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**Sex, tensions and pills**

*Young people's use of contemporary reproductive and sexual health technologies in Addis Ababa, Ethiopia*

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*Citation for published version (APA):*

Both, R. E. C. (2017). Sex, tensions and pills: Young people's use of contemporary reproductive and sexual health technologies in Addis Ababa, Ethiopia.

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## CHAPTER 1

Shifting youth sexualities: Sexual aspirations,  
frustrations and the appropriation of pills



## Introduction

A young woman enters the pharmacy and walks straight up to the counter. She asks, 'Postpill?' and places the exact amount of 10 Ethiopian birr (€0.40) on the counter. The pharmacy attendant hands her a small box containing a strip of two tablets and a leaflet with instructions for their use. The woman quickly walks to the door. She takes the strip of pills out of the package, throws the box and leaflet in the trash bin, and puts the pills in her bag. The number of empty Postpill boxes in the bin suggests that this is a common practice. A little while later a young man walks into the pharmacy wearing a 2Pac t-shirt under a leather jacket. Instead of going up to the counter, he goes straight to the cashier, who is sitting somewhat away from the counter in an adjoining private room. In a near whisper he asks, 'Viagra?' 'A/le' (there is), the cashier replies. She signals to one of the pharmacy attendants who cuts one tablet from a strip of pills with the name 'Cupid' printed on it, and hands it to the man. After paying (one tablet of Cupid also costs 10 Ethiopian birr), the man points to a piece of paper lying on the counter as a way of asking the pharmacy attendant to wrap the pill in it. Without saying a word the young man quickly leaves the pharmacy.

Postpill is an emergency contraceptive pill available in pharmacies and drugstores, and Cupid is a local brand of sildenafil citrate that is sold in pharmacies alongside the original Viagra and several other brands of sildenafil citrate originating from Asian countries. Postpill is available without prescription, while sildenafil citrate is officially a prescription drug (EFMHACA 2012), but in practice is also sold over the counter.<sup>1</sup> While Cupid is a local brand, young men often referred to it and other brands of sildenafil citrate as 'Viagra'. Throughout this thesis, I write 'Viagra' between quotation marks when referring to study participants' use of the name. Although Postpill is recommended for use only in emergencies, and Viagra only with a diagnosis of erectile dysfunction, Postpill and sildenafil citrate are commonly purchased from pharmacies and drugstores by young people in Addis Ababa for other reasons. In the pharmacies and drugstores where I conducted fieldwork, they were bought more often than condoms or other fertility-regulating methods, and on average were sold to between seven and ten young people per pharmacy or drugstore per day.

The quick and secretive ways in which young people purchase these products stands in stark contrast to the sales of other products that are not sex-related, and reflects the culture of discreetness (Tadele 2011) surrounding sexuality in many parts of Ethiopia. With other products there is usually extensive interaction between clients and pharmacy attendants: people ask for a specific kind of medication, and when requesting a refill, they often bring empty medicine boxes, describe the colour of the tablets they have been taking, or ask whether the pharmacy sells something similar but from abroad (*wucca*). Still others come and show their ailment, for example a rash or a head wound, and ask pharmacy attendants for advice (see Whyte et al. 2002). In contrast, when selling Postpill and sildenafil citrate, the pharmacy attendants rarely advised young people, yet often made statements to each other or to us the researchers that revealed their reactions to the popularity of both drugs. For example, one Saturday night a pharmacy attendant mused, 'Now they [young men] take 'Viagra'. On Monday morning their female partners come for the Postpill'.

My observation of these patterns in the pharmacies and drugstores provoked the question: What lies behind the frequent yet secretive practice of purchasing

Postpill and sildenafil citrate? How does the use of these contemporary reproductive and sexual health technologies reflect young people's sexual concerns and aspirations within a context of changing gender relations and notions of sex? What are the emerging ideals of manhood and womanhood that are expressed and embodied in the use of these pills? This study seeks to answer these questions by following Postpill and sildenafil citrate outside the pharmacy and into the hands of young men and women in urban Addis Ababa. As will be discussed further on in this chapter, these young people came from different socioeconomic backgrounds, and were, at the time of our interactions, between the ages of 18 and 29.<sup>ii</sup>

## Young people's sexual aspirations and concerns in sub-Saharan Africa today

Recent studies on young people and sexuality in urban areas of sub-Saharan Africa reveal how sexuality is gaining a more prominent place in local definitions of manhood and womanhood due to socioeconomic constraints and the increasing availability of commodities, as well as sexually explicit materials from around the world, that together fuel both aspirations and frustrations among young people (Cole 2009; Groes-Green 2009a). The ways in which this occurs are gendered, differentiated, situated, and sometimes contradictory (Groes-Green 2012; Padilla et al. 2007; Spronk 2012). New notions of love or sexual practices are not simply replacing existing ones but, because they occur in a globalized context that is different from the past, may manifest in a different way or have different consequences than before, and may create, for instance, new patterns of marriage and intergenerational relations (Padilla et al. 2007; Cole and Thomas 2009).

This body of literature points to four concurrent developments that shape young people's sexualities. Firstly, sexual prowess is gaining a more prominent place in some local definitions of manhood. The hegemonic, normative definition of manhood, which many men across sub-Saharan Africa try to live up to, is based on the 'breadwinner ideal': a man should provide economically for his partner and family and earn his authority through this practice (Groes-Green 2009a; Silberschmidt 2001). Hegemonic masculinity is an ideal or socially dominant masculinity in a society, and while accepted by both men and women, not all men have the means to live up to it (Connell 2005; Connell and Messerschmidt 2005). Due to high unemployment, many young men, in particular young men from less well-to-do backgrounds, lack the educational and employment opportunities to meet the expectations of the 'traditional' breadwinner ideal, and this can lead to feelings of disempowerment (Silberschmidt 2004). Young men may compensate for feelings of disempowerment and unmanliness by seeking alternative ways to exert their manhood, sometimes through sexual performance.

Groes-Green (2009a, 290), writing about young working-class men in Maputo, Mozambique, terms this phenomenon 'sexualized masculinity' because 'it is based on the man's ability to perform sexually, give erotic pleasure and become respected due to his sexual satisfaction of the female partner'. This means that young

men, to compensate for their inability to offer their girlfriends gifts or financial support, grow preoccupied with becoming skilled lovers, for example by learning new sexual techniques and consuming certain foods and drinks. These serve as tactics to enhance men's sexual performance and boost sexual confidence (Groes-Green 2009a; Simpson 2009). Others have multiple sexual partners as a way to assert sexual control over women or to prove their desirability (Aboim 2009; Gibbs et al. 2014). In contexts of economic constraint there may also be alternative, non-dominant masculinities at play that challenge prevalent notions about gender (Groes-Green 2012). For example, Bhana and Nkani's (2014) study of South African teenage fathers from poor backgrounds found that even though they unsuccessfully aspired to the ideal of provider masculinity, they simultaneously sought to exert 'new' forms of manhood by being caring fathers and by responsibly using contraceptives.

Secondly, unstable economic conditions result in sex increasingly serving as an economic strategy for women and men. In some settings, the increasing inability of men to fulfil the traditional role of financial provider contributes to women's involvement in transactional sexual relationships (Cole 2004; Groes-Green 2013). Cole (2004, 2009) has shown how globalization and neoliberal economic reforms in Tamatave, Madagascar, fuel aspirations among *jeunes* (young female urbanites) for sophisticated goods and commodities that signify a modern identity and 'sexiness', and motivate them to learn new sexual techniques and gain 'know-how' about birth control methods. Young women's desire to achieve these goals leads some to engage in sexual relations with 'wealthy' European men as an economic strategy.<sup>iii</sup> In Cole's study and elsewhere, young urban women involved in such relationships, rather than being victims, are often portrayed as active agents in pursuit of material gain (see also Verheijen 2013). Young women may use erotic practices – historically passed on to them by paternal aunts, grandmothers, or older sisters – to exert power over the men with whom they have sex (Cole 2004; Groes-Green 2013; Skafte and Silberschmidt 2014). In some situations this results in inverted gender roles where young, unemployed men use their good looks and sex appeal to gain support from such young women working in the sexual economy (Cole 2005).

Thirdly, sex is increasingly becoming a signifier of a modern identity. Middle-class men in Maputo, Mozambique, who enjoy access to jobs or financial support from their families, gain respect through consumerism and showering their girlfriends with gifts, both of which are seen as crucial to being an attractive man (Groes-Green 2009a). Young middle-class men with successful careers in Nairobi, Kenya, increasingly define themselves as 'contemporary' men (contrasting themselves with 'traditional' men), as part of which being a good lover – emphasizing mutual sexual pleasure – and engaging in relationships that are based on emotional involvement and support are considered an asset (Spronk 2012, 197).

Finally, images and ideas from around the world, including sexually explicit magazines and videos, are changing young people's sexual expectations and notions of sex (Day 2014; Spronk 2012). Spronk (2005) examines how media attention to love-related issues in the 1990s in Nairobi, Kenya, led to modern interpretations of love that place more emphasis on partner choice based on companionship, equality, and women's sexual satisfaction. Dominant discourses on sex in Nairobi still emphasize female chastity and modesty in appearance, and associate women's sexuality with reproductive purposes. The sexual lives of the young middle-class

women in Spronk's study were therefore characterized by ambiguity, as they struggled to pursue a modern identity through sexual enjoyment on the one hand and to try to maintain their reputation as 'proper' women on the other. By 'playing hard to get' most women in Spronk's study tried to generate respect from men – and thus be seen as potential marriage partners – and to maintain a respectable sexual reputation. Day (2014) describes how pornography has penetrated rural communities in Sierra Leone, where young people identify it as an emerging, highly influential source of sexual education.

A common theme that these studies share is their portrayal of masculinities and femininities as relationally performed vis-à-vis peers and lovers. As Connell and Messerschmidt (2005, 848) note, women are 'central in many of the processes constructing masculinities'. The 'sexualized masculinity' of the young Mozambican men in Groes-Green's (2009a) research is based on their ability to erotically please their partners. The opinions of women – in particular of men's sexual performance – seem crucial to these young men's sense of manhood. In a similar vein, young South African men in Gibbs et al.'s (2014) study explain violence against their female partners as a way of gaining their respect; while the fact that young men's reputations as strong or skilled lovers are constructed and evaluated by other men is echoed by studies from other parts of the world (Flood 2008; Simoni 2015). Young men are concerned both with living up to ideals of male sexual power (in the eyes of their peers) and with giving their lovers pleasure (in the eyes of women); which of these concerns is the more important at any given moment depends on the social context in which men find themselves (Groes-Green 2012). Women, on the other hand, seem mostly concerned with preserving their reputation as respectable women, which at times conflicts with acknowledging sexual enjoyment (Spronk 2012, 211).

While these studies emphasize the changing role of sexuality in expressing masculinities and femininities, few discuss how sexual performance itself is also increasingly subject to insecurities and concerns. One study suggests, for example, that 'sexuality may remain a domain less touched by hardship and change, and, consequently, more adaptable to the recreation of masculine power' and that many young urban men are making use of their sexuality as the 'sole and direct means of recreating a positive identity' (Aboim 2009, 219). However, depicting young men in particular as skilled and confident lovers, or as sexual violators, somehow reinforces the sexual stereotypes often ascribed to African men (Igonya and Moyer 2013; Spronk 2014) and fails to acknowledge that, real or perceived, increased demands on sexual performance trigger anxieties when men or women fear themselves failing as lovers (Spronk 2012).

One of the main discoveries in this study, as outlined in Chapter 6, is that young men are at times insecure about their sexual skills and that their concerns are shaped by what they perceive as women's growing expectations relating to male sexual performance – influenced among others by images from pornographic videos. These findings echo the observations of scholars in several Asian settings, where fear of being 'sexually weak' – as a result of premature ejaculation or involuntary semen loss – emerges as a concern of young men (Collumbien and Hawkes 2000; Lakhani et al. 2001; Phong 2008; Verma et al. 2003). The present study sheds light on young men's sexual concerns in Addis Ababa, Ethiopia, and analyses how they intersect with the sexual concerns of young women in a rapidly changing urban context.

## Young people and sexuality in Ethiopia: Continuity and change

Sexuality in Ethiopia is an under-researched topic (Tadele 2011) and in-depth information on young people's subjective experiences of sexuality is scarce. In most of the qualitative or ethnographic studies conducted in Ethiopia, sexuality is not a topic in its own right and there have been few studies based in Addis Ababa.<sup>iv</sup> When discussing the current context of youth sexuality in Addis Ababa, I therefore rely partly on fieldwork experiences as well as on popular media sources.

Young people's sexual practices in Addis Ababa, like elsewhere in Ethiopia, are shaped by conservative religious discourse. Orthodox Christianity, for a long time the state religion, in particular has influenced the discourse on sexuality (Tadele 2006). It has even been stated that views on most of life's issues in many parts of Ethiopia are based on religious explanations (Zenebe 2006, 124) and that Christianity plays an influential role in the beliefs and actions of women, who find support and explanations for their world in Christian terms (Pankhurst 1992, 150). The Orthodox Church instructs its followers to abstain from sex until marriage and to engage in sex for reproductive purposes only. During fieldwork it was common to find religious books in people's homes, some of which were dedicated to marriage and contained statements regarding the church's disapproval of married couples having 'intercourse but not children' and the importance of 'limit[ing] one's sexual need'.<sup>v</sup> Although the Ethiopian Orthodox Church, the Protestant Church, and Islamic leaders in Ethiopia alike instruct their followers to abstain from sex until marriage (Kebede et al. 2014), several studies suggest that a double standard has long existed regarding the sexuality of young people that allows young men more sexual freedom than women.

These longstanding norms entail that girls in particular must abstain from sex until marriage and that the loss of a girl's virginity puts at risk not only her moral standing but that of her family (Kebede et al. 2014). In rural areas, virginity used to be related to securing marriage, although in one study of rural boys and girls, boys placed a higher emphasis than girls on marrying a virgin (Molla et al. 2008). Besides remaining virgins, women are supposed to behave in a passive, receptive, and submissive way in regard to sex. When women transgress these norms, they are considered shameless (Zenebe 2006). Heinonen (2013, 38) lists the qualities of an 'ideal' Ethiopian woman: 'virginal, chaste, modest, submissive, respectful, domesticated, serene and, of course, beautiful!'

This is in stark contrast to dominant norms regarding male sexuality that encourage an active, assertive, aggressive, and powerful approach to sex (Zenebe 2006). Young men are, as long as they act discreetly, encouraged to experiment with sex (Levine 2014; Tadele 2006; Taffa 2002; Zenebe 2006). It is commonly assumed that men cannot control their sexual urges, that engaging in sexual activity and initiating sex in a relationship is a way to prove their manhood in the eyes of women, and that a man with less sexual experience than his peers is considered ignorant and abnormal by women (Tadele 2006; Zenebe 2006). Men are supposed to be sexually



knowledgeable. Young men in one study considered it essential for a man to learn and practice love-making skills, and not to enter marriage without sexual expertise, which would risk his wife seeing him as less of a man (Tadele 2006).

It is important to understand the important role of marriage in young people's thinking about the future. Most young men and women consider marriage an important life goal, despite the fact that current socioeconomic transformations often make it seem unattainable (Mains 2013). These days most young men and women aspire to have wedding ceremonies that include at least an expensive fashionable wedding dress and a camera crew, costs that are too much to bear for many young men (Tadele 2006). Yet marriage continues to be seen as a normative pathway to adulthood, conferring status and power, and showing that you are a proper man or woman (Tadele 2006; Zenebe 2006). The ideal of marriage is valued so much that those who do not marry at the right age, particularly women, are given names that mean 'unwanted'. There rests a great deal of pressure on young women to attract men to request marriage (it is not considered feminine for a woman to propose) by cultivating their good looks and by having a good character (Zenebe 2006). By not behaving 'properly', a woman risks diminishing her chances of marriage.<sup>vi</sup>

The discretion surrounding sexuality results in young people being poorly informed about matters related to sexuality. Communication on sexual matters between parents and children is very limited. In one study, only one-third of young people reported discussing sexual matters with their parents during the last six months; they ascribed this to fear of parents, embarrassment about discussing sexual matters with them, and the taboo attached to sex (Tesso et al. 2012). When communication about sex occurred between parents and children it was often in the form of warnings about the risks, such as contracting HIV/AIDS. It was also gender biased, focusing more on females and emphasizing the importance of remaining a virgin. Friends have been mentioned as an important source of information about sexuality and reproductive health (Tesso et al. 2012). Direct communication about sexual matters between young men and women or between sexual partners is uncommon. Instead, discreet techniques, including mediation by a peer when initiating a relationship, the use of phones to discuss dating between lovers, and the use of veiled terms, are common (Tadele 2006). Moreover, women are not supposed to quickly consent to a relationship or sex. They sometimes use this to their advantage, as a way of evaluating a potential partner; some young men report that this initial refusal 'added flavour' to the dating process (Tadele 2006).

## Changing notions of sexuality

In urban areas in Ethiopia, longstanding dominant discourses on sexuality are making room for new notions of sexuality. But change occurs slowly and long-held norms conflict with actual practices. During fieldwork two domains of contestation stood out: the divide between public and private, and the divide between modern and traditional. While conducting fieldwork, young people referred several times to 'Betty', a 27-year-old Ethiopian woman who participated in the television show *Big Brother Africa* during the 2013 season. Soon after the programme started she engaged in an intimate relationship with her housemate from Sierra Leone, and the sex scene between them that was caught on camera created controversy and discussion on social media in Addis Ababa. The incident provoked predominantly negative reactions in which young people stated that what she had done was shameful and against Ethiopian culture, many going as far to compare her to a sex worker, and stating that this act not only brought shame upon her but also on her family. There were even those who wanted to prosecute her for having sex in public, which is a criminal offence in Ethiopia. On the other hand, some young people defended her, saying that her act simply reflected how many young Ethiopian women actually behave in private. The reactions to this incident can be interpreted as showing that young women's sexual activity may not so much be a breach with the past as an accelerated transgression of the division between public (where women are supposed to behave decently in accordance with the above-described longstanding norms) and private (see Groes-Green 2011).

The strong societal control over behaviour in public, termed *yelugnta*, highly shaped the intimate lives of the young men and women who participated in this study. *Yelugnta* is defined in the literature as 'an intense shame based on what others may say or think of you and/or your family' (Poluha 2004) and leads to 'striving to avoid disapproval by others' (Heinonen 2013, 35). It means being constantly aware of society's gaze, and is strongly related to status and family honour (Heinonen 2013). *Yelugnta* has somewhat different implications for men and women. For women *yelugnta* means that in whatever circumstance they find themselves, they need to appear respectable, in particular when it comes to sexuality. For men it is related more to not 'losing face', and to protecting and honouring the family, including providing financial help to relatives if necessary (Heinonen 2013). The sexual practices of male study participants were shaped by *yelugnta* in the sense that although they may boast among peers about their sex lives, many young men took precautions to keep their sexual activities hidden from parents or neighbours.

So premarital sex, although regularly occurring, needs to remain private and should not become public. This is well illustrated by the omnipresence of pensions in Addis Ababa, where couples can rent a room for several hours or a full night. Pensions are often tucked away in small alleys or they adjoin bars, and I first became aware of their existence one night as I was having a drink in a small bar with a few study participants and I needed the toilet. I walked to the back of the bar and hesitated about whether to use the extremely dirty latrine, when suddenly a lady appeared who took my arm and led me through a curtain into a corridor with bedrooms on either side. She gently pushed me into one of the bedrooms, saying I could use the bathroom there (which turned out to consist only of a shower base, but

at least it was clean). In a book titled *Addis Ababa Gudday* (Addis Ababa Matters), a well-known Ethiopian journalist, Alemayehu (2012), dedicates a chapter to the mushrooming number of pensions in Addis Ababa. He writes:

One of the reasons for the existence of pensions that work 24/7, like gas stations, could be the increasing number of 'sexually active people' [*yetewasabiw kuter*]. ... 'The business is great, rooms are always occupied' [*Siraw arif new. Hulem algawoch yeyazalu*], said the owner [of one of the pensions].<sup>vii</sup>

Ethiopian Orthodox Christianity has up to 150 fasting days a year, and fasting includes abstinence from sexual activity. Alemayehu (2012) also observed that just before the long fasting seasons, the beds 'dread the day they were made' (*algawochu yetefeterubetin ken yemiyamarirubet new*), as they get so much use.

The omnipresence of pensions and their use by young people is an example of a broader development in Addis Ababa where young lovers use emerging, modern spaces in their quests to keep their relationships secret. Other examples include the sudden appearance of massage salons, many of which are open 24/7 and located in backstreets, and the recent growth of condominiums, which are a clear break with the past way of living on a compound and its associated high degree of social control. I was told that one set of condominium buildings, popular among young people for its facilities and location in the centre of the city, is nicknamed 'Dubai'. When reversed you get the Amharic word *yibadu* (let them have sex).

Under the influence of a growing influx of commodities and the increasing availability of pornography, notions of love and sexuality are changing in ways that often conflict with more traditional beliefs. The young men and women in Tadele's (2006) study in an urban town in northern Ethiopia pointed to the crucial part that money plays in today's relationships: money is seen as a way to lure women into relationships, as a way of gaining power, and as the means to attain sexiness by dressing well. Similarly, during my fieldwork young men without a stable income spoke about women's growing expectations regarding gifts; the young men felt under pressure since they were often unable to treat women to a meal in a trendy café, which they felt women expected from them, and which they believed would enable them to convince women to start a relationship. Most female study participants admitted that money played an important, though not crucial, part in their decisions about entering into a relationship.

Another indicator of changing notions of sexuality is the emergence of pornography as a source of informal sex education (Taffa 2002; Tadele 2006; Tsigereda 2004). Young men in Tadele's (2006) study frequently watched pornographic videos but were ambivalent: while they regarded them as essential to 'learn' the ways of sex, they also deemed oral and anal sex acts 'harmful' and disgusting. Moreover, men considered the 'missionary position' the only 'normal' way to have sex. Other positions were considered deviant, only to be tried out with sex workers, harmful to women because they could potentially damage the uterus, and harmful to men because they could exhaust and injure them. According to Tadele (2006, 110), young men were caught 'between their curiosity to explore sexuality and moral and religious messages against such practices'. During my own fieldwork in

Addis Ababa, pornographic videos were similarly seen as an important source of information, particularly for young men who often had short video clips stored on their smartphones, which they shared with peers. In addition, several young men told me that 'sex' is the most Googled word in Addis Ababa today.

Although studies demonstrate that there have been changes in norms regarding female sexuality in urban areas, such change seems to be slow and ambiguous. Young women living in Addis Ababa in Zenebe's (2006) study said that while their parents and society at large still expected them to remain virgins, their peers regarded virginity as 'uncivilized' and 'conservative'. Young men in this study were also critical of norms that suppress sexuality, of women in particular, although young men simultaneously reproduced the dominant double standard by stating that women's sexuality had become uncontrollable (Zenebe 2006). Similarly, young men in Tadele's (2006) study preferred their partner to be a virgin, because it was thought that if a woman already had sexual experiences, a man might not be able to satisfy her. At the same time they held more modern beliefs and preferences regarding sexual and marital compatibility, something that would be difficult to achieve if women were not sexually experienced.

So while young men and women increasingly emphasize 'modern' notions of love, such as sexual compatibility, young women's sexual lives in particular remain highly conditioned by dominant double standards that prescribe sexual abstinence.

### Studying shifting sexualities through contemporary 'technologies of sex'

This study argues that a focus on the use of Postpill and sildenafil citrate can provide a window on changing perceptions of womanhood and manhood. Manderson (2012, 6) argues that it is important to study 'technologies of sex' because they 'do' things: they shape, trouble, and change perceptions and behaviours, relationships, and identities.<sup>viii</sup> Similarly, Inhorn and Wentzell (2011) point out that a focus on contemporary reproductive and sexual health technologies is fruitful since sexual health technologies and their use (or rejection) enables the embodiment or acting out of emergent forms of womanhood and manhood. This study uses the concepts of 'gender scripts' (Oudshoorn and Pinch 2008) and 'emergent masculinities' (Inhorn and Wentzell 2011) and femininities to examine how young people engage with the meanings intended by Postpill and sildenafil citrate developers, and how by their reinterpretations of such 'scripts' they enact or embody emergent ways of being a man or a woman.

### Gender scripts and intended use

When new technologies are developed they are 'inscribed with gender', as designers anticipate the 'interests, skills, motives, and behaviour of future users' (Akrich 1992, 208). The meanings attached to reproductive and sexual health technologies are often created from the top down by developers, marketers, policy makers, and

implementers. In the case of contraceptives, developers 'inscribe' a specific vision of HIV risk and related sexual behaviour when developing and introducing (new) contraceptive methods (Hardon 2012). Such gender scripts may reinforce dominant narratives about hegemonic masculinity, gender, and sexuality (Mamo and Fishman 2001). Below I examine the gender scripts of emergency contraceptive pills such as Postpill and sexual enhancers such as Viagra and its generic copies in more detail, taking a look at their development trajectories, and at the way in which manufacturers and sexual and reproductive health programmes intend them to be used.

### ***Sexual assault and 'irresponsible' women***

Emergency contraceptives (ECs) are a relatively new birth control method. Unlike other contraceptives that are used before or during sexual intercourse, they can be used up to 120 hours after intercourse has taken place. ECs are intended and marketed as a 'back-up' method to be used after unprotected intercourse, when other contraceptives have failed (for example, after breakage or slippage of condoms), after incorrect use of contraceptives (for example, after having missed one or more regular contraceptive pills), or after being forced or coerced into having unprotected intercourse (Wynn and Foster 2012). Underlying the term 'emergency' is an assumption that reproductive health experts consider other, regular contraceptive methods better. While ECs can be taken safely as often as needed, they are not recommended for regular use because they are less effective than other contraceptive methods and frequent use can result in menstrual irregularities (WHO 2012). The envisioned user of ECs is thus an individual who experiences non-consensual sex, a contraceptive accident, or a consensual encounter in which other forms of contraceptives are not used (Haggai 2003). To understand the gender script embedded in EC pills, we need to take a look at the biography of ECs.

The intended use of ECs after non-consensual sex is strongly intertwined with its history. The first documented case where a contraceptive was administered postcoitally with the aim of preventing pregnancy occurred in 1964 in Amsterdam, the Netherlands. A 13-year-old girl who had been raped during the fertile window of her menstrual cycle was given postcoital oestrogens (Haspels 1994). The practice of administering oestrogens postcoitally had existed for several decades in the veterinary world but this was the first documented case among human beings (Ellertson 1996). Subsequent research into different regimens of postcoital contraceptives, associated with fewer side effects, led in 1972 to the 'Yuzpe method', named after its discoverer, the Canadian physician Dr Albert Yuzpe. The Yuzpe method consists of a combined regimen of oestrogens and progestins that can be used in the 72 hours after sexual intercourse occurs. Taking higher doses of the same hormones found in combined oral contraceptive pills can also create the amount of the two hormones needed for the regimen.

For a long time the Yuzpe method, together with the postcoital insertion of a copper-bearing intrauterine device (IUD), remained the main methods used for preventing pregnancy postcoitally. Information on how to cut up packs of daily contraceptive pills to create a 'do-it-yourself' postcoital contraceptive was passed on through word of mouth and through women's organizations and advocacy efforts

(Wynn and Foster 2012). Yet for a long time, administering ECs in the United States, Europe, and Canada centred on their provision to survivors of sexual assault, particularly through hospital emergency departments (Ellertson 1996; Wynn and Foster 2012).

Only in the past 15 years have dedicated EC products – a product specifically dosed, packaged, and marketed for postcoital use – become more widely known and marketed as a contraceptive option for all women. In the 1990s the World Health Organization (WHO) conducted a clinical trial that demonstrated that a progestin-only method was more effective than the Yuzpe method. In 1996 the International Consortium for Emergency Contraception (ICEC) was formed with the aim of bringing an affordable and dedicated product to markets in developing countries. This led to the production of Postinor-2, an EC pill that is available in many sub-Saharan African settings today, including in Ethiopia. Postinor-2 is usually available in two pills that need to be taken 12 hours apart, each containing 0.75 mg of levonorgestrel. As the ICEC worked to incorporate ECs into national guidelines and norms in many developing countries, they used the ‘sexual assault script’ as a ‘strategic way to engender support for incorporating ECs into both national and international norms’ (Wynn and Foster 2012, 6-7).

The use of ECs by the second and third groups of intended users – women who experience a contraceptive accident or who have sexual intercourse in which other forms of contraceptives are not used – has sparked heated debates in most countries where ECs have been introduced. Proponents of making ECs widely available have argued that it would lead to responsible sexual and reproductive health decision making, fewer unintended pregnancies, and the empowerment of women (Wynn and Foster 2012). However, the introduction of ECs has often been accompanied by moral anxieties regarding overuse of the product and promiscuity, false claims that it is an abortifacient, and fears that frequent use implies sex without a condom, which can result in an increasing incidence of sexually transmitted infections (Barrett and Harper 2000; Glasier 1997; Westley and Glasier 2010; Ziebland 1999).

Concerns about the unclear working mechanisms of ECs have also been prominent (Wynn and Foster 2012). ECs work by either preventing or delaying ovulation, and thus preventing the fertilization of an egg, and they may also prevent fertilization by affecting the cervical mucus or the ability of sperm to bind to the egg (WHO 2012). There is no clear consensus about whether ECs also work by preventing the implantation of a fertilized egg in the uterine wall. This had led some religious parties to classify ECs as an abortifacient (Wynn and Foster 2012). Moral anxieties are also informed by stereotypes of women’s sexuality (Barrett and Harper 2000; Westley and Glasier 2010; Wynn and Trussell 2006). According to Barrett and Harper (2000), such anxieties mirror deep-rooted fears about the uncontrollable and dangerous nature of women’s sexuality. Concerns are particularly strong regarding young and unmarried women, and it is often feared that they might use ECs in a repeated, ‘irresponsible’ manner (Barrett and Harper 2000).

These concerns are echoed in sub-Saharan Africa, where women using ECs have repeatedly been portrayed as irresponsible by health care providers and the local press (Gold 2011; L’Engle et al. 2011; Mawathe 2009; Williams 2011). In newspaper articles, Kenyan health providers and policy makers have worried about the repeated

use of ECs, claiming that women are 'eating ECs like chocolate' and that the 'e-pill' is now a buzzword in Nairobi among sexually active women.<sup>ix</sup> In the latter article, pharmacists and the health minister expressed concern that repeated use of ECs increases risk of HIV by encouraging unprotected sex.

### ***From an 'accidental' discovery to a 'masculinity pill'***

Viagra is a sexual enhancement drug. During its life course, sildenafil citrate – the active ingredient in Viagra – has been inscribed with three different gender scripts, all actively shaped by Pfizer, the pharmaceutical company behind the drug. Sildenafil citrate underwent clinical trials in England in the early 1990s where it was tested by Pfizer as a cure for angina (chest pain). However, the trials had an unexpected outcome that led to the discovery of a new treatment for erectile dysfunction. The popular media presented the story of Viagra's origin as 'an accidental discovery' of a new erection drug. In 2001, a reporter from *Time* wrote:

The drug began life as a heart medication designed to treat angina by increasing blood flow to the heart. Sildenafil, it turned out, wasn't so good at opening coronary arteries, but happy test subjects did notice increased blood flow to their penises, a side effect brought to Pfizer's attention when the test subjects were reluctant to return their leftover pills.<sup>x</sup>

In order to gain legitimacy for their product (and to maintain their reputation as a serious company dedicated to drug development and disease treatment), Pfizer representatives tried to carefully rewrite this script, suggesting that Viagra's origin was the result of 'creative thinking, research, and refocusing' (Loe 2004, 43). They also emphasized that the pill was meant to treat a medical condition, erectile dysfunction, and that it was neither a sex pill nor an aphrodisiac (ibid., 45). When Viagra was first brought to market in the United States in 1998, it was promoted as a drug for men experiencing the medical condition of erectile dysfunction, targeting 'males who were heterosexual, married, and aged forty and above' (ibid., 47). Men with the desire to have sex but unable to achieve an erection, or a satisfactory one, could seek a prescription for Viagra from their physician.

The timing of the discovery of Viagra was excellent and fitted with recent developments. Within urology the stigmatized term 'impotence', referring to the inability to get an erection, had recently been replaced by the more subjective and elastic term 'erectile dysfunction', clinically defined as 'the inability to achieve or maintain an erection sufficient for satisfactory sexual performance' (NIH 1993). In addition, a shift had taken place in looking for the source of sexual problems, including erectile dysfunction, in the body instead of in the mind. Existing treatments for impotence such as the vacuum pump and penile surgeries were considered invasive and the taking of a simple pill would be a huge improvement. Public awareness and concern about impotence was also increasing as a result of new expectations about lifelong sexual function and women's increased expectations of mutual sexual pleasure. Finally, the recent green light for direct-to-consumer advertising signalled a range of possibilities (Loe 2004).

Realizing the market potential of Viagra, and under the influence of profit motives, Pfizer began sophisticated promotion campaigns that included statistics suggesting that a large proportion of American males suffer from some degree of erectile dysfunction and therefore are 'in need of Viagra' (Loe 2004). By widening the definition of erectile dysfunction, Viagra was turned into a drug attractive for any man wishing to improve his erectile performance (Lexchin 2006; Marshall 2002). Erectile dysfunction became something that existed 'in the eye of the beholder' (Wentzell 2013, 5).

To transform Viagra from a treatment for severe and medically diagnosed erectile dysfunction to a pill suitable for men with mild forms of erectile dysfunction or the desire to improve erectile functioning, Pfizer inscribed Viagra with a most powerful gender script: that of a 'masculinity pill'. Journalists have suggested that 'Viagra' is a mixture of the words 'vigour' and 'Niagara' (after Niagara Falls), and thus construct the little blue pill as 'powerful, vital, potent and thereby implying that "the problem" is vulnerability, powerlessness, and helplessness' (Loe 2004, 53). Viagra was thus portrayed as a 'magic drug' for lost, diminished, troubled, or incomplete masculinity (Loe 2004). Heavily inscribed with hegemonic ideas of male sexuality, the marketing of Viagra reinforces the traditional script that men always want sex: Viagra is only effective if a man is sexually aroused – and there is never any question that this will be the case. Viagra further reflects hegemonic ideas of sex and male sexuality by insinuating that the desired sexual activity is (hetero)sexual intercourse or at least sexual penetration (Mamo and Fishman 2001, 29-30).

### *Appropriation by users*

Anthropologists point to the way in which such top-down inscribed meanings are often reinterpreted and transformed by users who add new, 'unintended' meanings to these technologies. For example, anthropologists have described how modern pharmaceuticals, when made available in different settings, acquire meanings that often diverge from their developers' intended meanings (see for example Hardon 2012; Montgomery et al. 2008). Once modern pharmaceuticals are in the hands of users and bestowed with 'unintended' meanings, gender scripts can become 'de-inscribed' (Oudshoorn and Pinch 2008). In Addis Ababa, Postpill and sildenafil citrate impact sexual relations in ways that are not intended by their developers. Postpill, rather than being used in case of emergency, is used by young women as a regular form of contraception, and sildenafil citrate is used by young men for sexual enhancement, rather than to combat erectile dysfunction. Together these products have a profound role in shaping emergent sexualities, masculinities, and femininities.

Surveys among university students in several sub-Saharan African countries, collecting predominantly quantitative data, reveal that awareness of ECs has increased in the last decade.<sup>xi</sup> Studies conducted in 2007 and 2012 among students in Addis Ababa show that both knowledge of ECs (from 44% to 84%) and their use (from 5% of all respondents to 30% of those who were sexually active) has increased considerably in recent years (Ahmed et al. 2012; Tamire et al. 2007).<sup>xii</sup> In addition, several recent qualitative studies on the use of ECs draw a picture of the increasing popularity of ECs among young, unmarried urbanites in sub-Saharan African settings,



suggesting that they are re-inscribing gender scripts and appropriating the drug in ways that meet local needs (see Chapter 2).

Similar appropriation is taking place with sildenafil citrate. Young men typically use sildenafil citrate without being diagnosed with erectile dysfunction or having any interaction with a health provider. The existence of online pharmacies and the availability of local brands (as well as counterfeits) bring the drug within their reach. Studies on sildenafil citrate use among young men mention percentages of users ranging from 4% of male undergraduate students in one setting in the United States to 9% of young male medical students in a South American setting where sildenafil citrate is available through the health sector without prescription. In Addis Ababa, concerns expressed in newspapers and the popular press (see for example Alemayehu 2012) suggest that sildenafil citrate is popular among young men, although there are no published studies and it is not known how many young men are using the drug.

Little is known about how young men bestow meaning on the use of sildenafil citrate. The majority of studies investigating young men's use of sildenafil citrate have approached the issue from a biomedical perspective, framing it as 'misuse' or 'abuse' of the drug (Graham et al. 2006; Harte and Meston 2011). Sildenafil citrate in the hands of young men has been portrayed as a 'party drug' used in the nightlife scene to counteract the erectile-diminishing effects of illicit drugs, as a sexual enhancer among young men who have sex with men, and as occasionally used by college students as a result of curiosity or peer pressure (McCambridge et al. 2006; Peters et al. 2007). Anthropological and sociological studies on social and cultural aspects of sildenafil citrate have so far focused on the 'typical' user of sildenafil citrate, the older man (Potts et al. 2004; Wentzell 2013). As a result there is a lack of knowledge with regard to young men's experiences with the drug.

## The fieldwork

This section briefly introduces the study participants and summarizes the data collection methods used to study the appropriation of Postpill and sildenafil citrate in Addis Ababa. Detailed information about each method is presented in the methods section of each of the articles (Chapters 2 to 6) that are brought together in this thesis. In addition, a detailed reflection on the sensitive nature of the topics studied and how this shaped the interactions between the ethnographer, research assistants, and study participants, as well as the data that was collected, is provided at the end of this thesis in the form of an epilogue (Chapter 8).

### Research in pharmacies and drugstores

The initial phase of fieldwork focused on collecting data in pharmacies and drugstores. A female research assistant and I conducted 25 days of observation focused on the purchasing of Postpill and other contraceptive methods in two private pharmacies and one drugstore, and an additional eight days focused on sildenafil citrate purchases in two private pharmacies (drugstores are not officially allowed to sell sildenafil citrate). Aside from observing young people purchasing Postpill and sildenafil citrate, we distributed semi-structured questionnaires to 36 young people buying contraceptives and to six young men purchasing sildenafil citrate (we used different questionnaires for contraceptive users and sildenafil citrate users). We also held informal conversations with service providers at each facility and complemented these with eight formal in-depth interviews with staff working in five different pharmacies and drugstores.

To place these findings in a broader perspective, we conducted six in-depth interviews with staff from two public health clinics, and five in-depth interviews with attendants of small kiosks that sell condoms alongside household items. In addition, we held in-depth interviews with six women attending a public health clinic and five women attending an abortion clinic. The research conducted in these other facilities strengthened our findings that young people have a preference for buying their sexual and reproductive health products from pharmacies and drugstores.<sup>xiii</sup>

### Young urbanites from different backgrounds

Excluding those whom we met inside the pharmacies and drugstore, a high degree of rapport was developed with the young people who participated in repeated, in-depth interviews that were conducted in an informal manner. Thirty young people (8 men and 22 women) participated in the study on the use of Postpill (and other birth control methods). These participants were between 18 and 29 years old and were unmarried, though some got married during the course of the research. Their educational backgrounds ranged from completing only elementary school up to graduating from university. They came from different socioeconomic backgrounds, and worked as housemaids, factory workers, or NGO employees, or were university students. They lived in different parts of the city and were recruited using snowball sampling methods.

The core group of sildenafil citrate users with whom repeated, in-depth interviews were held consisted of 14 heterosexual men from different socioeconomic backgrounds. They were between 21 and 35 years old, and represented different ethnic and religious (Orthodox Christian, Protestant and Muslim) groups. Their educational level ranged from elementary school up to university. One was a university student and one was unemployed; the others worked as a driver, guard, broker, tourist guide, or had started their own business. Their sexual relationships ranged from one night stands and encounters with sex workers to more stable relationships. Additional information was obtained from six other men who felt uncomfortable disclosing themselves as 'Viagra' users in a face-to-face interview and instead agreed to answer open-ended questions on paper. Young men using sildenafil

citrate were recruited with the help of key informants and by using snowball sampling methods.

Additionally, 10 focus group discussions (five with men and five with women) were conducted with 21 young men and 22 young women, mostly university students. These focused on young people's knowledge and perceptions of sildenafil citrate and other practices of sexual enhancement, and young people's sexual practices and expectations. Postpill use and use of other birth control methods were also discussed. Furthermore, three in-depth interviews were conducted with key stakeholders who play an important role in the funding, distribution, marketing, and administering of ECs in Ethiopia. Finally, secondary data sources were also studied, including policy documents, unpublished reports, statistics from NGOs on contraceptive sales and distribution, and relevant articles in newspapers and popular books.

## Overview of the book

This thesis shows how young men and women appropriate Postpill and sildenafil citrate in Addis Ababa, revealing how the gender scripts that inform these technologies are 'de-inscripted' by young people. Throughout the book I show how young people's sexual concerns and aspirations are reflected in their use of these pills, through which they aim to express new and modern ways of being men and women. I draw attention to the divergent moral discourses – ECs stir much public concern while sildenafil citrate does not – that shape the ways in which young men and women appropriate these sexual technologies.

The first part of the book, Chapters 2 to 4, focuses on ECs, situating their use within the context of other birth control methods that are available to young people in Addis Ababa. Chapter 2 reviews the findings of qualitative studies on the use of ECs in sub-Saharan African settings, and distils three common themes: how postcoital methods fit the everyday lives of young people; concerns about side effects; and ideas about conception, reproductive strategies, and male involvement. Reflecting on these themes provides insight into the meanings ascribed to this pill by (mostly) young people in different geographical contexts.

Chapter 3 focuses on how concerns about morality and health have accompanied the introduction of ECs in Ethiopia and how these concerns affect young people's experiences with this method. It discusses how key informants and service providers perceive ECs as an awkward and sensitive fertility-regulating technology, whose use should not be openly promoted. The main aim of the chapter is to reveal how such attitudes influence the provision of information about ECs to young people, and how young people, who themselves value the discreetness of ECs, use alternative ways to get informed.

Chapter 4 follows ECs out of the pharmacy into the hands of young people, and focuses on how they bestow the use of Postpill with meanings that are different from how reproductive health experts intend ECs to be used. The chapter shows that the popularity of Postpill among study participants seems to arise from how the pills benefit the culture of secrecy surrounding sexuality in Addis Ababa, in particular how the pills protect young women's sexual reputations while simultaneously providing

them with greater sexual freedom, and how they are convenient in situations of infrequent sex. The chapter elaborates on two additional features that young men and women value in ECs: their perceived minimal side effects on beauty and future fertility, and their usefulness in navigating reproductive intentions.

The second part of the book, Chapters 5 and 6, focuses on the use of sildenafil citrate by young men. Chapter 5 sheds light on young men's sildenafil citrate purchasing strategies and how they deal with its perceived bodily effects. The chapter reveals that although young men's main motivation to use sildenafil citrate is to enhance their sexual performance, openly admitting that their improved performance is achieved with the help of a drug is considered a sign of weakness. This in turn motivates them to use secrecy and denial as their main strategies when obtaining the drug and dealing with its effects, such as lovers experiencing pain during sexual intercourse and young men experiencing severe tiredness and genital soreness. Chapter 6 presents four local ways in which study participants appropriated sildenafil citrate, ranging from experimenting with the drug out of curiosity to feeling dependent on the pill and using it during every sexual act over a period of several years. It argues that young men's use of sildenafil citrate is fuelled by anxieties about what they perceive as women's growing expectations about their sexual performance, constructions of masculinity that emphasize sexual prowess, and a misreading of women's sexual desires, in large part spurred by the emergence of pornography as the new standard for sexual performance. The chapter reveals that while the 'little blue pill' boosts young men's feelings of sexual confidence and manhood, use of the drug can paradoxically also result in feelings of loss of control and diminished manhood.

In Chapter 7, the conclusion, I reflect on the way in which Postpill and sildenafil citrate are incorporated into young people's daily lives in unexpected ways, and what we can learn about gender identities and sexuality through the lens of these products. It is clear that in urban Ethiopia sexual relations among young people are changing, albeit in complex and contradictory ways. Young women are engaging more in premarital sex, and young men feel more pressure to perform. Sildenafil citrate and Postpill offer them ways to resolve these tensions in their lives, but at the same time new problems arise. Some young men appear to be dependent on the commodities for their sexual conduct, while young women still need to live a double life, where they cannot openly admit to being sexually active.

The study's findings have important implications. Young women clearly benefit from postcoital contraceptive methods such as Postpill. Can this drug be reconceived as a contraceptive method for young adults who do not regularly engage in sex? Another implication is the need to enhance communication about sexual pleasure. Young women do not expect their lovers to use sildenafil citrate and most of them do not value it. How can a more open discussion about sex be facilitated, thus reducing young men's dependency on sildenafil citrate? This research suggests there is a need to move away from technical fixes for problems to more discussion about sexual pleasure and health, so that men might be liberated from hegemonic masculinity, and women freed from secrecy.

Finally, I end this thesis with a reflection on some of the challenges that accompanied my fieldwork on intimate matters in Addis Ababa. The sensitivity of the study topic affected data collection: young women tended to keep their sexual activity

## Sex, Tensions and Pills

a secret to preserve their reputation, and young men hesitated to talk about their use of sildenafil citrate out of fear of seeming weak. I discuss how the challenges in openly discussing these matters with young men and women led me to undertake major parts of my fieldwork inside pharmacies and drugstores, as well as cafés and local bars, and why this was a fruitful approach. I also elaborate on how the fact that the topics under study were sexuality-related fuelled the performance of certain kinds of masculinities and femininities by study participants, research assistants, and myself during fieldwork and how this affected the type of data that was and could be collected for the study.