

Women and Condoms: A Preliminary Study of Practice and Meaning

Shelly Adrian

Experiences of condom use and meaning among feminist women of an urban college area of southwestern United States in 1994 were explored through ethnographic interviews. Women's disposition to use condoms coincides with the targeting of female consumers as a market for condoms. However, constraints on women's condom use are related to the meanings of condoms in the context of particular relationships, and to the meanings of condoms vis-à-vis ideas of sexuality, and to macro-level power relations of gender. For some women condom use is an important component of self-transformation.

Keywords: Women, condoms, heterosexuality, romance, and gender relations of power.

INTRODUCTION

Sexual intercourse involves both the act of sex and associated meanings of sexuality. Since the eighteenth century, sexuality has become a discourse for many topics in Western society including biology, gender, morality, politics, and disease (Foucault 1990). The act of sex is a culturally mediated practice of sexuality through which people engage such discourses. Bourdieu (1977) argues that people embody culture, such as the meanings of sexuality, through 'everyday practices' (such as sex). Despite the heterogeneity of individual experience, embodied practices mesh with discourses in processes of power described by Gramsci as hegemony (Adrian 1994). Romance, as an ideal of heterosexual relations, legitimizes and is legitimized by discourses and practices of reproduction and pleasure. Culture and society are (re)produced, in actuality and symbolically, through practices of sex.

The condom, as a technology and symbol of sex, is a point from which to examine the embodiment of sexuality. What subject-constructing discourses do condoms entail? As a birth control practice, condoms have a place in the discourses of motherhood and procreation, both imbricated with discourses of morality and gender. As protection against sexually transmitted diseases (STDs), condoms reference the convoluted domains of morality, disease, risk and responsibility. As a

technology of sex, condoms are also significant to the discourse of sexual pleasure, an under-theorized avenue in anthropology (Okami and Pendleton 1994). The condom is a concrete and familiar technology, considered both a private issue between lovers and a "public" health measure against overpopulation and disease. Further, recognition of an AIDS epidemic and the crisis of trust in some female methods (IUD, birth control pill) have prompted a reorientation to and promotion of the condom, adding new connotations to old.

Condom use may mean bringing to bear an unexpected discourse into a sexual encounter, or highlighting an unwanted one. Condom use definitely entails many practices where a person must engage not only other people, but one's own self-identity. Public condom practices include: choosing a brand or style; buying condoms at a pharmacy, grocery store, vending machine or sex shop, or procuring free condoms through a clinic; and keeping condoms in one's house, car, or purse. Within a particular sexual encounter, condom use means introducing a condom in an encounter at an appropriate moment, or asking that the course of events be altered until one is found. The condom must be put on, kept on, possibly replaced, and eventually removed. Lastly, there is the practice of disposing of the used condom. Where female sexual assertiveness is as shameful as public acknowledgment of menstruation, a woman may find condom use even more embarrassing than the procurement and use of tampons.

Bourdieu (1977) describes practices as the result of the interaction of habitus (embodied dispositions and generative schemes) with objective constraints and opportunities; i.e., practices are both intuitively correct and do-able. Accordingly, the practice(s) of condom use must be both preferable and possible, or condoms will remain only "a good idea." Because condom use is an overt proactive measure that requires male participation at crucial moments, even failed attempts provide data for determining both the dispositions and objective constraints to condom use.

Because condom use is a nexus of socially constructed gender meanings, socially negotiated gendered identity, and practices involving gendered social interaction, thereby indexing both gender constructions and power relations, the experiences of women are a potential window into negotiation and resistance strategies, whether embodied or in full consciousness. Modern advertising portrays the stereotypical gender roles to which American women are socialized: responsibility for reproductive decisions, the household management of health, and the morality of family unit. Simultaneously, the ideal woman is to sacrifice her self for others, to desire motherhood, to associate sexual passivity with femininity, and to view assertive female sexuality as dangerous or manipulative. These expectations create a catch-22 of negotiation when a woman faces the task of getting a man to use a condom: sexual modesty may prevent

overt mention of contraception. Women must negotiate stereotypes of motherhood, womanhood, sexuality, disease, etc., which may also be embodied as part of their identity, with actual men who are socially stereotyped and socialized to be more important and powerful.

This paper explores the levels (i.e., physical, relational, and ideological) on which condoms are perceived as a correct and do-able practice by women already engaged in challenging gender stereotypes and patriarchal power relations. After addressing methodological issues and a brief history of some popular meanings of condoms to provide a general context of women's condom use, this paper will look at how women relate condoms to their bodies, relationships, and beliefs.

METHODS AND DEMOGRAPHICS

This paper looks at the views and experience of condom use by a particular group of women. A population fitting the profile of a university-educated, middle-class¹ feminist was chosen for this preliminary study of women and condoms because such women are thought to have the habitus and objective conditions to practice condom use, and to be more comfortable talking about sexual issues due to the activities and expectations of feminism. Interviews were conducted with six feminists recruited on the criteria of having ever used a condom with a man. For selection purposes "feminist" is described by three parameters. First, these women appear self-confident and assertive. They include activists, leaders in student government and student organizations, entrepreneurs, and free-lancers. Secondly, awareness of gender issues and gender dynamics of power was indexed by association with the Women's Resource Center (WRC), a student-run, university-affiliated clearinghouse of information and the locus of emotional support for women (n=4 women), or other gender-related activism (n=2 women). Finally, these are women whose material situation is relatively independent of the men with whom they have sex; they are not dependent on boyfriends or husbands for money, friends, residence, education, or potential careers. Since high school, each of these women has had sexual encounters with more than one partner; most have had "casual sex" and most have been involved in a "serious" relationship.² All six women are university students or have recently left the university, and were between 21-30 years of age at the time of interview.

All six women interviewed could be classified as "white" and "heterosexual" based on their appearance and the criteria that they describe sexual encounters with men. However women did not use only these terms to describe themselves, opting to claim a more specific identity or to reject the terms of categorization.³ Because both ethnicity and sexual orientation are constructed as significant categories in many dis-

courses of sex and condoms, women's choice of identity may indicate alignment vis-à-vis the power relations that accompany sex and condom discourses.

Informal discussion with men and women informed the construction of a semi-structured interview schedule (see appendix). All interviews began with open-ended questions about the purposes, advantages, and disadvantages of condoms, followed by a request for evaluative comparison to other birth control methods. The interviewee was then asked to recall experiential and interactional aspects of her initial sexual encounter and other occasions of condom use. Volunteered information and impromptu questions involved sex education, family and peer discussions about condom-related topics, and, if applicable, the impact of unwanted pregnancy or sexually transmitted diseases (STDs) on condom attitudes and practices. Interviews were conducted in a location convenient to the woman interviewed: four were at the investigator's home or the interviewee's home, and two were at crowded public places where the interviewee was a "regular." The interviews each averaged an hour in length and were transcribed.

"SEX LOVE," CONDOMS AND MARKETING

Engels argues that a modern ideology of "sex love" developed with capitalist society (Engels 1990:140). Different from "simple sexual desire," sex love is described as consensual, reciprocal, long-term and intense; it is an affective basis for marriage between individuals beyond the bounds of corporate kin decisions. Although the history of sex love as an element of Anglo-American culture is complex, it is the heritage of contemporary "romantic love" (see Macfarlane 1995).

Romantic love is irrational and passionate; it "promises that fusion with another human being" (Macfarlane 1995:135). With similar words, Sharon⁴ and Leigh distinguished the sex love "connection" from mere sensual sex:

There was that idea that we wanted to have a spiritual relationship and sometimes I feel like we were mating, mating; it wasn't the sensuality of sex, it was mating. (Sharon)

There's a serious difference between like really making love to someone and making that connection, and fucking someone because when you're fucking someone you want that sensation,... like let's see just how long I can have that sensation for, whereas now with my boyfriend, I just want that connection. (Leigh)

Sharon used a dreamy voice to imitate romantics, "I'm going to experience *everything* ... my passion." She continued:

[They] throw themselves all over the place and whatever happens, happens, ... and they're into emotion, being lost. (Sharon)

As the antithesis of capitalist rationality, romantic love "gives meaning in an otherwise dead and cold world" (Macfarlane 1995:135).

The ideology of sex love remains a field of action,⁵ like a myth of nationalism, which naturalizes identity and maintains a vision of an ancestral pristine purity prior to modern musing of boundaries (Williams 1989). Birth control technology violates the Weberian dichotomy of irrational romantic love opposed to rational capitalist routine. It is sometimes interpreted as an intrusion of rationality onto romance:

[The condom] feels disgusting ... I feel like it's the industrial revolution. [Sex without a condom] really does feel more natural, like we're really together. (Leigh)

Birth control was,

gnawing with plastic teeth at her very concepts of love. Was it entirely paranoid to suspect that [birth control devices] were supposed to technologize sex,... to make sexual love so secure and same and sanitary, ... so casual that it is not a manifestation of love at all? (Robbins 1980:14)

Hence there is a popular perception of a "pristine condom-less moment" when sex was a natural manifestation of love unimpeded by technologies of birth control. Condoms are rarely part of the sex love portrayed in advertising, novels, and television.

Nevertheless, condom technology has existed for hundreds of years, and more recently has been the focus of renewed marketing efforts. The history of condom marketing provides additional popular meanings which may influence women's perceptions of condom use. From the 1920s, condoms were marketed to men through vending machines in pool halls, gas stations, and bus terminals, carrying masculine names like Trojan, Ramses, and Sheik, and were intended for protection from diseases that were "the concern solely of sailors and sinners" (Wilkinson 1985:72). Thus condoms may be associated with morally questionable situations or partners and with the risks of adventure.

With public recognition of AIDS in the 1980s, AIDS education campaigns distributed condoms and "safer sex" information to at risk populations, initially defined as gay men and prostitutes. Subsequently, a controversial report by Surgeon General Koop (1986) suggested AIDS was a threat to any sexually active person and advocated school-based sex education. Into the nineties, the target population of condom campaigns has been expanding. Ominously, "... condoms have come to signify the presence of AIDS" (Pivnic 1993:447).

Since the mid-1980's, there has been a trend to reframe the condom and expand promotion of condoms to women. The "feminization of the condom," as *Time* magazine dubbed this phenomenon (Thompson 1988), is evidenced by the more-than-doubling of the percentage of U.S. condom buyers who are women, from 15 percent in the mid-1970s to 40 percent in the mid-1980s (Thompson 1988, Wilkinson 1985). Condoms are advertised in women's magazines, sold in the grocery store, and are decorated with ribs, colors, and lubrications. Condom advertisements make appeals to women's concern for health, and their distrust of men. "Women's health is much too important to subcontract out to men," says Dr. Grimes (Wilkinson 1985:68). Women have always been responsible for contraception; now the condom is being added to their arsenal. The women I interviewed substantiate the message of condoms as a smart, utilitarian health choice for women:

For some reason buying the lubricated ones seemed kinda nasty, you know,... and so your first instinct is getting something like a plain paper bag. (Jayne)

I met this girl ... and she had a big box of them and I was bowled over that she had so many. I thought about it; now it's like tampons to me, get as many as you can. (Sharon)

Men buy the three-pack of condoms, but women will purchase the package of twelve or thirty-six (Wilkinson 1985).

Overall, the broad sociocultural context of women's condom use offers a multiplicity of popular meanings: condoms as unromantic, condoms as an element of sinful or risky sex, condoms associated with AIDS fears, and condoms as a basic health measure.

CONDOMS AND WOMEN'S BODIES

All six women had used condoms at some point in their lives. Interviews revealed two dimensions to women's physical sensations of the condom: its presence and its neatness. The responses were equally divided when I asked if the woman could physically feel the condom in use:

Oral sex, yeah, [Regarding vaginal sex] I don't like the fact that they are there... [but it's] definitely a mental thing and I can't feel anything, but guys can. (Sharon)

The reason I hate condoms is because it doesn't feel like a body to me. Like I said, it feels like a stick in a hole. (Leigh)

The neatness aspect encompasses the containment of sperm, as well as general ease of clean-up. Jayne and Ann both noted as a major benefit of condoms the fact that sperm is contained:

I don't like cum in me (Jayne)

You don't have to deal with guy's sperm all over you,... some guy's sperm doesn't smell very good. And I appreciate my own body more because I realize like how much I cum. (Ann)

Leigh, however, counted such sanitation as a negative aspect of sex:

With a woman [i.e., in a lesbian encounter], your wetness is their wetness, and you can't tell the difference at all, ... and that's what's so amazing about having sex with women, and what has now become an amazing experience about having sex with a man [without a condom]. (Leigh)

All interviewees noted the double function of condoms: disease protection and birth control. All six women knew that condoms prevented AIDS. Some women noted other STDs against which condoms are protective, including: herpes, human papilloma virus (genital warts), yeast infections, chlamydia, and general "parasites and bacteria." Other than good judgment and celibacy, there are no alternative methods for preventing sexually transmitted diseases.

For five of the six women, condom use was attributed to a predominant concern with avoiding pregnancy. Condoms were clearly the preferred method of birth control for two women. The four others had mixed or guarded feelings, with a consensus that condoms are a necessary evil because there are few other options. One woman suggested that the novelist Tom Robbins characterized this dilemma appropriately:

She had ovened that rubber cookie called the diaphragm and gotten pregnant anyway. Many women do. She had played hostess to that squiggly metallic houseguest who goes by his initials, IUD, and suffered cramps and infections. Many women do. She had, in desperation and against her fundamental instincts, popped the pill. She became ill, physically and emotionally. Many women do. She had experimented with the jellies and jams, creams and goops, sprays and suppositories, powders and foams, gels and gunks ... repulsed by the technological textures, industrial odors, and napalm flavors. (Robbins 1980:13-14)

Two women raged that condoms were only the best of a bad lot offered by the patriarchal medical system that is too willing to compromise women's health for men's pleasure. Most women had bad experiences with at least one form of contraception.

Of the four women who mentioned prior diaphragm or sponge use, two associated the diaphragm with urinary tract infections, and one mentioned the sponge gave her "cramps." The diaphragm was also problematic before, during, and/or after intercourse for some women:

First of all these things [diaphragm and sponge] are cold! [then] once that's in me then nothing else fits. (Jayne)

[During sex, you can] feel it banging against the diaphragm. And it's really messy too because it's like this stuff is coming out of you, the diaphragm jelly is coming out of you all the time, ... and that feels kinda gross. (Ann)

The most notorious feature of the diaphragm and sponge was "keeping it in" for the required number of hours after sex and then trying to remove it:

You have sex at night then you have to wear it for six hours, and again in the morning, so you have to wear it another six hours, then you're at work, and before you know it you've worn the damn thing for eighteen hours! (Ann)

You have to go and keep it in for like three hours... go to bed and set the alarm for like two in the morning. I can't get them out. One time it took about forty-five minutes; we thought we'd have to go like to a dentist and get a long tool. (Jayne)

Hormonal birth control (the Pill, subcutaneous Norplant, or injectable Depo-Provera) was rejected by five of the six women. The two rejecters who had tried the Pill remembered loss of sex drive, pains in the legs, and a feeling of being chemically imbalanced. Two women who had never used the Pill rejected hormonal intervention out of distrust of the medical establishment. They visualized the Pill as a dangerously invasive breach of bodily respect.

Allergic reactions to the spermicides and latex of condoms are possible though not mentioned by these women. Some women experience irritation from dry or non-lubricated condoms; Jayne attributed yeast infections to such condoms and switched to a lubricated style. The others did not associate any health problems with condom use.

Informal discussion with a family planning worker revealed that some women have a lower incidence of yeast infection and bacterial vaginitis when they switch from the Pill to condoms. Scientific studies corroborate this observation: a recent study (Rosenberg et al. 1992) of 5681 visits to a Denver clinic correlated barrier contraception (spermicide, sponge, condom, diaphragm) with an overall lower rate of infections than were encountered with the Pill or no method. The rates of gonor-

rhea and trichomoniasis were lower among users of barrier contraception despite the data that condom users had the highest number of new partners and partners in the previous month.

There is evidence (DeBuono 1990) that more female college students are using condoms "as the usual method of birth control," and fewer are using the diaphragm and the Pill. Whether increased reliance on condoms is due to the influence of safer sex messages (DeBuono 1990:824)⁶ or to other changes in the sexual culture of college students, the reality of condom use is not easily represented in questionnaires that refer to "usual method." Condoms, in particular, are easy to use on an irregular and intermittent basis. One woman was trying to regain the practice of condom use against the will of a reluctant partner and her own desire for "natural" sex:

Like every other day we still put them on. We put it on, then in a few minutes it's like 'get that thing off.' We've been doing this for a month.
(Leigh)

Another woman was in the process of negotiating less diaphragm use and more condom use with her partner. The condom may be forgotten when lovers are drunk or very impassioned. All the women had used "nothing," and at least three of the six women had experienced one or more abortions, due to context-dependent lapses in their "usual" method.

THE GENDERED DISPOSITION TO CONDOM USE

Sociological surveys have measured attitudes among college students toward condoms (Hobart 1992, Campbell et al. 1992). Overall, these studies find that favorability toward condoms is associated with likelier condom use, whereas greater sexual experience and knowledge of AIDS victims are not associated with anticipated condom use. Pivnic (1993) draws a similar conclusion for a different population: poor, drug-using African-American and Latina women.

Campbell et al. (1992) found condom attitudes were significantly related to gender: women were more "positive about condoms" than men, rating condoms as both comfortable and convenient. Hobart (1992) adds that women's greatest motivational deterrent is avoidance of "breaking the mood." Men, on the other hand, were more likely to believe that "condoms reduce sexual pleasure" and that "condom use could create embarrassing or negative interpersonal exchanges" (Campbell et al. 1992:284). Women's greater favorability to condoms does not necessarily reflect condom use however, because "...those who more often initiate sexual intercourse, the males, ...are significantly less concerned with practicing safe sex" (Hobart 1992:430). Although condoms are marketed to women, and the women interviewed more or less preferred condoms,

men's hesitancy and the context of intimacy may limit women's potential condom use.

Preference for use of condoms is more complex than mental attitudes. Dispositions also include embodied culture, for example the norms and emotions of sexual intercourse and romance (Bourdieu 1977). With gendered subject positions in sex, romance, and other domains of meaning and practice, embodied dispositions to condom use are likely to be different. Condom use is necessarily interpersonal. Unlike a hysterectomy or hormonal contraception, condom use cannot be kept secret from the male partner during sexual intercourse. Depending on the situation, a male partner may even be unaware of female use of the IUD or diaphragm.

Although female cooperation is not required, concealment of condom use from the female partner can be difficult, and therefore constitute a possible source of "embarrassing interpersonal exchanges" for some men. Several of the women interviewed conjectured that male resistance to the condom was related to discomfort with the meanings and practices of the male body and sexuality. For men, perhaps, condoms are 'not good to think'⁷:

[Regarding] someone who gets flaccid using condoms, I don't think they are very comfortable with their sex and sexuality. (Jayne)

In addition to previously noted ideas of condoms as unnatural, condom use may suggest to men the socially unacceptable but common practice of masturbation, or anxieties about homosexuality. The association of condom use with male masturbation is reinforced by two further comments from women:

There's one thing I really like about condoms. I kinda get turned on by watching a guy touch himself, so it's kinda sexy to see a guy put a condom on, just because he's touching himself, you know? I haven't been with this partner for very long and also I know he has a hard time with a condom, so I don't look. (Ann)

Jayne told of a remedy for when "it just shrivels":

I've had some boyfriends who like they took the responsibility for it, and you know, would go and jack off with a rubber [for] practice. (Jayne)

In informal discussions, men usually claimed physical desensitization by condoms as the reason for their dislike. Obviously, further research as to if and why men are uncomfortable with condom use is warranted.

CONDOM USE AND RELATIONAL CONTEXT

The issue of condom use in an encounter cannot be divorced from the context of that encounter. A sexual partner is a boyfriend, lover, stranger, or husband. Sex occurs in relationships of various durations, intensities, and emotions (commitment, sacrifice, love, trust). The disease prevention aspect or contraceptive function of condoms, in terms of practice or meaning, may differentially impact these dimensions of a relationship.

In separate studies of poor, black, female drug-users, Pivnic (1993) and Balslem et al. (1992) found that condom **non-use** is consistent with perceived fidelity and trust in one's partner, and with feelings of intimacy. The ideology of sex love suggests a congruous interpretation. Condoms were generally associated with "casual sex" because it carries the risk of disease, whereas sex within a commitment to a boyfriend or husband is supposed to carry no such risk. Informal discussion suggests that some college women and men believe that disease is no longer a worry when one is involved in a serious relationship. Women in such contexts are pressured to use the Pill because it is more convenient for spontaneity. Actual risk persists however; Leigh's girlfriends got herpes and genital warts from their "steady" boyfriends.

Leigh spoke at length on the association that the condom now has for her with "casual sex":

I just didn't feel as comfortable with the male body, at all, when I first started using condoms, so I think like, like the condom served as like a shield for me, ... but now I'm comfortable with **my** body and their body and everybody's body. I just don't need it anymore. (Leigh)

When I'm thinking of having a fun-filled night of just having sex, I'll definitely use a condom. Condoms for me are definitely being associated with casual sex. (Leigh)

In contrast, a few of Pivnic's respondents interpreted the **use** of condoms as a show of mutual love and concern. Care for a partner's health is perceived as compatible with the sex love ideology. Likewise, Wendy interpreted her first lover's inquiry about condom use as a caring gesture:

I was surprised he brought that up, it wasn't his style, like he slept around a lot, I think it was genuine concern for me. ... It was a really sensitive evening, he was genuinely concerned about me, and he wanted to use a condom, but I know he probably wouldn't have with other women. (Wendy)

Condoms therefore can index either the risky and casual nature of a relationship, or the concern of a caring partner. However, as a multivocal symbol, and a multipurpose technology of sex, the condom may also be perceived as **not** commenting on a relationship.

Closeness is not about whether there is something in between a few square inches of your body. (Jayne)

It is interesting that women so similar as the few who were interviewed for this study nevertheless encompassed a wide variability in the meaning of condoms vis-à-vis relationships. Further research could explore how relationships are characterized as long-term or short-term, risky or safe, serious or casual, and whether condoms comment consistently on a particular relationship over time.

ROMANCE, GENDER AND RESPONSIBILITY

Both relationships and individuals have meaning in the context of heterosexual ideals and gender roles. Whether condoms are indicative of love, an obstacle to intimacy, or a totally separate issue, a woman's request for condom use can be interpreted as a challenge to the sexual passivity of idealized romantic female subjectivity and a reaffirmation of woman's responsibility for her reproductivity.

In the discourse of reproduction, procreation is attainment of gender identity (Pivnic 1993). Men seek proof of virility through fatherhood; women desire to bear children because motherhood is a valued role, one for which a woman's body and nurturance were intended. Cultural acceptability of women's fertility regulation provides a position from which some women can negotiate condom use. This strategy may however reaffirm that reproductive control is women's responsibility. Because other birth control methods could accomplish this task, a woman's choice of condom use must also be informed by other factors, and her request for condom use can be undermined by reference to other methods; "[w]ithout the perceived risk of pregnancy, many women conclude there is not enough reason to counter men's demands to not use condoms" (Pivnic 1993:445).

In the discourse of sex love or romance, heterosexuality is a natural interaction of uncontrolled passions. Female suggestion of condom use is particularly disruptive because romance is a gendered myth. A man is swept away by his emotion and acts upon this, pursuing his beloved. A woman is swept away emotionally and physically by the man (Holland et al. 1992). In romance, notes Janeway, "her submission makes him a man" (quoted in Holland et al. 1992:651). The distinction between such romantic heterosexual sex and rape (especially in the form of date rape)

is difficult to discern conceptually. This synergy of romantic beliefs and heterosexual practices legitimates and is legitimated by power relations.

Socialization serves to embody aspects of these identities in individual subjects, who then perpetuate, more or less, the identity-constructing practices and discourses. Reproduction of subjectivities is challenged when individual embodiments present problems of identity. That is, the script of romance is interrupted if the woman acknowledges and acts upon her bodily desires, or if she trivializes the man's desires. Informal accounts tell of women, especially teen girls, who have gone on the Pill to "regulate her cycle"; the contraceptive side effect allows the woman to maintain romantic passivity ("let emotions overtake you") and passionate spontaneity. On the other hand, the use of a condom, or the request for its use, betrays intention to have sex and a rationalized strategy for going about it. Sharon's father found such forthrightness unacceptable:

In my glove compartment, I had a bunch of condoms just stuffed in there. I think my dad went through my car, ... and when I was a junior in high school he called me a slut. He said, 'you're a slut.' I think he saw all the condoms, then he thought I was a slut because of the condoms. (Sharon)

The women interviewed did not express uneasiness at revealing sexual intentions. Leigh told me that for a woman to carry around condoms "shows strength." Condom-carrying marks a woman who can claim both sexuality and assertiveness, who will attempt to make a stand against her partner's hesitancy. Commitment to the idea of female sexual pleasure may not be as prevalent (or possible) outside these feminist circles, when it clashes with more traditional ideas of romance and relations of gender power.

Research suggests many women feel no right to deny men's pleasure or to say "no" to his desire unless it is justified by her responsibility for birth control. Beliefs about both romance and reproduction feed into polysemous practices that socialize females to nurture and embody aspects of male dominance. Pivnic (1993) finds that women are concerned about "his dislike" of condom use, implying that female dislike is subsequent and derivative. In discussing their experiences of men who did not like condoms, most of the women I interviewed exhibited more consideration and compromise than their partner.⁸ Self-proclaimed Condom Queen, Leigh, had promoted condoms to her friends even before she started having sex. Having recently fallen in love with a man who detests condoms, she searches for another method, battling her guilt and self-knowledge that condoms are her "necessary evil." She is trying to accommodate his preference:

We haven't tried different kinds [of condoms], 'cause he's dead-set against them; he's begging me to go on the Pill. (Leigh)

Four of the women interviewed referred to blatant conflicts between her desire to use condoms and her partner's lack of cooperation. Cessation of sexual activity usually followed:

And he grabbed me and I grabbed him and it was right in the moment and I said 'you need to put a condom on' and he got pissed. He thought we should have this close connection [without condoms] and so we just didn't have sex that night. I felt like a ruiner of moments; he was Oscar Wildean ... and allowed himself to be taken away, and I felt like a stick in the mud because I'm thinking of condoms. (Sharon)

When women break the mood to take a stand on condom use, they are interfering with the romantic script by refusing to be swept away by man or emotion. Paradoxically, "women who want to ensure their own sexual safety may have to be socially assertive and so, to some extent at least, unfeminine" (Holland et al. 1992:646).

Women were conscious that expectations of condom use influenced their relationships: condoms were part of fights and points of tension in relationships of the past and of anticipated futures. Jayne "expect[s] it to become kind of a big issue" in an anticipated relationship. Wendy's insistence on condoms was a factor in her breakup; although Peter shared Wendy's HPV infection, he refused either to have his warts treated or to use a condom:

It really destroyed our relationship because he refused to go to the doctor. Our sex life deteriorated because of our conflicts over all these things. (Wendy)

Sharon concluded that the negotiation of condom use is "easier if it's a one night stand." Why were these women willing to break the mood? Has their concern for their own health and future become more important than romance? Are the men unwilling to use a condom recognized as unworthy sexual partners?

These women are challenging the subjectivity of the romantic ideal by non-compliance with the totality of male desires. Through behavior inappropriate to romance in terms of rationality and assertion of female desires, they contribute to an alternate subjectivity conducive to variations on the hegemonic romantic ideal. Holland et al. suggest:

If women are to be able to negotiate the boundaries of sexual encounters so as to ensure both their safety and their satisfaction, the way in which both men and women are constituted as sexual subjects has to change. (Holland et al 1992:668)

In other words, women's sexuality must offer women an identity as sexual (desiring) subjects who can negotiate with men, rather than as (desired) objects of male sexuality.

HEALTH RESPONSIBILITY AND RISK

In the interviews, condom use was generally referred to as an aspect of moral good in terms of responsibility for health, rather than as immoral or deviant behavior. In fact, Leigh attributed excitement to the risk involved in **not** using a condom with a man she picked up, a "basic loser, heavy-metal I'm-in-a-band working-at-a-gas-station driving-a-Firebird loser." She continued:

I'd been so responsible for so long about having casual sex, I just wanted to be irresponsible. It was so much fun to be ridiculously irresponsible, and I felt it was a really deviant experience and I like it alot. ... Fuck condoms! The whole idea of a risk was very fun. (Leigh)

As contraception and disease prevention, using condoms is "being responsible." Leigh feels guilty that she is not using a condom with her current lover, that she is not being responsible. Especially after an unplanned pregnancy, responsibility outweighed romance.

Responsibility more than sex love offers women a position from which to see themselves as condom-users. The gendered domains of responsibility and the power relations that legitimize and reflect notions of risk require further study if constraints and resistance to condom use are to be fully explored.

TRANSFORMATION

Women noted a progression from initial sexual experiences wherein they were compliant to their partner's wishes, toward current adamancy about condom use. Partners are expected to consider the woman's desires: to concede or at least to negotiate or compromise. This was characterized as a transformation into a stronger sense of self. Most of the women recalled their earlier sexual history as a time when they might have chosen the moment and possibly the partner, but **he** orchestrated the encounter:

I wasn't comfortable with myself. I wasn't comfortable with defining or putting up my own boundaries. I was more at the whim of whoever wanted to have sex with me. If he didn't mention it [condom use], I wouldn't mention it and if he didn't want to use a condom, I wouldn't, and that's the way it was for a long time. I'm not like that now. (Wendy)

Referring to the disintegration of her relationship with Peter, Wendy recalls:

There was a definite transformation of my character throughout the whole thing in which I said, 'I'm not gonna do it without a condom.'
(Wendy)

Jayne accepts no excuses:

If anybody ever tried to say not to use condoms because of this or that, it's bullshit, and I'm not gonna put up with that. (Jayne)

CONCLUSION

The multivocality of condoms adds to the ambivalence of what sexual intercourse means to relationships. Exploring the meanings and practices of condom use by a few feminist women reveals some of the resources and constraints for women's condom use at a time when condoms are promoted as a feature of safer sex campaigns against AIDS.

The discourses of reproduction and health allowed women to demand condom use. Women's adamancy about condoms despite their lovers' lack of enthusiasm indicates a commitment to condom use that was characterized as a positive change in self-respect. In particular, women attributed the capacity for condom use to self-knowledge, being comfortable with one's body and sexuality, a possible element of developing a more 'feminist' self. Although the views and experiences of the women interviewed for this study are not necessarily representative of women in general, there is considerable variation among them in terms of the meaning of condoms to a relationship and in their physical experience of condoms in relation to their bodies, despite the similarities in their lives.

For women, the ideology of sex love is a hegemonic field of individual action structuring gendered power dynamics, naturalizing gender identity, and framing condoms as inappropriate. Men's hesitancy to use condoms was conjectured to stem from embodied dispositions also deriving from the multiple discourses and practices bearing on modern sexuality. The constraints of romance and gender socialization, challenged through feminist unveiling of the relations between power and identity, may yield to a new female sexuality and a preference for condom use. However, the implication for women in general that may be drawn from this exploration is rather depressing:

The overriding, operative factor in the non-use of condoms is male dominance. (Pivnic 1993:448)

A woman's disposition to use condoms is to no avail if men have the ability to ignore her request. The hegemony of gender, or "men's continuing power over women, and women's acceptance of this power," requires more than a positive model of female sexuality to overcome the cycle of "men's needs, women's compliance" (Holland et al. 1993:653); it requires new practices of romance that reveal and remedy gendered power dynamics.

ACKNOWLEDGMENTS

Thanks to Marcia Inhorn and the ANTH 606 seminar (Spring 1994) for one of the most enjoyable and stimulating semesters, and for comments on an earlier version of this paper. Thanks also to Linda-Ann Rebhun whose lecture prompted me to consider these women's experiences in terms of constraints, not just resistances. Many thanks to Mark Nichter for handing me the Macfarlane article, and to the reviewers for their thoughtful comments.

ENDNOTES

- ¹ "Middle-class" refers here to cultural values and potential careers, rather than actual family background or current income status.
- ² The loose typology of "casual" and "serious," used here to refer to emotional investment as well as duration of the relationship, definitely needs further research. At the time of the interviews, Leigh and Ann expected their relationships of several months to continue for years; Jayne was anticipating a serious relationship with a long-time friend. Wendy had just broken off a rocky year-long relationship. Pat discussed her current relationship casually, without expectations for the future; Sharon, self-identified as "single, forever!," told of emotionally intense but short-term encounters.
- ³ When asked what she considered to be her ethnic identity, the responses were: none, Jewish, Anglo, white/Anglo-Saxon, white/Caucasian, and "truly American, composed of Euro-American and Cherokee." When queried as to their sexual identity, three women responded "bisexual;" the other three claimed: vicariously bisexual heterosexual, "human," and primarily heterosexual. Such creativity in response to questions which reference hegemonically-organized social categories shows that identity is not merely absorbed, and points to women's agency in interpreting and constructing their identities.
- ⁴ All names of interviewees are pseudonyms.
- ⁵ An "ideology" of romance (or nationalism) cloaks power, creates identities, and naturalizes the sociocultural. In other words, depending on your choice of theorist, romance is like doxa (Bourdieu), hegemony (Gramsci), or historicity (Touraine).
- ⁶ In a series of questionnaires from 1975, 1986, and 1989 of over 900 (total) college women visiting the student health service at a large northeastern university, DeBuono noted an increase in condom use from 12% in 1975 to 41% in

1989. Diaphragm use decreased from 90% in 1975 to 13% in 1989. Between 1975 and 1989, Pill use decreased slightly. The number of partners, types of sex, and proportion of women with sexual experience remained constant over this interval.

⁷ Thanks to Betsy Krause for suggesting this Levi-Straussianism.

⁸ This of course may be a bias produced by hearing only her telling of the story, and not his version.

APPENDIX

WOMEN AND CONDOM USE INTERVIEW QUESTIONS

1. What are condoms used for? Why would someone not want to use a condom?
2. Do you like or dislike using condoms? Why or why not?
 - In your experience what are the pros and cons of condom use?
 - How does the condom compare to other forms of birth control and disease prevention? (in terms of convenience, physical sensation, etc.)
 - Have you switched from condoms to another method, or from another method to condoms? Why? If not, have you considered switching methods? Why?
 - Does sex feel different with a condom? physically? emotionally?
3. Can you remember the first time you used a condom? If not, think about any occasion on which you used a condom.
 - Who initiated condom use? (you, your partner, or condom use was taken for granted by both of you)
 - When did the decision to use a condom occur? (before intimacy, during foreplay, immediately before condom use)
 - Were you comfortable with the situation and the condom? Why, or why not?
 - Was your partner comfortable with the situation and the condom? Why or why not?
 - In your experience, is the situation you described a common scenario? How have your condom experiences varied?
4. Did you use a condom the first time you had sex? What was that like? If not, was condom use considered and then rejected?
5. Do you know people who have or had an unexpected pregnancy or sexually transmitted disease (STD)? Did that change the way you think about condom use?
 - Did you know people who used condoms before you ever did? What did you think of them? (they were tramps, they were smart, etc.)
6. Do you discuss sex, AIDS, pregnancy, condoms, etc. with your brothers and sisters? What do you say? What do they say?
7. What did your parents tell you about sex and STD's? What do they think about condoms and people that use them? (imagine what they might say, if they've never actually said anything on the subject)
8. If you had sex ed. in school, what were you told about condoms?
9. Do you know anyone else who I could interview?

Demographic questions:

1. What is your occupation?
2. What is your age?
3. What do you consider to be your ethnic identity?
4. What do you feel is your sexual identity?
5. What is your marital status?
6. How many known pregnancies, and how many kids have you had?

REFERENCES

- Adrian, Shelly 1994 Gramscian Hegemony and the Study of Meaning and Power. Unpublished essay.
- Balshem, Martha, Gary Oxman, Deborah van Rooyen, Kathy Girod 1992 Syphilis, Sex, and Crack Cocaine: Image of Risk and Morality. *Social Science & Medicine* 35:147-160.
- Bourdieu, Pierre 1977 *Outline of a Theory of Practice* New York: Cambridge University Press.
- Campbell, S. M., L. A. Peplau, S. C. DeBro 1992 Women, Men, and Condoms: attitudes and experiences of heterosexual college students. *Psychology of Women Quarterly* 16(3):273-289.
- DeBuono, Barbara A. et al. 1990 Sexual Behavior of College Women in 1975, 1986 and 1989. *New England Journal of Medicine* 322(12):821+.
- Engels, Frederick. 1990[1884]. *The Origin of the Family, Private Property and the State* edited by E.B. Leacock, NY: International Publishers.
- Foucault, Michel 1990 The Repressive Hypothesis, in *The History of Sexuality, volume 1: an introduction*, pp. 15-49, New York: Vintage Books.
- 1982 The Subject and Power, in *Michel Foucault: Beyond Structuralism and Hermeneutics*, 2ed, edited by H.L. Dreyfus and Paul Rabinow, pp. 208-226, Chicago: University of Chicago Press.
- Hobart, Charles 1992 How They Handle It: Young Canadians, Sex, and AIDS. *Youth and Society* 23(4):411-433.
- Holland, Janet, Caroline Ramazanoglu, Sue Sharpe, Rachel Thomson 1992 Pleasure, Pressure and Power: Some Contradictions of Gendered Sexuality. *Sociological Review* 40(4):645-674.
- Koop, C. Everett 1986 U.S. Surgeon General's Report on Acquired Immune Deficiency Syndrome. Washington,DC: Public Health Service.
- Macfarlane, Alan 1995 [1987] Individualism and the Ideology of Romantic Love. ch.8, pp.125-137, in *Rethinking the Subject* edited by J.D. Faubion, Boulder, CO: Westview Press.
- Okami, Paul and Laura Pendleton 1994 Theorizing Sexuality: Seeds of a Transdisciplinary Paradigm Shift. *Current Anthropology* 35(1):85-91.
- Pivnic, Anitra 1993 HIV Infection and the Meaning of AIDS. *Culture, Medicine and Psychiatry* 17:431-453.
- Robbins, Tom 1980 *Still Life with Woodpecker* New York: Bantam Books.
- Rosenberg, Michael J., A.J. Davidson, J-H Chen, F.N. Judson, and J.M. Douglas 1992 Barrier contraceptives and sexually transmitted diseases in women: a comparison of female-dependent methods and condoms. *American Journal of Public Health* 82(5):669-675.

- Thompson, Dick 1988 Packing protection in a purse; condoms are becoming part of a women's sexual survival kit. *Time* August 15, 132(7):65.
- Wilkinson, Stephan 1985 Selling condoms to women: liberation plus legislation gives new life to the old rubber. *Working Woman* 10(October):68+.
- Williams, Brackette F. 1989 A Class Act: Anthropology and the Race to Nation Across Ethnic Terrain. *Annual Review of Anthropology* 18:401-444.