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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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CHAPTER 5

Buy & deny: Young men's sildenafil citrate (Viagra) purchasing strategies and experiences of bodily effects in Addis Ababa, Ethiopia*

* Submitted Manuscript: Both, Rosalijn, and Robert Pool. Submitted Manuscript. "Buy & Deny: Young Men's Sildenafil Citrate (Viagra) Purchasing Strategies and Experiences of Bodily Effects in Addis Ababa, Ethiopia".

Abstract

This article investigates young men's purchasing strategies and experiences of bodily effects of the sexual enhancement drug sildenafil citrate (Viagra) in Addis Ababa, Ethiopia. The article is based on data collected from 25 men aged 21-35 via observations in pharmacies, semi-structured questionnaires, repeated in-depth interviews, and self-administered questionnaires. Study participants obtained (different brands of) sildenafil citrate from pharmacies, discretely and without prescription, often with the help of 'brokers'. Although study participants' main motivation to use sildenafil citrate is to enhance their sexual performance, openly admitting to using the drug is considered a sign of weakness. Therefore young men use a variety of strategies to conceal their use of the drug from peers and particularly lovers. They also deal with a range of negative effects caused by use of the drug – such as female partners experiencing pain during sexual intercourse, side effects such as fatigue and genital soreness, occasional tearing of condoms, and dependency – through denial or silence. The article ends with reflections on how young men's experiences with sildenafil citrate are embedded in local notions of masculinity and sexuality and how these could have longer-term consequences for young men's sexual health.

Introduction

Viagra (sildenafil citrate) appeared on the market as a prescription drug designed for (older) men diagnosed by a physician as having erectile dysfunction. Very soon, however, it became popular among young men (Aldridge and Measham 1999). The availability of generic sildenafil citrate and the existence of online pharmacies have greatly contributed to bringing the drug, as well as counterfeits, within reach of young men (Kahan et al. 2000; Jackson et al. 2010). Indeed, studies suggest that many young men obtain sildenafil citrate from informal sources such as friends, dealers, sex shops, the internet, or by stealing it from a father or grandfather (Aldridge and Measham 1999; Peters et al. 2007). The percentage of sildenafil citrate users among young men varies across settings and across different groups of young men, ranging from 4% of male undergraduate students in a setting in the United States to 9% of young male medical students in a South American setting where erectile dysfunction medications are available in the health sector without prescription (Harte and Meston 2011; Korke et al. 2008).

Studies on young men's use of sildenafil citrate have often labelled it as 'misuse' or 'abuse' because it deviates from its intended use (Graham et al. 2006). These studies have predominantly focused on young men who have sex with men (Harte and Meston 2011), college students (Peters et al. 2007; Harte and Meston 2011; Korke et al. 2008), and young men visiting nightclubs (Jackson et al. 2010; McCambridge et al. 2006). Furthermore, they have associated young men's use of the drug with illicit drug use (Halkitis and Green 2007; Harte and Meston 2011), increased sexual risk behaviour, and an increased risk for STIs, including HIV (Apodaca and Moser 2011; Harte and Meston 2011).

The predominant biomedical focus on young men's use of sildenafil citrate has resulted in a lack of attention to the beliefs of young men themselves. Anthropological and sociological literature on the social and cultural aspects of Viagra has so far focused on the 'typical' user, the older male (Potts et al. 2004; Wentzell 2013), and little is known about why young men decide to start using sildenafil citrate or the ways it affects their social and sexual lives. In a study among North American male teenagers participating in a drug treatment programme, participants said they were motivated to start using sildenafil citrate by curiosity, peer pressure, and the desire for sexual enhancement (Peters et al. 2007). They first heard about sildenafil citrate from television advertisements, family members and friends (Peters et al. 2007). A study in the UK among young men visiting nightclubs found that sildenafil citrate was used to enhance sexual desire, love making and feelings of 'warmth'. Less than half of the users mentioned negative effects such as headaches and genital soreness (Aldridge and Measham 1999). Another reason for using sexual enhancement drugs often mentioned by young men is to counteract erectile problems caused by the effects of alcohol and drugs (McCambridge et al. 2006). Although most studies have found that young men only use sildenafil citrate occasionally, for example at 'events', it has been suggested that once they start to use it they may become psychologically dependent on it due to loss of confidence in their ability to have erections without it (Santilla et al. 2007).

Young men, sexuality, and sexual enhancement drugs in Ethiopia

Studies on sexuality in different parts of Ethiopia suggest that young men are expected to be sexually active, as long as it is done discreetly, and to behave in an active, assertive, aggressive, and powerful way in relation to sex (Levine 2014; Zenebe 2006). In a study in northern Ethiopia, young men claimed that engaging in premarital sexual relationships prevents women as well as peers from questioning their manhood and helps them to develop the sexual skills expected of them in marriage (Tadele 2006). In contrast, young women are expected to be shy, respectable, and to abstain from sex until marriage (Zenebe 2006). Studies suggest that in urban areas of Ethiopia, dominant discourses on sexuality are slowly making way for more modern notions of sexuality that emphasize sexual compatibility and mutual sexual pleasure (Levine 2014; Tadele 2006; Zenebe 2006). Yet these changes in local beliefs about gender and sexuality seem to occur together with men's misinterpretations about women's sexual expectations and a greater reliance on pornography and the Internet for information about sexuality (Both 2016).

In a separate article, the first author discussed sexual insecurity as the main reason for young men in Addis Ababa to start using sildenafil citrate (Both 2016). This was expressed through worries about premature ejaculation, about losing their erection and not being able to sustain sex for multiple rounds, concerns about not performing well during their sexual debut or with partners who were more experienced, and about being dependent on *khat*, which some men believed made them impotent. In this article we explore young men's purchasing strategies and experiences of bodily effects and how these speak to local ideas about sexuality and masculinity.

In Ethiopia, sildenafil citrate is registered as a prescription drug that should only be dispensed to persons who possess a prescription (EFMHACA 2012). Yet in practice, it is sold over the counter in pharmacies and some drugstores, even though the latter are not legally allowed to sell sildenafil citrate. Advertising for drugs, except those for contraception, is not allowed in Ethiopia. Viagra and other brands of sildenafil citrate were the only sexual enhancement drugs available in pharmacies in Addis Ababa at the time of the study. It is important to note that although nearly all study participants used local or Asian brands of sildenafil citrate, they nearly always referred to them as 'Viagra'. In the remainder of this article, we write 'Viagra' between quotation marks when referencing study participants' use of the term.

Methods

This article presents findings from a larger ethnographic study of young people's use of reproductive and sexual health technologies (in particular emergency contraceptives and sildenafil citrate) carried out in Addis Ababa, Ethiopia, between September 2012 and February 2014. The data presented here were collected through observations of young men purchasing sildenafil citrate in pharmacies, semi-structured questionnaires completed by nearly half of those young men observed in the pharmacies, informal

conversations with pharmacy attendants, and repeated in-depth interviews and self-administered questionnaires with sildenafil citrate users.

To get an impression of the scale of sildenafil citrate use among young men, their purchasing behaviour and their motivations to use the drug, the first author, together with a research assistant (a female graduate from the School of Pharmacy of Addis Ababa University) carried out eight half days of observations in two different pharmacies. These observations were complimented by our observations in additional pharmacies and drugstores where we focused on young people's contraceptive purchasing practices, and during which we realized that some drugstores were also selling sildenafil citrate under the counter. In the two pharmacies, while seated either behind the counter or on a small bench near the entrance, we observed at least 14 young men purchasing sildenafil citrate.

The pharmacies were selected because of their location in densely populated neighbourhoods of Addis Ababa, near public transport hubs, bars and places for chewing the popular local drug *khat*. After the young men had bought sildenafil citrate, service providers asked them, on our behalf, to fill out a short anonymous questionnaire on their motivations to use sildenafil citrate, their use history, and their knowledge of the product. With the six young men who consented, we filled out the questionnaire in a corner of the pharmacy. Responses were translated on the spot from Amharic to English and written down on the questionnaire. Approximately half of the young men who were asked were unwilling and claimed to be in a hurry, were visibly stressed, or said they were buying the tablet(s) for someone else. In the latter case, we initiated an informal chat to learn more about whom they were buying the sildenafil citrate for and why. Additional information was gathered through informal conversations with pharmacy attendants. Notes from the observations were written down and typed up the same day. Findings from the observations and questionnaires in pharmacies informed the topic guide used to conduct repeated in-depth interviews.

The in-depth interviews were aimed at gaining detailed information about young men's experiences with sildenafil citrate and the impact of the drug on their daily lives and sexual relationships. The first author, together with a male research assistant with a background in sexual and reproductive health, contacted three key informants who through their work or social networks knew young men using sildenafil citrate. The key informants approached at least 20 sildenafil citrate users and asked them whether they would be willing to participate in the study. Two additional sildenafil citrate users were approached by friends of the first author. Of those who were approached, fourteen men agreed to one or repeated in-depth interviews. This led to a total of 25 in-depth interviews (eight men were interviewed once, two men were interviewed twice, three men were interviewed three times, and one man four times). With those who agreed to be interviewed more than once, we were able to discuss certain issues related to sildenafil citrate use in more depth and to follow their use of the drug over time. To make participants feel comfortable, we conducted interviews in informal settings (based on participants' preferences) and tried to make them resemble natural conversations as much as possible. Most men preferred meeting in local bars, because their dimmed lights, music (so that others could not overhear our conversation), and relaxed atmosphere facilitated talking about these issues. The remaining interviews took place in cafés. Each interview lasted between one and two-and-a-half hours and was conducted in either English or the local

language Amharic. Most initial interviews were conducted by the author together with the male research assistant or one of the key informants. Follow-up interviews were conducted by the first author alone. Four conversations were recorded with a voice recorder, with the consent of the participants. Most interviews, however, were captured through notes, because participants indicated that they did not want the interview to be recorded or that the presence of a recorder made them feel uncomfortable. Interviews were typed up the same day.

Five of the men who were approached by the key informants were unwilling to meet us face-to-face due to concerns over revealing themselves as sildenafil citrate users, but did consent to complete a self-administered questionnaire. The questionnaire, which was handed to them by the key informants, included open-ended questions in Amharic, similar to those that guided the interviews, inviting them to write about their experiences. A few of the men who were approached by the key informants were unwilling to participate in the study.

Altogether, 25 men provided feedback through questionnaires (six young men), in-depth interviews (fourteen young men), and self-administered questionnaires (five young men). They were between 21 and 35 years old, all were heterosexual and unmarried except for one man who was married. Nine men were educated up to grade ten or below, and were working as a taxi assistant, guard, driver, broker or in a supermarket; nine men had studied up to a college degree and worked in construction, as a mechanic, nurse, tourist guide, musician or had their own private business; and seven had received university level education and were either still studying, jobless, or were working as an accountant or health professional.

The first author is a young female from the Netherlands, and most men appreciated that she was from a country where sexual matters are more openly discussed, and that she was not part of their social networks and was therefore unlikely to disclose their sildenafil citrate use to others in their social environment. They were also curious about her interest in the topic. For example, after meeting her and realizing she was young, one man looked relieved and said 'Now we can talk as peers'. Although some men may have felt shy in talking about such sensitive issues with a woman, and talking to a female peer may have fuelled their performance of certain kinds of masculinities, most said that they enjoyed talking to her because she was female.

All data were entered into NVivo 10 qualitative data analysis software. The first author developed an initial thematic codebook in discussion with key informants and research assistants in Ethiopia. This was refined after carefully re-reading the transcripts. Texts were coded based on the refined codebook and themes were developed in coding memos during and after the completion of coding. These themes were linked together into larger topics that then formed the basis for papers. This paper is the result of one such topic development exercise.

Approval for the study was obtained from the Amsterdam Institute for Social Science Research (AISSR) Ethical Advisory Board. Furthermore, the Medical Ethics Review Committee of the Amsterdam Academic Medical Centre (AMC) determined that the project activities were exempt under the Medical Research Involving Human Subjects Act (WMO) and provided a written waiver. In Ethiopia, the study required approval from Addis Ababa University, which we obtained. Due to the sensitive nature of the topic and the related need to protect the identity and confidentiality of study

participants, as well as not to negatively influence rapport, verbal informed consent was chosen over written consent. All study participants gave verbal informed consent prior to their involvement in the study. To protect the identity of informants, all names used in this paper are fictive.

Purchasing sildenafil citrate: Over-the-counter sales and business motives

The pharmacies where we carried out our observations each sold the prescription drug sildenafil citrate to approximately eight young men per day on average. Pharmacies sold three kinds of sildenafil citrate: the Ethiopian brand *Cupid* (approximately €0.40 per tablet), which is the only local brand of sildenafil citrate; Asian brands such as *Vega* and *Zwag* (approximately €0.40 per tablet); and the original Viagra manufactured by Pfizer (approximately €7 per tablet). Young men purchasing sildenafil citrate in the pharmacies where we did our observations simply asked for 'Viagra' or sometimes 'blue pills'. None of them had a prescription. Only in a few instances did young men ask specifically for a certain brand.

Young men whom we observed buying sildenafil citrate bought only one or two tablets at a time and service providers would cut up strips of pills to meet these requests. In this way, young men never received an information leaflet. Less common ways of obtaining sildenafil citrate mentioned during the interviews were procuring it from a befriended health care provider, from a small shop or bar, or from a friend. Two men reported acquiring sildenafil citrate from areas in Ethiopia near the border with Somalia.

When young men requested 'Viagra' in pharmacies, service providers neither demanded a prescription (although sometimes they tried to warn them not to use the drug) nor gave them information about how to use it, usually handing them the local brand *Cupid*. Several pharmacy attendants indicated that they sell sildenafil citrate over the counter to young men out of business motives. They told us that if they refused to sell it to young men, these men would simply leave and buy it elsewhere. Fikirte, a young female pharmacy attendant, said that she deliberately stays polite when young men ask for sildenafil citrate in order to keep them as customers and not to scare them off. Several of our observations suggest that selling sildenafil citrate is a profitable endeavour. For example, we observed how one drugstore attendant used to keep a box of the Asian brand *Vega* in the pocket of his gown. He explained that as a drugstore they are not allowed to sell sildenafil citrate and cannot display it on their shelves. By putting it in his pocket, he would still be able to sell it to men asking for it. In one of the pharmacies we also observed how a young looking man was able to buy a large quantity of tablets of the local brand *Cupid*. He told us that he aimed to sell the tablets to young men in rural areas where sildenafil citrate is not available.

Young men participating in this study actively tried to keep their use of sildenafil citrate a secret. This became clear from the discreet and hurried manner in which most observed purchases of sildenafil citrate occurred; sometimes men waited outside the pharmacy until other customers had left or they asked for the pills in a near whisper. During the observations we noticed that young men often sent a

'broker', such as a shoe-shine boy, guard or even a beggar, in to buy the product for them in exchange for some cash. This degree of caution that men took to maintain secrecy over their sildenafil citrate use is one reason why men often bought the drug per tablet and shortly before the sexual act would take place. Loose tablets were easy to hide in trouser pockets or at home. Being short on money and the belief that the efficacy of tablets would decline if kept for too long were other reasons for buying one tablet at a time.

Hiding sildenafil citrate use from peers

Once purchased, taking the drug was not something young men boasted about. On the contrary, they were very selective about whom they confided in. Often, only one person (the one telling them about the drug) or a few good friends knew about it. Young men were secretive about their use of sildenafil citrate because they feared peers would consider them sexually weak. Esayas, 28 years, explained:

If you tell your friends about what you did with a girl [having sex using 'Viagra'], they will say you are weak; they would give you a name. (...) They will say 'You don't have strength; you have sex using a medicine'. They kill your self-confidence.

One exception was in places for chewing the local stimulant *khat*, where men felt freer to talk about anything, including sildenafil citrate. But even then, people were expected not to raise the topic again in other contexts. Esayas continued:

The vibe, people's mood is the same in the *khat* place. (...) You raise a topic about something and then the conversation gets hot. (...) Everything is out in the open, the *khat* house makes you talk freely. (...) Normally, I don't tell anyone about the Viagra. But when you go to a *khat* place with your friend, you might tell. (...) In case someone remembers [the next day], you can even trick him and say 'Did I say that?' You let him know it's the *merkena* [getting high]. You hide these things so that he won't tell others. If people talk, it backfires. It would affect me.

Keeping up appearances for lovers

Young men were especially concerned with keeping their use of the drug a secret from their lover(s). They used sildenafil citrate with different types of female partners: sex workers, casual partners and more steady girlfriends. Twenty-three out of the twenty-five men in the study kept their use of the drug secret from their sexual partner, the main reason being that they feared women would consider them weak. Other reasons were fear that women would get angry and possibly end the relationship or view it as unnatural. Solomon, 24 years, explained:

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I didn't tell her [my girlfriend] because it would be disrespect for me. If I told her it was the medication then she would say 'You satisfied me with the help of a drug'. But if I told her it's me, she would say *Gobez yene jegina* (excellent, my hero).

Girma, a 27-year-old mechanic, said:

I didn't tell my girlfriend that I am using Viagra. Because I believe that if I tell her she might leave me. So I use Viagra without telling her.

In addition, Biruk, a 30-year-old health professional, said:

My partners don't know [that I use 'Viagra'] because I want them to believe that my sexual performance is natural.

Men also mentioned that it is culturally not common for men and women to openly discuss sexual matters. This meant that sildenafil citrate users took the drug in secret; aware of the need to take it thirty minutes in advance, they went to the bathroom or swallowed it before the arrival of a lover.

According to men, women sometimes became suspicious because the duration of sex was longer than usual or because they experienced pain. When they voiced their suspicion, men were often able to get away with an excuse, for example that their performance had improved through practice, or by denying that there was anything different about their performance. Henok, 35 years, said that when his partner told him 'You are different today, it [the sex] is not like usual', he told her that since they had not seen each other for a long time, he was 'homesick' for her and that the reason for his prolonged erection was that he had not been able to have sex with her for such a long time.

In the only two cases in which men admitted to women to using the drug, it involved men who (based on their own stories) were unable to achieve an erection without it. They said that their partner, although angry at first, ended up being supportive because it was intended to make them happy and because they noticed a big improvement in their partner's performance.

Dealing with bodily and mental effects

Nineteen men said that they took one tablet of sildenafil citrate at a time. One man took half a tablet and five others took two tablets each time, sometimes based on advice from friends. Some men referred to the tablet as being 'strong' or 'heavy' and they were not always aware of the exact dose they took. Study participants discerned three ways in which the use of sildenafil citrate enhanced their sexual performance: their erection was more *kebad* (firm), the use of the drug resulted in prolonged erections, and it enabled them to have several consecutive acts of sex, with little rest between rounds, because after ejaculating men were able to quickly achieve an erection again. Only three men mentioned how sildenafil citrate had no effect on their sexual performance or that the effect declined over time. Besides having an effect on

their sexual performance, study participants experienced many other effects as a consequence of using sildenafil citrate.

Female partners experiencing pain during sexual intercourse

Five men mentioned instances in which 'Viagra'-aided prolonged sexual intercourse resulted in female partners feeling pain and therefore asking them to stop. For example, Girma said:

When I used Viagra for the first time, while having sex, my girlfriend's skin around her vagina started peeling and she was bleeding while we had sex. I couldn't control myself to stop having sex even though I saw her bleeding.

In two cases it concerned men who had sex with virgins. Fikru explained:

At the time [when using 'Viagra'] you can't control your feelings. Since I loved her and since she was a virgin, I didn't want to hurt her. (...) I think we would have spent a much better time if she was not a virgin at the time. She couldn't handle the pain (...) she was crying a lot. I stopped it [sex] myself immediately.

Tearing condoms

In some instances, the use of sildenafil citrate affected young men's condom use. This issue was raised in in-depth interviews with seven men. Two men said they did not use condoms (they either disliked condoms or did not use them with a steady girlfriend) and one man said that the use of sildenafil citrate did not affect his use of condoms. However, four men mentioned how due to a firmer erection and friction caused by the increased duration of sex, when using sildenafil citrate their condom would sometimes tear. Berhanu said: 'Because of the duration of the erection it may cause friction with the condom, which then gets softer and may tear'. He added that this had occurred only a few times. Similarly, Esayas said: 'My penis. It was stretching too much. It seemed like it was going to burst. (...) And even the condom wouldn't stay still; it comes off while you do it'.

Side effects

Nearly all men mentioned experiencing one or more side effects as a result of using sildenafil citrate. The most common side effect reported by nearly all men was feeling exhausted, also described as *dikam* (tiredness) or fatigue. Esayas said: 'It's like the fatigue you get after running a lot and not being able to move the next day'. For a few men, like Solomon, experiencing side effects such as tiredness formed important grounds to stop using the drug after using it a few times:

- Interviewer:* Can you explain the difference between having sex with or without the medication?
- Solomon:* The difference is that without the medication, even if I go four rounds, the next morning if I drink Mirinda [soft drink] then I would be okay.
- Interviewer:* Oh, you are saying that the next day you can regain your energy?
- Solomon:* Yes, when I take a shower I relax. But with the medication it's fatigue, you know? You know when your entire body is aching?
- Interviewer:* Yes.
- Solomon:* It's like that, so I didn't like it at all.

Headaches and sweating or feeling hot were also common side effects, mentioned by ten men. Less commonly reported side effects were having a lasting erection, feeling dizzy, having red eyes, an increased heartbeat, muscle pain and feeling depressed. One man experienced severe pain in his genital area every time he used sildenafil citrate and used ice and cold metal, such as his bed frame, to seek relief. Other ways in which men dealt with side effects were cooling the penis in a bucket of cold water and hoping that the erection would go away, or staying home from work when experiencing severe tiredness. Except for a few men, experiencing these side effects was not seen as a reason to stop using the drug.

Dependency

Several young men said that they used sildenafil citrate (nearly) every time they had sex and felt dependent on the drug. For 28-year-old Eyob, using sildenafil citrate was just one step in a long trajectory of finding a solution for his premature ejaculation. He was the only one of the study participants who had been diagnosed with erectile dysfunction and his girlfriend had left him because of this. Besides sildenafil citrate, he had tried eating certain nutritional supplements, going to a spiritual healer, acupuncture, and searching the Internet for other sexual enhancers that are advertised as being herbal and without side effects. He had used sildenafil citrate during every sexual act for two years (until it stopped having an effect) and said: 'I was dependent on it that time. If I lost it from my pocket, I lost my confidence'. He also sought help from a pharmacist who, after noticing many men entering his pharmacy repeatedly asking for sildenafil citrate, studied ways in which he could support such men in non-pharmacological ways. Instead of using sildenafil citrate, this pharmacist advised young men like Eyob to use nutritional supplements (such as Zinc), and to do sports and physical exercise (in particular the Kegel exercise that is commonly used to strengthen pelvic floor muscles) to increase their sexual endurance. When asked about his motivation to support young sildenafil citrate users, the pharmacist responded:

When guys feel they need to perform better, they might easily try a thing such as Viagra because there is nowhere they can turn. For example, there are no sexologists here in Ethiopia who can give them advice on their sexual lives. (...) Also, when men go to a medical doctor and complain about premature ejaculation, the doctor might simply prescribe Viagra for them or drugs against depression. They don't know what else to do with their issues, how to handle them.

Eyob felt it was better to stay away from women and instead focus on his work, and he was concerned his erectile problems would hinder him from fathering children. Esayas, who had recently stopped using sildenafil citrate after falling sick with tuberculosis and becoming actively involved in the Orthodox Church, told us he had been dependent on sildenafil citrate for six years and had used it both with steady and casual partners. He related his use of the drug to his frequent visits to *khat* houses and local bars, where he would meet different women with whom he ended up having sex. After using sildenafil citrate for six years, Esayas felt that the drug no longer had an effect, saying: 'I became normal, just like I was before. I ejaculated immediately'. Thirty-two-year-old Ahmed used sildenafil citrate during the four-and-a-half years he served in the army, every time he got permission to go into town. He said that 'Viagra' made him 'brave' and women complimented his sexual performance. Soon after leaving the army he stopped using 'Viagra', as he could not stand the pain and headaches any longer. According to Ahmed, women no longer admired his sexual performance.

Discussion

This article provides insights into young men's purchasing strategies and experiences of the bodily effects of the sexual enhancement drug sildenafil citrate (Viagra) in Addis Ababa, Ethiopia. The study forms an important contribution to the existing body of literature on young men's use of sildenafil citrate. Existing studies have been predominantly quantitative, and have focused on visitors to nightclubs, men who have sex with men, and college students. They label young men's use of the drug 'misuse' or 'abuse' and relate it to alcohol and illicit drug use, occasional use at 'events', and increased sexual risk behaviour (Aldridge and Measham 1999; Apodaca and Moser 2011; Graham et al. 2006; Harte and Meston 2011; Halkitis and Green 2007; Korkes et al. 2008; McCambridge et al. 2006).

Some of the reasons for the young men in Ethiopia using sildenafil citrate were similar to those found elsewhere. For example, in the study by Peters and colleagues in the United States, the main reasons for use were curiosity, peer influence, and sexual enhancement, with curiosity and peer influence being the main reasons, and sexual enhancement only being a reason for 19% of participants (Peters et al. 2007). Most of the Ethiopian men in our study used the drug mainly for sexual enhancement, and most of them appeared to be deeply insecure about their masculinity. In a separate paper, the first author discusses in more depth young men's sexual insecurities and how they relate to the use of sildenafil citrate (Both 2016).

The use of sildenafil citrate as a way of dealing with sexual anxieties speaks to a global trend where a wide variety of sexual enhancement technologies are increasingly used by young people as a tool for managing tensions in their sexual lives that arise from changing, emerging notions of gender and sexuality (Groes-Green 2009a; Hardon and Idrus 2015; Kelly et al. 2012). In some contexts, young people consume certain foods or use products composed of a mixture of herbs and synthetic chemicals (Groes-Green 2009a; Hardon and Idrus 2015), while in others, like in Addis Ababa, sexual health drugs are used off-label to feel more confident and desirable (Idrus and Hymans 2014).

An important finding of this study is that the link between young men's sildenafil citrate use and increased feelings of sexual desirability is not straightforward. In particular, the idea of strength gained with the help of a drug sits uneasily with longstanding local ideals about masculinity that idealize male bravery and sexual prowess. The majority of participants considered the strength gained by using sildenafil citrate, expressed through firmer and prolonged erections and increased sexual stamina, as artificial. As long as the secret was well kept, sildenafil citrate had the potential to boost their sexual reputation vis-à-vis peers and girlfriends. However, (accidental) disclosure of sildenafil citrate use was regarded as tantamount to admitting to the inadequacy of their own performance and could paradoxically result in being called 'weak'. The thin line between strength and weakness and the importance of secrecy in ensuring they stay on the right side of that line largely explain why young men used denial and silence as their main strategies when purchasing sildenafil citrate and when dealing with the effects of the drug.

Study participants used purchasing strategies that avoided them being identified as users. It is common in Addis Ababa to purchase medicines for relatives, friends and neighbours (Kloos et al. 1986), yet in the case of sildenafil citrate young men often purposely sought out a stranger to buy the drug on their behalf. The strategy of buying secretly or with the help of a 'broker' and requesting sildenafil citrate without prescription was not questioned by pharmacy personnel for business-oriented motives (Gebretekle and Serbessa 2016). Unfortunately, this prevented the young men from receiving instructions on how to use the drug or information about its effects (Both and Samuel 2014).

Young men's responses to the effects of the drug on their bodies depended largely on the degree to which it affected their reputation as a lover and on the extent to which they felt in control of their use of the drug. Suspicion raised by women regarding a change in sexual performance was often seen as a sign of the drug's efficacy, and as an indication of increased sexual satisfaction for their partners. Female partners of sildenafil citrate users complaining of pain as a result of the vigorous sex or who asked their partner to stop also did not appear to have any effect on the men's positive evaluation of the beneficial effects of sildenafil citrate on their partners' satisfaction. Side effects experienced by young men, such as fatigue and pain around the genital area, caused concerns among most men, but were often outweighed by the positive effects. Some study participants used sildenafil citrate over a period of several years and they felt dependent on it and suffered psychologically, as they had even less confidence in their natural performance than before. In such cases, returning to their 'natural performance' was often not possible and left them with no other option than to tolerate the drug's side effects.

This study suggests that with the increasing availability of cheap generic brands of sildenafil citrate, combined with men's concerns about their sexual performance and service providers' willingness to sell the drug without a prescription, use of such drugs is likely to increase. This could have longer-term consequences for sexual health, both in terms of the transmission of HIV and other STIs (based on the stories of condoms rupturing) and more broadly through its influence on sexual and gender relations. Sildenafil citrate use, and in particular concealing its use from lovers, may increase and sustain young men's misconceptions about female sexual satisfaction, the enhancement of which is one of the main reasons they decide to use the drug (Both 2016). Interventions aimed at providing more equitable images of sexual relationships and more realistic ideals of masculinity are therefore needed. Related to this, it is important to collect more data on the relationship between the use of drugs for sexual enhancement and condom use, because, as the findings of this study suggest, firmer erections and friction caused by the increased duration of sex can lead to the more frequent tearing of condoms, which may in turn demotivate sildenafil citrate users to use them. It is also important, given the risks of dependency and side effects, to better understand the influence of the drug on young men's psychological and physical well-being when they experiment with the dosage and use the drug in a routine manner.

This study additionally found that young men's main motivations to start using sildenafil citrate and the ways in which they experience its effects are strongly related to local ideas about sexuality and gender. In Addis Ababa, the centrality of insecurity relating to masculinity as a reason for sildenafil citrate use, that is revealed in the discourses of the young men in this study, illustrates the inadequacy of the distinction between the 'proper' use and the 'misuse' of sildenafil citrate that informs the current body of literature on young men and the drug. So while some young men might use sildenafil citrate just to try it out, many use it because they perceive themselves as having a real problem that the drug can solve. And while being unable to sustain long performance over numerous rounds of intercourse, or being unsure when making a sexual debut, may not be considered 'erectile dysfunction' from a biomedical perspective, the distinction is less clear when viewed from the perspective of those involved. This suggests not only that 'abuse' or 'misuse' are inadequate for understanding much 'unofficial' use, but also that 'erectile dysfunction' is inadequate as a description of what it is that the drug might alleviate.

Authors' Contributions

Rosalijn Both designed and performed the study. Rosalijn Both and Robert Pool analysed the data and wrote the paper. Both authors approve the manuscript submission.