

Military men and sexual practices: Discourses of 'othering' in safer sex in the light of HIV/AIDS

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Abstract

Despite recent reports that there is increasing condom use, generally resistance to condom use is still high. This paper focuses on factors inhibiting condom use and explores issues of responsibility for safe sex practices to prevent infection among a group of 14 South African male soldiers. Military men are particularly vulnerable to HIV because of their working conditions; for example, working far from home and being among communities where they have greater economic and political power, as well as in relation to their identities and sexualities as men, and how that is exaggerated by the institutional framework of the military. The data in this paper were drawn from a larger qualitative study exploring a group of military men's narratives on their masculinity, sexuality, sexual relationships and HIV/AIDS. Semi-structured interviews were the main data collection method, and the interview transcripts were analysed primarily through interpretive discourse analysis. Findings of this study show that most participants used the socially desirable discourse that safe sex practices (specifically condom use) should be everybody's responsibility. However, there was also the discourse of the 'other' responsible person, which was linked to gender, race, ethnicity, education and rank. The paper concludes with a recommendation that tackling HIV in the military needs to involve the rigorous examination of social factors such as gender, race and ethnicity.

Keywords: Military, masculinity, safe sex, HIV/AIDS.

Résumé

En dépit des rapports récents indiquant que l'utilisation du préservatif est en hausse, la résistance à l'utiliser est généralement toujours élevée. Cet article se concentre sur les forces qui inhibent l'utilisation du préservatif et étudie les questions de responsabilité dans les pratiques sexuelles à moindre risque afin d'éviter l'infection dans un groupe composé de 14 soldats sud-africains de sexe masculin. Les militaires sont particulièrement vulnérables au VIH du fait de leurs conditions de travail; par exemple, le fait de travailler loin de chez eux et de se trouver dans des communautés où ils disposent d'un pouvoir économique et politique plus important, ainsi que le rapport à leurs identités et sexualités en tant qu'hommes, et la manière dont cela est exagéré par le cadre institutionnel de l'armée. Les données de cet article sont tirées d'une importante étude qualitative étudiant les récits d'un groupe de militaires de sexe masculin sur leur masculinité, leur sexualité, leurs relations sexuelles et le VIH/SIDA. La principale méthode de collecte des données a consisté en entretiens semi-structurés, dont les transcriptions ont été essentiellement analysées par une analyse du discours interprétatif. Les conclusions de cette étude révèlent que la plupart des participants ont utilisé le discours socialement accepté selon lequel les pratiques sexuelles à moindre risque (en particulier l'utilisation du préservatif) doivent être de la responsabilité de chacun. Cependant, le discours 'désignant l'autre' personne responsable, discours qui était lié au sexe, à la race, à l'ethnicité, à l'éducation et au rang, est également apparu. L'article conclut en recommandant que pour s'attaquer au VIH dans l'armée, il est nécessaire de faire intervenir une étude rigoureuse des facteurs sociaux tels que le sexe, la race et l'ethnicité.

Mots clés: Militaire, masculinité, sexe à moindre risque, VIH/SIDA.

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Introduction

Hegemonic masculinity and associated traditional male sexual practices have been identified as a key area of challenge for HIV/AIDS interventions (Lloyd, 1995; Primary Health Care Group, 1996; Strelbel, 1993). Several authors have concurred that there is a close link between dominant constructions of masculinity and male sexual practices (Lindegger & Durrheim, 2001; Lindegger & Maxwell, 2005; Shefer & Ruiters, 1998). For example, the enactment of masculinity and heterosexual men's sexuality is seen to be against condom use (Flood, 2000). Yet, in South Africa and other African countries, HIV/AIDS is more prevalent among women than men, who are reported to be the initiators of unsafe sex (Deacon, 2005; Wassenaar & Barsdorf, 2007). Therefore, a complete examination of current HIV/AIDS interventions requires that we explore constructions of masculinity and sexuality in regard to the constructions and dysfunctions of male identity, sexual identity and cultural and other social factors such as age, race, ethnicity and generation (Dowsett, 2003).

Young people, especially women, are reported to be at high risk of HIV/AIDS infection (Dowsett, 2003; Gupta, 2005 in Wassenaar & Barsdorf, 2007; Heinecken, 2003; Shisana, 2004; Shisana & Simbayi, 2002). Even if young women are known to be more at risk, young men too have HIV risk. Moreover, while overt, active sexual practices are socially accepted and even rewarded in men, the same behaviour by women is frowned upon. The social or cultural expectation is that women do not display overt sexual desires. Yet, the same high-risk sexual practices by men are said to confirm and enact masculinity. In a study conducted by Flood (2000) among Australian men, he found that penetration was the most defining practice constituting sex. Men rely on notions of trust and women's sexual histories to abandon condoms, which suggests that trust means sex without condoms. This implies that the HIV pandemic cannot be tackled without examining issues of masculine identity and sexuality. Despite the lack of South African research on masculinity and sexuality, it is important to acknowledge that in the past 15 years, much work has been done in the area of masculinity (Morrell, 2004). There seems to be little evidence of work attempting to specifically address the agency of South African male soldiers in HIV/AIDS.

In this paper, an exploration of the articulation of these factors (masculinity and sexuality) in the military milieu will be investigated. The reason for focusing on military men is because soldiering and masculinity constitute ideals of manhood. Moreover, there is an association between work in the military and high-risk sexual activity (Okee-Obereng, 2001). UNAIDS (1998, p. 3) reported that 'the military professional ethos tends

to excuse or even encourage risk-taking'. Aggression is valued and is associated with 'conquest'. Willingness to accept and take risks is the key feature in a soldier's preparation for combat, but off the battlefield it might vicariously motivate soldiers' willingness to engage in needlessly risky behaviour, such as unprotected sex.

There are grounds to believe that soldiers serving in their country's defence force are particularly vulnerable to HIV infection and transmission. They are frequently away from their families (Heinecken, 2002), and, as young adults, are often separated from their loved ones, subject to peer pressure and operate in risky, disrupted and tense environments (Achery, 2004; Bujra, 2002; Kristofferson, 2004). Moreover, during deployment soldiers are paid well and can afford to pay for sex (Bujra, 2002; Heinecken, 2002). What this study aims to explore is the underlying value system in military organisational culture as a possible component facilitating risky sexual practices. The main focus is on forces inhibiting condom use, and issues of responsibility for safe sex practices that prevent infection. This paper attempts to answer a difficult question raised by Campbell (2001): 'Why do people who know about HIV risks, still take such risks?' Given the masculinist, macho culture that prevails in military settings, a study of men in this sub-culture can offer a unique understanding of hegemonic male sexual practices. Participants in this study were closely questioned on their ideas, thoughts and feelings about the pandemic, and about constructions of masculinity that may promote sexual risk-taking.

Methodology

This paper emerges out of a larger qualitative study of 14 South African male soldiers between the ages of 24 - 33 years. This age group is regarded as sexually active and at high risk of HIV infection, not only in the South African National Defence Force (Heinecken, 2001), but in the rest of South Africa as well (Shisana & Simbayi, 2002; UNAIDS, 1998, 2005). All participants were officers enrolled in a tertiary institution pursuing a career in the military. All officers in this academic institution were junior officers, with ranks ranging from lieutenant to captain. Participants had been in the military for more than 4 years. Participants who met the criteria were drawn from the full list of students. Names were randomly selected from the second year, third year and postgraduate students, while ensuring there were both black and white candidates. The sample included 4 whites, 3 'coloureds' and 7 Africans (of these, 1 was TshiVenda-speaking, 1 IsiSwati, 1 IsiXhosa, 2 IseSotho, 1 Setswana and 1 IsiZulu). There were 9 postgraduate and 5 undergraduate students. Twelve participants were single, with only 2 of the 14 being married. Even though representivity during sampling is

not regarded as crucial when doing qualitative research, diversity was taken into account. This was based on the assumption that different experiences, predispositions and circumstances may have led to different constructions of masculinity and sexuality. A diverse sample facilitated the possibility of a variety of stories being heard, which could contribute significantly to the understanding of sexual risk behaviour, and possible content of future HIV/AIDS interventions.

The paper is underpinned by social constructionist and critical men's studies approaches to masculinity/ies. Thus, it breaks with the notion of masculinity as a fixed essence, and strives to open spaces for new ways of theorising the complexities, ambiguities and contradictions that mark the present-day experiences of young male soldiers. All participants participated on the basis of informed consent. Permission to conduct the study was granted by the Defence Intelligence Office and Ethics Committee at Stellenbosch University. Two-hour in-depth individual interviews were the main form of data collection in this study, in order to obtain narratives and stories of participants and how these reflect, reproduce or challenge broader discourses. The interviews were audiotaped and transcribed verbatim by the interviewers (a male clinical psychologist with research expertise on the subject of sex and sexuality, and the female principal researcher). The meanings were drawn through repeated readings of the transcripts and were interpreted primarily on the basis of Hollway (1995) and Edley and Wetherell's (1997) interpretative discourse analysis. The discourses of masculinity, sexuality and risky sexual practices, as well as the positions of participants in relation to them, were identified and described. The power these had in shaping participants' discourses and the contradictions they produced were brought to the fore. The hesitations and peculiarities of speech of participants were included. It is acknowledged that the analysis and interpretation of these transcripts was by no means exhaustive. Pseudonyms are used to identify participants.

Findings and discussion

Findings related to forces inhibiting condom use and issues of responsibility for the prevention of HIV/AIDS are presented here. Six discourses emerged from the participants' narratives, which were confirmed to some extent by related literature.

Constructions of other (gender) in safe sex

Heterosexual men are understood to be key role players in driving the HIV/AIDS epidemic (Foreman, 1999; Lindegger & Maxwell, 2005). They are reportedly the sexual initiators and generally tend to have more sexual partners than women. Yet the burden of carrying responsibility for safe sex is located firmly with women (Flood, 2000; Lindegger & Maxwell, 2005). Flood

further argues that while the responsibility for contraceptive practice is allocated to women, men are associated with risk-taking. In this study almost all participants used the politically correct discourse that condom use should be everybody's responsibility (Masibambisane Programme, no date). Some participants felt that men played a major role in impeding or discouraging condom use (Waldby, Kippax, & Crawford, 1990):

John: What I know it's usually the guys that resist condoms.

Kgao: I have never. I've never seen a situation whereby women do not want to use condoms. It is, it is less likely that they will do that.

In contrast to the assumption that men rebuffed condom use in heterosexual sex, women were perceived as resisting condom usage in some cases. A notion of male responsibility emerged strongly:

Johan: Well, I think there are women who don't sometimes want condoms. I know some women are allergic to condoms, so it's an attitude. I think it's a man's responsibility to make sure that he uses a condom as far as possible.

Mtobeli: Some of them (women) they don't want to use condoms because I was once in a situation, whereby I went out with a woman, she didn't want to use a condom and we ended up not having sex. [The reason stated by the woman was] she is not having a relationship with anyone.

In the latter excerpt, women were constructed as resisting condom usage if they were involved with one sexual partner at a time. Women's adoption of safe sex practices was seen as determined by a belief in love and trust as factors that frame intimate monogamous relationships. As highlighted, an aspect that hindered the adoption and negotiation of safe sex was the meaning attached to intimate relationships. With regard to the perception of women's negative attitude towards condoms if they valued an intimate relationship they were in, the majority of participants reported the same attitude for men. This is supported by African studies which suggest that condoms are viewed negatively, and are frequently seen as symbolising lack of trust or infidelity (Ayikukwei *et al.*, 2008; Lesch, 2000; Strelbel, 1993; Varga & Makubalo, 1996).

Definitions in society of love, trust and loyalty constrain the use of condoms in long-term relationships. Condoms are seen to signify the opposite, i.e. distrust, less love and less commitment (Flood, 2000). Hence, condoms are more likely to be used with casual partners because they are not viewed as long-standing relationships (Galligan & Terry, 1993). Regular partners are

usually trusted to commit to a monogamous relationship. This results in the abandonment of condoms at an early stage, even in new relationships, if there is the promise of commitment (Flood, 2000; Rosenthal & Reichler, 1994).

There were contradictory views from participants regarding the stage at which sexual partners could legitimately terminate the use of condoms. A sense of trust and sexual safety was established through assumptions about a woman's sexual history, after the relationship had lasted 4 - 6 months. This is similar to Flood's (2000) study, where he found a 3 - 5-month range. Surprisingly, participants did not relate the condom 'window' period to their knowledge of HIV/AIDS. Almost all participants voiced notions of trust and faithfulness as reasons enough to terminate condom use in monogamous relationships (Ayikukwei *et al.*, 2008; Flood, 2000). Only two participants felt that condoms should be used if partners were married. International and national empirical findings support the view that discourses of love and trust are barriers to safe sex for both men and women (Bremridge, 2000; Flood, 2000; Lesch, 2000; Varga & Makubalo, 1996; Wood & Foster, 1995).

It is worth noting that Johan and Mtobeli's responses (excerpts above) demonstrate that men are in the privileged position to decide whether or not to use condoms (Foreman, 1999; Lesch, 2000; Varga & Makubalo, 1996). Thus, this power could be channelled to facilitate prevention of HIV/AIDS, in that men could be encouraged to introduce condom use:

Simon: You'll be surprised how many girls don't want condoms. All the TV adverts always portray guys as being evil shit but plenty times when you want to use it, girls will say 'you don't have to use it' (imitating how girls talk with a soft voice). Condoms are very important. Guys talk about this but it's amazing how many chicks don't want to use condoms, and it really is ... then of course, as soon as the girl starts to say no, then your head start wondering, why?

This excerpt alludes to the role of the media in reproducing discourses of 'other' in relation to the spread of HIV. The media was portrayed as depicting men as not wanting to use condoms. The participant further stated that women also resisted other contraceptives so as to blackmail men:

Simon: There are lot of girls that are weird in the sense that ... I know few cases in (name of the unit), like the girls start to fall in love with the guy as soon as the guy starts to threaten to leave her, she leaves the pills and say I am pregnant and shit like that.

It was interesting to find from Jeff that a man:

Would brag that he's got a box of condoms in his room.

Int: So the intention is there, but whether people use it or not ...

Jeff: I wouldn't say the intention, I would say the flamboyantness thereof. The bragging, the image of having used a condom. It goes back, it goes back to with regard to the boasting ... You know, the more condoms I've got in my drawer, the more manly I am.

This suggests that using condoms was not always seen as negative, as it could be seen to draw on the traditional male sexual drive discourse. Bragging about having condoms may reflect a more positive discourse on condoms which draws on traditional male sexuality patterns to underwrite the importance of safe sexual practices.

Discourses of resistance to women's agency in sexual practices

International and local authors emphasise the lack of positive discourses on female sexuality. This means that women are not in a position to express or view their sexuality or their sexual desires and pleasures as positive (Hollway, 1996; Lesch, 2000; Shefer & Foster, 2001). Women are constructed by either men or women as promiscuous if they are sexually active. Similar to what has been discussed above, another interesting othering discourse highlighted how men and women were subject to different versions of morality and power. Ambivalence emerged towards women as initiators of condom use. Some participants expressed anxiety when women began initiating condom use after being in a relationship for a length of time without using them. This was associated with dishonesty and a concern regarding women's fidelity, reflecting men's insecurity about women taking over a role that had previously been their domain. This shift evoked discomfort, panic and resistance in men, as it indicated a breaking of the moral codes of fidelity and engagement in a 'male' practice. The underlying discourse suggests resistance to women's agency in sexual practices (Alcántar, 2005; Andil, 2005; Shefer, 1999; Van Wyk, 2004; Waldby, Kippax & Crawford, 1993b):

Tshepo: I'm saying you can't worry about risk, we are sleeping together here. Suddenly you can't take out a condom, and [say] 'now I have to use this'.

Gerhard: The AIDS thing would be a bit more difficult for me to understand because I would like to believe that she is faithful to me and I am faithful to her. So I would immediately ask her, okay, listen I don't have a problem with the condom thing but the AIDS thing, um er I am faithful to you so you must tell me now if you are having something 'skelmpie' on the side or whatever.

Kgao: According to me, yeah it will raise a lot of questions as to why, why is it now. [I] know that she's the only one, then if she

now come and say let us use condoms ... I'll say why, has she been unfaithful? Or is it a matter of being responsible, but then, even if that is the case, the question is, it has happened after some several occasions.

Thando: For the issue of HIV/AIDS that's a difficult part because then you need to find out, but the other thing is if we find out that we are both still negative for instance then we are still safe it means we can still continue.

These excerpts support the argument that men are resistant to safe sex under a range of circumstances, but also underline that notions of trust are a concern not only to women, but to men as well. They further show that it is difficult to change behaviour once a routine has been established. Some participants, however, expressed a positive attitude towards condoms, and had no reservations about women initiating condom use.

Discourses of other (race, ethnicity) in safe sex

Militaries are not unified or homogeneous structures. They are stratified according to gender, race and class, although they are regarded as masculine institutions. Their ethnic composition, for example, reflects the dominant ideologies and policies of the regime in power. In apartheid days, the South African Defence Force (SADF) was a vehicle for white dominance and was dominated by white men, especially in the higher echelons. 'Coloureds' and Indians were recruited and given weapons training purely for self-defence in war times. Africans were recruited and trained for armed guard duty at military installations (Enloe, 1975). It is interesting to note that sexual practices are also intersected by race. Interview data suggest that another inhibitor of condom use was the discourse of the 'other' person responsible for spreading HIV/AIDS, which is linked not only to gender, but also to class, race and ethnicity. White participant Gerhard put it like this:

From what I understand, some of the things that I heard is that some black cultures prefer, prefer, and I'm, I'm quoting now directly from what I heard, flesh to flesh, that is what they want, and I don't know, er I, I've never talked to someone that could tell me that, but, maybe I think I've read it somewhere that there's some cultures that believe that, either they don't believe in AIDS, or they don't believe in the way that AIDS is spreading or they just think they are immune to the disease. They think maybe if I swallow a bit of garlic and I don't know what else, then, then I will be cured of this thing and um I think maybe culture has got definitely a role to play in that.

Int: Right, and from the stories that you've heard, what happens to other racial groups?

Gerhard: Okay, I think maybe, I think maybe the black culture, and then, once again, you have to make a distinction between Zulus and Xhosas and the Sothos, those people. I'm not, as I say I'm, I'm, I'm not really qualified to say because I haven't, I don't have the facts um to prove it or to support, support anything that anyone has said. But I think maybe in in the black culture within those different, different ethnic groups once again, there is probably certain groups that believe, or don't believe in AIDS. Among the whites and coloureds and maybe to a certain extent the Indians, I would say it's more a matter or a question of ignorance or alcohol or rape or something in that direction.

As this response was from a participant who did not seem to be sure of what he was saying, it makes it difficult to draw any meaningful conclusion on a black man's ethnicity in relation to condom use. However, Connell (2000) suggests that researchers should accept the ambivalence and uncertainty the spoken words imply, because the discourses through which individuals construct their meaning are multiple and contradictory and contain residues of many different social and ideological dynamics. In the above extract, the 'othering' notion seemed to imply that blacks were more at risk of HIV/AIDS because of their 'culture'. Stigmatisation of the 'other' in relation to safe sex has been shown to be racialised (Whiteside & Sunter, 2000). As documented by a wide range of studies, HIV/AIDS is a politicised disease (Cohen, 1999, 2005; Collins, 2004; Ratele, 2001). It has been illustrated that HIV/AIDS is still strongly characterised as a disease of blacks, of the uneducated, and the poor.

Some white participants placed black soldiers at greatest risk of contracting HIV/AIDS, further associating this racial scale of susceptibility with the rank occupied by individuals in the military. Behaviour patterns evoking this discourse were regarded as particularly apparent during deployment, as this excerpt shows:

Int: Do you think soldiers are more likely to take sexual risks?

Simon: Jesus! (blowing a whistle).

Int: Than other men?

Simon: Oh! Than other men. I don't know about the civilians if they would or whatever. But guaranteed, soldiers take sexual risks (nodding his head) ... Men, shit. The Rwandans sent (most) whores to the hotels. There was a hotel just across (from) the base and the sluts will be there. And God, I wanted to take my troops, I wanted to murder them because they lined up ... 10 guys and 10 guys will do this girl in one of the rooms and most of them would tell me because most of blacks have a phobia ... and especially your older blacks have a phobia about condoms and I will take a

box with me and say 'guys, just use this'. I can't understand how guys get a sexual pleasure from a lady that just got sex with other guys before it's you. I can't explain how people can actually find pleasure in that but they start to walk around the corners and then you give them condoms in those corners, they say no to condoms. How can you say no?

The manner in which soldiers were described as having unsafe and abusive sex was paralleled by the way troops (lowest rank in the military) deployed in Bosnia-Herzegovina, both male and female, were viewed as being desperate for sex, judging from the fact they had sex anywhere they could, from tents to underground bunkers and latrines (Gutmann, 1997):

Int: But if they go there ... if they go and line up, is it both black and white candidates?

Simon: No, check, remember there is very few whites ... in the Defence Force these days. Look I'm not talking politics now... but there is very few whites and lot of whites have left. It just becomes too difficult to be a white man in the army these days. So a lot of them have left and a lot of my generation-type guys and a lot of them do not really want to work with the blacks.

Simon's response lends powerful support to Barrett's (1996) argument that militaries are stratified according to race. White participants expressed difficulty with the change in the military power regime from white to racial diversity (Le Roux, 2003). Considering that participants operate within racial discourses, as Dowsett (2003) points out, an examination of HIV/AIDS must take cognisance of how the complexities of structural indicators such as race intersect with constructions of sexuality and masculinity.

When asked how troops behaved during deployment in the period before transformation to the South African National Defence Force (SANDF), Simon replied:

We had stricter measures in '94 and in my experience between 1989 and 1993 you couldn't let a guy go out to the shebeen or to the prostitutes because ... he will be murdered. That was a completely different time in South Africa, you know that. We take them out of our areas of operations and you take them to another area and tell them, you guys have a day and those they can go and have prostitutes and it's not a secret.

The above quote refers to the shift in composition of the SANDF from predominantly white to black soldiers. This is based on the South African history whereby during apartheid young white males were conscripted to military service while young black males were mainly used in non-statutory forces (Enloe, 1975; Frankel, 2000). Looking at Simon's excerpts, both black

and white soldiers have engaged in risky sexual practices but in different circumstances. Before 1994 white soldiers were also exposed to and engaged in risky sexual behaviours, but outside their area of operation, whereas post-1994, Simon stated that the hotel for instance, was just across the road from their base.

Both Gerhard and Simon talked about 'other' racial groups when they were probed in this respect. In Simon's excerpt, for example, there was an association between blackness and risky sexual practices during this epidemic era, whereas for Gerhard the association between the two had no reference to a period. This might potentially impact on the sexual practices of white military men who, by this process of projection, may reproduce the assumption that they are sexually safe. Black participants (who were officers, and thus of higher rank) acknowledged the risky sexual practices of fellow officers although they did not racialise this behaviour.

During the interview, Simon stated that in the early 1990s he did not use condoms, but now used them, as he sometimes had 'purely sexual relationships' and 'one-night stands'. He added that before 1994 white soldiers had sex with prostitutes, just as black soldiers were now doing. Simon also mentioned that in his experience condom use decreased penile sensation (Flood, 2000). The implication is that if he perceived condoms negatively, he might also be engaging in, or be tempted to engage in, risky sexual practices.

In addition, participants suggested that there were some benefits to having female sexual partners in the military for men. In particular, having a sexual relationship with a woman of senior rank (especially if it involved other historical power differences such as race) was reported by participants as signifying success for men. It was seen as a sign of masculinity:

Sam: I was a sergeant (junior rank, non-commissioned officer). I was in love with a captain, and she was white ... We have to keep that thing secret. If the bosses ever found out that this white captain was going out with a coloured sergeant, they would have give(n) her gas (a tough time) all the time, you see.

Keeping the secret was reported as exciting and challenging, because the couple could not be seen in some public places together:

You really, you ... can't wait for the next time you see her again, you see. So it was actually boosting the ego. It didn't last for that long. It was, it was ... nice.

Ratele (2005) explains the secrecy of a sexual relationship between a black man and a white woman as developing out of a psychic and social reaction to the apartheid regime. For

Simon to have a sexual relationship with a senior woman was articulated as a challenge which proved his masculinity:

I was a sergeant and I had a sexual encounter with a major and that was purely a challenge, that was to see if I can sleep with a major.

Discourses of other (rank and education) in safe sex

Findings of this study (as shown in the previous section) and the literature reported that sexual intercourse happens not only between soldiers and civilian women, but also among colleagues within the military. Female recruits in the United States Army are reported to have accused drill instructors of rape and sexual harassment (Gutmann, 1997). Participants in this study also made similar accusations about female recruits, especially those who were studying at the same institution as the participants of this study. The female recruits were reported to have intimate relationships with both undergraduate and postgraduate officers.

As highlighted in the previous section, there was a marked emphasis on the relationship between race, rank, class and sexual practice. Officers were perceived as at less risk than troops, underlining the notion that senior soldiers (more educated) were more responsible than those in junior positions. This perception also appeared to be related to the fact that soldiers were obliged to undergo a medical examination before they could attend an officer's formative course. With regards to the recruits, they were also employed in the military after a medical examination:

Thando: But I know it's when you look at a certain group and then you start judging ... these people are ... free ... they don't have HIV/AIDS. And I know for instance some of them (girls) ... some of them for instance they look at us for instance ... we officers ... and think that doesn't affect ... you end up now with both parties now engaging in unprotected sex because she saw you as less risky and you see her as less risky.

Int: Ok, so for you officers at the (name of the unit), what makes you less risky?

Thando: I think it's the education and the fact that when you come to the (name of the unit) there's certain medical classifications and I think it's more ... I know for instance in our instance we had to do medical examinations after ... just wanting to become officers.

The above excerpts show various ways in which perceptions of safety and risk within the military hierarchy could exacerbate unsafe sexual practices. Heterosexual men and women's adoption of condom use was clearly hindered by the

identification of some military personnel as being safe from HIV/AIDS infection. This mirrors both international and national findings that class differences play a role in differential stigmatisation of HIV/AIDS. Moreover, men globally have been shown to distinguish between 'clean' and 'unclean' women (Bremridge, 2000; Flood, 2000; Waldbly, Kippax & Crawford, 1993a). The 'cleanliness' distinction in the military context was based on participants' understanding of how the military structured occupation and class:

Thando: I think it's more like looking at a class of people and then say these people are ... negative. Like for instance I know ... most people like look at ... (mentioned a certain category of recruits) girls for instance ... and think; nothing for sure ... ja, nothing for sure ... they are HIV ... negative because they wouldn't have been accepted in the system.

Discourses of other (work) in safe sex

When on deployment soldiers often stay in close proximity to refugees and displaced persons. They are paid well and are therefore in a position to ask for sexual favours in exchange for cash. If soldiers are off duty with money to spend, they are reported to frequently seek sex from women with financial, emotional and sexual needs (Achery, 2004; Foreman, 1999).

Along with the 'othering' discourse was one in which participants associated soldiers' sexual practices with the dictates of their work. Those who worked with refugee communities spoke of the temptation to ask for sexual favours because of their loneliness, the frustration of being far from home and the access to sex. In many instances women were given food parcels in exchange for sex. Some participants further rationalised their unsafe sexual practices by arguing that their jobs 'forced' them to sleep with women in the community, especially if these women could provide information which might be useful to the military. This suggests a belief that particularly those men who go on deployment are the ones who should use condoms.

It is worth noting that even though the reported risky sexual practices were mostly said to happen during deployment, participants were also aware that these actions were not supported by military authorities:

Tulani: We were always told that you are always in the public eye. When you do things like this, then you don't only put yourself in danger but the whole organisation.

Discourses of other (sexual orientation) in safe sex

Although the discussion of sexual orientation as discourse of othering was not referred to in the present study, meaning it was not identified as a barrier to the adoption of safe sex, the

researcher decided to point out what the constructions are with regards to sexual orientation, particularly homosexuality in the military. This is because in the past, gay men have been perceived as the dangerous 'other', resulting in those in heterosexual relationships distancing themselves from the HIV/AIDS epidemic (Flood, 2000). As highlighted, in this study homophobia was not constructed as a further barrier to condom use. Instead, discomfort around and anger expressed towards homosexuals in the military was strong. This tension was underscored in the following explanation by Sam:

Sam: In the army, you are part of, the fighting part, fighting corps, soldiers. You can't be a soldier if you are a homosexual.

Int: Okay. You mean you can't fight if you love another man?

Sam: Yes. When you go to the field, you work in teams, men, men, mostly men. Say for instance you are a team of six, you sleep in one tent, you drive in one vehicle, everything you do you do in your teams. And if there's one guy who's a homosexual, what do you think would be the consequences of the team? You understand? They won't be that productive as a team as straight men ... It's just logic. There's also our, our buildings at the (naming the unit), even here, two men sharing a shower, in the other places there's a communal shower so, thirty men sharing a shower, now with one guy there being a homosexual in that place. It's chaos. They will, they will, I'm telling you they will chase that guy out or they will hit him.

In line with Agostino's (2003) work with the Australian Defence Force, participants expressed discomfort with homosexual soldiers, as their presence appeared to question the very foundation of military identity, which is based on traditional constructions of masculinity and the achievement of a successful (hetero)sexual identity.

Conclusion

Risky sex practices appear to persist regardless of people's knowledge of HIV/AIDS. Participants' sexual practices seemed to be shaped by the social meanings attributed to the intimate relationships and various categories within which sex occurred. Condom use, for example, was constructed as unnecessary and inappropriate in long-term relationships, which were assumed to be trustworthy. Therefore, notions of trust and faithfulness were sufficient reason for unsafe sex. Stigmatisation of the 'other' in relation to safe sex has been shown to be racialised (Cohen, 1999, 2005; Collins, 2004; Ratele, 2001; Whiteside & Sunter, 2000). Senior military women were reported to have intimate relationships with their subordinates, even if subordinates were from different racial groups.

It is recommended that all projects working with men to fight HIV/AIDS, both nationally and internationally, need to acknowledge that constructions of masculinity and sexuality are fluid, and explore the contradictions that may facilitate change. For example, it was found that for some men condoms symbolised masculinity, and that the number of condoms you had and used signalled masculine sexual tendencies. This bragging may be a precursor to a more positive discourse on condoms that draws on traditional male sexuality to stress the importance of safe sexual practices, that is, if bragging corresponds to active use.

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