

Discourse of Prevention or Pleasure: A Discourse Analysis of Condom Use and Non-Condom Use Scripts of University of Zimbabwe Students

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Abstract

Condoms can be highly successful in preventing transmission of many common Sexually Transmitted Infections (STI's) and are integral to many safer-sex campaigns. University students are at a high risk of contracting HIV and other Sexually Transmitted Infections but their rate of condom use is low. The purpose of this study is to investigate the discourse of condom use and non-condom use among University of Zimbabwe, Faculty of Arts students. The data for this qualitative study was collected from 84 students using questionnaires and interviews. The study shows that the cultural narratives, metaphors and discourse around condoms work to create the reality of condom use and non-condom use. Condoms are shown to be socially mediated, value laden objects that reflect diverse peer, family and societal norms. Data was analysed using the discourse analysis and interpretive analysis framework. The data from the study will be useful in designing and improving HIV/AIDS prevention programmes in Zimbabwe.

Key Words: Male Condoms, Female Condoms, HIV and AIDS, Discourse Analysis. Sexual scripts.

1. Introduction

Condoms are still the most cost-effective means of HIV/AIDS prevention for sexually active heterosexual partners' worldwide (Creese et al,2002, Davis and Weller, 1999) but despite their importance in many countries in Sub-Saharan Africa, research literature on condom use demonstrates that condoms are not routinely or consistently used in sexual encounters (Grunseit, 2004). For example, while it is common knowledge that abstinence and having sex with one uninfected partner who is monogamous, condoms remain the only proven method that can protect against Sexually Transmitted Infections (STI's) and HIV/AIDS, many university students still choose unprotected sex rather than using condoms (Nzioka,2001).

Universities are pinnacles of education and it is presumed that those studying there have the knowledge on how to protect themselves against HIV/AIDS. Ironically, it has been recently reported an increase in reported cases of STI's such as, chancroid, gonorrhoea, syphilis and herpes simplex in the months of October and November 2013 among students at universities and colleges such as, Great Zimbabwe University, Masvingo Polytechnic, Masvingo Teachers College, National University of Science and Technology and Midlands State University, which shows that university students do not always use condoms in sexual intercourse (The Herald,15 November,2013.The Standard,02 October,2013). In Bulawayo and Masvingo it has also been reported that university and college students engage in high risk sexual activities as indicated by the shortage of morning after pills in pharmacies which is also a sign that students are engaging in unprotected sex (The Standard, 02 October, 2013). It is safe to argue that a similar trend could also be observed at the University of Zimbabwe since students engage in similar lifestyles and also have partners across universities.

The puzzling question is why university students continue to engage in risky sexual behaviours despite the abundant knowledge of the fatal nature of HIV/AIDS and exposure to methods of prevention. This study tries to answer this question from a linguistic perspective by examining the discourse of condom use and non-condom use of University of Zimbabwe students. More specifically, the study looks at the discourse (scripts)of condom use and non-condom use of University of Zimbabwe Faculty of Arts, unmarried male and female students when wanting to have sex with other persons (students or non-students) that is, what the students actually say when they want to use or not use a condom during sexual intercourse.

Discourse in this study refers to the way in which University of Zimbabwe students comprehend, conceive, voice and make meaning of condom use and non-condom use through language and discursive interactions. This discourse is grounded in subject positions of condom use and non-condom use and when the students take up particular discourse positions, they see and interpret the use of condoms, from and through the chosen strategic discourse positions in terms of symbols, metaphors, values, story lines and the socio-cultural concepts available to them within a given discursive environment (Davies and Harre, 1990). In fact, such positioning is negotiable since condom use involves the skill of being able to talk about and negotiate condom use (Hendriksen et al, 2007).

The discourse of University of Zimbabwe students is a beneficial means to understand students reasoning for condom use or non-condom use. This study which is limited to the discourse of condom use and non-condom use uses a discourse analysis and social constructionist approach to answer the following questions;

1. What is the discourse of condom use and non-condom use of University of Zimbabwe, Faculty of Arts students?
2. What effect does the general discourse of condoms have on condom use and non-condom use?
3. What effect does the discourse of condom use and non-condom use have on HIV and AIDS prevention campaigns?

2. Background to Study

Male and female condoms are widely available contraceptives that also provide the best available barriers to HIV transmission, STI's such as, Chlamydia, gonorrhoea, syphilis and HIV/AIDS and unwanted pregnancies (Hearst, 2004). The female condom is a polyurethane sheath with a flexible inner ring which secures the condom against the cervix and an outer ring which prevents the condom from entering the vaginal carnal (Warren and Philpott, 2003). It can be inserted up to eight hours before sexual intercourse (UNIFEM, 2011) and it is, 'the only available technology' for HIV prevention in Zimbabwe that women can 'control' (The Herald, 24 August, 2011). A male condom is a thin rubber sheath made of latex or polyurethane worn over an erect penis before penetration to physically block ejaculated semen from entering the body of a sexual partner and to prevent transmission of STI's such as, HIV/AIDS. When used correctly and consistently, condoms also reduce the risk of unintended pregnancies with between 79-95% for male and female condoms respectively (Hearst, 2004. Pinkerton, 1997).

The condom as a technology and symbol of sex embodies sexuality and as a birth control practice, condoms have a place in the discourses of motherhood and procreation. As a protection against STI's, condoms reference the convoluted domains of morality, disease, risk and responsibility. Condom use definitely entails many practices where a person must engage not only other people, but one's own self-identity which is also evident in discourse. Many studies have demonstrated that condoms are socially mediated, value laden objects that reflect diverse, peer, family and community norms (Kaier, 2009. Rodlach, 2006). Such findings reject the assumption that knowledge about condoms will alone translate into behavioural change. Rather, it reinforces that people's perceptions of what a condom means will influence how, when and whether they use them (Nixon et al, 2011). Condom use and non-condom use can therefore be understood in terms of meanings of condoms to University of Zimbabwe students and that meaning is found in their discourse.

Before understanding the discourse of condom use and non-condom use of University of Zimbabwe students, it is important to understand Zimbabwean sexuality. One important characteristic of Sub-Saharan Africa sexuality is the exchange of money, food and products for sex. Any gift for a young woman such as, a snack, money or 'loan of money' is seen by both parties as a contract to have sex (Maticka- Tyndale, 2007. Wight et al, 2006). According to Nzioka (2001) most of the sexual encounters outside marriage include material exchange. Exchange of money for sex without a condom may not be a phenomenon only within commercial sexual partnerships but among non-commercial relationships as well. Safe sex implies welfare loss because unprotected sex generates economic resources to provide compensation for the risk and at times men would withdraw their favours forcing women to give in to unsafe sex. At universities in Zimbabwe where tuition and accommodation fees are out of reach for many Zimbabweans, most of the girls have no choice but to engage in unsafe sex (The Herald, Saturday, 12, 2013).

The cultural narratives, metaphors and discourses around condoms work to produce the reality of condom use and non-use. Condom use is a male controlled activity over which women have limited control (Connel, 1985). Women in particular face challenges when negotiating condom use because of the fear of being suspected of promiscuity by their spouses or partners (Marcus, 1993).

Women may not be able to negotiate safer sex and condom use because men decide whether or not a condom is used. In Zimbabwean Shona culture, a woman is not expected to initiate an intimate relationship or readily accept any request for sex (Jackson, 2002).

This means when a woman carries a condom she will be saying yes to sex. Women are supposed to show some degree of resistance to sex otherwise they are labelled as whores or loose women. Motsi and Mabvumira (2001) argue that culture expects a woman to say no to sex when she means, yes. Sex is usually coerced and it is almost impossible for women to negotiate male or female condom use where sex is coerced. Female condoms are a technology, 'that women may influence, but ultimately do not control' (Pool et al:2000:15) and according to Rivers et al(1998), women's limited authority in condom use decisions is manifested in two areas; through women's economic dependence on men, limiting options for safe sex behaviour and secondly, through power stereotypes that inform the expectations of female sexual behaviour. For example, 'dry' sex is also a significant sexual practice in Zimbabwe and it is believed that a 'dry' vagina indicates that no man 'has been there' recently (Van de Wijgert, 2001, 19). Using a female condom which is lubricated is thus incompatible with 'dry' sex and cultural norms.

Many studies have repeated barriers to condom use in the form of myths, beliefs and discourses that have proliferated in the Sub-Saharan context such as, condoms will burst and remain in the vagina, that they are associated with sex workers or STI's, that they imply a lack of trust, that they are infected with HIV/AIDS, that they have tiny holes in them, that HIV/AIDS can pass through, that AIDS stands for American Idea for Discouraging Sex and many other myths (Kinsman et al,2001 .Schoepf,1992). The most widely cited reason for condom non-use in Sub-Saharan Africa is that they limit pleasure (Abdool Karim et al,1992.Plummer et al,2006).

Condom use among young people remains low in many Sub-Saharan African countries, even for high risk sex (Nzioka, 2001.Plummer et al, 2006). One possible explanation to the resistance of condom use is that sexuality in Africa has deep, entrenched social meanings that are often contrary to aspects implemented in HIV programmes. As a result, while University of Zimbabwe students may have the necessary HIV/AIDS knowledge, cultural beliefs and practices can militate against successful implementation of HIV/AIDS prevention programmes. It is therefore, not surprising that the University of Zimbabwe students may be aware of the risks of HIV infection but they may nevertheless choose to practice risky sexual behaviours.

3. Theoretical Framework

This study is mainly informed by the Social Constructionist Theory which considers the socio-cultural context in sexual behaviours (Bowleg, 2004.Brickwell, 2006). This approach is relevant to this study as it accounts for the complexities of gender and sexuality of University of Zimbabwe students which are constructed through language (Burr,1995). A social constructionist theory is important to this study in that, it states that identity stems from the interactions individuals have with other people and is based on language and talk which constructs reality and positions which can comment on condom use and non-condom use (Burr, 1995).

University of Zimbabwe students have the means at their disposal to protect themselves and their sexual partners from the risk of exposure to HIV/AIDS and yet some engage in unsafe sex. Such behaviour can be understood within the context of a Scripting Theory where cultural ideologies of sexuality and masculinity put them and their partners at risk in sexual encounters. Plummer (2003:516) pointed out that sexuality for human beings, is not simply a 'free floating desire' but is always grounded in wider material and cultural forces implying that it is not only biological but also social. The cues that initiate sexual behaviour according to Simon and Gagnon (1986) are embedded in the external environment and these external environments of learned cultural meanings of human sexuality are also referred to as sexual scripts.

Sexual scripts according to Simon and Gagnon (1986) specify when people have sex, where and when they should have sex and what they should do sexually (Maticka-Tyndale and Harold,1987). The sexual scripts as metaphors for conceptualising the production of behaviour and social life, operate under the guidance of an operating syntax, much as language (Simon and Gagnon,1986). In the context of scripting theory developed by Simon and Gagnon (1986), sexual activity is theorised as the end result of a codified sequence of events which is much like a script of a play. Simon and Gagnon (1986) contend that for behaviour to occur something resembling scripting must occur on three distinct script levels; cultural, interpersonal and intra-psychic.

Cultural scripts provide general guidelines regarding all aspects of sexual behaviour, including appropriate objects of sexual desire, appropriate relationships between sexual interactions thereby facilitating interpretation of others intentions, feelings and interactions (Hynce,1998). Interpersonal scripting represents the scripts that University of Zimbabwe students negotiate with their partners and as such, it draws heavily upon cultural scenarios which include, symbolic elements which are expressive of such scenarios.

Discourse analysis in this study is used to examine the discursive construction of condom use and non-condom use scripts within specific socio-cultural contexts. In using discourse analysis the assumption in this study is that discursive networks form the basis for the ways in which university students both talk about their sexual experiences and actually live these experiences. In other words, examining the discourse of condom use and non-use allows the researcher to investigate how the University of Zimbabwe students construct versions of their sexual world through language. University of Zimbabwe students, thus, become authors and actors in the realities they construct through language, shared meanings and understandings of condom use and non-use.

Based on the perspective that experience has a social dimension and that these dimensions are produced and passed through language to subsequent generations, the study anticipates finding that University of Zimbabwe students internalise and respond to cues generated by parents, peers and other figures within the Zimbabwean society and that they reproduce these same values and beliefs. Indeed, University of Zimbabwe students' sexuality tends to resemble aspects of the traditional adult system of sexuality. This qualitative study tries to provide access to more detailed and richer accounts (Babbie and Mouton, 2005) of condom use and non-use than quantitative studies (Maharaj and Cleland, 2000. Linden, 2004. Mbugua, 2007) which tend to describe the general trends in condom use and in so doing failing to elucidate the dynamics around condom use and non-use.

4. Methodology

The purpose of this study is to examine the discourse of condom use and non-condom use of University of Zimbabwe students. The study was carried out in the Faculty of Arts at the University of Zimbabwe between October and November 2013. Data for the study was collected using a questionnaire designed by the researchers' and one to one semi-structured interviews with 15 students who had completed the questionnaires. A total of 250 responses (156, on non-condom use and 94, on condom use) were collected.

The participants were 84 students (44 female and 40 male) University of Zimbabwe Faculty of Arts students drawn from Level 1(27 students), Level 2 (27 students), Level 3 (30 students) aged between 18-29. All the students were sexually active. Notices about the study were displayed on the Faculty Arts Notice Board asking for volunteers. Participants were recruited in this way because of the sensitive nature of the study which meant that participants needed to be voluntary. Students were given the researchers office number if they chose to participate where they collected and returned the completed questionnaires. The questionnaire asked the following questions; 1. What is your gender? 2. What is your year of study? 3. What names do you use to refer to the male and female condom? 4. What exact words do you use or are used by your partner/friend/peer when he/she wants to use a condom during sex? 5. What exact words do you use or are used by your partner/friend/peer when he/she does not want to use a condom during sex? The students were not asked about condom use patterns.

Semi-structured interviews were conducted in the researchers' office with 15 participants (9 Males and 6 Females) who had expressed a willingness to be interviewed. An interview schedule was used as a guide, although the style of the interviews was more conversational than a question and answer format. The aim was to facilitate open detailed and reflexive discussion rather than circumscribed answers to predetermined answers and to get more insight into the responses made in the questionnaires.

Purposive and convenient sampling was used because it involves not only the willingness to participate in a study but also caters for cases that are typical of the population (Durrheim and Painter, 2006). Additionally, participants were selected due to similar characteristics they possessed, for example, being a student and being sexually active. Convenience sampling allowed the researchers to select participants who were easily accessible and it moderated the difficulties of accessing participants, as participants actively chose to take part in the study and were fully aware from the start about the scope of the study.

The study used two forms of data analysis, interpretive analysis and discourse analysis which were mainly informed by Burr's (2003) Social Constructionist theoretical perspective. Initially a thematic analysis was used based on techniques described by Boyatzis (1998).

A thematic analysis according to Braun and Clarke (2006) is a method of identifying, analyzing and reporting themes or patterns within qualitative data. An attempt to code particular features of the data into five sub-groups namely, health discourse, pleasure and sensation discourse, intimacy and connection discourse, interruption and spontaneity discourse and other discourses was made. An attempt was made to connect the themes and patterns in order to reveal their broader meaning and implications as well as to theorize their significance.

The researchers assumed that the discourse may have shared meaning or a shared pattern which was common. Since this study is interested in examining the discourse of condom use and non-condom use, the scripted theory driven thematic analysis approach is adopted because it proposes that much like scripts that stage actors use to guide their behaviour, the discourse is also part of social scripts that instruct University of Zimbabwe students to use and or not to use condoms. Discourse analysis which is understood in this study as a way of ‘showing how certain discourses are employed to achieve particular effects in specific contexts’ (Terre Blanche et al, 2006,12) was used in conjunction with Hollway (1987) and Willig’s (1995) discursive frameworks in order to make sense of the way participants used the discourse of condom use and non-condom use. Discourse is thus viewed as a way in which the students verbalise issues surrounding condoms in order to make sense of their world or social reality.

To maintain the ethical integrity extreme care was taken to ensure the confidentiality of participants as no names were used in the study. There was a potential risk that the sensitivity of the topic could cause some embarrassment to the participants and the researchers used, Goodram and Keyes (2003) guidelines in addressing a sensitive topic through a detailed informed consent process, heightened awareness of confidentiality and careful data management. Interviews were one to one interactions between the researchers and the participants which reduced the risk of disclosure.

5. Discussion

Table 1 shows the names coined by students to refer to male and female condoms. Table 2, Table 3, Table 4, Table 5 and Table 6 show selected discourse of health and wellness, discourse of pleasure and sensation, discourse of intimacy and connection, discourse of interruption and spontaneity and other discourses respectively. The study could not use all the responses since some of the responses were being repeated semantically so the researchers had to select responses which captured the overall students discourse.

5.1 Names Used to Refer to Male and Female Condoms

Table 1. Names used to refer to Condoms

Male Condoms		Female Condoms
<i>Rubbers</i>	<i>Bullet proof vets</i>	<i>Gasket</i>
<i>Hat</i>	<i>Umbrella</i>	<i>Swimming pool</i>
<i>Gumboots</i>	<i>CD</i>	<i>Tent</i>
<i>Raincoat</i>	<i>Insurance</i>	<i>Bag</i>
<i>Swimming costume</i>	<i>Emergency kit</i>	<i>balloon</i>
<i>Gloves</i>	<i>Diving suit</i>	
<i>Socks</i>	<i>protector</i>	

Table 1 summarises the names coined by the students to refer to male and female condoms. Male condoms had more names than female condoms and this might show that male condoms are more popular with students than female condoms. This also shows that students prefer to use male condoms than female condoms. Table 1 shows that condoms have been given a wide range of names, often reflecting the stereotypes and attitudes commonly associated with sexual activities of the students. Male condom names connote the idea of ‘getting into something or wearing something’ whilst female condom names connote the idea of something ‘being put inside or being there for something to come inside’ or a ‘one size fits all’. The most popular name by male participants for the male condom was ‘rubbers’ and ‘CD’ whilst the most popular name for the female condom among female participants was ‘bag’. The majority of the male students referred to the female condom as ‘gasket’ while the majority of the female students referred to the male condom as ‘protector’.

The coined names originate from common everyday objects such as, hats, gumboots, bags and CD’s. Names referring to female condoms are more humorous than male condom names to the extent of trivialising condoms and condom use. For example, male condoms are also referred to as a ‘diving suit’ while female condoms are referred to as a ‘swimming pool’ suggesting how big female condoms are.

All the names for female condoms except for ‘gasket’, portray an image of something big, therefore unpleasant, whilst the male condom names portray the image of something tight fitting, and therefore, fashionable and pleasant. Condom names such as ‘gumboots’, ‘gloves’, ‘raincoat’, ‘socks’, ‘hat’, ‘bullet proof vest’, ‘tent’ and ‘gasket’ show the awesome protective ability of condoms. The names, ‘rubbers’, ‘gloves’, ‘raincoat’ and ‘gumboots’ show how men perceive condoms to reduce pleasure, closeness and intimacy.

Condom use and non-condom use discourse was grouped into five groups, namely, discourse of health and wellness, pleasure and sensation discourse, intimacy and connection discourse, spontaneity and interruption discourse and other discourses. In this study, condom use discourse is also understood as positive condom discourse while discourse of non-condom use is also regarded as negative condom discourse. The results show that positive condom discourse stemmed from three reported benefits of condoms, namely, they provide protection from HIV/AIDS, protection from other STI’s and condoms allow adolescents to avoid unwanted pregnancies. Negative condom discourse mainly stemmed from reported reduced sexual pleasure, reduced closeness, reduced trust and reduced intimacy.

Positive condom discourse accounts where fewer than negative condom discourse accounts suggesting the widespread norm of non-condom use or anti-condom discourse among University of Zimbabwe students. Interestingly, the students discourse on condom use validates Debro, Campbell and Peplau’s (1994) Condom Influence Strategy Questionnaire which measures six different condom influence strategies that partners use to negotiate condom use, namely, direct requests (directly asking a partner to use condoms), withholding sex (refusing to have sex without a condom), seduction (getting a partner sexually aroused, then bringing out a condom to use), relationship conceptualization (expressing care and concern for using condoms), risk information (giving HIV/AIDS and STI risk information as a reason for using condoms) and deception (When one gives deceptive reasons to use condoms such as pregnancy prevention when the true reason is HIV/AIDS and STI prevention).

5.2 Discourse of Health and Wellness

Table 2: Discourse of Health and Wellness

Discourse of condom use/Negative condom discourse	Discourse of non-condom use/Positive condom discourse
<p>Males</p> <ul style="list-style-type: none"> • Do you think i have HIV/AIDS or STI’s? • I’m disease free haven’t had sex in six months • Are you telling me you’ve got some kind of disease or something • You won’t get pregnant i will withdraw • I am sterile/I can’t have children • Condoms are for prostitutes, are you telling me that you sleep with tonnes of people. <p>Females</p> <ul style="list-style-type: none"> • I am already using contraceptives/pills • I’m having my period ,so we do not have to worry • It’s a safe period for me now • <p>Males and Females</p> <ul style="list-style-type: none"> • I have just been to a New Start Centre • I am clean, believe me • What kind of person do you think i am, i would never sleep with the type of person who has HIV/AIDS? • I am a virgin/have not had sex before. 	<p>Males</p> <ul style="list-style-type: none"> • I am glad you are protected against pregnancy, but contraception does not prevent STI’s,so lets use a condom to be safer <p>Females</p> <ul style="list-style-type: none"> • I like to use a condom since either of us could have an infection without any symptoms • Pills or contraceptives do not protect us from STIs ,so i still want to be safe • Pulling out doesn’t work because of pre-cum • I do not want to get pregnant. • You can forget to withdraw, i don’t want to get pregnant <p>Males and Females</p> <ul style="list-style-type: none"> • We are both virgins I’m not comfortable having sex without a condom • I want to be safe. • I am not yet prepared to be a parent

Table 2 confirms Hoffman and Cohen (1999) findings that in condom discourse, certain partners are portrayed as ‘risky’ and others as ‘safe’ meaning that condoms are only deemed necessary with risky sexual partners. Negative condom discourse such as, ‘Do you think I have HIV/STI’s?’ and ‘Are you telling me you’ve got some kind of disease or something?’ , show how condoms symbolise physical and moral contamination since condom use is understood in the context of revealing the hidden sexual history and sexual intentions of those who use them. The discourse mainly from male participants seems to imply that condoms can only be used with risky partners.

Positive condom and negative condom discourse from male and female students also showed that condom use was not largely driven by the desire to avoid HIV but by the desire to avoid unwanted pregnancies. This is shown in discourse such as, ‘I am already using contraceptive /pills, i do not want to get pregnant’, ‘I am not yet prepared to be a parent’, ‘I will not produce inside you’ and ‘I’m having my period, so we do not have to worry’. The students seemed to regard pregnancy as being worse than acquiring an STI or HIV/AIDS because it is noticeable whilst having an STI or HIV/AIDS is not publicly visible and can be hidden. The discourse shows that HIV/AIDS is conceived as being something outside the students’ situation and being pregnant as unrelated to roles of being a parent and a student.

Interestingly for the students, love and trust are seen as protection against HIV and AIDS as shown in discourse such as, ‘I am clean ,believe me’, ‘What kind of person do you think i am’, ‘I would never sleep with the type of person who has HIV’ and ‘Don’t you trust me?’ . Discourse of non-condom meant one had faith in the other partner and condoms are seldom seen as contraceptives but perceived as a sign of distrust of the partner .The results show that male students found sexual gratification in engaging in condom-less sex while women found pleasure in the affirmation of trust and fidelity through condom-less sex. The results show that promotion of condoms from an HIV prevention framework has imposed a bad reputation on condoms and condom use messages maybe unintentionally contributing to increased risk of HIV by associating condom use with HIV/AIDS infection.

5.3 Discourse of Pleasure and Sensation

Table 3: Discourse of Pleasure and Sensation

Discourse of condom use/Negative condom discourse	Discourse of non-condom use/Positive condom discourse
<p>Males</p> <ul style="list-style-type: none"> • It destroys the romantic atmosphere • I can’t feel you, it’s like wearing a raincoat in a shower • It’s like eating a sweet in a wrapper • I will lose my erection if i put on a condom • I will be out of the mood if i put on a condom • It takes me longer to finish • It’s too much of a hassle to stop and put one on, it breaks the mood • I don’t like sex with a rubber, it doesn’t feel the same. • It feels like getting massaged by one wearing a glove • Condoms do take away all the feeling. • Let’s just do it without a condom this time <p>Females</p> <ul style="list-style-type: none"> • It is better without one. • It makes sex nice • You will not be fast, it will take long 	<p>Females</p> <ul style="list-style-type: none"> • We can try thinner condoms or ribbed ones which will increase your pleasure • I will be more in the mood because i won’t be worried about pregnancy or STI’s. • We can put on the condom as part of foreplay; i will put it on for you. • You do not have to wear it, i can wear a female condom, it won’t ruin your mood. • It only takes one time to get pregnant or to get an STI; i can’t have sex unless i know i am safe. <p>You can only feel me when we are married.</p>

Table 3 shows how male students perceive condoms to reduce physical sexual pleasure and sensation. Negative discourse such as, ‘I can’t feel you’, ‘It’s like wearing a raincoat in a shower’, ‘It’s like eating a sweet in a wrapper’ and ‘It’s like getting massaged by one wearing gloves’, confirm Mashinini and Cooper’s (2012) findings that discourse of pleasure is a perfect example of men’s negative discourse typically used to explain the reason why men do not want to use condoms. The names coined by men to refer to condoms such as, ‘rubbers’, ‘gumboots’, ‘socks’ and ‘bullet proof vest’ show how condoms are perceived to remove and reduce pleasure, thereby affectively removing the purpose of sex. The imagery in condom names and negative condom discourse works to construct ‘sex’ as an implacably ‘safe’ activity that does not require the use of a condom.

Positive condom discourse of female students such as, ‘we can try thinner condoms, ones which will increase your pleasure’ and ‘You do not have to wear it, i can wear a female condom’, ‘It won’t ruin your mood’ show entrenched beliefs that women should satisfy their men sexually. The discourse also shows that female students are more concerned with avoiding pregnancy than prevention of HIV.

What is also absent in negative condom discourse of both female and male students is female desire since the discourse privileges men’s sexual needs above women’s. Much of the negative condom discourse of male students resonated with sex undertaken solely for men’s pleasure and the discourse of female students was that of pleasing men. Such findings validate Oshi et al (2007) and Markle (2008) findings that females are supposed to be submissive recipients in the act of sexual intercourse, while males are supposed to be aggressive decision makers.

The female condom is depicted in media as tabular in shape but once out of the package, the female condom opens into a large shapeless bag in a sense of ‘putting off discourse’. The design appears to feed into the male mind and imaginary of a female sexual organ as being ‘big’ and ‘loose’ and likewise undesirable. Female condoms appear too big for them and their particular bodily size and shape and this is also reflected in names such as, ‘swimming pool’, ‘tent’, ‘bag’ and ‘balloon’ which have been coined to refer to female condoms. Visually seeing the size of a female condom poses questions for these views ,the main one being whether women’s bodies have such a large hollow space that fits it or is capable of holding such a ‘big condom’. This goes against masculine assumptions that a vagina is tight enough and a penis fits snugly into it during penetration. This paradoxically leads females to prefer male condoms which they do not have control over. Practices around female condoms design appear to blind the contours and realities of women’s bodies which are reflected in putting off discourse evident in the use of extreme language, such as, ‘ i hate condoms’ and ‘They are noisy’.

Female students interviewed pointed out that at times when they insisted on condom use, men simply ‘pinched off’ the top so that the condom ‘becomes a skirt’ around the base of the penis to ensure they ‘go in live’. These discourses reveal the entrenched way pleasure and safety remain competing sexual discourses and because of such discourses it becomes unreasonable to expect condoms to be routinely used in sex.What comes out is that condoms are part of ‘sexual scripts’ of casual sexual relationships .

5.4 Discourse of Intimacy and Connection

Table 4: Discourse of Intimacy and Connection

Discourse of condom use /Negative condom discourse.	Discourse of non-condom use/Positive condom discourse
<p>Males</p> <ul style="list-style-type: none"> • Don’t you trust me? • I will not produce inside you • I thought we loved each other • It doesn’t feel good and i won’t feel close to you with a barrier between us • We’ve been going steady six months, we do not need these. • I want this relationship to last <p>Females</p> <ul style="list-style-type: none"> • So you simply want to use me for sex • So you carry condoms every time so that you will have sex 	<p>Females</p> <ul style="list-style-type: none"> • I can trust you but i still want to use condoms • You can still feel me even with condoms <p>Males</p> <ul style="list-style-type: none"> • I love you, but i want to finish my studies first.

Table 4 shows how condom use is perceived to reduce or remove intimacy and sense of emotional connectedness, possibly resulting in ‘fucking and not making love’ (Measor: 2006, 394). Male students’ negative condom discourse such as, ‘It doesn’t feel good’ and ‘I won’t feel close to you with a barrier between us’ and female negative discourse such as, ‘So you want to use me for sex’ and ‘Do you really love me?’, show how condoms are seen as barriers to close physical and emotional proximity in sexual relationship. Unprotected sex is seen as a way of proving love and of ensuring a continued relationship, and also as insurance for the benefits such as, emotional intimacy and trust for the discourse shows that unsafe sex indicates complete trust in one’s partner.

Such discourse of condoms as ,‘rubbers, gaskets and gloves’ makes a condom an item not designed for sex implying that it is separate from sex.Negative condom discourse suggests ‘unnaturalness’ and ‘undesirableness’ brought about by using condoms and the unstated desirable in these is ‘skin to skin contact’ which makes protected sex an unreasonable exercise and therefore undesirable. What is present in the students discourse is the supposedly robust and ever present male sexual drive discourse that pleasure and intimacy can be eradicated by the mere hint of a condom.

This creates the metaphor of a condom as a ‘killer’ rendering in a negative way the physical properties of a condom which hinders intimacy and sharing. Condoms thus become ‘intimacy killers’, ‘passion killers and ‘mood killers’.

5.5 Discourse of Interruption and Spontaneity

Table 5: Discourse of Interruption and Spontaneity

Discourse of condom use/Negative condom discourse	Discourse of non-condom use/Positive condom discourse
<p>Males</p> <ul style="list-style-type: none"> • They destroy the mood /impetus • Condoms make sex mechanical/clinical • I will not get any erection if i put on a condom • Condoms kill the whole thing <p>Females</p> <ul style="list-style-type: none"> • You had prepared to have sex with me. Do you really love me? 	<p>Males and Females</p> <ul style="list-style-type: none"> • I am just being careful • The condoms are distributed for free at college/clinic • They won't take you long to put them on.

Table 5 shows how condom use is perceived to disrupt a smooth and consistent trajectory of sex towards coitus by apparently ‘killing the moment’ and making sexual spontaneity impossible. This is shown through male negative discourse such as, ‘They destroy the mood’ and ‘Condoms kill the whole thing’. Wearing a condom during sex is deemed by men as time consuming and is seen as a threat to continuity of sexual sequences as it disturbs the spontaneity of sexual interaction since sexual activities must lead to penetration and ejaculation free of interruptions. Condoms are therefore seen as barriers to ‘natural’ sexual sequencing of men’s uncontrolled sexual drive as they limit what is possibly sexual by making sex more predictable, less spontaneous, less playful and less varied. The male sex drive discourse accordingly holds that men are perpetually interested in sex and that once they are stimulated, they need to be satisfied by orgasm .This is also shown in male students negative discourse where men are portrayed as being in a state of sexual urgency and ‘unstoppability’ which makes it difficult for women to ask for condom use.

The discourse confirms other findings (Nzioka, 2001. Flood, 2003) that condoms are seen as interrupting the ‘natural sequence’ of sexual intercourse. In a study in South Africa, Maharaj and Cleland (2006) found out that it was difficult for men than women to carry condoms because carrying condoms implied that they had planned for sex and if a girl carried or introduced a condom during sex, she was generally seen as a prostitute. The participants interviewed in this study pointed out that sex was spontaneous as it could just happen and they said they couldn’t miss an opportunity to go and look for a condom or to stop unsafe sex to wear one. Most of the male participants interviewed pointed out that wearing a condom in the ‘heat of sex’ was difficult because girls took longer to get turned on and a shorter time to get turned off and to avoid girls being turned off, they would have sex without bothering to look for a condom.

5.6 Other Discourses

Table 6: Other Discourses

Discourse of condom use/Negative condom discourse.	Discourse of non-condom use/Positive condom discourse
<p>Males</p> <ul style="list-style-type: none"> • I can't put on a condom • I am not used to a condom • I didn't bring any condoms • I am allergic to rubber <p>Females and Males</p> <ul style="list-style-type: none"> • I have forgotten it /I do not have • I hate /don't like condoms • Condoms are against my religious /cultural beliefs • Condoms do smell 	<p>Females</p> <ul style="list-style-type: none"> • If you can't put it on i can help you to put it on • We can find an alternative to sex such as erotic massage ,masturbating together <p>Males and Females</p> <ul style="list-style-type: none"> • I have some right here • Why don't we try them maybe we will enjoy them

Table 6 shows other discourses of condom use and non-condom use. Male students often offer flimsy and unsubstantiated excuses negative such as, 'I can't put on a condom', 'I am allergic to rubber' or 'I didn't bring any condoms' while women at times argue that, 'Condoms are against my religious beliefs'. Some male students simply claim to have forgotten carrying the condoms or simply decided not to wear one hoping their partner will not notice or will unlikely challenge a man's choice. Other discourses come in the form of, 'I am shy to carry a condom', 'I am shy to buy a condom' and 'I do not know where to buy condoms'. Such discourse shows that the condom itself does not decrease sexual pleasure but what causes non-use of a condom is what a condom represents in a relationship.

6. Conclusion

What comes out from this study is that it is not only important to interrogate and challenge anti-condom discourse but to start to destabilise and question the foundational constructions of sex on which it rests on. Condom use programmes need to take into consideration the sexual decision making process that impedes safer sex patterns since prevention practices and non-use of condoms may not be as straightforward as many health promotion campaigns portray. The condom script needs to be changed from a risk and danger perspective to a sign of respect and caring so that university students can develop effective condom use negotiation skills.

The study has shown that there is need to promote condom use to a point where condoms become the primary way in which to measure the health of sexual encounters. A more comprehensive definition of safe sex beyond condom use is needed which encourages young people to communicate with their partners and to ultimately relate to and understand their own bodies in a healthy manner. Condoms prevent HIV /AIDS transmission but one's body need not be reduced to this single factor of measuring value by the presence or absence of condoms as if this alone can determine one's self worth. Safe sex discourse must be more holistic ,less about body policing and more about engaging the body as a site more complicated and more inherently valuable than the, 'wrap it up discourse'.

The positive and negative condom discourse shows that students do not use condoms because men and women look at sexual practices differently .The 'male sexual drive' positions men to view unprotected sex as more important than safe sex encounters. For women, on the other hand the trust discourse places them in a position of attracting men, keeping and maintaining a relationship through unsafe sex. More importantly, what comes out from this study is that barriers to condom use are attitudinal for male students and predominantly structural or relational for female students. The data produced from this study suggests that health promotion strategies need to take a different approach towards safer sex campaigns by looking at the ways in which men and women interact in decision making about sex and condom use.

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