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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 7

Discussion and conclusions

Sex, tensions, and pills

This dissertation explored the use of contemporary sexual and reproductive health technologies among young men and women aged 18-29¹ from different backgrounds in urban Addis Ababa, Ethiopia. It focused on Postpill, an emergency contraceptive pill containing levonorgestrel, and different brands of the sexual enhancement drug sildenafil citrate (the local brand Cupid being the most often used), which study participants often referred to as 'Viagra'. I have described what is at stake behind the frequent yet secretive practices of purchasing Postpill and sildenafil citrate and how young people bestow meaning on the use of these pills. Using young people's encounters with Postpill and sildenafil citrate as a lens through which to study their sexual concerns and aspirations, this dissertation places such encounters within a larger context of changing gender relations and notions of sex, and analyses how new ideals of manhood and womanhood are being mediated by, and expressed and embodied through, the use of these technologies.

Findings related to the use of Postpill and sildenafil citrate have been discussed in separate chapters. While they are two completely different drugs that target different parts of the body, Postpill being a birth control method and sildenafil citrate a drug for sexual enhancement, they hold a somewhat similar position within the sexual youth culture in Addis Ababa. They are both intended to be used in 'exceptional' circumstances: Postpill is intended to prevent unintended pregnancies *only* when a regular contraceptive method has not been used (because of forced or coerced sexual intercourse, method failure, or other reasons); sildenafil citrate is intended to be used *only* when a man is diagnosed with erectile dysfunction by a physician. As shown in the preceding chapters, however, young people's use of these drugs is not limited to exceptional circumstances: they integrate both drugs into their daily lives, sometimes in a routinized manner. In this final chapter I therefore discuss Postpill and sildenafil citrate together in view of their position within the changing social context regarding sexuality and gender relations in Addis Ababa, the novel ideals of manhood and womanhood that are expressed through their use, and their liberating and binding roles in the sexual quests of the study participants. The chapter ends with the question of how the drugs' original gender scripts might be rewritten in a way that better corresponds to the reality of young people's daily lives.

Sex and tensions

This study highlights how changes in gender relations and notions of sex are taking place in Addis Ababa and how these changes are situated, differentiated, and sometimes contradictory. Notions about 'strong lovers' (and different interpretations thereof by men and women), mutual sexual pleasure, the emerging influence of explicit pornography, women's deep concerns about preserving future fertility and beauty, the secrecy surrounding premarital sexuality, and engaging in sex only on an

infrequent basis were prominent themes in the stories of my male and female study participants.

In Addis Ababa, longstanding religious and societal norms that prescribe women in particular to abstain from sex before marriage are increasingly coming into conflict with new notions of love and sexuality that are being spread by the media and in particular by greater access to explicit pornographic videos. Orthodox Christianity, for a long time the state religion, has in particular influenced the discourse on sexuality (Tadele 2006). The Ethiopian Orthodox Church and Protestant and Islamic leaders in Ethiopia all prescribe abstinence from sex until marriage (Kebede et al. 2014). All study participants who identified as Orthodox Christian, Protestant (*Pente*), or Muslim were aware of the position of their religion regarding premarital sexuality. Yet many study participants struggled with how to align their religious identity and their desire to have sex (Chakraborty 2010, 14). Often the call for abstinence sat, as Burchardt (2011, 670) writes, 'uneasily with the social and cultural realities that structure the lives of most urban youth'. For example, some participants had engaged in sex in the past and only became strict members of Orthodox Christianity or Protestantism after experiencing 'biographical ruptures' (Burchardt 2011, 675). And while some used visits to the church as a pretext to meet a boyfriend or girlfriend (see also Tadele 2006, 92), others purposefully and publicly performed active and strict membership in their church as a way to strengthen their reputation as a decent man or woman.

Nevertheless, these norms, which also expect women in particular to behave in shy and passive ways with regard to sexual matters, continue to impact deeply how the female study participants experienced their sexuality. Preserving their image as a *ye bet lij* (stay-at-home girl) remains the dominant, accepted way of earning intergenerational respect, and respect from male peers. To preserve this image, the women participating in this study actively performed appropriate femininity in public by keeping silent about their relationships with men. Young women's overriding concern with their reputation was reflected in the infrequency of sexual encounters, which characterized most of the relationships in which the young men and women were involved. It was also reflected in the local sexual geography (Hirsch et al. 2007), meaning the places where intimate (including sexual) encounters could take place, which included pensions, dark alleys, or public parks on the outskirts of the city. Secrecy was an important factor in terms of how women in particular made decisions about the use of birth control methods, as social safety (discreetness) was often considered more important than the risk of pregnancy or sexually transmitted infections, including HIV (see also Hirsch et al. 2007).

In actively trying to keep their sexual activity a secret, women reproduce the longstanding image of the decent woman who abstains from sex until marriage (see also Spronk 2005). Male study participants play a contradictory role here: young men said that they dislike women's shyness towards sex and reluctance to try out different sexual positions, but simultaneously asserted that they do not appreciate it when women openly talk about sex or admit that they have had previous sexual partners. So young men also tend to reproduce the dominant standard that allows them more freedom, thus keeping women's need for secrecy about their sexual activity intact. Sexually active young women experience more areas of tension. Many young women participating in this study were concerned about their looks (in particular their weight

and the fairness and smoothness of their skin), as their desirability, in particular in the eyes of men, is deemed important.

Although young men are also expected to abstain from premarital sex, studies of young men's sexuality in Ethiopia have shown that longstanding ideals of manhood prescribe an aggressive and powerful approach towards sex, and young men are encouraged to gain sexual skills that are expected to be needed in married life. Not possessing such skills, it is feared, could place their marriage at risk and could lead to them being ridiculed by male peers or young women (Tadele 2006). Current economic conditions that offer young men grim educational and job prospects, as also described for other urban areas in Ethiopia (Mains 2013), combined with the growing availability of sexually explicit materials such as pornography that influence local ideas about sexuality (Day 2014; Spronk 2012), seem to have increased the impression among men that they need to be sexually strong.

One of the main findings of this study is that this pressure felt by male study participants is accompanied by sexual concerns and insecurities about premature ejaculation, losing their erection and not being able to sustain sex for multiple rounds, and not performing well during their sexual debut or with partners who are more experienced. For the young men in this study, pornography serves as a source of information through which new models of ideal masculinity and sexual performance are mediated. They selectively copy ideas from pornography with regard to sexual techniques or positions, ideal sexual duration, and the ideal number of consecutive sexual rounds. This use of pornography as a standard for sexual performance has heavily contributed to a misreading of women's sexual desires as well as to creating anxieties about being unable to satisfy women.

One reason for young men's sexual insecurities is the widely held view that men are responsible for the quality of the sexual act. This was asserted by some female study participants, who expressed that men are expected to control themselves by postponing ejaculation until the woman is satisfied. By affirming that a man's ability to perform in bed is a prerequisite for the continuation of a relationship, some young women reinforced this pressure felt by men. That men rate the quality of their performance based on their lover's satisfaction provides women with some degree of sexual power over men (Skafte and Silberschmidt 2014, 3).

The changing context of local notions of sexuality and gender relations are thus accompanied by contradictions and tensions. The increasing pressure felt by young men in this study revolved around anxieties about being a 'strong' lover. The female interlocutors experience conflicts in navigating gendered norms concerning how to be both a 'proper woman' and a 'modern woman' (see also Edmonds and Sanabria 2014), when dominant norms prescribe that they still need to keep their sexual lives a secret. Young men and women in this study share a concern over being a desirable and attractive partner. Postpill and sildenafil citrate are perceived as helpful tools to relieve these tensions, and are used to respond to the 'pressures, anxieties and aspirations arising out of social and sexual life' (Edmonds and Sanabria 2014, 204).

The role of pharmacies and drugstores in alleviating tensions

The young men and women in this study preferred to buy Postpill and sildenafil citrate from pharmacies or drugstores, spaces that were perceived as being free from moral judgment. Perhaps the main reason why pharmacies and drugstores attract young people is their business orientation. Pharmacies and drugstores in Addis Ababa, as in other developing countries, are similar to shops in which dispensing practices are shaped by client demands (Wafula et al. 2012). In these spaces, pharmaceuticals are regarded simply 'as items for sale, as commodities', rather than as highly regulated substances (Van der Geest et al. 1996, 156). Business motives make service providers less strict, allowing purchases of sildenafil citrate and Postpill without a prescription. This is not to say that pharmacy and drugstore attendants are unconcerned or never question young people's requests. Nevertheless, business motives prevail. Pharmacy and drugstore attendants in Addis Ababa are part of the same society in which talking openly about (premarital) sexuality remains a social taboo, and this may affect such interactions as well. As highlighted in Chapter 3, some attendants feel discomfort in talking openly about sexuality with young people and thus choose to keep silent. Knowing that pharmacies and drugstores have business-oriented reasons to sell the drugs to them, young men and women in this study use this situation to their advantage and apply tactics to obtain Postpill and sildenafil citrate in quick and discreet ways.

Pharmacies and drugstores abound in urban Addis Ababa. The availability of Postpill and sildenafil citrate through a plethora of such businesses makes it possible for young people to pick a different business each time they purchase the drugs in order to preserve secrecy. However, in a few instances young men and women purposely chose to return to the same business and in particular the same attendant – even hanging around until the particular attendant was behind the counter – because he or she had previously sold them the drug without asking questions or passing judgment. Another popular tactic used by respondents was to send a middleperson (a partner, friend, or in the case of sildenafil citrate often a 'stranger') to purchase the drug on their behalf.

Overall, being seen as customers rather than as patients, together with the omnipresence of pharmacies and drugstores, makes it possible for young men and women to maintain more control when requesting Postpill and sildenafil citrate (Whyte et al. 2002). For these reasons, pharmacies and drugstores are spaces in which sensitive sexual and reproductive health problems can be addressed. However, their lack of privacy and prevailing business motives conflict with the provision and receipt of information on the use and side effects of Postpill and sildenafil citrate (see also Liambila et al. 2010; Skibiak et al. 2001). As such, most study participants possessed little knowledge but many questions about both drugs. Sildenafil citrate users in particular were ill-informed about the drug, often not knowing even the name of the brand they were using. Because of the secrecy surrounding the use of Postpill and sildenafil citrate, young men and women did not usually share their experiences with their peers, or if they did they strategically chose the one in whom they confided (in contrast to, for example, the findings of Hardon and Idrus 2014). Instead, for the most part, the young men and women in this study turned to other (less reliable, incomplete) sources of information: leaflets in the case of Postpill (often considered

incomprehensible because they contained too much medical jargon), the Internet, and in some instances peers. These challenges may be sidestepped, as suggested in Chapter 3, by using discreet channels to inform young people, such as printing clear messages on packaging material and pill strips.

'Strong lovers', 'good girls', and secret pleasures

Young people engage with Postpill and sildenafil citrate in an attempt to alleviate the tensions they experience in their daily lives. Sexual and reproductive health technologies (adopting them, experimenting with them, or rejecting their use) can act as mediators to 'enable new (locally and historically situated) forms of embodied masculine practice' (Inhorn and Wentzell 2011). In this thesis I show how such technologies simultaneously reflect and mediate change in feminine sexual cultures. Additionally, I show that the ways in which Postpill and sildenafil citrate enable new forms of embodied masculine and feminine practices are complex and sometimes contradictory: by using Postpill, women reproduce hegemonic norms regarding female sexuality, but simultaneously also secretly resist them (see also Bennett 2005); and through using sildenafil citrate, young men live out identities as strong and modern lovers, yet unwittingly reproduce stereotypical norms about male sexuality.

By using Postpill, my female interlocutors were able to feel both 'proper' and 'modern'. Postpill enables women to live a double life: to pursue sexual relationships with greater freedom while seemingly adhering to longstanding norms that instruct them to abstain from sex until marriage. The distinction made by Bennett (2005) between the 'visible demonstration of appropriate femininity' and 'invisible resistance' is useful here. While the women in this study, in their public performance, seem to comply with dominant norms, in their private lives they subvert sexual ideals – rejecting sexual passivity to engage in mutual sexual pleasure, including through foreplay – and consider Postpill an effective tool in doing so. Although the silence and secrecy exercised by women in this study in the public domain can be seen as reinforcing hegemonic ideals about female sexuality (see also Spronk 2005), it should also be seen as enabling women to 'negotiate private pleasures' (Bennett 2005). Successfully performing 'the good girl' in public provides women with more space to perform alternative identities, such as 'lover', in private with less risk (Bennett 2005; Chakraborty 2009). For example, some women in this study consciously weighed the effect of the frequency with which they visited clubs (semi-private spaces where they can dress provocatively and engage freely with men) on their public image as a decent woman, and adjusted their attendance accordingly.

Young women's use of Postpill should not only be interpreted as an effective way of pursuing immediate desires to engage in premarital relationships, but also as serving their aspirations for the future by improving their chances of achieving a desirable marriage and having children (Bennett 2005). Marriage and children were the ultimate goals held by many young men and women in this study. Postpill enables the prevention of pregnancy in a way that women feel does not jeopardize their desirability or attractiveness for potential (marriage) partners or their future fertility (see also Johnson-Hanks 2002). In contrast, women often perceive other contraceptive

methods, in particular injectables and oral contraceptive pills, as having the potential to negatively affect their looks and future fertility. Infertility, weight gain, and facial changes, side effects that are commonly associated with these methods, stand in the way of desired feminine features.

The novel forms of womanhood, as mediated through the use of Postpill, are to a certain extent different for the different groups of women who participated in this study. Unlike what has been found elsewhere (Sheoran 2014), ECs in Ethiopia are not promoted exclusively to middle-class privileged women; in fact, they are hardly openly promoted at all and knowledge about Postpill travels mainly through word of mouth. Perhaps this is why Postpill is used by women from many different backgrounds, albeit with a seemingly somewhat higher frequency among higher educated women. This echoes the findings of another study on Postpill use in urban Ethiopia that found that it was used by students, commercial sex workers, and factory workers (Gold 2011). On the other hand, women in this study who had received less education often did not know about the existence of Postpill and were more familiar with other methods, such as the injectable and oral contraceptive pills, that have been promoted through the Ethiopian family planning programme for decades. These women often acted in a more pragmatic way towards contraceptive use. The more highly educated women in my study actively looked for a method, through a process of trying out different ones, that they considered 'compatible' with their bodies. They frequently ended up using Postpill and often combined it with periodic abstinence. As has been found elsewhere, having 'know-how' regarding birth control methods can form part of a 'modern woman' identity (Cole 2009).

Young men in this study used sildenafil citrate to pursue another kind of 'modern' identity, that of a strong lover who possesses the sexual stamina and skills needed to satisfy and please women. Young men use sildenafil citrate with the purpose of satisfying women and gaining their respect. However, the findings also show that young men often misread young women's sexual desires. Perhaps because speaking about sexual expectations and preferences is not common, the choice to use sildenafil citrate is shaped by young men's perceptions of women's sexual desires, which are based on talk amongst peers, watching pornographic videos, and reading a woman's body language during sexual intercourse. While women associate sexual pleasure with foreplay and sexual compatibility (the ability to satisfy each other), for young men using sildenafil citrate it is related to prolonged penetration, consecutive sexual acts, and different sexual positions. Young men who were involved in focus group discussions but who did not use sildenafil citrate seemed to pursue a somewhat different definition of a modern lover. Although they too spoke about the influence of pornographic videos, they also emphasized the importance of foreplay and stated that being successful in foreplay (bringing a woman to orgasm) makes them strong lovers (because ejaculating 'prematurely', before their female partner is satisfied, is considered a sign of weakness). So, while sexual strength was considered important by all male study participants as a means to sexually satisfy women, local definitions of 'strength' and 'satisfaction' seem to differ among different groups of young men.

The male sildenafil citrate users participating in this study came from a wide range of socioeconomic backgrounds and included men from all strata of society. The preoccupation with developing their sexual skills did not seem to be restricted to men without economic capital, as has been found elsewhere (Groes-Green 2009a). Rather,

more than class or income, sexual concerns and sexual confidence (or lack thereof) often determined whether men used sildenafil citrate. Sildenafil citrate is used to mask insecurities and be a confident lover. But as will be elaborated upon further below, young men's attempts to boost their sexual confidence through the use of this drug were not always, or were only partially, successful.

Inhorn and Wentzell (2011) studied emergent masculinities embodied by men through the use of sexual and reproductive health technologies, terming these 'responsible masculinities'. Such 'responsible masculinities' involved becoming responsible fathers and husbands, a goal that diverged from local stereotypes. In contrast, in this study young sildenafil citrate users attached great importance to sexually satisfying their female partners. However, by pursuing porno-like sex they unwittingly reproduce hegemonic norms of masculine sex as penetrative and male-dominated, as well as enduring Ethiopian scripts of men as sexually powerful and aggressive.

Postpill and sildenafil citrate enable new ideals of manhood and womanhood, which still mirror the conflicting gendered norms that young men and women try to navigate in their daily lives. The changes that Postpill and sildenafil citrate mediate are thus complex and are not only about living out manliness and womanliness in ways that diverge from hegemonic stereotypes (Inhorn and Wentzell 2011). Postpill enables women to live a double life, as the pill allows them to engage more freely, but also secretly, in sexual relationships, and thus preserve their reputation. The influence of pornography, in a culture in which talking about sex remains unusual, means that men use sildenafil citrate in order to be 'modern lovers' who can satisfy women, even though doing so unwittingly reproduces stereotypes of sexual prowess.

'Viagra' and Postpill as double-edged swords

In general, the study participants who used Postpill and sildenafil citrate felt positive about the use of these drugs as they provided them with a sense of control. Sildenafil citrate boosts young men's sexual confidence as they feel it turns them into strong lovers; as some men said, women praise their 'Viagra'-aided performance. Postpill provides women with control to preserve their reputation as well as control over their looks and future fertility. However, young people's relations to Postpill and sildenafil citrate are not straightforward (Inhorn and Wentzell 2011); in some instances, use of the drugs has unanticipated effects. The findings show that new problems can arise if Postpill is used repeatedly or if sildenafil citrate is used every time when having sex. The feelings of control that these technologies give young people can transform into a loss of control, a reminder that medical technologies can 'discipline and liberate their users at the same time' (Hardon and Moyer 2014, 107; Van der Geest 1998). Sildenafil citrate and Postpill thus function as double-edged swords, both liberating and binding, empowering and disempowering.

Postpill provides young women with a sense of control in three areas: bodily control, reproductive control, and control over their sexual reputation. Hoggart and Newton (2013) describe how young women in the United Kingdom might choose contraceptive implants because they consider them a highly effective form of

reproductive control (preventing pregnancy), yet some end up requesting the implant's removal because of experienced side effects (in particular irregular bleeding and mood swings), which they interpret as an intolerable loss of bodily control. My study reveals a similar ambiguity about contraceptives: reproductive control in Addis Ababa not only means preventing pregnancy but also preserving future fertility. Women are concerned that the use of most contraceptive methods may result in (temporary) infertility (see Castle 2003; Johnson-Hanks 2002), and they are concerned about the effects of contraceptives on their body, in particular about weight gain and dark shades on their cheeks and other facial changes.

As this study shows, in Addis Ababa a third, perhaps most crucial, area of control is control over one's reputation. Women using Postpill value its unique characteristics: the pills need to be taken only once, can be obtained over the counter, and can be taken after sex has taken place. Because of these characteristics, Postpill allows women to enjoy sex without fearing the loss of their reputation. Young men play an important role in this: they often purchase Postpill for their partner if she feels embarrassed or shy and so contribute to protecting her reputation. Choosing Postpill does not mean that women are free from the loss of bodily control, however. Some young women (and also men) do have concerns about the irregular bleeding that can result from frequent Postpill use. But this side effect is overshadowed by the many advantages of Postpill in meeting their everyday reproductive and sexual goals.

The main motivation for using sildenafil citrate among young men is to enhance sexual performance, and to have a reputation as a strong lover by being able to satisfy women. The effect of sildenafil citrate is differentiated; for some, liberating effects dominate, while for others, the effects of taking the drug end up being mainly negative. Those participants who said they had used the drug occasionally typically stopped doing so for one of three reasons: using it a few times boosted their sexual confidence so much that they no longer felt they needed it; they disliked the side effects; or the drug did not have the desired effect. However, one of the main insights from my study is that young men risk becoming dependent on the drug. Eleven study participants were regular users of sildenafil citrate and seven users considered themselves dependent on it. Although the line between 'regular' and 'dependent' users was often blurred, regular users often strategically chose when to use the drug and when not to, and so exercised control. For long-term users (long-term in this study meant using it for several years, sometimes more than five years), the effects were initially positive but often turned negative when they experienced feelings of loss of control that made them feel dependent (see also Haafkens 1997). They reported negative effects of 'Viagra' dependency, including avoiding having sex without the drug, keeping away from women when going out and not having the drug at hand, sometimes trying to avoid women in general, and increased loss of confidence in their natural erectile and sexual performance. Because frequent sildenafil citrate use may lead to these men experiencing 'ideal' erections that are slightly firmer and longer lasting, these men may interpret their erectile functioning without help of the drug as unsatisfactory, thereby increasing their risk of psychological dependency (Harte and Meston 2012). For young men who become dependent on the drug, their feelings towards sildenafil citrate become ambiguous and sometimes negative.

For my female interlocutors, to achieve reproductive autonomy, bodily control, and control over their reputation, they aimed to consume as few hormones as

possible. Their perception of Postpill, a regimen of only two pills, as containing relatively few hormones allowed the women using it to feel more pleasant, healthy, and attractive. For some women, avoiding possible weight gain or loss of future fertility, seen as unacceptable consequences of some contraceptive methods, was prioritized over pregnancy prevention. Liya, a highly educated young woman who had an aversion to hormonal contraception except for Postpill, which she had used approximately eight times, and who had undergone several abortions, captured the feelings of some of the other higher educated female participants:

When someone would sit here next to you and say she chooses abortion over using contraceptives, you might say, 'Are you crazy?' But when it comes to yourself it is different. It really is. Why would you want to ruin your body [by taking hormonal contraceptive methods]? I am really scared of them.

For my male interlocutors, using sildenafil citrate had positive effects on their sexual performance, but they also had to deal with side effects. In general, most young men's preparedness to tolerate side effects was determined by the degree to which they considered the drug beneficial to them. Some men stopped using sildenafil citrate after a few times because, for them, the side effects did not outweigh the advantages. Others tolerated the side effects because the positive effects they experienced on their erections, the frequency with which they could get them, and the duration of penetration made the side effects acceptable. Several men who began to exhibit a tolerance to the drug, despite experiencing side effects, experimented with increasing the dosage from one to two tablets to achieve the original effect. For these men, tolerating side effects became a necessity as they felt psychologically dependent on the drug and stopping its use was no longer an option because they had lost much confidence in their natural performance.

Postpill and sildenafil citrate are thus used as a means to manage women's reproductive and sexual lives and men's sexual lives (see Edmonds and Sanabria 2014). Sildenafil citrate in particular, while being a fairly safe product, when used in an off-label, experimental way can lead to negative effects (see Idrus and Hymans 2014), both with regard to men's mental as well as physical well-being (in terms of feelings of loss of control and side effects respectively).

Postpill and Viagra: Rewriting the scripts

How can this study contribute to making sexual technologies fit better into the everyday lives of young people? After examining in-depth how Postpill and sildenafil citrate are used in young people's sexual relationships in Addis Ababa, this dissertation ends with suggestions for rewriting the scripts of Postpill and sildenafil citrate based on an understanding of how and why these technologies are appropriated by young people.

The preference for Postpill among some young women in this study illustrates the need among unmarried young people for contraceptive methods that can be used *after* sex has taken place and that enable their sexual lives to remain hidden. The

current gender script inscribed on ECs considers their repeated use as ‘irresponsible contraception’ (Hawkes 1995), and this study found that this rhetoric was reproduced by some implementers of sexual and reproductive health programmes and health providers in Addis Ababa. This study and others in urban areas of sub-Saharan Africa (Gold 2011; L’Engle et al. 2011) that have examined repeated use of ECs among young and unmarried people show that there is a need to ‘re-invent the script’, from one that is potentially stigmatizing (users are irresponsible and promiscuous) to one that champions women’s sexual and reproductive rights over moral concerns (Hardon 2006). Why, for example, is irregular bleeding always mentioned as a reason not to use ECs repeatedly, while the same side effect is ignored or downplayed when it comes to other birth control methods such as injectables? There is a need to consider ECs as a contraceptive method suitable for regular use by young adults who have sex on an infrequent basis; information should automatically be provided on its use and side effects, as well as warnings that it does not protect against STIs and HIV. Suggestions for how information could be provided have been given in Chapter 3. Taking the moral concerns out of the EC script can be a starting point to free women from secrecy surrounding its use.

The question remains of how the use of ECs in Addis Ababa, and other (urban) settings in sub-Saharan Africa, will develop in the future. Seven participants in this study spoke about how repeated use of Postpill made them or their girlfriend experience irregular bleeding or interrupted menstruation. Women spoke about how irregular bleeding made them feel uncomfortable in their daily lives, caused them to lose confidence in the effectiveness of Postpill, and made them insecure about whether they were pregnant. In a few instances, women were surprised to find out they were pregnant despite having used Postpill. Although such experiences were mentioned by only a few Postpill users in this study, their number may increase or their effect may grow if such stories spread through word of mouth. This is especially relevant because many study participants used Postpill in combination with periodic abstinence and claimed that they were able to do so because their period was regular. If frequent use of Postpill affects the timing and onset of menstruation, women may become less certain about the timing of their fertile days, making it impossible to use Postpill in combination with periodic abstinence.

There is a need to develop contraceptives with similar characteristics to ECs but with fewer side effects, incorporating users’ experiential knowledge in the design phase. After the fieldwork for this study was completed, a single tablet emergency contraceptive containing 1.5mg Levonorgestrel was introduced in Ethiopia.² As yet there exists no information on how this product is received and experienced by young people. Another promising development, as pointed out in Chapter 4, is that reproductive health experts are considering bringing a pill to the market that can be taken 24 hours *before or after* intercourse. Studies conducted in sub-Saharan African settings show a particularly high demand for such a pill among young unmarried women and women who have used ECs before (Cover et al. 2013; Raymond et al. 2014). In a context such as Addis Ababa, where some women have already embraced ECs’ ease of use and potential for discretion, expanding the range of such pills can be expected to fill a gap and become popular.³

The implications to be drawn from young men’s sildenafil citrate use are ambiguous. On the one hand young men’s use of the drug and of pornography as a

reference standard make strikingly clear the need for greater information on sexual health. Chapter 6 has shown that the use of sildenafil citrate is a relational practice, as men use the drug with the aim of satisfying women (which in turn boosts their own reputation as a good lover). However, men misread what women want, and by having 'Viagra'-aided sex young men are performing a role that is neither requested of them nor valued by women. Sexual and reproductive health and rights programmes focusing on young people need to become aware that young men feel under pressure to perform, both from peers and in relationships, and that this pressure can lead to practices such as sildenafil citrate use and its consequences. How to enable more open discussion about sex and sexual expectations, to allow for less dependency on sildenafil citrate, is a pressing question. There is a need to move away from technical fixes for problems and towards more discussion about sexual pleasure and health, as well as more equitable notions of gender. This should relieve men from the pressure they feel with regard to their sexual performance.

It seems plausible, however, that the use of sildenafil citrate will remain popular among young men in Addis Ababa for some time. Considering that no leaflet, instructions, or warnings about the drug are distributed upon its purchase, there is a need to provide reliable information, in particular about side effects and risks of dependency. This could be done in the pharmacy by attendants or through peer group discussions. During fieldwork I observed that many peer group discussion initiatives – facilitated by NGOs as well as local organizations – exist, where sexual and reproductive health is high on the agenda. These existing structures should be used. During fieldwork I was asked by the leaders of one such initiative to provide them with information and education material on sildenafil citrate use. Despite concerns – voiced by key stakeholders whom I informed about this initiative – that providing information might influence more men to start using this drug, it should be acknowledged that young men have agency when meeting their own sexual and reproductive health needs (see also Hardon et al. 2013).

Postpill and sildenafil citrate are two different drugs that target different parts of the (feminine or masculine) body, but as this study shows, they do not exist in two entirely separate domains. Rather, they relate to each other. Some women using Postpill might be the very partners of men using sildenafil citrate and vice versa (and, as this study found, may not be aware that their partner is using the drug). On a broader level, both pharmaceuticals are used to protect, boost, or strengthen sexual reputations vis-à-vis peers and lovers. The use of such pharmaceuticals by young people to improve sexual performance and reputation seems part of a worldwide trend (Edmonds and Sanabria 2014; Hardon 2015; Sanabria 2010).⁴ Postpill and sildenafil citrate are used by young people in sexual relationships in a relational way: to become more proper, attractive, desirable, or strong, whether in the eyes of a (potential) lover, peers, or the larger society. The important role played by gendered sexual reputations (Marston and King 2006) in young people's encounters with reproductive and sexual health technologies should inform programmes targeting the sexual and reproductive health and rights of young people. Such programmes should pay attention to the role of images about the 'good girl' and 'strong lover' in young people's sexual quests, and seek out alternative, non-pharmaceutical ways of meeting these ideals; or in the case of ECs, they should develop improved versions of this method that cause fewer side effects and provide clear information on its use.