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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 6

A matter of sexual confidence: Young Men's non-prescription use of Viagra in Addis Ababa, Ethiopia*

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Abstract

This paper examines the non-prescription use of the sexual enhancement drug Viagra by young men in Addis Ababa. Data was collected through repeated in-depth interviews with 14 Viagra users – heterosexual men between the ages of 21 and 35 – and focus group discussions with 21 male and 22 female university students. Study participants turned to Viagra to impress lovers, as a ‘support mechanism’ when feeling weak or tired, to counteract the effects of chewing the stimulant plant *khat*, and to satisfy what they perceived as a psychological ‘addiction’. More generally, young men used Viagra to quell anxieties about what they perceived as women’s growing expectations about their sexual performance – informed by changing gender relations and sexual expectations, constructions of masculinity that emphasize sexual prowess, and a misreading of women’s sexual desires largely fuelled by the emergence of pornography as a new standard for sexual performance. While some men gained sexual confidence by using Viagra, others – particularly those who used Viagra regularly – paradoxically experienced feelings of loss of manhood.

Introduction

It is a Monday afternoon when I enter Lydia pharmacy for the second time. I will stay here this afternoon and evening (most pharmacies in Addis Ababa are open until 9pm) to observe young people buying all kinds of sex-related products. I am invited to sit behind the counter on an old but comfortable sofa. At moments when there are no customers in the pharmacy, I look through the small handwritten notebooks used to register the names and numbers of toiletries and medicines sold each day. The frequency with which the name 'Cupid' comes up triggers my interest. Mekdes, the female staff member, explains that this is a generic of sildenafil citrate (Viagra), and that the majority of buyers are young men. (Field journal, Addis Ababa, October 2012)

In the days that follow, I am surprised by the number of young men entering the pharmacy requesting 'Viagra' or 'blue pills' in a near whisper and receiving Cupid over the counter. Most buy one tablet at a time, which costs 10 ETB (€0.40). Often it is a middleman who comes on behalf of the customer.

This paper examines the non-prescription use of the sexual enhancement drug Viagra by young men in Addis Ababa. Study participants turned to Viagra to quell anxieties about what they perceive as women's growing expectations of their sexual performance – informed by changing gender relations and sexual expectations, constructions of masculinity that emphasize sexual prowess, and a misreading of women's sexual desires, in large part fuelled by the emergence of pornography as the new standard for sexual performance.

Technologies of sex are fruitful objects to study because they 'shape, trouble, and change perceptions and behaviours, relationships and identities' (Manderson 2012, 1). Studying men's encounters with 'emergent health technologies' can provide us with insights into the 'relational, embodied, and ever-changing nature of lived masculinities over the male life course' (Inhorn and Wentzell 2011, 802). When new technologies of sex are developed, they are 'inscribed with gender' as designers anticipate the 'interests, skills, motives, and behaviour of future users' (Akrich 1992; Oudshoorn, Saetnan, and Lie 2002, 472). In the case of Viagra, the drug has been portrayed as a 'magic drug' for lost, diminished, troubled or incomplete masculinity (Loe 2004). But although Viagra is inscribed with cultural scripts that often reinforce dominant narratives about masculinity, gender and sexuality, users can also reinterpret such scripts (Mamo and Fishman 2001). To better understand the off-label use of Viagra by young men in Addis Ababa, the following sections sketch the context of young men's changing sexualities and masculinities in sub-Saharan Africa, and in Ethiopia in particular.

Young men, masculinity, and sexuality in sub-Saharan Africa today

Social and economic transformations in sub-Saharan Africa, particularly in urban areas, are reshaping young people's intimate experiences (Padilla et al. 2007), albeit in

very different ways (cf. Ouzgane and Morrel 2005). High unemployment among young men (Mains 2013) brings forth feelings of disempowerment, particularly among men who are unable to live up to the 'traditional' ideal of the male breadwinner (Silberschmidt 2004). The influx of goods, ideas and images from around the world and the growing availability of sexually explicit materials influence local ideas about sexuality (Day 2014; Spronk 2012) and fuel the desire for sophisticated commodities that signify a 'modern' identity and 'sexiness' (Cole 2009). How do these macro-social transformations influence young men's search for alternative ways to exert their masculinity?

Several scholars have shown how some young men from less well-to-do backgrounds, lacking the educational and employment opportunities to become financial providers, compensate for feelings of disempowerment and unmanliness by exerting a kind of masculinity based on sexual prowess. For example, Groes-Green (2009a) has shown how young working-class men in Maputo, Mozambique, without the means to offer their girlfriends gifts or financial support, grow preoccupied with becoming skilled lovers, learning new sexual techniques and consuming foods and drinks to enhance their sexual performance. Other scholars have mentioned men having multiple sexual partners as a way to assert control over women (Aboim 2009) or to prove their desirability, thereby earning respect from peers (Gibbs, Sikweyiya, and Jewkes 2014). Other studies suggest that even in contexts of economic hardship, alternative, non-dominant masculinities can challenge prevailing notions of 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. Finally, some – particularly middle-class – men are able to exert their masculinity through consumerism and showering their girlfriends with gifts (Groes-Green 2009a) or by defining themselves as contemporary men who value relationships based on emotional involvement and support, as well as being good lovers who care about mutual sexual pleasure (Spronk 2012).

What these studies share is their portrayal of masculinity as relationally performed, vis-à-vis both other men and female lovers. The young South African men in Gibbs, Sikweyiya, and Jewkes's (2014) study explain violence against their female partners as a way of gaining their respect. The 'sexualized masculinity' of the young working-class Mozambican men in Groes-Green's (2009a, 289) study is based on their ability to erotically pleasure their partners. The opinions of women – in particular of their sexual performance – seem crucial to these young men's sense of manhood. But while the young men in these studies tend to be depicted as sexual violators or skilled lovers, it is less frequently recognized that perceived demands on their sexual performance can trigger anxieties when they fear failing as lovers (cf. Spronk 2012).

Masculinity and premarital sex in Ethiopia: Continuity and change

The absence of promising socioeconomic prospects can constrain the ability of young men to fulfil roles normatively associated with adult men. As has been noted for many other societies, adult men in Ethiopia are expected to achieve financial or social success (Heinonen 2013). To escape from their frustrations and feelings of

hopelessness, and to imagine brighter futures, young men in Mains' (2013) study turned to chewing *khat* and watching movies. Religion plays an important role in the daily lives of many Ethiopians, and Orthodox Christianity in particular has heavily influenced discourses on sexuality (Tadele 2006). Although the Ethiopian Orthodox Church as well as Protestant and Islamic leaders in Ethiopia all prescribe abstaining from sex until marriage (Kebede, Hilden, and Middlethorpe 2014), several studies suggest that a gendered double standard allows young men much more sexual freedom than young women. Young men in many parts of Ethiopia are expected to be sexually active, as long as this is done discreetly; many claim that engaging in premarital sexual relationships prevents women as well as peers from questioning their manhood and allows them to develop the sexual skills expected of them in marriage (Levine 2014; Tadele 2006). In contrast, longstanding norms prescribe young women to be shy, respectable, and to abstain from sex until marriage (Zenebe 2006), although going to the church or the mosque can actually serve as a pretext, particularly for women, to escape parental controls and meet their partners (Tadele 2006).

In Ethiopia's urban areas, longstanding norms on gender and sexuality are slowly changing and giving way to more modern interpretations. Some young women in Addis Ababa state that while their parents and society at large expect them to remain virgins, their peers regard the insistence on virginity as 'conservative' and 'uncivilized' (Zenebe 2006, 2015). Another study in an Ethiopian town found that young men prefer their partners to be virgins but at the same time espouse more modern expectations of sexual compatibility (Tadele 2006). Paradoxically, men in this study stated that one of the reasons they preferred a virgin was the fear that they would be unable to satisfy a sexually experienced woman; on the other hand, they mentioned that a woman's inexperience in sexual positions could motivate men to turn to sex workers (Tadele 2006). The same study suggests that going to sex workers is common among young men. Finally, lack of sexual education from schools and parents (Tesso, Fantahun, and Enquselassie 2012) arguably raises the importance of the Internet and pornographic videos for communicating information about sex (Tadele 2006).

Methods

This paper presents findings from a wider, 13-month ethnographic study of young people's use of sex-related drugs (in particular emergency contraceptives and sildenafil citrate) in Addis Ababa, Ethiopia, in 2012 and 2013. After learning that young men frequent pharmacies to obtain Cupid – a generic version of Viagra that young men often refer to using the brand name – it became one of the topics of further ethnographic inquiry. To glean an impression of the scale of Viagra use among young men, their purchasing behaviour and motivations to use the drug, the first author – together with a female graduate of the School of Pharmacy of Addis Ababa University – carried out eight half-days of observation in two different pharmacies located near public transport hubs, bars and places for chewing the popular local drug *khat*. Besides observing young men purchasing Viagra, we filled out semi-structured

questionnaires with those who were willing and initiated informal conversations with others. The findings from this phase of research are presented elsewhere and informed the topic guide for the in-depth interviews.

In the second phase of the study, a total of 25 in-depth interviews were conducted with 14 young men. Men who were willing were interviewed multiple times to discuss the issues in more depth and to follow their use of the drug over time. Eight men were interviewed once, two were interviewed twice, three were interviewed three times and one man four times. Of the 14 men, 12 were recruited through key informants: a concerned pharmacist who offered counselling to young Viagra users, a marketing manager with a wide social network, and a youth leader from a local association that organizes HIV peer group discussions for young men. The two other men were introduced to the author by a friend and by a focus group participant. Besides the core group of 14 men, we (the author and a male research assistant with a background in sexual and reproductive health) learned of more young Viagra users who, due to the sensitive nature of the topic, were unwilling to participate in the study. Some felt that talking openly about their use of the drug would expose their weak side. Six other men who felt uncomfortable disclosing themselves as Viagra users in a face-to-face interview agreed to answer open-ended questions on paper. Because the distribution and collection of these self-administered interviews turned out to be too time consuming, we did not further pursue this method. Additional information was gained from informal conversations with young people.

The in-depth interviews with the core group of 14 young men were conducted in an informal, conversational style and yielded rich information on their experiences with sildenafil citrate and the impact of the drug on their daily lives and sexual relationships. The interviews, which lasted between one and two-and-a-half hours, took place in settings preferred by the study participants, mostly local bars because of their dimmed lights and loud music. Most interviews were conducted in the presence of a key informant or the male research assistant, in Amharic or English, based on the preference of the interviewee. Follow-up interviews were conducted by the author alone. The majority of interviews were not recorded because the presence of a recorder made interviewees uncomfortable. Instead, detailed notes were written down on the spot or immediately after the interview.

The 14 young men were heterosexual and came 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 backgrounds ranged from elementary school up to university level. One was a student and one was unemployed; the others worked as drivers, guards, brokers, tourist guides, or had started their own business. Their sexual relationships ranged from one night stands and encounters with sex workers, to more stable relationships.

The author is a Dutch woman of roughly the same age as the study participants. Most of the young men said that they enjoyed talking to her and that they could trust her with their stories due to her age, her not being part of their social network, and because they thought she came from a country where people can talk openly about sexual matters. Most of the conversations were open and animated, and especially those who said that they were dependent on Viagra spoke openly about

their sexual insecurities. A few men tried to ask the author out on a date, but by responding to these attempts with humour, these occasions helped to build rapport and did not seem to affect the relationships with the research participants in a negative way.

To place the stories of these men in a broader perspective, 10 focus group discussions were conducted with 21 young men and 22 young women. These focused on sexual practices and expectations, including the use of Viagra and other forms of sexual enhancement. The majority of participants were university students, recruited through flyers posted on information boards at different departments of two universities. All had experience with relationships; the majority were second or third year students and in their early 20s. Nearly all were Orthodox Christians. The majority was born in Addis Ababa; some had come from rural areas to attend university. While more men signed up than we could accommodate, finding women to participate proved a challenge. This was solved by asking participating women to bring their friends, as they were already used to discussing such matters amongst themselves. All focus groups were conducted in Amharic, recorded with a voice recorder, and transcribed verbatim by two Ethiopian research assistants.

All datasets were entered into NVivo 10 qualitative data analysis software. An initial code book was developed during fieldwork and was continuously refined through discussions with research assistants and repeated careful readings of the transcripts. Approval for the study was obtained from the Amsterdam Institute for Social Science Research Ethical Advisory Board, the Medical Ethics Review Committee of the Amsterdam Academic Medical Centre, and the Sociology Department of Addis Ababa University. All study participants gave verbal informed consent prior to their involvement in the study. All names used in this paper are pseudonyms.

Sexual enhancement products in Addis Ababa

Advertising for drugs is not allowed in Ethiopia, and neither Viagra nor other (herbal) sexual enhancement remedies are visible in the public domain. But although it is not officially documented, Viagra use among young men in Addis Ababa may be quite widespread – if concerns expressed in the newspapers and popular articles are anything to go by.

While sildenafil citrate is officially registered as a prescription drug to be dispensed only to persons with valid prescriptions (EFMHACA 2012), in practice it is sold over the counter to anyone requesting it. Three kinds of sildenafil citrate were sold by pharmacies at the time of the study: the generic Ethiopian brand Cupid (approximately €0.40 per tablet), several Asian generics (approximately €0.40 per tablet), and the original Viagra manufactured by Pfizer (approximately €7 per tablet). In addition, some men used generic versions of Viagra such as Yoga that come from border areas in Ethiopia and are unavailable in pharmacies.

Besides taking Viagra, most of the study participants were also aware of non-medical ways to enhance their sexual performance. Drinking alcohol, eating peanuts, bananas and lentils, and frequent sex or masturbation were mentioned as ways to improve or prolong one's sexual performance. Drinking gin before having sex was

associated with being relaxed and prolonging sex, while eating peanuts was associated with gaining strength by increasing the sperm count. Finally, visiting spiritual healers and herbal treatments prepared by priests at the Orthodox Church were mentioned as traditional treatments for erectile dysfunction.

Local uses of Viagra

The stories of the 14 young men revealed that Viagra use fulfils different functions. Four ways of using Viagra stood out in their narratives: as a jump-start for sexual debut, as a support mechanism when feeling weak or tired, to counteract the effects of chewing *khat*, and out of psychological dependency. Each of the following case studies represents one of these patterns.

Desta: Viagra as a 'jump-start'

Desta's story exemplifies the stories of nearly half of the study participants who used Viagra only occasionally: in the initial stages of their sexual lives to build confidence, or to impress a partner, for example on a first date. Desta, a broad shouldered and confident looking 26-year-old BA graduate, explained how several years ago he met a girl he wanted to have sex with. He was nervous because it was his first time; he believed that men ejaculate too quickly when having sex for the first time and that women dislike this. He voiced his worries to a good friend who advised him to use Viagra and bought the drug for him. Desta was to meet his girlfriend at the pension where he was renting a room. He decided to take the pill several hours before her arrival as he believed the cheap pill could not be 'strong'. However, after taking the tablet he soon got an erection and had to ask his girlfriend to hurry over. When she arrived they enjoyed sex for several hours. Desta's girlfriend reached orgasm first and was pleased with his performance. 'My girlfriend cried after the sex. She found it so amazing, telling me *bet'am des yila!* [I love it!] But I was tricking her. This was not my own strength, it was artificial.'

Desta said he experienced *dikam* (tiredness) after sex. Nor did his erection go away; he had to 'cool' his penis in a *baldi* (bucket). While the side effects were unpleasant, Desta, who never liked taking any kind of medicine, disliked the idea of taking something that was 'not natural' even more. He used Viagra three times and then stopped.

Desta now has sex without using Viagra. He considers sex his 'hobby' and keeps in touch with several women whom he occasionally meets for sex. By having multiple partners and receiving compliments about his performance, Desta now feels he has become 'strong' and confident in sex. Alongside the practice, he believes he has become a skilled lover by 'learning' from pornography. He has many short clips stored on his phone, in folders with unrevealing names. Desta prefers 'sexy' women who are open to trying out new positions but complains that most Ethiopian women are too shy and prefer to have sex with the lights off.

Berhanu: Viagra as a support mechanism

Berhanu has used Viagra over a long period of time, strategically choosing when to use it. He, and several other men, used Viagra when they felt too 'weak' or lacked the confidence to have sex without it. At other times, they simply used Viagra when they had the money. A 25-year-old MA graduate, Berhanu told me he and his friends used to watch porn movies while in elementary school. They rented the movies from small shops and exchanged them amongst each other at school. He remembers the first movie he saw, featuring a foreign housewife. He first heard about Viagra from his friends when he was 19. He took two tablets from his friend and tried them with a sex worker. According to Berhanu, a man's penis normally stays erect for four to five minutes and a man is capable of having sex two to three times per night. But Viagra allows men to prolong their erections to 15 or 20 minutes and to have sex all night long.

Since that first time, Berhanu has been using Viagra intermittently. Unlike most of the study participants, he used the original Viagra, which he gets either through an acquaintance in Dubai or from a befriended pharmacist in Addis Ababa. While he believes that the original Viagra is of much better quality than the other generic versions, it is expensive and he cannot always afford it.

Berhanu says he only uses Viagra when he feels 'weak' or when he wants to make the sex special. He uses Viagra when he feels weak or tired – as a 'support mechanism' – for example when he hasn't had sex for a long time. At such times he uses Viagra to make sex more interesting, and in order not to lose the girl. He also uses it after a long day or spending the whole day drinking beer with friends and dancing. Berhanu doesn't tell women that he uses Viagra because although he believes they want prolonged sex, they 'may think I am weak, that I am not doing the sex by myself, they may not feel comfortable'.

Habte: Viagra to counteract the effects of khat

Habte's story represents the stories of those young men who used Viagra to counter the effects of chewing *khat* leaves. The young men in this study – as well as those in other settings – report using *khat* for pleasure in social settings, to alleviate mental distress, and to increase stamina for work (Mains 2013). The scientific literature is unclear about the effects of *khat* on sexual drive or performance (Berhanu et al. 2012). The Viagra users in this study said that they could not attain erections after chewing *khat*, while some men in the focus groups attributed to it increased libido.

For Habte, a 32-year-old driver and deliverer of goods, chewing *khat* is part of his daily life. Perhaps once every month it is followed by heavy drinking with his friends. This usually includes going to a *buna bet* (bar) and drinking lots of *arake*, a locally brewed alcoholic drink. These bars are typically frequented by sex workers. But until several years ago, Habte never ended up having sex on such evenings as he could not get aroused after chewing *khat*. When his friends noticed that Habte was refraining from sex, they told him about Viagra.

The first time he used Viagra was during a similar evening in a *buna bet*. While dancing, Habte spotted a beautiful sex worker and negotiated a price for her to stay the whole night. He rented a room adjoining the bar, took the tablet, waited for half an hour (his friends had told him to take it 30 minutes before sex) and then came

back to the bar to collect her. They had three rounds of sex. The woman told him he was *gobez* (amazing), but she grew tired while Habte wanted to continue.

Following his first experience with Viagra, Habte carries a tablet with him when he expects to have sex. Whenever he runs out of pills he will abstain from sex. Habte says that he needs Viagra to get an erection and that 'without this [Viagra] it is like paying money [to the sex worker] for nothing'. He believes that chewing *khat* is the source of his sexual problem and that only Viagra can fix it.

Tesfaye: Viagra dependency

Finally, Tesfaye's story represents that of at least four men who claimed to be *sus* (addicted) to Viagra and were afraid to have sex without the drug, sometimes even avoiding intimate contact with women when not having the drug at hand. Although Tesfaye came across as cheerful and optimistic, others in similar situations were visibly depressed. One man had even decided not to engage with women anymore.

Tesfaye is a 25-year-old university student who has used Viagra for the last six years, ever since he began an on-off relationship with a girlfriend three years older than him. The relationship began when he was in tenth grade; his friends told him that because of the age difference he could not satisfy her and she would dump him. They advised him to use Viagra. Although Tesfaye had had sex in previous relationships without Viagra, he now felt insecure, believing that he ejaculated too quickly. He bought Viagra from the pharmacy and used it to enormous effect: 'It's not that I stayed for a long time without ejaculating but my sexual arousal came again immediately after I ejaculated. That day I went up to four rounds of sex for the first time in my life!'

His girlfriend soon moved abroad but their relationship resumed when she returned. There were different girls in between, and Tesfaye says he has slept with at least 26 girls, using Viagra each time. When asked to guess the number of times he had had Viagra-aided sex, he said: 'Let's say I had sex at least 10 times with each of them, which means I used Viagra 260 times'. Tesfaye also recently started experimenting with marijuana to enhance his performance.

Tesfaye's main reason for starting to use Viagra was to restore his ego: 'Once, before using the drug, a girl insulted me because I immediately ejaculated on her belly button. So girls hurt you like that, a man doesn't want to lose in anything that he does'. But when he used Viagra, girls – at least those who were not shy – praised his performance, making him proud: 'I want to be called superman'. Tesfaye also emphasized that watching lots of pornography (his friend had gigabytes of it) helped him to develop his sexual skills; he tried out the sexual positions he learnt with his lovers. Tesfaye explained that using Viagra has become a necessity for him:

I feel like these things [Viagra and marijuana] have psychological effects. Once you start, I think it's really hard to stop. I tried doing it normally [without drugs] with other girls, but they just laugh at you. You just have sex like a *doro* (chicken); you come immediately. Once you are addicted to these things you don't think you can do it with any girl without the medicine.

Notions of 'good sex'

The above vignettes reveal that anxieties over a sexual debut, one's ability to satisfy a girlfriend, ejaculating too quickly and feeling sexually 'weak' were at the basis of young men's decisions to begin using Viagra. These insecurities were fuelled by the belief that to keep a girlfriend, a man must be sexually strong. Sexual strength also emerged in the focus groups as one of the most important qualities a man should possess to be considered manly or strong. As Abebe, a 22-year-old male focus group participant stated: 'Women like a man who is good in sex and a *wendawend* (manly man)'.

Women in the focus groups were initially reluctant to talk openly about these issues, but nevertheless confirmed the importance of sexual strength. As Hiwot, a 20-year-old female focus group participant, put it: 'Okay, to be honest we don't like weak men. Especially on the sexual stuff he should be a MAN'. Some Viagra users reported experiences of girls insulting their sexual performance, ignoring them or even leaving them for not performing adequately. Several women confirmed that there was at least some truth behind such concerns. Hiwot continued:

I had a boyfriend and he was perfect. But when we started going out he could not satisfy me in bed. At first I really liked him but when he could not please me we broke up. You would not even be truly happy.

Study participants, and particularly the Viagra users, pointed to the wide gap between their natural and ideal sexual performance. Most felt that men were naturally able to have sex for two or three consecutive rounds, for five up to ten minutes. In contrast, the ideal was up to five consecutive rounds of sex, each round lasting 30 minutes. When asked why duration was so important, men said that women were known to have more sexual energy (by which they meant they needed longer to reach orgasm) and that this required men to have prolonged erections.

Viagra enabled young men to have the prolonged erections they idealized, thus increasing their sexual confidence. Young men often mentioned how Viagra made them 'strong'. For example, Esayas said:

When I was having sex with her [using Viagra] I had so much energy I didn't want to stop. ... Before it was just for a little while and I used to get tired immediately. (28 years old, Viagra user, dependent)

Study participants often said that women admired their Viagra-aided sexual performance, praising them during or after sex saying *gobez new* (you are great) or *yane nigus* (my king), which boosted their ego. It is important to note that the young men tried to hide their Viagra use from their partners out of concern that they would be considered weak or their performance artificial.

Pornography

As was apparent in the stories of Desta, Tesfaye, and Berhane, pornographic videos were an important source of information on sexuality for the young men in this study. The majority of Viagra users spontaneously mentioned that pornography had influenced their sexual behaviour. Many men – both Viagra users and non-users – said that they had pornographic clips discreetly stored on their smartphones or computers, or explained how they copied it onto flash disks in small movie stalls or exchanged clips with their friends. One man explained that it is becoming 'normal' to have pornographic clips on one's phone; especially in certain places for chewing *khat*, the majority of guys would be watching porn.

Over the course of fieldwork, Viagra users showed the author several pornographic clips. They were all short and featured Western porn actors and actresses. Foreplay was absent; they delved straight into the sex act. Many Viagra users said they 'studied' pornographic videos and copied ideas from them, particularly regarding the number of consecutive rounds of sex, the duration of sex and sexual positions. This was a common practice among non-users too. For example, 28-year-old Brook explained how and why young men get ideas from pornography:

Since our parents don't tell us how we should be with a girl, we need to see it [pornography] and read it [on the Internet]. First people said this is a bad culture but it is because we can't ask anyone about these things. You watch the positions, you take from it what you like, and then you go and try it with your girlfriend.

He later gave a practical example, explaining how he once watched a pornographic movie in which a man touched and sucked a woman's breasts. This was new to him, so he decided to Google it to find out if it brought women pleasure. He said it was important to learn and to become a good lover – so that you can give your girlfriend pleasure and she will not go off somewhere else.

Misreading women's sexual preferences

While the leading reason that study participants mentioned for using Viagra was to meet women's sexual expectations, they admitted that their ideas of what women expected were based on talks among their male peers and on reading women's body language. The focus groups confirmed that open conversations about sexual preferences with girlfriends did occur but were rare, and although many young men said they disliked it when women are shy, they also disliked it when a woman was too direct or admitted to having had (multiple) sexual partners. Ezana, a 27-year-old male focus group participant, stated about an ex-girlfriend:

From the beginning, when she started talking about sex, I didn't like it. It made me think she was a player. It's our tradition that makes us think like that.

Reading a woman's body language emerged as an important way for men, both Viagra users and non-users, to know what women want. Men explained how,

during sex, they would try to 'read a girl's mind' by studying the way she breathes, whether she moans or makes other noises proving her excitement, and the look in her eyes during and after sex. Some women confirmed their use of body language to express whether they were satisfied or not, as stating it openly would go against the expectation of being reserved towards sex. Overall, there were three areas where the sexual expectations of women were clearly misunderstood by men: foreplay, positions and compatibility.

Foreplay

When female focus group participants were asked about the importance of prolonged sex and consecutive sexual acts – as emphasized by the Viagra users – some said that having multiple, consecutive rounds of sex could be tiring and even painful. They considered 'warm up' or foreplay much more important for their satisfaction. Women complained that men 'dive into sex' without paying attention to getting them in the mood. Some male focus group participants admitted that they often gave scant consideration to foreplay, especially if they were in it for the sex and not because they loved the girl. But in contrast to the Viagra users, male focus group participants frequently referred to foreplay. They claimed that foreplay was something new that did not exist in their parents' generation, and that having sex has become a kind of 'test' whereby men are no longer evaluated on their sexual performance alone, but also for the process leading up to sex, such as how they entertain a girl and how they make the move to the bedroom.

Positions

In contrast to most of the Viagra users, the majority of women in the focus groups claimed that they were not interested in trying out different sexual positions. They mentioned that they were not always impressed by men's skills, were less exposed to pornography and had been raised to be shy and reserved towards sex. Statements such as 'The problem is, they [guys] don't know how to do it. They watch it [positions] in the movies and they just try it', and 'Guys watch sex movies and expect you to be flexible like them' were common. A few women said they were open to or enjoyed trying out different positions, but the majority said trying out different positions was not part of their 'culture' and that couples should stick to the missionary position, which they referred to as 'the *yedero* [ancient] style', 'the normal style' or 'the style God allows'. Men tended to complain about women's shyness and reluctance to experiment with different positions. One male focus group participant stated: 'It's the culture too, girls are brought up to be quiet and shy. So in sex they are shy; they do it being ashamed of it, they have no passion'. Some men described having sex with an Ethiopian woman as men having to do all the work and women only wanting to have sex in the missionary position, preferably under the blanket with the lights off. Here young men's curiosity to try out new sexual techniques conflicted with women's moral and religious concerns.

Compatibility

Being 'compatible' in sex came up frequently and was considered by women in the focus group as a sign of a man's strength. Women defined compatibility as the ability to satisfy each other. For both the young men and women in the focus groups, compatibility was key to the success of a relationship; not being compatible was considered an important reason for divorce among married couples. Women held men responsible for realizing compatibility: since they are satisfied easier and faster, they should be able to 'control' themselves by postponing ejaculation until the woman is satisfied. While Viagra users may think of Viagra as a means to postpone their climax and so achieve compatibility, women in the focus groups sometimes used the following expression to explain what compatibility meant:

You know men are like a pot made of steel and women are like a pot made of clay. The men get heated up easily and they need to control that, to get the woman turned on by touching and warm up. ... Some men just finish and don't wait for the girl. ... If they finish equally then for the girl he is a strong man. (Tigist, 19 years old, female focus group participant)

For their part, the men stated that it is considered a loss of respect for them to ejaculate before the woman has climaxed. If on the other hand the woman reaches orgasm first, or if they both experience orgasm at the same time, a man will feel proud.

Conclusion

This ethnographic study of young male Viagra users in Addis Ababa revealed some of the many ways in which young men use and understand this technology of sexual enhancement. Study participants turned to Viagra as a jump-start for sexual debut, as a support mechanism when they felt weak or tired, to counteract the effects of chewing *khat*, and to satisfy what they perceived as a psychological addiction. All expressed anxieties about their sexuality – the chief motivation for them turning to Viagra.

The stories of the study participants build on the findings of studies in other sub-Saharan African settings that show how social and economic transformations are giving sexuality a more prominent place in young men's exertions of manhood, albeit in very different ways: to compensate for a lack of financial means (Aboim 2009; Groes-Green 2009a; Silberschmidt 2004), as key to a modern identity (Spronk 2012), or in becoming responsible, contraceptive-using lovers (Bhana and Nkani 2014). This study additionally found that sexual performance is the site of growing young male anxiety. In her study of sexuality among middle-class young people in Nairobi, Spronk (2012, 274) hints that due to changing gender relations and sexual expectations, men are increasingly expected to be skilled lovers, and that this goes hand in hand with feelings of anxiety about their ability to meet these expectations. Indeed, Viagra use among the study participants was largely an expression of concern about failing as

lovers, especially during a sexual debut, with more experienced partners and at times when they felt weak. The fact that study participants came from different socioeconomic backgrounds suggests that such concerns may be felt by men from all walks of life, regardless of their social status.

Pornography, as in other sub-Saharan African settings, is increasingly available to young people in Addis Ababa. The short video clips downloaded onto smartphones and exchanged via Bluetooth are influencing the sexual practices of young people (Both and Pool forthcoming; Day 2014). For young men in this study, pornography was both a source from which to learn new techniques as well as a source of insecurities. Perhaps due to the increasing expectations placed on young men to become skilled lovers, young men spoke of 'studying' and 'learning' from pornography. By using pornography as a standard of reference, they constructed specific ideals of sex as prolonged, penetrative and consisting of multiple rounds. Concerns about their ability to live up to these ideals – which they also believed would meet women's expectations – encouraged young men to turn to Viagra.

Viagra-aided sex is a relational practice, in that the young men used the drug with the intention of satisfying their lovers so as to be considered sexually strong. However, this study's findings suggest that men often misread women's sexual desires (cf. Hardon and Idrus 2015). In contrast to the pornography-inspired kind of sex that men were pursuing, women emphasized the importance of foreplay and sexual compatibility, suggesting the increasing importance of female pleasure. The lack of open communication about sex between lovers, whereby men rely on reading women's body language to evaluate their sexual skills, seems an important contributor to the misunderstanding of women's sexual expectations. Being uncertain about how to satisfy women, and reported instances of when women (were said to) ridicule their performance, fuelled anxieties among men. While study participants were also concerned about their sexual reputation in the eyes of their peers (Groes-Green 2012), the findings suggest that men's use of Viagra is in large part a response to women's sexual expectations – or at least women's expectations as they perceive them.

Whereas the young men in this study sought to embody specific ideals of masculinity and sexual performance through their use of Viagra, their engagement with the drug was far from straightforward (cf. Inhorn and Wentzell 2011). Those who had only used Viagra a few times or sporadically generally felt more masculine and sexually confident when using the drug. But those who used Viagra often, and over longer periods of time, experienced unintended effects – in particular psychological dependence on the drug – leading to increased performance anxiety when not having the pills at hand and even to feelings of depression. This is in line with Harte and Meston's (2012) findings among a sample of undergraduate students in the USA who used Viagra without being diagnosed with erectile dysfunction: those who used Viagra frequently had less erectile confidence and were less satisfied with their erectile functioning. While the Viagra-using men in this study may have been more prone to performance anxiety than their non-using peers in the focus groups, the sample in the current study was too small to tease this out. The consequences of Viagra dependency for young men's sexual and social lives require further study.

Finally, the study suggests that a focus on 'technologies of sex' offers a powerful window through which to examine the kinds of masculinities that young

Chapter 6: A matter of sexual confidence

men aspire to. Studying the practices of Viagra use in Addis Ababa revealed sexual confidence as a key factor undermining or boosting young men's masculine feelings – an area that has thus far been neglected in studies on young men's masculinities and sexualities.