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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 8

Epilogue: A reflection on studying intimate matters in Addis Ababa

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It is a chilly evening, around 8pm, in January 2013, and I am on my way back from an insightful group discussion with three young women about contraceptive methods. I am crushed between several people in a *tillik taxi* (minibus), a popular form of transport. Such taxis are often packed completely full in the evenings, especially on weekdays when most people are heading home. After 9pm, public transport gets more difficult to find, and the streets usually become deserted, though less so on the weekends or during holidays. The only people about are men or couples finding their way to the next bar or a place to spend the night; rarely are women out walking on their own.

When the *tillik taxi* reaches the neighbourhood where I live, I call out *warradj* (stop) to the taxi assistant. I try to disembark without stepping on other people's feet and begin the ten-minute walk home. From afar I notice a couple walking in my direction, intimately holding onto each other. This is a common sight in Addis Ababa – but only after sunset. Although this is slowly changing, it is still not common for lovers to show affection in public in broad daylight. As young men and women told me, strolling the streets after sunset is one way to avoid society's gaze.

When the couple gets closer, I recognize the woman's face. It is Aster, a 20-year-old woman who works in a bakery where I usually buy my bread. Every time I went in to buy bread we made small talk and slowly got to know each other. We also sometimes met up on the street. During one of our encounters I told her about my research and asked her if she wanted to be part of it, and she happily agreed. Around two weeks before this night, we had had a long, informal conversation in a neighbourhood café, together with a research assistant. Aster seemed open during that conversation, and told us that she had never yet had a boyfriend, and that she had only fallen in love once when she was in her teens.

The guy walking so intimately with Aster looks older than she. When I almost reach them I stop and greet them. Aster looks visibly uncomfortable. After we say our goodbyes and I turn around to look at them once more, I notice that he tries to put his arm back around her shoulders, and she tries to shake it off.

A few weeks later I call Aster and invite her for a coffee. This time we meet each other alone. After chatting for a while I ask her about that evening. She admits that

the young man I saw her with was her boyfriend. She tells me that he is 26, doing construction work, and that they had been meeting up in cafés or going to the movies. He was smoking, though, and chewing the local stimulant *khat* a lot, and also drinking alcohol. Aster found this problematic and broke up with him. She shows me on her phone that she had added his number to a blacklist; if he calls, he will hear a tone saying her phone is busy. She emphasizes that their relationship lasted only a short while.

Why did Aster keep silent about her relationship during our conversation? Her story is not unique. During the thirteen months of fieldwork, other similar situations occurred often. This was frustrating at times. When describing my research topic to friends and young people whom I met during my stay in Addis Ababa, I was often told that the topic was interesting and highly relevant, but they warned me that people – especially women – might not be willing to talk to me or at least would not tell me the truth about their sexual relationships. For example, when I met with a key informant – a male secondary school teacher – at a local bar one afternoon, he pointed to a teenage boy and girl sitting next to each other with bottles of beer in front of them, the boy with his arm around the girl’s shoulders. The teacher said: ‘People can see them like this. When she comes home her parents can say, “We saw you with so and so”. She will deny it and say it wasn’t her. We lie. It is a bad culture. Even if my parents ask me if I have someone [a girlfriend], I’ll say “no”. It’s our bad culture. It is the reality but it is bad’. When I asked him why people deny their relationships, he explained that they feel shame. He shook his head and told me that I had chosen a difficult topic for my study. In a similar way, not long after this, I followed one of my friends to a *khat* house, where he was going to introduce me to some of his male friends and ask them if they would like to participate in my study. When we arrived we found his friends sitting on *mejilis* (an Arabic-style sofa) surrounded by *khat*, peanuts, water, and sweetened tea. They had already started chewing. Henock, one of the men in the room, soon started to talk to me about the sensitivity of my study topic and how many people in Ethiopia find it wrong to talk about such things. He concluded his monologue by saying, ‘I don’t want to sound too pessimistic’.

The fact that sexuality in Ethiopia is embedded in a culture of discreetness (Tadele 2011) and that a person who speaks openly about sexual matters can be considered *liq* (someone with loose moral values) or *keletam* (someone who is not worthy of respect) (Zenebe 2006, 248) had great implications for my day-to-day fieldwork, and in particular for the ways I approached possible participants. This epilogue highlights some of the methodological challenges I encountered in studying the sexual lives of young people in Addis Ababa during thirteen months of fieldwork, which was divided over two periods: a first period of eight months between

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September 2012 and May 2013, and a second period of five months between September 2013 and January 2014. In this epilogue, I reflect particularly on issues that could not be elaborated on in previous chapters, which were published as academic articles that mostly offer little space for lengthy discussions of methodological perils.

This chapter focuses on the recruitment of study participants, the sensitivity of the topics discussed, and how this shaped the methods used to collect data – and in particular, how this led me to undertake part of my fieldwork in pharmacies and drugstores. In it, I also discuss the issue of ‘triple subjectivity’ in the study – meaning the ‘interactions between research participant, researcher and interpreter’ (Temple and Edwards 2002, 6) – and reflect on how the participants’ positionalities and the masculinities and femininities they enacted shaped the kind of data that was collected and what could not be collected. As I worked with a team of research assistants – six females and one male – over the course of the fieldwork, this section also elaborates on how each of their – as well as my own – personalities and attitudes towards the studied topics likewise coloured the process of data collection (Berreman 1962).

Difficulties in finding interlocutors

Finding young people willing to participate in my study was a long and challenging process. In September 2012 I set out to include young men and women in the age range of 18-29 who were or had been sexually active and who came from different socioeconomic backgrounds. The research initially focused on the use of contraceptives, in particular the use of Postpill.

I began by contacting young men and women who had participated in or whom I got to know during my Master’s degree research in 2007 in Addis Ababa on intergenerational beliefs about family size and contraception. I was insistent that I did not want to recruit young people through an organization working in the field of young people’s sexual and reproductive health and rights – even though this could have been easier – because I felt that young people involved in such programmes would not be representative of the wider population of young people. Five women who participated in my Master’s research ended up participating in this study (sometimes I asked them explicitly and a few times this was more of a natural process). One of the tactics I used to expand the group of participants was by asking these women as well as other people in my social network to introduce me to other potential participants. Sometimes people looked visibly uncomfortable with this idea yet promised to do so, after which I never heard back, though in some instances I was told that the person they had asked had refused. This – I learned after a while – was

sometimes related to the strategy they applied. For example, Desta told me about one of his female friends who rented an apartment with her boyfriend (it is not common in Addis Ababa for young couples to live together prior to getting married), and whose story could be of interest to my study. When Desta expressed surprise that she refused to meet me, I asked him how he had introduced the research topic to her. He replied that after telling her about the research she had asked him, 'Do you think I am a prostitute or something?' The directness of his request was taken as a confrontation (see also Loe 2004, 212), because, as I later realized, women were concerned about the 'leakage of private behaviour onto the public stage of reputation' (Hirsch et al. 2007, 992). For this reason, perhaps, most of the female research assistants I worked with (discussed further on), like other people in my network, did not feel comfortable with approaching possible study participants. This meant that most participants had to be arranged directly by me.

Ultimately, the group of young people grew organically by including young people whom I befriended during the first months of fieldwork: Aster, the young woman working in the bakery where I bought my bread; a young male taxi driver whom I used to call when I could not use public transport; and friends of friends. This led to a core group of 30 participants that I spoke to about contraceptive methods, in particular Postpill, mainly through informal conversations in cafés or in participants' homes.

Halfway through the fieldwork I stumbled upon the popular use of sildenafil citrate among young men and included this as an additional study topic. The next step was to find men willing to share their experiences. The use of sildenafil citrate, when I became aware of it, was a highly secretive practice and it was very difficult to convince men to share their stories. I gradually found out that young men's reluctance to talk about their sildenafil citrate use had to do with the complicated relationship with both strength and weakness that the drug represented for them: although young men took sildenafil citrate to become stronger lovers, admitting that they gained their strength through the help of a drug could harm their reputation and was considered a sign of weakness. I learned that recruiting men through key informants, who through their work or networks knew of sildenafil citrate users, was an effective strategy. I met Samuel, the key informant who introduced me to the majority of sildenafil citrate users I spoke to, by coincidence one night; the electricity had gone out in my apartment block, and I was working on my laptop in the bar of a neighbourhood hotel that had a generator. He and his friend Yonas, together with many other men, were watching the election of the new Ethiopian president on an old television. When this had ended they came up to talk to me about a local NGO they were setting up, in addition to their full-time jobs, and they were wondering whether I would be interested to work with them. They sat down at my table and we

talked for a while before I mentioned my study on sildenafil citrate use. Samuel immediately started to laugh, and his first reaction was 'I also used it!' He excitedly started telling me why he had experimented with the drug and about one of his friends who was using it in an extramarital affair to impress his lover. Samuel and Yonas were older than the men in my target group, but they told me that within their wide network (Samuel was a marketing manager at a big firm) they knew of many young men using it and could facilitate my talking with them. His unusual openness in talking about sexuality, together with his social skills and sense of humour, made Samuel the perfect person to raise this issue among young men. In the months that followed, he tried to motivate young men he knew to be using the drug to participate in my study and introduced me to those who agreed.

Two other key informants were a concerned pharmacist who offered counselling to young sildenafil citrate users who felt dependent on the drug, and a youth leader from a local association that organizes HIV/AIDS peer group discussions for young men, whom I met through my male research assistant. Altogether, these key informants introduced me to 14 young male users of sildenafil citrate, with whom I conducted repeated informal semi-structured interviews. Throughout the fieldwork, I got the impression that the use of sildenafil citrate in Addis Ababa is a widespread practice. Yet the secrecy surrounding the practice meant that it took a lot of time to identify users and to build enough rapport with them to make them feel comfortable enough to share their stories; though there were a few exceptions in which men spoke freely and easily.ⁱ

Let's talk about sex

While locating study participants had its challenges and difficulties, finding ways to approach the study topics with participants also took time, as I tried out different approaches and continuously adapted them. As I had noted during the initial stages of my fieldwork, relying on self-reporting techniques when studying intimate matters comes with many challenges, as study participants often tended to conceal their sexual activity to preserve the respectability of themselves and others (Bleek 1987).ⁱⁱ In this section, I reflect on why conducting research in pharmacies and drugstores and engaging in informal conversations became the two main methods that I used, and I explain why they were appropriate methods to gain insights into young people's sexual practices and experiences.

Pharmacies as sites to collect 'more truthful' data on sexual behaviour

In the early stages of fieldwork I studied the use of Postpill and sildenafil citrate through 'pharmacy ethnography'. I was assisted by several research assistants, on whose roles I will elaborate later on in this chapter. The decision to conduct fieldwork in pharmacies to observe the kinds of sex-related products young people come to buy was a direct result of the secrecy surrounding sexuality described earlier on. Carrying out research in pharmacies and drugstores turned out to be a fruitful way of collecting more 'truthful' information on the kinds of sexual and reproductive health technologies used by young men and young women and complemented the self-reporting techniques used in the remainder of the study.

Young people told me during the initial stages of fieldwork that pharmacies and drugstores are popular among young people as places to buy contraceptives, and this is confirmed by other studies conducted in Ethiopia (L'Engle et al. 2011; Tilahun et al. 2010b). Available at pharmacies and drugstores in Addis Ababa were different brands of condoms, oral contraceptive pills, emergency contraceptive pills, and sometimes injectable contraceptives. An advantage of doing research in pharmacies and drugstores was that the young people we observed buying contraceptives and sildenafil citrate were less likely to deny being sexually active, as they often did in initial interviews and observations I carried out (although it is a common practice in Addis Ababa to buy pharmaceutical products for someone else, see Kloos 1986, and of those young people who said they were making purchases for someone else, it was often not possible to find out whether they were speaking the truth or not). This is not to say that it was an easy endeavour to collect data in these settings, as young people purchasing contraceptives and sildenafil citrate acted in highly secretive and shy ways, such as by buying the products quickly, literally running out of the pharmacy after having obtained the product, or disposing of identifying material – such as boxes and leaflets – whilst still in the pharmacy. Yet our observations here offered a variety of possibilities for gathering information.

According to Van der Geest and Hardon (1988, 153), 'direct observations of the sale and prescription of medicines yields more reliable information than oral communication'. We gathered information by counting the number and type of contraceptives and sexual enhancement methods sold (by keeping track of this during observations and from looking at the registers kept by pharmacy attendants), by observing the manner in which young people purchased these products (body language, ways of approaching, what was said and not said), by observing interactions between them and pharmacy attendants, through informal conversations with staff, and by distributing questionnaires to and holding informal chats with young people buying Postpill and sildenafil citrate in Addis Ababa. Additionally, one young male pharmacist working at one of the observed pharmacies sent me mobile

phone text messages (see Figure 1) about young men buying sildenafil citrate. He did this out of his own initiative and his regular text messages were helpful in broadening my understanding of young men's purchasing strategies and use of the drug.

Figure 1. Pharmacist's text messages on young men's purchases of sildenafil citrate

If somebody asks u "BLUE PILLS", what will u give? (16 March 2013)

Somebody bought CUPID 2 tab. But he splits the tablets into 8 parts & he took 1/8 of tab. He will take it for 6 month. It's effective 4 him. (6 April 2013; Cupid is a generic brand of sildenafil citrate)

A girl wants him to be her driver 2 go 2 Awassa & he said ok. But they did not turn back until midnight to Addis Ababa. He stayed at her place fell tired & also have headache. Asked her Panadol. But she gave him the magic pill "VIAGRA". He took it but didn't know it's vgra. They had sex 9 times. When he woke up, he came to our pharmacy & told me that he was full of pain. I gave him Ibuprofen :D : D (24 April 2013)

Pharmacies and drugstores as shops

During our observations, we quickly realized that their stark resemblance to shops – in particular their approachability and business-like atmosphere – made pharmacies and drugstores particularly attractive to young people wanting to obtain Postpill or 'Viagra'. Pharmacies and drugstores are like shops, with cosmetic products, shower gels, toothbrushes, and contraceptive methods, including big boxes of condoms in bright colours and appealing flavours such as coffee and honey, displayed in a central place. During our observations we saw people coming in to buy products as diverse as Flexy (menstruation pads) and Snip (pills used to treat a cold). Most medicines were sold per strip (such as paracetamol and oral contraceptive pills) or even by the tablet (such as sildenafil citrate), causing pharmacists to cut up strips. As a result, clients rarely received a leaflet with their purchase. All items were wrapped in paper. Like other shops, pharmacies and drugstores have peak times and quiet hours. The busiest times for pharmacies and drugstores were right after they opened in the morning (around 8:30am) and from 5pm onwards, when people left their jobs and were on their way home. During quiet moments the staff usually rested from standing behind the counter and sat down on nearby chairs. Time was passed with small talk about the latest hairstyles and soccer matches (our observations coincided with the Africa Cup), but also with informal stories about clients. All pharmacies and drugstores had an electric scale that, after throwing in a coin, would display a person's height and

weight. Many people came in to weigh and measure themselves and on several instances young people coming for contraceptives or sildenafil citrate would pretend to use the machine as a way of killing time while waiting for other clients to leave the counter area.

As shops, the pharmacies and drugstores involved in this study were business orientated. According to Kloos (1986), private pharmacies in Ethiopia are more business orientated than government pharmacies, seen for example in their relative laxity in requiring prescriptions. In one of the pharmacies we took part in a discussion between the owner of the pharmacy and a high-placed person from an organization supplying Postpill to pharmacies. The salesperson told me that pharmacists make 4 ETB (approximately €0.15) profit per Postpill: they are sold to pharmacies for 6 ETB per box and pharmacies sell them to clients for 10 ETB per box. Still, most of the packages are marked with a price of 7 ETB. When I asked how this discrepancy is possible, the salesperson laughed and said that the pharmacists had decided that they wanted to make more profit on it so they called each other and agreed to raise the price. A few times, the owner of the pharmacy (while laughing) responded to the salesperson, saying 'You [your organization] make us sell these things!' The salesperson countered that pharmacists ask for Postpill and enjoy selling it because they make so much profit on it, more than on other contraceptive methods.

Cafés and local bars as sites to discuss intimate matters

The other main way of collecting data was through repeated informal conversations with the core group of participants (30 male and female contraceptive users and 14 male sildenafil citrate users), as introduced earlier in this chapter. Conversations with Postpill/contraceptive users took place in cafés because, as Spronk (2012, 40) found, 'meeting at a small table in a crowded bar created the intimacy that was needed for an engaged discussion'. That this approach worked well is illustrated by the spontaneous remark of a 22-year-old female participant, who said: 'This way of talking worked really well. I thought you would come with a list of questions, but that would probably have seemed like an interrogation'. We also met with participants over dinner or drinks, either in participants' homes or at my home. With two small groups of women who knew each other very well, we talked in their compound over a 'coffee ceremony'. Usually I would bring raw coffee beans and *ye buna k'urs* (something to eat with the coffee) and we would talk during the long process of washing, roasting, grinding, and boiling the coffee. Coffee ceremonies have a social function in many parts of Ethiopia, offering time for gossip, discussions, solidarity, and laughter (Brinkerhoff 2011). Such occasions worked well in parts of Addis Ababa

away from the city centre, where most people were still living in compounds instead of apartment blocks.

To start conversations, I learned that two tactics turned out to work well: giving an example of what I observed in the pharmacies, which would spur young people to take up the topic; or bringing samples of contraceptive methods, which often initiated lively conversations about each of them. Most young people I would meet for one or more follow-up conversations. Sometimes they were initiated by them through a phone call or text message, and at other times I was the one initiating. Trust and rapport with some was stronger than with others. In between periods of fieldwork, I went back to Amsterdam to do some initial analysis of the data. While in Amsterdam, several young people kept in touch with me by sending text messages, calling me on apps like Viber, or chatting via Facebook. They told me about new developments in their love lives and as such I was able to keep track of the developments in their lives while in Amsterdam.

With sildenafil citrate users we avoided cafés, since after trying to meet there I realized the environment did not invite people to talk about their use of the drug. Possibly because the drug was strongly connected to use during evenings and at night, sometimes after going out and (heavy) drinking, it was best discussed in a similar atmosphere. Therefore, we held these conversations at places like local bars with loud music and dimmed lights, often while drinking a few beers. Several conversations also took place at a large outdoor café, where it was not possible for others to overhear our conversation. Some men I only met once; with others I kept in touch and we met more often. Only one man, whom I met at least five times, suggested to meet at a small coffee bar. He even introduced me to his ex-girlfriend (who had ended the relationship due to the fact that he was not able to satisfy her sexually). With others this was not possible, as they kept their use of the drug a secret from their lovers.

Triple subjectivity: Reflections on the roles of the researcher, research assistants, and respondents

Perhaps as a consequence of the sex-related topics of study, a lot of 'positioning' took place by myself, the research assistants, and the study participants. Some of these moves were very obvious and clear, others less easy to grasp, and still others I probably did not even notice. Temple and Edwards (2002) refer to the interactions between research participant, researcher, and interpreter in terms of 'triple subjectivity' and urge researchers to make them explicit when discussing research

methodology because of how these subjectivities and their interactions affect the kind of data that is (not) collected. Elsewhere, Temple (2002) similarly urges researchers to reflect on the roles of research assistant(s) in the research process, as their backgrounds and perspectives are reflected in their interactions with study participants.

Working with research assistants on a sensitive topic

At the time that I embarked on the fieldwork in September 2012, I was single, in the same age range as my intended study participants, and had already spent time in Ethiopia, in particular Addis Ababa, to conduct research for both of my Master's degrees, one on leprosy and one about family planning (in 2005 and 2007). In addition, I had visited Ethiopia many times more on work-related and recreational trips. Over these years I had made an effort to study Amharic at a university in the Netherlands and, during fieldwork, at a language school in Addis Ababa. At the beginning of fieldwork, my command of the language was not sufficient to carry out interviews without a research assistant, though I did start doing this toward the end of my research. With the exception of some middle-class men and women who spoke freely in English, this meant that I had to rely on the assistance of others with regard to translation. I decided to work mainly with female research assistants and only work with a man for the informal in-depth interviews with sildenafil citrate users.

I was looking for a research assistant who could assist me as 'an interpreter, a cultural broker and a gatekeeper' (Caretta 2015, 503). This turned out to be difficult. Due to challenges in finding a young female research assistant who could fulfil these roles, I worked with six young women over the course of the fieldwork. Four females were involved for a short period of time, while two were involved for longer. Because one of my criteria was fluency in the English language, I mostly ended up with middle-class women who had gone to some of the better private schools where English is taught well. This sometimes led to expectations among them of payment equal to that provided by most NGOs (which I could not afford), and to a reluctance to walk long distances (when the sun was bright) in neighbourhoods that were not served by public transport. This resulted in some of the female research assistants abruptly ceasing to work on the project (and this in turn meant that some study participants had to get used to several different research assistants).

The fact that my study concerned a sensitive topic further complicated the search for a female research assistant. Most of those I hired felt uncomfortable with proactively asking young people to participate in the study; as noted earlier, for this reason, the majority of study participants was recruited through my own network. For example, while all of the research assistants had close friends with whom they spent

their free time, only one of them asked one of her friends to participate in the study. This is perhaps related to the fact that these assistants were part of a society in which talking openly about sexual matters is not commonly done (see also Wellings et al. 2000). For example, the first morning that one assistant, Martha, and I went to distribute questionnaires to young people buying contraceptives in pharmacies, she commented while walking to the pharmacy: 'Do you really believe they are going to talk to us? They are already ashamed when they come in to buy these things!' In contrast to Martha, when Mahi, another assistant who had worked with me previously during my Master's research about family planning, accompanied me to the pharmacy (after Martha had abruptly left the study), we successfully spoke to three young people who were buying contraceptives, while two others declined. Afterwards, I asked her about her impressions and she said: 'I don't understand why the others didn't want to talk to us!'

Each research assistant related differently to the participants in this study, in ways that were probably shaped by their own views on sexuality and relationships, the details of which I cannot divulge. After Martha, who wondered whether young people in pharmacies would talk to us, left the project, some young people told me that they considered her judgmental and that they would never entrust her with personal details about their sexual lives. Another research assistant who left after a short while, Elisabeth, was 21 and a singer in an all-female rock band. Some of the youngest study participants, high-school students, loved her and told me they missed her when she left the study. Although she was serious about her religion (Protestant) and struggling but still aiming to abstain from sex until marriage, she was not judgmental regarding the sexual choices of others. Yet as she and I became friends and she started to open up to me about her personal love life, I made the mistake of asking her to also become part of the study. While she initially agreed and we made an appointment to talk further about her own experiences, she did not appear at the agreed time and place. When I tried to call her, her phone was switched off and she never answered my phone calls again after that. While we continued to meet each other occasionally through mutual friends, the exact reasons for her abrupt departure could never be discussed.

Finally, halfway through fieldwork, I was introduced to Fanta (a 23-year-old pharmacy graduate) who felt 'at home' in a pharmacy but less at ease when I asked her to 'recruit' study participants outside of the pharmacy. She created an atmosphere of trust, performed an image of a rather decent woman in public but was never judgemental, and had a good sense of humour. She had had a few stable relationships in the past. Fanta introduced me to her friend Liya, who told me that she had not been involved in serious relationships yet because she gets 'goofy' when around men. Working with Fanta and Liya was a pleasure: they were excited about

the study topic, shared insights (from their pharmaceutical background) that complemented mine, were reliable, and came up with good ideas that moved the research further. Young people related well to Fanta; in pharmacies young people often walked up to her, and during informal conversations and focus groups she made people feel at ease in a natural way. Young people in fact related well to both Fanta and Liya during focus groups, treating them like peers and joking with them.

For the informal conversations with sildenafil citrate users, I worked with one male research assistant who had work experience with sexuality-related topics and was sublime when introducing the (sensitive) topic of our research to men and making them feel at ease with us, as well as with talking freely about the topic. Unfortunately, he also left the study after some time due to finding a new job that kept him busy. This slowed the study down as I was unable to find someone else with similar capabilities.

While I often experienced the high turnover in research assistants as inconvenient and disruptive, in hindsight it taught me important lessons about how each research assistant's unique personality, as well as their attitude to the topic under study and positionality vis-à-vis the study participants, may lead to major differences in the kind of data that is collected (Berreman 1962). I realized that when studying sexuality-related matters, it may be enriching to work with more than one research assistant, because when sufficient time is taken to get to know their social identity as well as their strengths in relating to different groups of study participants, their unique qualities can be put to use strategically in the field.

Performing masculinities and femininities

By hiding information about their involvement in sexual relationships, women like Aster try to uphold a reputation in public of being a proper, decent woman. With time and after making many mistakes I learned some strategies to come to a more truthful and deeper understanding of women's relationship histories. Creating an atmosphere of trust (such as through informal conversations), building rapport, and being knowledgeable about popular contraceptive practices (through observations in pharmacies) turned out to be fruitful ways to get to a more meaningful discussion.

As I did my research among women coming from different socioeconomic backgrounds, I noticed that I felt more at ease with women from less well-to-do backgrounds with whom I usually talked while making coffee or preparing lunch together. I sometimes found it difficult to connect with young middle-class women who suggested meeting in trendy cafés in fancy neighbourhoods, as I did not easily relate to their interest in make-up, hip clothes, and high heels. I often felt as if I could not really interact naturally with them as I could not always relate to their stories and

giggling, and found it less easy to build rapport with some of them (even harder than with men), probably because I felt I needed to pretend to be someone else when around them.

Being able to gain young people's trust so that they would share intimate details about their lives sometimes had unexpected consequences, such as several interlocutors distancing themselves when their situation had changed in a certain way. 'You are part of my brain now because you know so many secrets about me, and so I need to keep you close', Dawit (28 years old, working and studying for his BA degree at the same time) told me one evening over dinner. Dawit was always very open about his love life; we met regularly and we became close friends, and kept in touch through Viber when I came back to Amsterdam in between fieldwork periods. While I was in Amsterdam, he told me he was dating two girls, one he really liked and one whom he hoped would end the relationship herself. Back in Addis, he told me he had gotten very close to the girl he said he liked better. Soon after, he phoned me to tell me that they were getting married and that she was pregnant (he had often told me that although he was actively dating, he was searching for a stable relationship to become a husband and father). After this, our contact cooled and he showed little initiative to meet. I felt as if I had lost a best friend. I got the impression that since I knew so many of his secrets (although he told me he was open with his fiancée) and since he wanted to be a proper, committed husband, intensive contact with me (at that time a single woman) could potentially damage that image. As our contact became more superficial, I never got the chance to ask him directly why he had distanced himself.

In the part of the study on sildenafil citrate use I struggled with how to position myself: I did not want the men to mistake my interest in talking about sexual topics with an interest in dating them, but if I kept myself at a distance I feared that men would not be interested in talking to me and that this would negatively affect my depth of understanding of their experiences. I was concerned about this as I had already come across stereotypes of foreign women as 'desirable and loose' and I did not want to reinforce them (Cupples 2002). For example, one afternoon I was walking with a young man named Ashu in the old centre of the town where I was living at the time. He wanted to call one of his friends who he knew used sildenafil citrate to ask him to participate in my study. Because it was impossible to have a conversation with the city noise in the background we walked into an alley to make the phone call. While Ashu was talking to his friend (who declined to participate, saying 'How can I possibly talk about those things?'), a man walked towards us, gestured to Ashu, and asked him in Amharic whether he was trying to arrange someone for me to have sex with; if yes, he could bring someone. Similar things happened more often and made me very conscious of trying to avoid perpetuating such stereotypes. Often male

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participants' preference was to meet later in the evening. I always tried to find a middle way, a compromise so to say, by proposing to meet in the early evening instead so that I could be home by 2100 or 10pm. In Addis Ababa people usually start going out and drinking alcohol early in the evening, and often the atmosphere by 9pm feels similar to 2am in Amsterdam.

Positioning myself became more complicated when I began a relationship with an Ethiopian man who later became my husband (he was not involved in the research). Although from the beginning he was fully supportive of the research I was doing, I sometimes felt I had to justify to him why I was spending a lot of time in bars with other men, drinking a beer and talking about sex. Finally, the compound where I lived at the time of fieldwork was ideally situated in the middle of the old city centre and just around the corner from many (extremely loud) local bars. As the only white foreigner living in that compound (of approximately 30 apartments), my neighbours and the guards (who closed the gate after 9pm, so I often had to wake them up to open it for me) took a special interest in me, which also meant they kept a close eye on my whereabouts. As a single woman, it is not common to be out in the city by yourself in the evening or to stay out late. I felt their gaze, and was uncomfortable when coming home from my meetings with men (who sometimes insisted on walking me home, so the guards saw me with different men). The many and sometimes contradictory roles I felt I had to perform and the many pairs of eyes I could feel watching me quite often made me feel confused and unsettled.

Cross-gender research

Emily Wentzell (2013), in studying men experiencing erectile dysfunction in Mexico, notes how her male interlocutors, mostly in their 50s and 60s, openly talked to her about intimate issues including erectile difficulties. They often remarked that they appreciated discussing such issues, saying things such as 'This was like therapy'. Wentzell felt that her being a foreign woman helped to establish trust, which made men feel comfortable to tell her things that they could not share with their doctors or friends. Similarly, for some men in this study, especially those feeling dependent on sildenafil citrate, their use of the drug seemed a 'burning issue' (see also Silberschmidt 2011) that they were happy to share with someone like me who showed a real interest. Yet, conducting cross-gender research can also come with challenges (Arendell 1997). For example, Cupples (2002) rightly states that study participants, as well as other members from the fieldwork community, consider the researcher's potential sexual availability in order to position the researcher, and that this determines how researchers are received by participants and how researchers receive information. Indeed, despite my efforts to carefully position myself and to schedule

meetings with men in the afternoon or early evening, there were many occasions when men still considered me a 'potential date' (Arendell 1997, 357).

When I met 27-year-old Tadesse for the second time, this time alone, it was a Saturday night around 6pm, at a café I had carefully chosen because it did not stay open late but they still served beer. He told me that he had not used 'Viagra' in the last three months; he then asked me if I wanted to go out with him because it was a Saturday night. I told him that I wanted to be home early but that I would meet him again soon. Similarly, when I met 26-year-old Desta for the second time, at an open-air café at 3pm, I immediately noticed that he was in a somewhat flirty mood. He started by telling me how he was looking for someone to be in a committed relationship with and that he had had it with casual dating. At some point, he asked me if I might consider him as a boyfriend. Being unsure about how to respond in a firm but gentle way, I told him that I was seeing someone (speaking the truth) and our conversation somewhat lost its flow after that. Berhanu, a 25-year-old, was motivated to participate in the study by a key informant, who (as I later found out) told him that I was beautiful, that it would be a good chance to talk to a *forenji* (foreigner), and that I might possibly work with them in the future. After we had made an appointment to meet, Berhanu had polished his shoes and styled his hair to make a good impression. After talking with him, we exchanged phone numbers, and later that day I sent him a text message to thank him for the interesting conversation and to ask him whether we could talk a second time. He responded:

Sure I'll luv that 2, so tell me wen n wer to meet u again ok. U know I'm not coming to Amsterdam ok hahaaha. I think we got stng in common, we'll find that together. I'm having a beer around Piazza.¹ If ur interested to join me u r soooooo welcomed! Btw I like ur eyes.

In the months that followed, I met him several times more and afterwards often received messages from him with a similar flirty tone, often in the middle of the night.

As I have tried to show in this epilogue, this fieldwork on intimate matters was enmeshed with methodological uncertainties, and most of the data collection methods I ended up using developed spontaneously out of circumstances I encountered in the field. Although at times I felt overwhelmed by frustration and insecurities brought about by the sensitivity of the studied topics and how this made me, the research assistants, and study participants 'dance' with calculated steps, always aware of the other and of public and private reputations (Berreman 1962), it also unleashed feelings of creativity and persistence to find ways to make people less reluctant to talk. In hindsight, I believe that this methodological flexibility – characterized by listening, learning, and continuously adapting approaches to data

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collection – was necessary to discover the popularity of sildenafil citrate among young men and to gain rich and novel insights into young people’s use of Postpill and sildenafil citrate; insights that could not (or at least less so) have been achieved when relying on more conventional methods of qualitative data collection.