention programmes have retained a limited and narrow view of sex. Only recently have condom and lubricant manufacturers cottoned onto this thirst for sexual adventure and fun in the affluent West, and have increasingly geared certain products towards this and away from boring, outdated and conventional sex. In order to address the realities of people's sexual lives and sexual risk-taking, it is vital that we accept and give recognition to the "remarkable variability in sexual expression and desire" [Dowsett, 2003 in Berger, 2004: 48] ⁷⁵

...recognition of the diversity of sexual expression is not enough. We need to understand what type of sex we have, why we have the type of sex that we have, and why we have sex when we do and with whom we do. This means understanding in what way desire drives people to engage in various forms of 'dirty sex' and what this means for HIV prevention programmes. [Berger, 2004: 48]

Interviewer: *What would you say your motivations for trying anal sex the first time were?*

Respondent 3*: *I suppose curiosity... it feels like a part of my sexuality – maybe aspects of... aspects of it that intrigued me or aroused me – um... yeah*

⁷⁴ "In the consumer demand culture of advanced capitalism there seems to be increased legitimacy for a wide variety of behaviors which corresponds to a consumerist behavior code... It is consumption that underpins the structures and mind-set of late capitalism. Thus, it seems only reasonable that consumption would migrate from the realm of purely economic activity to that of general social activity and hence, sexual expression." [Coon, 2006]

⁷⁵ It would be interesting to explore if there may actually be a de-sexualisation process taking place in society today in reaction to the climate of fear that has been stirred up by the HIV epidemic, and the dust cloud of confusion that people find themselves in the midst of due to conflicting politics and public discourse on sex.

* Respondent 3: Male, South African, aged early 40s.

all those reasons – and maybe I could even ask myself whether boredom, sexual boredom was initially a reason...

ix. Subversion and deviance

Deviance can be viewed as “a pattern of norm violation”, and also as “a label bestowed upon certain classes of behaviour at certain times, which then become devalued, discredited, and often excluded.” [Marshall, 1998: 156] In either case, “precisely who or what is deviant depends upon a firm understanding of the norms and labelling process in particular social contexts.” [Marshall, 1998: 156]

In the Christianity influenced Western world we have been conditioned by the pervasive philosophy of sex as a sin. This creates a dualistic notion of pleasure and sin and a “dissonance between... felt pleasures and the negative societal evaluation...” of sex. [Neubeck, 1973: 90] Gerhard Neubeck discusses the “forbidden fruit connotation” where desire is increased by the forbidden nature of a sexual act, and sexual activity itself is enhanced by the very fact of transgression. [Neubeck, 1973: 90] The risk taken of ‘defying rules’ by the individual, or individuals involved, creates an aura of excitement and ‘additional thrill’. Arousal may be substantially increased if the sexual act is perceived to be an ‘illegitimate activity’.

...with my last sexual partner, I would often say to her, I feel like something nasty tonight... some days we'd be on the same page and other days we wouldn't... I don't know if subversion is the right word but something... you know sometimes you feel a little destructive – and letting your hair down and being a little nasty... is attractive... [Respondent 3]*

Some individuals choose to practice anal sex because of its moral positioning as “deviant”. In an attempt to challenge society and break from mainstream culture, people might seek to indulge in behaviour, sexual and otherwise, that they perceive to be in opposition to societal norms and expectations. By making the conscious decision to practice anal sex they may be engaging in a discourse of subversion. The individual choosing to assert their agency in experimenting with sex and breaking away from socially ascribed sex norms and positions may get some satisfaction from the sense of subversion and escape from societal control.

The relation between individual motivations and social expectations is complex. For instance, behaviours considered risky or taboo can become desirable for that very reason. [Marston & King, 2006: 1583]

It would be interesting to explore the idea that sex can also be a form of resistance, against societal expectations perhaps. Sexual risk taking behaviour may emerge from the desire to break social norms, to subvert acceptability and the cloying expectations of society. As discussed earlier, young people's lives are characterised by experimentation: finding, exploring and questioning their place in the world. This can manifest in pushing or breaking the boundaries and rules that are set by society's controls. Sexual experimentation by youth may be part of this.

x. Domination/submission

...some women enjoy it (anal sex) mostly because it pleases their partner and some women enjoy it because they do like the sensation – or they like being maybe more submissive or something like that... [Respondent 1]*

Penile-anal sex is sometimes viewed as more aggressive and transgressive than penile-vaginal sex, involving the domination of one partner over the subordinate other.⁷⁶ Anal sex is "all about the machismo of being the penetrator and inflicting humiliation of the subjugated receptacle, the pathic anus...". [James Davidson in Taplin, 2008]

I think it's definitely... the most vulnerable position a woman can be in. ... it obviously depends on the partner as well ... what space he's in when he initiated it... If it's more because he's not thinking about you in the process... I mean men are quite... I don't know. I mean there have been times when it's been great, but sometimes it just makes you feel violated... even though you love the person that you're with – and you care for them, you still feel a little bit violated after that... It also depends on how it's received – how it's valued in other words, by the partner – because if it's kind of like as they say "wham bam thank you maam", then it's sort of not appealing after that – but if it's – if something does happen emotionally - and you do feel closer to that person and you can see that it's reciprocated, then it becomes more intriguing, and then you think "maybe it won't be so bad"... [Respondent 4]*

xi. For him

Some feminist writers have argued that women have only come to understand their sexual pleasure and desire in terms of a patriarchally defined female sexuality which serves the male. In the process women are denied their own sexual subjectivity and pleasure: "patriarchal society systematically keeps girls and women from their own desire" [Tolman, 1994: 339]

⁷⁶ "Other men do this (anal sex) to women, because for them it is like some sort of punishment to women." [Respondent from Soweto, South Africa in Stadler et al., 2007: 1191]

Women are both sexually subordinated by men, and drawn into the constitution of heterosexuality as male dominated in part through the efforts they put into the construction of passive femininity, which effectively silences their own desires. [Holland et al., 1994: 27]

It may be informative to examine the personally perceived moral obligations that a woman has to fulfil and satisfy her sexual partner's desires, needs and fantasies. Females learn from a young age "...that whatever else she may become, she is importantly a body designed to please or to excite". [Bartky, 1992 in Jaffray, 2006: 7] Popular contemporary media often compounds the idea that good sex in a relationship is the woman's responsibility.

Women's sexuality is defined as finding fulfilment in meeting men's needs... women are then socially constrained to control their own bodily appetites and suppress their own desires, since these are deemed 'unnatural' or at least unseemly. [Holland et al., 1994: 29]

However it would not be fair to say that men do not also come under pressure to provide sexual pleasure to women. The successful 'modern' male is portrayed as being a good lover, sensitive to his partner's needs and able to control his own sexual pleasure and orgasm until his partner is fully satisfied. Men are often made to feel self-conscious about their own sexual capacities and capabilities in fulfilling their sexual partners' requirements, in terms of penis size, stamina, sexual experience and technique; the mutual pressure to perform and satisfy is complex. A woman may be under a dual pressure to orgasm, partly from a socially exerted pressure to successfully enjoy sex and attain her own orgasm; and at the same time to save her partner's pride and maintain his ego, and express the enjoyment he's providing her with (often manifesting itself in faked orgasms).

This male-centred heterosexuality requires that the woman also ought to have an orgasm to make it proper sex and to demonstrate his power. Faking orgasms is one way in which women use their bodies sexually in order to meet this aspect of social construction. [Holland et al., 1994: 30]

This links back to previous discussion on the relative value placed on women and men's sexual pleasure.

...my partner is always eager to do that (have anal sex)... and then I'm always kind of like "I don't know" – so I think that mutual enjoyment out of it would be nice... which is probably why I really want to explore it a little more... I think it's... it's selfish in a way – you know you don't want to be too giving in a sexual relationship – you want to get just as much enjoyment out of it as him

at the same time... so I suppose it's about getting to that point where we're both enjoying it as much as the other. [Respondent 4]*

In heterosexual anal sex it may be the case that women feel under pressure to provide it to their male partner, believing it to be more pleasurable for him.⁷⁷ Women literally 'accommodate' the perceived needs and desires of men, even incorporating male needs into their own perceptions of what they want themselves.

If your boyfriend asks you to have that type of sex (anal sex) you cannot refuse because if you don't let him he will think you don't love him. Even if you feel painful that will be your problem as long as he gets what he wants. This will also stop him from breaking up with you. [Female respondent in Stadler et al., 2007: 1191]

...I mean he didn't make me do it (have anal sex) if I really didn't want to, but I did it because it was interesting for him to... explore this activity... this feeling... [Respondent 1]*

Stevi Jackson argues that even today, heterosexual pleasure is often portrayed as something not easily attainable by women in an age of sexual coercion and domestic abuse. Jackson suggests that many women are unable to access a suitable and acceptable language with which to express, discuss and assert their own pleasure, hindering effective safe sex negotiation by women. The *Women Risk and AIDS Project* found that young women "disciplined their own bodies and pleasures to suit men in ways their partners were unlikely even to be aware of. In doing so they capitulate to men's definitions of what was pleasurable and acceptable, continuing to define sex as 'penetration for men's pleasure in which women find fulfilment'". [Jackson, 1999]

Interviewer: *So why do you think men enjoy anal sex?*

Respondent 4*: *I think... in an animalistic sense, it's more the power – you know the control, without it really even being rape – you know it's not violent, it's not... you know, the person is allowing you to do it... and it probably makes them feel powerful – and you know it's supposed to be tighter as well...*

Interviewer: *And do you feel, when you're in that situation, do you feel it makes you more submissive?*

Respondent 4*: *Definitely. Because I'm not submissive by nature – and I suppose that's why it feels a bit weird emotionally because you know I am literally not in control... I mean even from my experience of a partner's reaction during anal sex, he kind of gets very... like an animal in a way... and he kind of loses a bit of himself and it becomes kind of...*

⁷⁷ [Karim, 2003]

It's difficult to explain... it has happened where it got to the point where I was like "ok, enough"... and they haven't heard me... by choice – to put it bluntly... and that's not... that's not nice... that's not cool, and that's very sort of demoralising – and afterwards you really do feel violated...

xii. Menstruation

Anal sex can sometimes also be used as an alternative form of penetrative sex when a woman is menstruating but penetrative sex is still wanted, and perhaps she or her partner do not feel comfortable with menstrual blood. Anal sex may constitute a more 'convenient' form of penetrative intercourse when a woman is menstruating, avoiding the 'messiness' of blood on the bed sheets and bodies of both sexual partners.

...when she (my friend) had her period, they (her and her boyfriend) used to always just have anal sex instead, because then she could wear a tampon, and so that there didn't have to be any blood. [Respondent 2]*

Additionally, in some societies menstrual blood is seen as a dirty polluting substance, potentially dangerous for men to come into contact with. Respondents in a study in Soweto, South Africa reported that "anal sex during menstruation protected the male partner from menstrual blood, which was believed to be highly polluting." [Stadler et al., 2007: 1190]

xiii. For money

In the world of commercial sex work, evidence suggests that men will pay more for anal sex, with added value if it is without a condom. Motivation for commercial sex workers to engage in anal intercourse with their clients lies in the offer of higher financial benefits for anal sex than for vaginal sex.⁷⁸ Evidence also suggests that more economically or socially vulnerable sex workers are more likely to offer unprotected anal intercourse for clients, being more driven by financial incentives than their less vulnerable and more financially secure co-workers.

78

a. In a study on commercial sex workers in Kenya, "Of participants practicing anal intercourse 68.3% reported charging a greater fee compared to vaginal intercourse." [Schwandt et al., 2006: 6]
b. [Oberzaucher, 2006: 13 & 55]

Way forward: where can we go from here?

...current interventions to reduce HIV risk among youth should directly address the HIV risk associated with anal intercourse, and encourage condom use and condom-safe lubrication for this sexual activity. Research should be initiated in South Africa to explore current perceptions of the safety of anal intercourse among youth populations. Future behavioural and epidemiological research throughout sub-Saharan Africa should begin to assess separately the frequency of vaginal and anal intercourse, and the frequency of condom use for each sexual behaviour. [Lane et al., 2006: 125]

a. The inclusion of “other sex” into sex education

Instead of providing sex education messages based on heterosexual relationships in which penile-vaginal penetrative sex is expected to be the norm, with a cursory mention of the possibility of same-sex relationships, effort should be made to ensure the provision of comprehensive, clear, non-judgemental information about oral, anal and vaginal sex with no reference to the gender of sexual partners. In the design of educational and information materials as well as condom instructions and packaging, an emphasis should be placed on clear, unambiguous and easily accessible terms and phrases that will avoid potential misinterpretation.⁷⁹

b. Including anal sex in safe sex messages & condom promotion

As with sex education materials, both safe sex messages and condom promotion and usage guides should provide comprehensive information on a wide range of sexual behaviours, not just penile-vaginal penetrative sex. Diagrams, graphics and illustrations on condom packaging and instructions for use leaflets should be made non-gender specific.

c. The sensitisation of health care providers and VCT counsellors

Clinic staff, VCT counsellors, educators and other health care providers, often experience high levels of discomfort and embarrassment in discussing sensitive

79

- a. “HIV is most commonly spread through sexual intercourse – putting your penis in the vagina or anus of your partner.” [LoveLife, 2003: 4]
- b. “HIV/Aids is spread mainly through penetrative sex (in the vagina, anus or mouth). For all kinds of sex, the condom is the only way to protect yourself and your lover from HIV/Aids, an unplanned pregnancy and STIs.” [LoveLife, 2003: 18]
- c. For example:
 - **Penile-vaginal sex** is when the penis is inserted into the vagina
 - **Oral-penile sex** is when the penis is licked, sucked or kissed with the mouth (tongue & lips)
 - **Oral-vaginal sex** is when the vagina is licked, sucked or kissed with the mouth (tongue & lips)
 - **Penile-anal sex** is when the penis is inserted into the anus
 - **Oral-anal sex** is when the anus is licked or kissed (with the tongue & lips)

sexual topics. Staff may harbour their own personal prejudices and moral opinions and be reluctant to participate in training on sexuality and sexual health issues. Staff are often members of the community in which they work and inquiring into issues pertaining to their neighbours' sexual lives may be viewed as inappropriate and intrusive.

Programs incorporating training on such topics have encountered some initial resistance from staff, including embarrassment and personal biases that inhibit counseling. Many programs have found, however, that providers' discomfort can be overcome over time and that it may require regular support for staff. [Blanc, 2001: 205]

If health care providers are sensitised and made aware of the wide variety of sexual activities and behaviours that people may practice, and discussion on this is promoted to ensure reduction in stigma, it would enable patients to be open about their sexual behaviour without fear of being discriminated against. If it were made routine practice in sexual health clinics to carry out comprehensive STI examinations on patients, of mouth, genitalia and anus regardless of sex, it would not be left to the patient to have to disclose their behaviour or sexual orientation, and would ensure that STIs are not left untreated. (However the division of labour and the body in medicine might make this problematic.)

d. Enable discussion: create an open forum

In light of the issues discussed in this paper, it seems evident that silence can be dangerous. With an opening up and provision of a space for discussion pertaining to anal sex we may move towards making it a safer sexual activity. Projects providing free and confidential information and answering questions on sex from youth in the form of telephone hotlines, magazine columns and other such media can provide this space.⁸⁰

e. Informing and empowering people to make safe decisions

Once people are in possession of factual, non-moralistic, non-judgemental information on sexual behaviour in general, they can make informed decisions on what sexual activities to become involved in and the risks and dangers involved in each, as well as how to reduce these. This is not to disregard situations where

⁸⁰ Examples of this are:

- 1. One-2-One Youth Hotline** - The free Peer-2-Peer Youth Sexual Health and HIV Hotline (telephone, email, magazine problem page) coordinated by Liverpool VCT, Care and Treatment (LVCT) based in Nairobi, Kenya - <http://www.liverpoolvct.org/one2one.htm>
- 2. LoveLife** campaign in South Africa

negotiation is not always possible, in cases of non-consensual sex or power imbalances, but it can work towards avoiding unsafe decisions being made based on misconceptions and misinformation.

Programs should not assume that sexual activity among teenagers is limited to vaginal sex. If substantial proportions of youth view behaviours aside from intercourse as safer forms of sexual activity than vaginal sex, it is important that programs explicitly discuss these behaviours and educate youth about them. Adolescents need to know about the risks for STIs associated with oral and anal sex, as well as how to protect themselves from these infections. [Kalmuss et al., 2003: 89]

f. The normalisation of anal sex

This is not to say that anal sex should or needs to be actively encouraged but rather that in recognising and acknowledging that it is not a sexual behaviour confined to marginal or deviant populations but can be a part of normal and healthy sexual relationships. Rather than stigmatise it as dirty and disgusting, efforts should be made to unshackle heterosexual anal sex from moral judgement and work towards providing people with the necessary information and commodities to make it safer when it does happen.

g. Improving access to services addressing anal health issues

Once heterosexual anal sex has been normalised and brought out into the open as a normal sexual behaviour, the provision of necessary services can be improved (for example routine, easily available anal cancer and anal STI screening). A recognition of anal and rectal STIs amongst heterosexually identified individuals (both male and female) and the creation of information on sexual health that encompasses oral, vaginal, penile and anal pathology, would be part of a general increase in awareness and improved access to services for any individual who may require them.

In terms of service provision, the current trend it seems is towards heterosexist assumptions on the part of the service provider. "...unless open questions are asked, vital parts of a patient's history will be missed." [Lee, 2000: 402] Health workers should be provided with training to enable them to take comprehensive sexual and physical histories from patients. Questions about the patient/client's sexual behaviour should be more open-ended and less presumptive, and discussion should cover the diverse range of sexual behaviour that people practice, with the use of

examples when required.⁸¹ It is also important to use gender-neutral terms so as not to alienate non-heterosexually identified individuals.⁸² Providing an open forum is vital, so that a patient feels they can open up and frankly discuss their sexual behaviour without fear of discrimination or the service provider making any moral judgements. Patients may also need reassurance that sexual experimentation and exploration is a normal part of relationships and life. "By phrasing questions in a gender-neutral, non-judgemental manner, a thorough sexual history can be obtained while improving patient-physician rapport." [Lee, 2000: 402]

h. Policy implications

Health workers are expected to follow standard clinical guidelines and protocols for the delivery of sexual and reproductive health services. The majority of nationally implemented STI management guidelines do not include anal STIs, or reference to them is only brief⁸³. In the absence of standard clinical protocols addressing anal pathology, anal STIs are left unidentified with the potential of increasing their spread and worsening the consequences for the patient.

Guidelines for all the above health service provision recommendations must be provided for by national sexual and reproductive health strategies and policies.

Conclusion

As evidence for the high incidence of heterosexual anal sex increasingly mounts up, alongside scientific knowledge about the high risks of HIV and STI transmission through penile-anal intercourse, it can no longer be ignored. As long as the cloak of denial and taboo remains over the subject of heterosexual anal sex, not only are people continually being denied access to comprehensive information and service provision catering to all their sexual health needs, but they are not being given the

⁸¹ "People participate in a variety of sexual acts with their partners. What acts have you participated in with your partners? Have you ever had digital-vaginal, oral-anal, or oral-vaginal sex or used sex toys, for example? What sorts of protective barriers did you use?" [Lee, 2000, 401]

⁸² "How many people have you had sexual relationships with? How many were with men? How many with women?" [Lee, 2000, 401]

⁸³

- a. [WHO, 2003]
- b. [Moys & Khumalo, 2004]
- c. National Guidelines for the Management of Sexually Transmitted Infections
Ministry of Health and Population, National AIDS Program, Arab Republic of Egypt, 2006

opportunity to make informed choices about practicing safe sex and thus protecting themselves and others from HIV infection. The censure and stigmatisation of a commonly practiced sexual behaviour not only puts people at risk but also creates an atmosphere of shame and disgust around what for many people may be a desirable, pleasurable and consensual part of sexual relationships and intimate interaction. Pervading moral judgements are hard to change but in creating and allowing space for discussion and expression of sexuality, sexual attitudes and sexual desires, dialogue will inevitably lead to a greater acceptance and acknowledgement of what has for so long been hidden and ignored. Research must begin to address heterosexual anal sexual practices more attentively to enable greater understanding of sexual motives and sexual behaviour, which in turn will inform HIV prevention programmes.

We need to open communication and break the 'code of silence'

[Flannery et al., 2003: 233]

Appendix 1:

Acronyms

ABC	Abstain, Be Faithful, Condomise
AI	Anal Intercourse
AIDS	Acquired Immune Deficiency Syndrome
CSW	Commercial Sex Worker
FSW	Female Sex Worker
HAI	Heterosexual Anal Intercourse
HIV	Human Immuno-deficiency Virus
LGB	Lesbian, Gay, Bisexual
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MSM	Men who have Sex with Men
NGO	Non Governmental Organisation
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PIASCY	President's Initiative on HIV/AIDS Strategy on Communication to Youth (Uganda)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UAI	Unprotected Anal Intercourse
VCT	Voluntary Counselling and Testing
WSW	Women who have Sex with Women

References

- ABCTLIC 2007, Jan 1. **HIV/AIDS Training – Professional Development, Continuing Education Course** - Approved for California Vocational Nursing and Psychiatric Technicians. HIV/AIDS Training. www.abctlc.com
- Abraham, C. 2007, July 21. **Western medicine doesn't have all the answers; Disease outbreaks in poorer countries could be handled far more effectively if only western aid agencies would break with their cultural chauvinism**
New Scientist
- d'Adesky, A.C. 2004, May. **Expanding Microbicide Research**
<http://www.amfar.org/cgi-bin/iowa/td/feature/record.html?record=123>
- Aggleton, P.; Hart, G.; Davies, P. (eds.) 1991. **AIDS: Responses, Interventions and Care**
London: The Falmer Press
- Anastasion, D. 2007, July 13. **Rough Cut – Uganda: The Condom Controversy - AIDS and the abstinence debate**
http://www.pbs.org/frontlineworld/rough/2007/07/uganda_the_cond.html
- Babbie, E. & Mouton, J. 2006. **The practice of social research**
Oxford: Oxford University Press
- Baxen, J. & Breidlid, A. 2004. **Researching HIV/AIDS and education in Sub-Saharan Africa: examining the gaps and challenges**
Journal of Education, No. 34
- Baxen, J. 2006. **The limitations of dominant epistemological orientations and discourses in influencing understanding, responses and interpretations of HIV/AIDS**
Chapter 4: Unpublished Doctoral Thesis
- Belge, K. downloaded 2006, Sept. **Can Lesbians Get HIV or AIDS? AIDS/HIV Risk Factors for Lesbians & Bisexual Women and How to Protect Yourself from STDs and HIV**
<http://lesbianlife.about.com>
- Berer, M. 1998, Nov. **Sex, Sexuality and Sexual Health**
Reproductive Health Matters, Vol. 6, No. 12, pp. 7-10
- Berer, M. 2003, Nov. **HIV/AIDS, Sexual and Reproductive Health: Intimately Related**
Reproductive Health Matters, Vol. 11, No. 22, pp. 6-11

- Berer, M. 2004, May. **Sexuality, rights and social justice**
Reproductive Health Matters, Vol. 12, No. 23 p.6 (6)
- Berger, J. 2004, Dec.
Re-sexualising the epidemic – Desire, Risk and HIV Prevention
Development Update
– From Disaster to Development: HIV&AIDS in Southern Africa
INTERFUND Development Update, Vol. 5, No. 3
- Best, K. 2001. **Anal Intercourse Presents Serious HIV/STI Risks**
Network, Vol.20, No.4, p. 29
- Blanc, A.K. 2001, Sept. **The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence**
Studies in Family Planning, Vol. 32, No. 3, pp. 189-213
- Bolling D.R. 1989. **Anal intercourse between women and bisexual men**
Med Aspects Human Sexuality, Vol. 23, p. 34
- Brandt, A.M. 1987. **No Magic Bullet – A Social History of Venereal Disease in the United States Since 1880**
Expanded Edition
Oxford: Oxford University Press
- Brody, S. & Potterat, J. 2003. **Assessing the role of anal intercourse in the epidemiology of AIDS in Africa**
International Journal of STD & AIDS. Vol. 14, pp. 431-436
- Bryman, A. 2001. **Social Research Methods**
Oxford: Oxford University Press
- Cairns, G. 2004, May 05. **Most heterosexual African HIV transmission may occur during primary infection**
<http://www.aidsmap.com/en/news/BA50A87C-903A-4869-B117-0A4052DA867B.asp>
- Carpenter, L.M. 2001. **The Ambiguity of "Having Sex": The Subjective Experience of Virginity Loss in the United States**
The Journal of Sex Research, Vol. 5, No. 1
Society for the Scientific Study of Sexuality
- Cochrane, J.R. 1999. **Circles of Dignity: community wisdom and theological reflection**
Minneapolis: Fortress Press
- Cohen, J. 2007, Dec 1. **A Tale of Two Presidential Initiatives - Changes in an HIV Prevention Program in Uganda**
AIDSLink. Issue 106
Global AIDSLink
- Connolly, C. 2005, March 19.

- Teen Pledges Barely Cut STD Rates, Study Says**
 Washington Post
<http://www.washingtonpost.com>
- Coon, R. 2006, April 18.
Theorizing Sex in Heterodox Society: Postmodernity, Late Capitalism and Non-monogamous Sexual Behavior
Electronic Journal of Human Sexuality, Vol. 9
www.ejhs.org
- Cooper, D. 1993, Autumn. **An Engaged State: Sexuality, Governance, and the Potential for Change**
Journal of Law and Society, Vol. 20, No. 3, pp. 257-275
- Coulson, N., Goldstein, S. & Ntuli, A.
 1998. **Promoting Health in South Africa: An Action Manual**
 Sandton: Heinemann Higher and Further Education
- Criminal Law (Sexual Offences and Related Matters) Amendment Bill**
 23/11/2006
 As presented by the Portfolio Committee on Justice and Constitutional Development (National Assembly), after consideration of Compulsory HIV Testing of Alleged Sexual Offenders Bill [B10-2003] and Criminal Law (Sexual Offences) Amendment Bill [B50-2003]
 Government Communication and Information System Library
 Minister for Justice and Constitutional Development
 Republic of South Africa
- Crothers, C. 2001. **Social factors and HIV/AIDS in South Africa: A framework and summary**
Society in Transition, Vol. 32, No.1
- Dallery, A.B. 1992.
The Politics of Writing (the) Body: Ecriture Feminine
 In Jaggar & Bordo (eds.)
- Davidson, J. 2008, Jan 18. **The Greeks and Greek Love: A Radical Reappraisal of Homosexuality in Ancient Greece**
 In Taplin, O. *An epic rehabilitation of the love of man*
 Review in *The Guardian Weekly*, p. 39
- Dean, C.J. 1997. **Sexuality and Modern Western Culture**
 London: Twayne Publishers
- Dempsey, M.M. & Herring, J.
 2007. **Why Sexual Penetration Requires Justification**
Oxford Journal of Legal Studies, Vol. 27, No. 3, pp. 467-491
- Dimen, M. 1992. **Power, Sexuality, and Intimacy**
 In Jaggar & Bordo (eds.)
- Dowsett, G.W. 2003, Nov. **Some Considerations on Sexuality and Gender**

in the Context of AIDS

Reproductive Health Matters, Vol. 11, No. 22, pp. 21-29

- Dworkin, A. 1988. **Intercourse**
New York: The Free Press
- Elias, N. 2000. **The Civilising Process
– Sociogenetic and Psychogenetic Investigations**
Revised Edition
Dunning, E.; Goudsblom, J. & Mennell, S. (eds.)
Translated by Jephcott, E.
Oxford: Blackwell Publishers
- Epstein, D. & Johnson, R.
1994. **On the Straight and Narrow: The Heterosexual
Presumption, Homophobias and Schools**
In Epstein, D. (ed.)
Challenging Lesbian and Gay Inequalities in Education
Buckingham: Open University Press
- Erickson, P.I.; Bastani, R.; Maxwell, A.E.; Marcus, A.C.; Capell, F.J.; Yan, K.X.
1995, Dec.
**Prevalence of anal sex among heterosexuals in California
and its relationship to other AIDS risk behaviors**
AIDS Educ Prev. Vol.7, No.6, pp. 477-93
Department of Anthropology, University of Connecticut, USA
- Fay, B. 1975. **Social theory and political practice.**
London: George Allen & Unwin
- Ferguson, A. & Morris, C.
2003. **Assessing the role of anal intercourse in the
epidemiology of AIDS in Africa** (letter)
International Journal of STD AIDS, Vol. 14, p. 856
- Field, K.L. 1983, Aug. **Refuse thy name: Sexual Repression,
Boundary Maintenance, and the Perpetuation of Privilege**
Central Issues in Anthropology, Vol.5, No.1, pp.1-26
- Flannery, D.; Ellingson, L.; Votaw, K.S.; Schaefer, E.A.
2003. **Anal Intercourse and Sexual Risk Factors Among
College Women, 1993-2000**
American Journal of Health Behaviour
Vol. 27, No.3, pp. 228-234
- Ford, C.S. & Beach, F.A.
1952. **Patterns of Sexual Behaviour**
London: Eyre & Spottiswoode
- Foucault, M. 1978. **The History of Sexuality – An Introduction**
Translated from the French by Hurley, R.
London: Peregrine/Penguin Books

- Foucault, M. 1990. **The Use of Pleasure – Volume 2 of The History of Sexuality**
Translated from French by Hurley, R.
New York: Vintage Books
- Fout, J.C. 1992. **Forbidden History: The State, Society, and the Regulation of Sexuality in Modern Europe**
– Essays from the *Journal of the History of Sexuality*
London: The University of Chicago Press
- Freeman, D. 1984. **Margaret Mead and Samoa – The making and unmaking of an anthropological myth**
Pelican Books Series
New York: Penguin Books
- Friedl, E. 1994, Dec. **Sex The Invisible**
American Anthropologist
New Series, Vol. 96, No. 4, pp. 833-844
- Gadd, C. & Carter, M. 2004, July 16. **Heterosexual anal sex and first sexual exposure associated with high rates of HIV transmission in African youth**
<http://www.aidsmap.com/en/news/0C1BBA35-013C-4051-AC88-0AD88FB63FCF.asp>
- Glazov, J. 2005, June 3. **Symposium: The Radical Lies of Aids**
FrontPageMagazine.com
- Glick Schiller, N. 1992, Sept. **What's Wrong with This Picture? The Hegemonic Construction of Culture in AIDS Research in the United States**
Medical Anthropology Quarterly
New Series, Vol. 6, No. 3, pp. 237-254
- Gorbach, P.M.; Manhart, L.E.; Stoner, B.P.; Martin, D.H. 2006. **Anal Sex Among Young Heterosexuals in Three US STD Clinics**
Young People and Sexuality: The Unspoken Taboo
XVI International AIDS Conference 13-18 August 2006
Toronto, Canada
- Grant, N.J. 1995, Dec. **From Margaret Mead's Field Notes: What Counted as "Sex" in Samoa?**
American Anthropologist
New Series, Vol. 97, No. 4, pp. 678-682.
- Gross, L. (ed.) 1973. **Sexual Behaviour – Current Issues: An Interdisciplinary Perspective**
New York: Spectrum Publications
- Grosz, E. 1994. **Volatile Bodies – Toward a Corporeal Feminism**
Bloomington: Indiana University Press

- Grosz, E. 1995. **Space, Time and Perversion – Essays on the Politics of Bodies**
London: Routledge
- Halperin, D. 1998, May. **HIV, STDs, anal sex and AIDS prevention policy in a northeastern Brazilian city**
International Journal of STD & AIDS, Vol. 9, No. 5, pp. 294-298
Royal Society of Medicine Press
- Halperin, D. 1999.
Heterosexual Anal Intercourse: Prevalence, Cultural Factors, and HIV Infection and Other Health Risks, Part 1
AIDS Patient Care and STDs, Vol. 13, No. 12
Mary Ann Leibert Inc.
- Hawkes, G. 2004. **Sex and Pleasure in Western Culture**
Cambridge: Polity Press
- Hawkes, G. 1996. **A Sociology of Sex and Sexuality**
Buckingham: Open University Press
- Haynes, S.R. 2000. **Original Dishonor: Noah's Curse and the Southern Defense of Slavery**
Journal of Southern Religion, Vol. 3
- Health Gap 2006, April 5. **Between the Lines - GAO Report on PEPFAR Prevention Programs: U.S. Abstinence/Being Faithful-Only Programs Produce Stigma and Death**
Health GAP Report
- Herd, G. & Boxer, A.M. 1991, May. **Ethnographic Issues in the Study of AIDS**
The Journal of Sex Research, Vol. 28, No. 2, pp. 171-187.
- Hoffman, V. & Bolton, R. **Reasons for having sex and sexual risk-taking: A study of heterosexual male STD clinic patients**
AIDS Care, Vol. 9, No.3, pp. 285 – 296
- Holland, J.; Ramazanoglu, C.; Sharpe, S. & Thomson, R. 1994, Spring.
Power and Desire: The Embodiment of Female Sexuality
Feminist Review, No. 46
- Horizon 1998, June 25.
Preventing transmission of HIV – Special Report
<http://www.mask.org.za/article.php?cat=&id=269>
- Houston, A.M.; Fang, J.; Husman, C. & Peralta, L. 2007. **More Than Just Vaginal Intercourse: Anal Intercourse and Condom Use Patterns in the Context of "Main" and "Casual" Sexual Relationships among Urban Minority Adolescent Females** - Original Studies

Journal of Pediatric Adolescent Gynecology
Vol. 20, pp. 299-304
North American Society for Pediatric & Adolescent Gynecology
Elsevier

- Human Rights Watch Publications
2005, March. **The Less They Know, the Better
- Abstinence Only HIV/AIDS Programs in Uganda**
Vol. 17, No. 4 (A)
<http://hrw.org/reports/2005/uganda0305/index.htm>
- Hunt, A. & Davies, P. 1991. **What is a Sexual Encounter?**
(In Aggleton et al.1991)
- IOL
2006, June 14.
Youth 'not getting' Aids prevention message
http://www.iol.co.za/index.php?from=rss_News&set_id=1&click_id=&art_id=qw1150299540207B232
- Jackson, S. 1999. **Heterosexuality in Question**
London: Sage Publications
- Jaffray, P. 2006. **Heterosexuality: Fuelling or Fighting the HIV/AIDS
Pandemic?**
Understanding Human Sexuality Seminar Series
Africa Regional Sexuality Resource Centre
- Jaggar, A.M. & Bordo, S.R. (eds.)
1992. **Gender/Body/Knowledge
- Feminist Reconstructions of Being and Knowing**
New Brunswick: Rutgers University Press
- Johnson, W.R. & Fretz, B.R.
1973. **What is Sexual "Normality"?**
In Gross, L. (ed.) 1973. *Sexual Behaviour
- Current Issues: An Interdisciplinary Perspective*
New York: Spectrum Publications
- Kalmuss, D.; Davidson, A.; Cohall, A.; Laraque, D.; Cassell, C.
2003, March-April
**Preventing Sexual Risk Behaviours and Pregnancy
among Teenagers: Linking Research and Programs**
Perspectives on Sexual and Reproductive Health
Vol. 35, No. 2, pp. 87-93
- Karim Q. A. 2003. **Anal sex and HIV transmission in adolescent
women in rural South Africa**
*Centre for the AIDS Programme of Research in South Africa,
Newsletter, No.2, pp. 2-3*
- Karim, S.S. & Ramjee, G.
1998, Aug. **Anal Sex and HIV Transmission in Women**
Research letters
American Journal of Public Health, Vol. 88, No. 8

- Kelly, B.C. 2001, Nov. **On Encompassing Sexuality**
Letters, *American Journal of Public Health*
Vol. 91, No. 11, pp. 1731-1732
- Kelly, K., & van der Riet, M.
2001. **Participatory research in community settings: processes, methods and challenges**
In Seedat, M.; Duncan, N.; Lazuras, S. (eds.)
Community psychology: theory, method and practice: South African and other perspectives, pp. 159-188
Oxford, UK: Oxford University Press
- Keys, D.; Rosenthal, D. & Pitts, M.
2006. **Young people, sexual practice and meanings**
In Aggleton, P.; Ball, A. & Mane, P. (eds.)
Sex, Drugs and Young People – International Perspectives
Oxon: Routledge
- Lane, T.; Pettifor, A.; Pascoe, S.; Fiamma, A. & Rees, H.
2006. **Heterosexual anal intercourse increases risk of HIV infection among young South African men**
Research Letters, AIDS, Vol. 20, pp. 119-132
- LeBlanc, M.A. 2008, Feb. 24 – 7. **Less Silence, More Science - Advocacy to Make Rectal Microbicides a Reality**
Microbicides 2008, International Rectal Microbicide Advocates
New Delhi, India
- Lee, R. 2000, May. **Toolbox - How to talk about sex with patients who are not heterosexual**
Western Journal of Medicine, Vol. 172, pp. 401-402
- LoveLife 2003. **Loving Life**
talk about it: love life
www.lovelife.co.za
- Maguen, S. & Armistea, L.
2000, May.
Prevalence of Unprotected Sex and HIV-Antibody Testing among Gay, Lesbian, and Bisexual Youth
The Journal of Sex Research, Vol. 37, No. 2, pp. 169-174
- Marlink, R.; Kao, H.; Hsieh, E.
2001. **Clinical Care Issues for Women Living with HIV and AIDS in the United States**
Policy Document, *AIDS Research and Human Retroviruses*
Vol. 17, No. 1, pp. 1-33
"GIVING VOICE TO A SILENT EPIDEMIC" WORKING GROUP
Mary Ann Liebert, Inc.
- Marshall, G (ed.) 1998. **A Dictionary of Sociology**
Oxford: Oxford University Press

- Marston, C. & King, E.
2006, Nov. 4
**Factors that shape young people's sexual behaviour:
A systematic review**
The Lancet, Vol. 368, pp. 1581-86
- Masters, W.H. & Johnson, V.E.
1966. **Human Sexual Response**
Boston: Little, Brown and Company
- Masters, W.H. & Johnson, V.E.
1979. **Homosexuality in Perspective**
Boston: Little, Brown and Company
- Maticka-Tyndale, E. 1992, Aug. **Social Construction of HIV Transmission and
Prevention among Heterosexual Young Adults**
Social Problems, Vol. 39, No. 3, pp. 238-252
- Mauss, M. 1979 (first published 1935)
Sociology and Psychology. Essays by Marcel Mauss
Translated by Brewster, B.
- McLaren, A. 1999. **Twentieth-Century Sexuality – A History**
Oxford: Blackwell Publishers
- Misegades, L.; Page-Shafer, K.; Halperin, D.; McFarland, W.;
2001, March. **Anal intercourse among young low-income
women in California: an overlooked risk factor for HIV?**
AIDS: Research Letter, Vol. 15, No. 4, 9, pp. 534-535
- Moore, S. & Rosenthal, D.
1998. **Adolescent Sexual Behaviour**
In Coleman, J. & Roker, D. (eds.)
Teenage Sexuality – Health, Risk and Education
Amsterdam: Harwood Academic Publishers
- Mosher, D.L. 1989, Nov. **Threat to Sexual Freedom:
Moralistic Intolerance Instils a Spiral of Silence**
The Journal of Sex Research, Vol. 26, No. 4, pp. 492-509
- Moys, A. & Khumalo, F.
2004. **Guidelines for Improving Quality of STI
Management in a Health District - Lessons learnt from
the National STI Initiative**
Durban: Reproductive Health Research Unit
<http://www.hst.org.za/publications/671>
- Murray, K.M.; Ciarrocchi, J.W. & Murray-Swank, N.A.
2007. **Spirituality, Religiosity, Shame and Guilt as
Predictors of Sexual Attitudes and Experiences**
Journal of Psychology and Theology
Vol. 35, No. 3, pp. 222-234

- Murray, S.O. 1999. **Widely Plausible Deniability**
Symposium on the Clinton–Lewinsky Affair
Sexualities, Vol. 2, No. 2
London: Sage Publications
- Natrass, N. 2004. **The Moral Economy of AIDS in South Africa**
Cambridge: Cambridge University Press
- Neubeck, G. 1973. **The Myriad Motives for Sex**
In Gross, L. (ed.)
- Nevid, J.S.; Fichner-Rathus, L. & Rathus, S.A.
1995.
Human Sexuality In A World of Diversity – 2nd Edition
London: Allyn and Bacon
- Oberzaucher, N. 2006, May.
HIV and sexually transmitted infection prevention among sex workers in Eastern Europe and Central Asia
UNAIDS Best Practice Collection
UNAIDS
- Ortner, S.B. 2001. **Theory in Anthropology Since the Sixties**
In Erickson & Murphy (eds.)
Readings for a History of Anthropological Theory
Ontario: Broadview Press
- Ott, M.A.; Millstein, S.G.; Ofner, S. & Halpern-Felsher, B.L.
2006. **Greater Expectations:
Adolescents' Positive Motivations for Sex**
Perspectives on Sexual and Reproductive Health
Vol. 38, No. 2, pp. 84–89
- Otti, P.N. & Jallow Cherno O.A.
2003, August.
A Socio-Cultural Study of HIV/AIDS in the Gambia
- UNDP/UN System and Government of The Gambia
- Parker, R. 2001.
Sexuality, Culture, and Power in HIV/AIDS Research
Annual Review of Anthropology, Vol. 30, pp. 163-179
- Parker, T.J. 2001. **School-Based Sex Education:
A New Millennium Update**
ERIC Digest
ERIC Clearinghouse on Teaching & Teacher Education
Washington DC
- Payne, E. 2005, Nov.
Speech made at the
HIV Education at Episcopal Youth Event 2005

National Episcopal AIDS Coalition –
The Episcopal Church response to HIV/AIDS
<http://www.neac.org/articles/000384.html>

- Pinkerton, S.D.; Cecil, H.; Bogart, L.M.; Abramson, P.R.
2003. **The Pleasures of Sex: An Empirical Investigation**
Cognition and Emotion, Vol. 17, No. 2, pp. 341-353
Psychology Press Ltd.
- Pliskin, K.L. 1997. **Verbal Intercourse and Sexual Communication: Impediments to STD Prevention**
Medical Anthropology Quarterly, Vol. 11, No. 1, pp. 89-109
American Anthropological Association
- PlusNews 2005, Sept. 8. **SOUTH AFRICA: Virginity testing - absence of a small tissue becomes big issue**
<http://www.plusnews.org/Report.aspx?ReportId=38967>
- "The Pop Reporter" 2004, June 21.
South Africa: Youth Get Wrong Message On AIDS.
Johns Hopkins Bloomberg School of Public Health/Centre for Communication Programs INFO Project. (news article) – 4: 25
- Population Reports **Youth and HIV/AIDS - Can We Avoid Catastrophe?**
<http://www.infoforhealth.org/pr/l12/l12print.shtml>
- Porter, R. & Teich, M. (eds.)
1994. **Sexual Knowledge, Sexual Science – The History of Attitudes to Sexuality**
Cambridge University Press
- Powis, B.; Griffiths, P.; Gossop, M.; Strang, J.
1995. **Heterosexual anal intercourse, health risks and drug use: A review with special attention to drug users**
Drug and Alcohol Review, Vol. 14, Issue 2, pp. 223 – 229
- Progler, J.A. 2004. **The Utility of Islamic Imagery in the West**
Al-Tawhid - A Journal of Islamic Thought and Culture
Vol. XIV, No. 4
- Rapport, N. & Overing, J.
2000.
Social and Cultural Anthropology: The Key Concepts
London: Routledge
- Rasmussen, M.L. 2004, Dec. **Wounded Identities, Sex and Pleasure; "Doing it" at School. NOT!**
Discourse: studies in the cultural politics of education
Vol. 25, No. 4
Carfax Publishing
- Reyna, V.F. & Farley, F.
2006. **Risk and Rationality in Adolescent Decision Making**

- Implications for Theory, Practice, and Public Policy
Psychological Science in the Public Interest, Vol. 7, No. 1
Association for Psychological Science

- Richardson, D. 1998. **Heterosexuality and Social Theory**
In Richardson, D. (ed.)
Theorising Heterosexuality – Telling it Straight
Buckingham: Open University Press
- Ridley, M. 1994.
The Red Queen – Sex and the Evolution of Human Nature
London: Penguin Books
- Robertson, J. 2004. **The Black Swans of Africa**
- AIDS and Sex Between Men in Sub-Saharan Africa
Harvard School of Public Health, Boston, Massachusetts, USA
- Rubin, G. 1984. **Thinking Sex:**
Notes for a Radical Theory of the Politics of Sexuality
In Vance, C. (ed.)
Pleasure and Danger: Exploring Female Sexuality
- Rye, B.J. & Meaney, G.J. 2007, Winter. **The Pursuit of Sexual Pleasure**
Sexuality & Culture, Vol. 11, No. 1, pp. 28-51
- Salih, S. & Butler, J. (eds.) 2004. **The Judith Butler Reader**
Oxford: Blackwell Publishing
- Salim, S.; Karim, A & Ramjee, G. 1998, August. **Anal Sex and HIV Transmission in Women**
American Journal of Public Health, Vol.88, No.8, pp. 1265-1266
- Sanchez, L. 1997, Nov. **Spatial Practices and Bodily Manoeuvres:**
Negotiating at the Margins of a Local Sexual Economy
Political and Legal Anthropology Review
Vol. 20, No. 2, pp. 47-62
- Scaperlanda, M.A. 2004, October 28-31.
Sex, Marriage, and Procreation: The Judicial Decimation
of American Family Law
Christian Legal Society Global Convocation
- Schuster, M.A.; Bell, R.M.; Kanouse, D.E. 1996, Nov. **The Sexual Practices of Adolescent Virgins:**
Genital Sexual Activities of High School Students Who
Have Never Had Vaginal Intercourse
American Journal of Public Health
Vol.86, No.11, pp. 1570-1576
- Schwandt, M.; Morris, C.; Ferguson, A.; Ngugi, E. & Moses, S.

- 2006, June 21. **Anal and dry sex in commercial sex work, and relation to risk for sexually transmitted infections and HIV in Meru, Kenya**
Sexually Transmitted Infections
 Published online
- Scott, J.C. 1991.
Domination and the arts of resistance: hidden transcripts
 New Haven: Yale University Press
- Segal, L. 2002. **Sexualities**
 In Woodward, K. (ed.)
Identity and Difference
 The Open University
 London: Sage Publications
- Selikow, T.A. 2005. **Youth Sexuality and HIV/AIDS in a South African Urban Township: A Critical Realist Approach**
 Department of Educational Policy Studies, UCT
- Shorter, Edward 2005. **Written in the Flesh – A History of Desire**
 University of Toronto Press
- Spivak, G. 1988. **Can the subaltern speak?**
 In Nelson, C. & Grossberg, L. (eds.)
Marxism and the interpretation of culture, pp. 271-313
 London: MacMillan
- Stadler, J. J., Delany, S. and Mntambo, M.
 2007, Nov. **Sexual coercion and sexual desire: Ambivalent meanings of heterosexual anal sex in Soweto, South Africa**
AIDS Care, Vol.19, No.10, pp. 1189 – 1193
 London: Routledge
- Steiger, K. 2008, Feb. 29. **When Abstinence Educators Attack: What happened when abstinence advocates invaded a hearing on the Hill about comprehensive sex ed this week**
 Field Report – Campus Progress
- Stubrin, J.P. 1994. **Sexualities and Homosexualities**
 London: Karnac Books
- Taplin, O. 2008, Jan. 18. **An epic rehabilitation of the love of man**
 Review in *The Guardian Weekly*, p. 39
- Tolman, D.L. 1994, Sept. **Doing Desire: Adolescent Girls' Struggles for/with Sexuality**
 Sexual Identities/Sexual Communities.
Gender and Society, Vol. 8, No. 3, pp. 324-342
- Tolman, D.L. 2006, Summer. **In a Different Position: Conceptualizing Female Adolescent Sexuality Development Within**

Compulsory Heterosexuality

New Directions for Child and Adolescent Development, No. 112
Wiley Periodicals, Wiley InterScience

- Uecker, J.E.; Angotti, N., Regnerus, M.D.
2007. **Going Most of the Way:
"Technical Virginity" among Young Americans**
Paper presented at the annual meeting of the Population
Association of America, New York
- Vance, C. 1984. **Pleasure and Danger: Toward a Politics of Sexuality**
In Vance, C. (ed.)
Pleasure and Danger: Exploring Female Sexuality
London: Routledge and Kegan Paul
- Vanessa Brocato Testimony**
2006, Jan. 22. Bush Commission
<http://www.bushcommission.org/?q=node/29>
- Varga, C.A. 2001, Dec. **The Forgotten Fifty Percent: A Review of
Sexual and Reproductive Health Research and Programs
Focused on Boys and Young Men in Sub-Saharan Africa**
African Journal of Reproductive Health
Vol. 5, No. 3, pp. 175-195
- Velde, T.H. 1960. **Ideal Marriage: Its physiology and technique**
London: Heinemann
- Watt, G.E.; Newcomb, M.D. & Riederle, M.H.
1993. **Sexual Abuse and Consensual Sex
– Women's Developmental Patterns and Outcomes**
London: Sage Publications
- Webb, D. 1997. **HIV and AIDS in Africa**
Cape Town: David Philip / London: Pluto Press
- Weiss, E., Whelan, D. & Rao Gupta, G.
2000.
**Gender, sexuality and HIV: making a difference in the
lives of young women in developing countries**
Sexual and Relationship Therapy, Vol. 15, No. 3
International Center for Research on Women
Washington DC, USA
- Whelan, D. 1999. **Gender and HIV/AIDS:
Taking Stock of Research and Programmes**
UNAIDS Best Practice Collection – Key Material
Geneva: UNAIDS
- WHO 2003. **Guidelines for the Management of Sexually
Transmitted Infections**
Geneva: World Health Organization

- Wilkinson, C. (ed.) 2008. **The Observer Book of the Body**
UK: Observer Books, Guardian Print and Media
- Wilton, T. & Aggleton, P.
1991. **Condoms, Coercion and Control:
Heterosexuality and the Limits to HIV/AIDS Education**
In Aggleton et al.1991
- Wood, K.; Lambert, H. & Jewkes, R.
2007. **"Showing Roughness in a Beautiful Way": Talk
about Love, Coercion, and Rape in South African Youth
Sexual Culture**
Medical Anthropology Quarterly, Vol. 21, Issue 3
The American Anthropological Association.
- Wundram, I.J. 1979, Mar. **Nonreproductive Sexual Behavior:
Ethological and Cultural Considerations**
American Anthropologist
New Series, Vol. 81, No. 1, pp. 99-103