

**Social construction of condom non-use:
Implications for condom promotion interventions in Bangladesh**

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ABSTRACT

A qualitative study was conducted to explore Bangladeshi men's *emic* views on condom non-use. Fifty men of 18 to 56 years from diverse socio-demographic backgrounds and five HIV/AIDS professionals as key-informants were interviewed. Findings suggest refusal to use condoms is not a personal choice, rather a social decision deeply embedded in the relational context. The notion of reduced physical pleasure has social and masculine realities attached to men's lives and emotions. Pornographic movies are referred to as learning media for sex without condoms as *real men's* sexual skill. AIDS educational materials symbolize condoms as choices for promiscuous men, which

discourage men from using condoms to preserve the image of a *good man*. The size of condoms interferes with men's phallic concerns of masculine sexuality, a social construct. Individually focused condom interventions are ineffectual because they do not address social and masculine dimensions of male sexuality.

Key-word: Condom, masculinity, pleasure and social constructions

Introduction

It is obvious that the effectiveness of condoms in HIV prevention needs further stress and publicity, as most men surveyed have never used a condom (National AIDS/STD Program, 2003:31).

Sexual behavioral studies of condom use in Bangladesh reveal significantly lower rates of condom use among various sub-populations engaged in risk-behaviors (National AIDS/STD Program, 2000a; 2000b; 2001; 2003). The frequency of condom use is measured by survey questionnaires, primarily focusing on whether condoms were used during the last commercial sex act or by calculating the time condoms were not used

during the last week (National AIDS/STD Program, 2000a; 2000b; 2001). A brothel based sex worker in Bangladesh entertains the highest turnover of clients per week and lowest condom use anywhere in Asia (National AIDS/STD Program, 2001; 2003). Data from the National Behavioral Surveillance reveal that while sex workers' request that clients use condoms has increased from 61% in 1998 to 87% in 2001, but condom use during the last sex act has decreased from 4% in 1998 to 0.2% in 2001 (National AIDS/STD Program, 2001). Most studies have not described reasons for the lower use of condoms (Gibney, Saquib and Metzger, 2003; National AIDS/STD Program, 2000a; 2000b; 2001; 2003; Folmar et al., 1992). Only a few qualitative studies did address condom use (Khan, 1996; Folman et al., 1992), however, lack deeper understanding of reasons for condom non-use. In this context, despite the presence of HIV interventions for targeted sub-populations in Bangladesh, the sustained low use of condoms warrants immediate attention.

Globally many cross-cultural studies focus on women's perspectives of why men refuse to use condoms (Civic et al., 2002; Clark et al., 1997; Santelli et al., 1996; Potter and Anderson, 1993; Posner et al., 2001; Semaan et al., 1997; Stark et al., 1998; Orubuloye et al., 1997; Cash and Anasuchatkul, 1993; Heise and Elias, 1995; Kapiga, et al., 1995). Women's understandings of men's reasons for condom refusal may not reflect men's understandings. Moreover, these studies only report the frequency of stated reasons for condom non-use ignoring any deeper meanings. Many studies are clinic based and lack the human reality of community settings (Nuwaha et al., 1999). Studies addressing men's perceptions about condom use reveal great diversity in responses (Hulton and Falkingham, 1996; Niang et al., 1997; Meursing and Sibindi, 1995; Amamoo, 1996;

Ankrah and Attika, 1997; Dilger, 2003). However, individual man's perceptions and experiences about condom non-use have been inadequately reported and responses have not been analyzed in a broader sociocultural framework (Holland et al., 1991; Kippax et al., 1990; Kelly and Lawrence, 1990). Focused qualitative studies can deepen understanding of the meanings of reasons for condom non-use essential for developing an effective condom intervention (Flood, 2003; Browne and Minichiello, 1994).

A critical threat of HIV although exists in the countries of the South Asian region, opportunities to prevent HIV by applying lessons from the African region is well documented (UNAIDS, 2002; Potts and Walsh, 2003). However, a paucity of information clearly exists which seek to understand condom use from a masculine perspective, especially in countries of South Asia. This article attempts to explain reasons for condom non-use in the local socio-cultural, structural and political context through qualitative interviews with men of diverse socio-demographic, economic and occupational backgrounds from both urban and rural Bangladesh. Men's perspectives on non-use of condoms are analyzed in the broader framework of gender, sexuality and masculinity with an aim of informing the policy planners and program managers to strengthen the condom interventions in Bangladesh.

Method

The objective of this phenomenological study was to explore the meanings of men's refusal to use condoms. We examined how men organize their sexual activities in various social and environmental settings and investigated how they make sense of their non-use of condoms. Men's condom using experiences were not reduced to numbers, rather we sought to understand why men refused to wear condoms using a framework of

inductivity and flexibility to guide the research (Patton, 1992; Maykut and Morehouse, 1994; Lincoln and Guba, 1985). Fifty men between the ages of 18 to 55 from a wide range of sociocultural, economic, educational and occupational backgrounds and five key-informants involved in condom promotion interventions in Bangladesh were interviewed. Cultural scripts (for example, printed materials, video CDs, video-cassettes) suggested by the participants were analyzed.

Verbal approval was given for interviews to be recorded at the beginning of interview. These tapes were then transcribed and data analysis was manually performed by inter-subjective interpretation through examining a wide variety of interview-texts, researchers' field-diaries, referred cultural scripts in the framework of line by line content, contextual and thematic analysis.

Results

Findings reveal many diverse contextual issues and underlying reasons for non-use of condoms by Bangladeshi men. Explored issues are complex and overlapping and are constructed by the perception risk and pleasure of male sexuality, masculinity and sexual relational context.

Condoms: barriers to "sexual pleasure"

Men commonly claimed genital "desensitization" and "reduced pleasure" when wearing condoms. This pervasive claim of "reduced pleasure" is a diverse and complex phenomena as was explored through *emic* meanings of men's statements.

Rahman, a married man of 35 years old claimed that when he wore a condom on his erect penis, the "sensation" was dramatically reduced. "Within a minute, I lost my erection." Other men, married and unmarried, claimed similar experiences. Such negative

experiences can discourage subsequent condom use. Rahman reported to never using condoms in his pre-marital sexual life, as his wife was taking contraceptive pills but developed medical problems. Medical opinion suggested that Rahman use condoms. Rahman was frightened since he had never used a condom. He had learnt from his friends that condoms reduce pleasure of sexual intercourse. When he attempted first to use a condom, he was embarrassed as he could not open the packet to put the condom on his erect penis. His wife was laughing at his incompetence. At the first attempt, he wore it in the wrong direction, then he removed it and was finally able to correctly put the condom on. In the mean time, he claimed that he lost interest in having sex and soon after wearing the condom his erection was completely lost. He further claimed that his penis did not become erect again during the rest of the night. This was his first and last attempt at condom use. He went to the doctor to search for alternative contraceptive for his wife, who advised to use an intrauterine contraceptive device (IUD).

Men attached diverse meanings to the meaning of sexual pleasure. Condoms were perceived as barriers to the right to enjoy sexual pleasure with a paid sex worker. Rafiq, an unmarried man of 28 years stated:

I know I have to use a condom especially when I have sex with a sex worker. During my last visit to a sex worker, I carried a condom with me. I started sex with condom on my penis. But I found that I was not actually getting sexual pleasure that I was supposed to get. Otherwise why did I pay for sex? Naturally I took off the condom and completed the sex.

Rafiq claimed that on a few occasions he had used condoms with sex workers but most of the times condoms reduced his sexual pleasure. He reported although his penis maintained erection, due to the perceived sense of "reduced pleasure," he did not continue sexual intercourse.

Well, I could complete a 'bad sex' with a condom on my penis, but you know I paid a good amount of money for enjoyable sex. Not only that, I do not frequently visit sex workers like other men. Then why should I miss the opportunity? This is not my fault, you see, I carried a condom, I tried but failed. I do not care about infection.

Therefore, sexual pleasure for Rafiq was constructed in terms of his perceived right to enjoy sex without a condom with a paid sex worker. His sense of reduced bodily pleasure was grounded in his economic power (or right) as a consumer of commercial sex (a commodity).

Men reported that women also ejaculate when they feel sexual excitement. They thought that if "a woman's *joni* (vagina) fills with *jouno ros* (sexual secretions), then she is enjoying sex." The notion of women's enjoyment is described in many Bengali pornographic story books (*choti*) in slang such as *guder pani jhora* (sexual secretions of vagina) of sexually excited women. Men, especially unmarried young men, voiced similar terms to describe their feelings to indicate a woman's excitation in sex, which they wanted to feel by an uncovered penis. Therefore, men's perceptions of sexual pleasure on these occasions were being constructed in the context of women's sexual enjoyment, as portrayed in pornographic magazines.

If her *joni* (vagina) fills with *ros* (secretions), then it indicates that I am successful in making her sexually excited. I am skilled in making women excited. I can sexually stimulate any woman within a few minutes. A man should know how to excite a woman, this sexual skill is essential for a man.

This uncovers a crucial dimension of men's perception of sexual pleasure, which indicates the masculine ideal of sexual performance, which can only be achieved by an uncovered penis through which a man could feel the secretion of sexually excited women.

Jibon, a married urban man, 34 years old reported that if his semen was not discharged inside his wife's body, she would not get the "ending pleasure" (*shes moja*) of

"real sex," and the whole act would be incomplete. He claimed that his wife wanted him to ejaculate inside her vagina because she enjoyed the "hot sensation of semen." On further inquiry, Jibon reported that he informed his wife about the concept of "end pleasure" (*shes moja*). Men in Bangladeshi culture generally teach women about the meanings of sexual pleasure from male perspectives (Khan et al., 2002). In a male dominated patriarchal society, men impose many issues on women including sexual issues. Men show their mastery attitudes about sex to women who are culturally accepted to be sexually silent and a passive learner. This indicates men's masculine notions of imposing attitudes of sexual matters on women.

Jamir, a married man, 32 years old used a popular cultural metaphor: "*nach-te neme ghomta deya jaina*," which means that if a woman decides to dance, she cannot cover her face with her *ghomta* (by her *orna* or *shari*) due to shyness. Dancing for a woman in Bangladeshi culture is an issue of showing her openness in public. Although the metaphor is constructed in the feminine context, Jamor used it to indicate that if a man wants to have sex (analogous to dance), he cannot use a condom to cover his penis (analogous to cover the face with *ghomta*) for whatever underlying reasons. He further claimed that deciding to engage in sexual intercourse means "risky, courageous, shameless and adventurous action," using any measure of protection is "contradictory and funny (*hasshokor*)" to the philosophy of sex, especially as condom reduces the sense of sexual pleasure and enjoyment. To Jamir, the concept of pleasure was constructed in the framework of men's sexual involvement and acceptance of challenges embedded in sexual intercourse.

Condoms: barriers to emotional "closeness" and "natural-ness"

Sexual intercourse as the symbol of the depth of emotional intimacy was voiced by both married and unmarried men. Simon, a married educated man, 39 years old reported a deeply loving and emotional relationship with his wife since adolescence.

Initially I began to use condoms and both of us found that sexual interactions with condoms did not match our emotional intimacy. We do not have any barrier in our emotions and love, why should we place a "barricade" in our sexual actions and emotions?

Simon had only one son and his wife for several years was taking contraceptive pills to prevent pregnancy. He claimed that condoms destroyed the "penis-vagina direct contact," the crucial symbol of physical and emotional proximity of male to female. "When we have other options for effective contraception, then why do we need to depend on condoms?" Thus, condoms were seen as barriers to close physical and emotional proximity in sexual relationships between Simon and his wife.

Similarly, Sanwar, another married man aged 40 claimed "sex is a pure and natural thing, which is the consequence of extreme physical and mental closeness with my wife." Sanwar did not like to "mechanize" the "purity" by using a condom. If a man's semen is not ejaculated inside a woman's body, then it is not a "pure" sexual interaction according to Sanwar. He described his feelings thus "I love to go deep to her to ejaculate into further deep to feel a great sensation of a 'real' sexual intercourse." He further added, "since I engage in sex with my wife for love and emotion, so I want to feel her deeply....even during sexual intercourse. I see condom as a barrier to my emotional and physical closeness to my wife." Like Sanwar, other men also reported that when the penis was covered with a condom, it was impossible to get the sensation of a "natural" wet vagina.

Condoms: barriers to keeping a "good man" image

Condoms are now advertised in Bangladesh as an effective means to prevent STIs/HIV/AIDS. The advertisement of condoms from a disease prevention framework has imposed a bad reputation on condoms. Simon stated, "a married man who uses a condom could have sexual relations with other women, especially with sex workers." Simon's wife was taking contraceptive pills, so he did not need to use condoms. If he wanted to use condoms, he had to ask his wife to stop taking pills, which might raise unwanted suspicion in her mind. In this era of AIDS, Simon's fears using condoms in his monogamous relationship with his wife as this might create "unnecessary misunderstanding." Condom use is set in opposition to relational trust and physical closeness with one's partner, which damages the image of a "good man" or a "good husband."

Zaman, 22, an unmarried young man stated knowing that condoms could prevent pregnancy and HIV/AIDS, but did not wear condoms. He practiced the withdrawal technique as a form of protection pregnancy and disease explaining his choice in these words:

I love her [girlfriend] very much and I will marry her. I do not have sex with other women. So I do not need to use condoms, since I can successfully practice the withdrawal technique. You know a condom is very 'professional' and suitable for promiscuous men. If I use this, who knows, my girlfriend may silently suspect me, which will hamper our emotional love and closeness. I do not want that at all, because I am very honest in our relationship.

He was unaware of release of pre-ejaculatory fluid and the risk of failure of withdrawal technique, confident in his withdrawal skill. However, "professional" men were "promiscuous men" experienced in sexual activities with many women, including sex workers. Advertising condoms in the framework of promiscuity was perceived as a barrier to a man's "good" and "faithful" image with his girlfriend.

Some men referred to printed materials on AIDS education published by some local NGOs (*AIDS-er Niramoy Nai Protirod Achey, Apni Janen ki?, 'Shabdhan' AIDS ekti Bhayabaho Rog, AIDS, AIDS Samporkey Janun*), which we analyzed. These materials advised men to be honest and monogamous in their sexual relationships to prevent STIs/HIV/AIDS. Condoms are only advised when men establish sexual relations outside their regular relationships. Cultural and religious sensitivities have made talking about condom use as especially sensitive in Bangladeshi society. A professional person, working for an NGO to promote AIDS awareness, claimed he often facing difficulties in finding culturally and religiously appropriate messages for field dissemination. For example, locally produced Behavior Change Communication (BCC) materials recommend monogamous sexual relationships and only introduce condoms for men who are "promiscuous" in order to protect STIs/HIV. In the public educational messages on HIV/AIDS in the mass media and on BCC materials, condoms are introduced in the context of promiscuous sexual relations to prevent AIDS. The key informants spoke of the importance of breaking the silence about condoms, but the introduction of condoms in the context of a stigmatized disease (AIDS) prevention creates another critical dimension to be considered.

Unmarried men in both rural and urban settings claimed feeling shame when buying condoms. One young man stated, "my face tells I am unmarried and you know very well how bad the meaning of buying a condom by an unmarried man in our society is. I will be labeled a 'bad boy,' who wants that image?" Whatever the reality in terms of prevalence of premarital sex in Bangladeshi society, the unmarried young men are not supposed to pursue premarital sexual experiences. This results in embarrassment about

obtaining condoms. In addition, keeping a condom is perceived difficult as an unmarried man stated, "it is not easy to keep a condom in my pocket when I plan to see my girlfriend. Because if someone notices the condom, he may think 'badly' of me."

Condoms: barriers to men's "uncontrolled" sex drive and sexual sequences

Unmarried men claimed difficulties in wearing a condom during sexual intercourse. Kuddus (25 years) stated, "during extreme sexual excitement (*jokhon mathai mal uthe jai*), I cannot even remember to wear a condom." Salam, 33, an unmarried man reported that wearing a condom was time consuming and he usually has no time to waste.

Sexual drive and excitement (*jouno khudha* and *jouno kamona*) are very strong for men. It is like the story of a tiger. If tigers taste meat, they [tigers] become crazy and will eat meat by any means, no one can remove meat from the claw of the tiger. Men are like tigers. When they touch a woman, their sexual stimulation becomes so intense that they simply do not like to listen to any advice or remember any rules [condom].

The metaphor of the tiger's wildness with respect to men's sexual drives is important. Symbolizing the nature of an uncontrollable male sex drive was commonly reported in interviews. Men claimed enjoying the spontaneity of sexual interaction. They perceived that spontaneity as a "natural" consequence of the uncontrolled male sex drive. Condom use was seen as a threat to the continuity of sexual sequences. Alam, 37, a married educated man claimed to wear a condom just immediately before penetration and at that 'extreme moment' he stated, "my wife gets angry if I waste time in wearing a condom. So both of us do not like to interrupt the sequence of sexual actions by wasting time in wearing a condom."

Some unmarried men claimed sex was a spontaneous act. For example, one man described not mentally being ready to have sex with his girlfriend, but after kissing and doing many "other" things, sexual stimulation was beyond his control and finally "it" happened. He had no condoms with him. The notion of a male sex drive (*purusher jouno*

khudha / purusher mathai mal) was described as an uncontrolled phenomena. The sequence and flow of sexual acts were also compared to an uncontrolled "flood of water" (*banner joler moton*). Men reported sexual activities must lead to penetration and ejaculation free of interruptions. Condoms were seen as barriers to "natural" sexual sequencing of men's uncontrolled sexual drive.

Condoms: barriers to peer sex culture

Some young men in rural settings stated that sex with a sex worker might happen suddenly and condoms were simply unavailable in these situations. Mintu, an unmarried man of 23 year described once being invited by friends to see "something interesting" in a classroom of a primary school at 9 pm. He saw a girl inside the room hired for sexual enjoyment and his friends entered the room one by one to have sex with her. He claimed that initially he thought he would not participate, but he was criticized for not having the courage (*tor sala shahos nai*) to have sex. With his masculinity threatened, he decided to participate, and claimed it was impossible to wear a condom during unplanned sex. Mintu reported that probably none of his friends used condoms, since he saw the sex worker's vagina moistened by others' semen. Mintu reported that among peers this kind of incident was called a "sex program." Men in urban settings also reported this kind of secret peer "sex program." One unmarried man in urban settings reported that some men in his circle occasionally arranged a "sex program" by hiring sex workers, although he did not acknowledge participating in any such incidents. Low condom use in such "sex programs" is common. The "sex program" is a vehicle to prove masculinity by participating in risky sex and the chance of STI transmission is high in this kind of serial group sex of "sex program" where condom use is rare.

Pornographic media: barriers to condom use

Men's references to pornographic materials motivated us to examine several pornographic movies. No actor wore a condom in these movies. Each episode of sexual intercourse without a condom lasted around thirty minutes, communicating the notion of sex without a condom as normative sex for sexually potent "real men." Young men in Bangladesh, visualize sex without a condom as "real man's" sexual standard and a reflection of "actual sexual potency."

Men wanted to have lengthy sexual intercourse without condoms to show female partners they were *birjoban purush* (sexually powerful men) or *jhanu* players (experts in sexual intercourse). Sexual skills and performance were seen as attributes of a "masculine" man. Sexual intercourse without condoms has been commonly portrayed in pornographic movies as proof of masculine sexual skill. Condom use was compromised in order to prove masculine sexual potency (*birjoban purush*).

Milton reported that since condoms reduced his penile sensation, he could last a long time during sex, whereas he often ejaculated within three to five minutes without condoms. Therefore, sexual intercourse without a condom for a long period of time reflects "actual sexual potency," which he was lacking, but the "Western" men of the porno movies were "real men." Milton dreamt of becoming such a "real man" by his regular practice of sex without condoms.

Storage and disposal: barriers to condom use

Men described negative experiences of storage of condoms. One man in a one-bedroom house was embarrassed when six-year old son found a condom under the bed (*tosoker niche*) and played outside the home with it. Storage problems might be seen as

personal problems, however, men's descriptions reflect the extent of negative connotations attached to condoms in Bangladesh. Even married men felt shame while purchasing condoms and some avoided local shops.

Disposal of condoms after use was also a problem. Monzurul, a married man of 39 years in an urban area described that once he disposed of a condom into the toilet, but it did not disappear. Suspecting his adolescent son probably saw the condom on the following morning was a matter of shame of Monzurul. Men both in urban and rural areas spoke of difficulties in finding suitable places to store and dispose of condoms.

Mazhar of 37 year old described his condom disposal experience:

I use to pack it [used condom] with a paper at the end of sex. I do not have any place to throw the condom at my home. So on the following morning, I carry it in my pocket with a view to throw the condom into any roadside dustbin or drain on my way to the office. Sometimes, I forgot and reach the office with the condom in my pocket. Then it becomes another problem since I cannot throw that into our office bins. I have to hide it somewhere in my office room and then during the way back to home, I again carry it with a hope not to forget to dispose. Sometimes I forget again and carry it back to home. Just think, how difficult is to dispose a condom secretly in a suitable place!

These descriptions highlight the condom as an item of shame in Bangladeshi culture.

Anatomy and physiology of condoms: barriers to use

What exactly did men not like about condoms, Masum, 27, an unmarried man said that lubrication and smell of the condoms were irritating. Masum wanted a "tight" feeling during intercourse, which could not be achieved by wearing a lubricated condom. In addition, the unpleasant smell of the lubricant (or the latex) to him was irritating. Some men raised their following concerns: "Why do the manufacturers put so much lubricants on condoms? Why is the smell so bad? Why cannot they produce condoms with less or no lubricants and with pleasant sexy smell?"

Milton claimed his smaller *lingo* (penis) in both length and diameter than the size of a condom making him feel inferior.

I have tried various local and foreign condoms available in the market. No one fits into my penis. Condoms are much longer than my penis (*lombai boro*) and the *gher* (diameter) is also bigger than that of my penis. I feel bad using a condom, my partner may notice the smaller size of my penis compared to the condom size.

Milton felt too shy to ask his friends about this issue because of fear of disclosing the small size of his penis. A condom to Milton acts like a measuring tape of the length and width of the penis. Finding his penis as "much" smaller than available condoms in the market, Milton felt threatened and upset.

Discussion

Social constructions of sexual pleasure: can condom be a solution?

Supporting findings of many cross-cultural studies (Flood, 2003; Ross, 1992; Chapman and Hodgson, 1988; Browne & Minichiello, 1994), we found men concerned about reduced sexual pleasure with condom. By never using a condom in previous life, some men claimed that both their body and mind were accustomed to sequencing of sexual acts without condom. Therefore, putting on a condom to these men appeared as a big challenge. This kind of sequencing of sexual interactions is described as sexual "choreography" (Dowsett, 1996:41, Flood, 2003:358). Findings from other cross-cultural studies argue that men's perception of uncontrollable sex drive and the attempt to keep the uninterrupted "natural" sequence of sexual interactions are barriers to condom use (Flood, 2003; Wilton and Aggeton, 1991; Browne and Minichiello, 1994).

When finally forced to wear condoms, men's inexperience made the first use of condom embarrassing causing female partners/wives to laugh. Erection failure destroyed sexual performance threatening masculine sexual potency. Similar threats to men's

masculinity through condom use have been reported by many other men in cross-cultural studies (Fracher and Kimmel, 1992; Kimmel, 1990). Since men already believe that condoms would reduce pleasure and destroy erections, the first negative experiences resulted in permanent non-use of condoms. These negative experiences are shared among friends through, which the negative notions about condoms among men become common.

Many men in this study reported that sex is an act of "desperateness" or "wild-ness" and using a condom to prevent disease contradicts that "natural wild-ness," especially in the context of reduced pleasure. Men in other countries voiced similar concerns. For example, the expressions of "taking a shower in a raincoat" or "washing your feet with your socks on" (Wyn, 1991:96) reflect the view that condoms interfere with the essence of "natural-ness" or "wild-ness" of sexual acts by preventing the penis-vagina contact (Flood, 2003). Thus the psychosocial construction of sexual acts in the framework of "natural-ness" and "wild-ness" have both physical and psychosocial domain of pleasure.

Knowing how to use a condom and that condom use prevents STIs/HIV, some men carry condoms while visiting sex workers. However, the information acquired from peers that condoms reduce sensation and pleasure in sex often is internalized in the form of negative notions and fear. This probably has a psychological impact on men's sexual interactions, which might have resulted in perceived reduced sensation. Despite perceiving sex with a condom as unpleasant, in some cases, penis remained erect. There is controversy about whether sensation is physical or psychological (Richters, 1994), but findings assume sensation is probably grounded more in the psychosocial domain (Flood,

2003). Pleasure is probably not solely implanted in bodily experiences, but constructed by internalized negative influences of condoms on one hand, and the social domain of masculine sexuality on the other. Men's beliefs support Gail Reekie's arguments that "men construct their sexuality and its meanings out of the connections between biology, consciousness and society" (Reekie, 1988:35). We support that "men interpret their bodily actions and functions both internally through their experience of their imaginary body" and "externally through the culturally determined values and meanings that become attached to their material bodies" (ibid cited in Flood, 2003). Some men take off the condom as they cannot find any valid reason to complete unsatisfactory with a paid sex worker. Men did not like to "miss the opportunity" and rationalized the non-use of condom as "not my fault." Thus a conclusion often appears: "I do not care about disease." These views clearly reflect men's masculine sense of sexuality in the framework of "masculine right" and "masculine rationalization" for condom non-use in commercial setting. Men's comments of "do not care about disease" typically represent the masculine notion of risk-taking incidents (Foreman, 1999).

The meaning of sexual pleasure is embedded in men's complex understanding about sexual intercourse. The notion of sex as natural, which to men's perception can become "artificial" or "mechanical" by using a condom. As such some men claimed that a "real" pleasurable sex should end in ejaculation inside a woman's body. Similar sentiments have been reported in other cross-cultural studies (Flood, 2003; Wilton, 1997). These perceptions have meaning in men's marital lives where it was claimed that wives expressed urges to get their husband's "hot semen" inside the body. Studies demonstrate that women internalize men's views about condom use and have been taught to mainly

satisfy men sexually (Holland et al., 1998; Maxwell and Boyle, 1995; Khan, 2002). Therefore, when a man claims reduced pleasure then the dimension is not exactly similar to others who solely refer to personal physical experiences of reduced pleasure, lack of sensation or even loss of erection. Men's understanding of pleasure is constructed more at psychological level of enjoyment in the context of a relational framework along with his wife (Connell, 2002).

The concept of reduced pleasure is a complex and diverse one. It may vary from person to person depending on the context of relationships. The meaning and perception of pleasure may be referred to bodily experiences or constructed more at the psychological level of understanding. The notion of "masculine rights" to enjoy sex and "masculine rationalization" of non-use of condoms potentially contribute to the overall social constructions of condom use (Wilton, 1997; Lindegger and Durrheim, 2000). These researchers analyzed condom use and men's views of sexuality and sexual risk-taking, women's sexual passiveness and control on overall behaviors. They argue that masculine sexuality often acts as a barrier to condom use for many men. It is also argued that current condom promotion programs have reinforced the stereotypical "macho image," further preserving gender inequalities in the whole paradigm (Hawkins, 1996; Gupta, 1995). Some men desired women's sexual pleasure through feeling the "hot secretion of vagina" by uncovered penis. Men's "responsible" or "careful attitudes" to give pleasure to women was regarded contradictory to their masculine dominance in sexual lives (Hite, 1981). However, we argue that men probably wanted to prove their masculine sexual skills by ensuring sexual pleasure to women. Traditionally men accept the

responsibility of offering a living and social security to women. Offering sexual pleasure was probably a part of men's overall tendency to play the role of a provider.

Condoms in intimate relationships: can the condom be an icon of trust and responsibility?

The practice of withdrawal in order to engage in non-condom sex demonstrates the expectation to achieve close physical contiguity by direct penis-vaginal contact in sexual intercourse. This results from deep emotional ties and relational trust that have been emphasized by both married and unmarried men in this study.

Love and emotional relations = Non-condom sexual intercourse

Trust = love = closeness = unsafe sex

Similar findings of closeness and condom-non use have been reflected in other cross-cultural studies (Flood, 2003; Dilger, 2003; Gavey et al., 1999). This study demonstrates how the concept of withdrawal is constructed in man's mind as emotional closeness to a sexual partner. Therefore, sex without a condom for these men constitutes a way to establish emotional responsibility and faithful relations with their wives or girlfriends (Flood, 2003). The practice of unsafe sex in regular partnerships has been reported by many scholars (Flood, 2003; Dilger, 2003; Abbott-Chapman and Denholm, 1997; Rosenthal et al., 1998; Warr, 1998).

The question arises whether it is possible to encourage men to consider a condom as a means to enhance women's sexual pleasure, since condoms can make sexual intercourse free of the hazards of both pregnancy and infections. The challenge exists therefore about how condoms can be put in a framework of trustful relationship.

Stigmatizing condoms in HIV framework: can condoms be seen as neutral?

The possibility of condom use has also been diminished by men's understandings of condoms in the framework of STI/HIV prevention. A few men argued that condom usage was negatively symbolized by the advertisement regarding condoms and HIV/AIDS in recent times. Thus men were afraid to use condoms with their "smart" girlfriends who might suspect "otherwise about lover's sexual behavior."

Findings of this study have uncovered a concern about condoms and AIDS education campaign. Men have internalized the notion that AIDS is a disease of promiscuous men (and women) and condoms are choices for promiscuous sexual actions. Therefore, men who receive AIDS educational messages attach a negative notion to condoms as preventive tools for promiscuous men.

How then can an educational campaign address the issue of condoms in this AIDS era? The central strategy of condom promotion should avoid supporting the notion that condoms are used by only promiscuous men (or women) to prevent HIV/AIDS. Rather condoms can be advocated in the framework of sexual pleasure for every man and woman, an essential means for keeping trust and love and as tools for skilled sexual acts for men.

Condom intervention complexity: can we move from an individual to a societal and structural focus?

Despite personal knowledge and intention, some men fail to use a condom during a "sex program" with sex workers. Other young men in the group who participate in serial sexual intercourse probably have knowledge or intention to use condoms. However, the peer sex-culture often poses a barrier to such intentions, emphasizing instead a sense of manhood, which requires accepting risks. Similar notions of peers' risk

taking sexual cultures are well documented in various studies (Khan, 1996; Foreman, 1999).

Targeting individuals for delivering specific sex education can make one individual knowledgeable, but often that personal knowledge becomes ineffective when an individual interacts within a group (Watney, 1990; Browne and Minichiello, 1994). Targeting peers, emphasizing condoms as a peer-norm and promoting the condom as the source of power and smartness could be more effective. Condom promotion interventions have to take up the challenge to interact and address peers' sex culture.

Problems with perceived bad smells, profuse lubrication and large size of condoms need to be addressed. These difficulties are not being addressed by either the condom industry or condom promotion programs on the ground of "individual" problem. Billions of dollars are spent promoting condoms, therefore, every objection to condom use should be seriously considered. In Bangladesh, flavored condoms are not available and usually profuse amount of lubricants are put on the outer surface of the condoms, hampering feelings of "tight" vaginal sex. This is a crucial issue to be considered by the manufacturers. Condoms with various extent of lubrication can be produced to offer diverse options to men based on their choices.

Men are universally concerned about the perceived small size of their penis. Therefore, different sized condoms should be produced in order to emphasize that the penis differs in size as normal anatomical variation. These concerns about condoms convey crucial messages for the condom manufacturers and program managers to adjust the problem and the needs of men who are expected to follow instructions of AIDS education campaign.

Problems of disposal and storage of condoms are significant in men's experiences and need to be addressed by the program managers and health workers. Both unmarried and married men feel shy while purchasing condoms reflecting the social constraints and conservative norms regarding condoms. The sociocultural and political meanings of condom purchase for unmarried men in a "sexually silent" or "sexually conservative" cultural setting in Bangladesh has to be understood for appropriate interventions to take place. The availability of condoms for unmarried young men has to be organized by innovative approaches which may at some point initiate a gradual breaking of the cultural silence around male sexuality and condom use.

Pornographic movies and condom use: can the potentiality be redefined?

Men's understandings of sexual skills and performance in the framework of non-condom masculine sexuality have been reported in many studies (Waldby et al., 1993; Foreman, 1999; Lindegger and Durrheim, 2000). This crucial issue emerged through discussions of unmarried men who dreamed of becoming "sexually potent" men like "Westerners" by practicing non-condom sexual intercourse for a prolonged period of time. The question arises how a "Westerner" becomes a role model to a Bangladeshi young man? Participants' views demonstrated the common pathway of hegemonic diffusion of the "Western" pornographic movies into Bangladeshi culture. Men reported viewing pornographic movies where the "Western" porno actors commonly do not wear condoms. In the AIDS era, producers and directors of porno movies can essentially promote condom use in innovative ways. Condom use is a behavior that has to be practiced with appropriate information to encourage men to make it as a habit. Studies show a man can possess more positive attitudes towards condoms if he is skilled enough

to use a condom appropriately (Ross, 1992). Therefore, condom-using skills can be introduced as the essential sexual skill for "real men," and pornographic movies can play a role in communicating safer sexual behaviors by introducing condoms in every sexual act as a norm for a "real man's" sexual technique in artistic and innovative ways.

Conclusion

Despite many studies of condom use, meanings of condom non-use are not adequately understood. Condom use is probably one of the most ambiguous and complex behaviors ever experienced by men and women. Refusal to use condoms is not simply a private choice of an individual. Reasons such as bad smell, profuse lubrications, problems of storage, disposal or purchase, the size of a condom, reduced pleasure, problems of closeness could be considered individual's perceived problems from *etic* perspectives. However, these reasons are embedded in sociocultural realities. Even the free size of a condom threatens men's "big-dick" sexual potency, which conventionally goes unnoticed by interventionists or condom manufacturers. Condom non-use is closely associated with men's understanding of their bodily (or genital) pleasure of sexual acts. The perception of pleasure as reveals in this study is socio-culturally constructed and deeply influenced by intermingled factors originating in the society where men and women live together. Men's perceptions of safer-sex are socially organized and are the consequences of masculine ideals of a society. The reference to porno movies as the source of learning for non-condom sex as a "real man's" sexual skill demonstrates that in the era of a globalized media culture, men's understandings about condoms and sexuality are not exclusively locally constructed. The producers of various media, including

pornographic media can significantly contribute by participating in sexual health promotions in the AIDS era.

We attempt to offer a broader understanding of the complexities of meanings men attach to condom non-use with a hope that the policy planners, program managers and condom manufacturers re-conceive the paradigm of condom interventions. Putting condom in the individual's disease prevention paradigm by disseminating the simple message about the capacity of condoms to prevent STIs/HIV/AIDS is not encouraging condom use in Bangladesh. Innovative condom messages need to be designed to motivate accepting condoms in the framework of relationship, masculinity and sexual enjoyment between men and women. Our findings support the concept: "sex education must therefore promote safe sex as pleasurable to be effective and change public attitude towards the condom" (Browne and Minichiello, 1994:247; Watney, 1990).

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