The Effect of Masculinity on Sexual Health Practices among College-Age Students in the United States

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Abstract: My study investigates the realm of masculinity and its effect on our health system, specifically contraception. The purpose of this investigation is to examine the range of effects which masculinity produces in our society by way of shaping American sexual health practices. I conducted my fieldwork research in the environment veritably deemed the most sexual and “genderized”: college campus. The college is located in a small Midwest town of 8000 where most of my research occurred outside a downtown bar, Roscoe’s. I distributed contraception in the form of condoms to gauge the responses of my peers when it came to sexual health. I argue that masculinity has a significant impact through the social power which it wields over the American system of sexual health.

Condoms have been proven to be the most reliable method of protection against sexually transmitted infections (STIs) and unwanted pregnancies for the sexually active (Stone et al. 1999; CDC 1998). The Center for Disease Control (CDC) has estimated that condom failure can be limited to only two breakages per 100 condoms, and that many failures should simply be attributed to user error. The CDC prescribes that, in order to avoid becoming infected with an STI, the most effective form of protection is a condom used correctly (Stone et al. 1999; Macaluso et al. 1999; CDC 1998). Efforts to hinder the spread of STIs in the United States utilize condoms as the primary prescribed tool in the defense of individuals’ sexual health.

The spreading of the HIV/AIDS virus across the world remains a looming portent of the consequences of neglecting to adequately be protected from the transmission of this deadly virus. In the North America there were roughly 1.4 million people living with HIV, along with 25,000 AIDS related deaths in 2008 (UNAIDS 2009). With infection rates of .4% among all adults in North America, HIV/AIDS becomes a very real reminder of what can result from unsafe sex practices. Similar to any other STI, HIV/AIDS can be mostly avoided with the proper negotiation of condom usage, demonstrating efficacy rates ranging between 60 and 96 percent (Davis & Weller 1999). Nevertheless, due to lack of effective prevention and treatment programs, many researchers believe that, in order to solve this problem, a more productive approach would be to address the culturally defined gender roles rather than focusing only on enforcing contraceptive usage (Parker et al. 2000).

Since STI infection rates are relatively high in North America despite our easy access to contraception, experts have begun to turn their attention to the study of how cultural constructions of gender must be analyzed to understand risky sexual practices (Parker et al. 2000). One of the main underlying American ideologies relates to the “genderization” of objects and ideas, with masculinity permeating the realms of power and femininity being associated with fragility and incompetence. We can to look at certain concepts, objects, or people and can subconsciously
formulate expectations, which further reinforce the gender dynamics that run our society. We are constantly reinscribing gendered social norms. This dichotomous gendered structure has infiltrated our system of sexual health, creating an unstable framework that compels many to operate within strict gender norms and to a paradigm that leaves women many times feeling not only vulnerable but insufficient.

Dominant American culture has set up a series of binary oppositions to differentiate between masculine and feminine with little overlap between the two. These oppositions relate to nearly every aspect of American life where masculinity and femininity are juxtaposed: hard versus soft, penetrative versus penetrable, rough versus smooth, strong versus weak. As such, due to the value that American culture has placed on masculine ideals such as strength and penetrativeness; feminine characteristics have become devalued as negative. Thus, sexuality for males is mainly validated by actively trying not to be feminine; to be masculine, one cannot perform feminine characteristics. Hence, observable characteristics for the effects of sexuality on sexual health can, in some cases, be inextricably linked to the demonstration of some gender identity. In other words, based on the desire to correctly perform a gender, people tend to overemphasize certain aspects of masculinity or femininity, which can contribute to changing ideas on sexual health.

While sexual behavior relative to gender identity influence has been researched before among non-college and non-American populations (e.g. Brown et al. 2005; Mthembu et al. 2007; Pulerwitz et al. 2006), few studies have been done to analyze the effect of socially constructed values of sexuality on the use of contraception within an American college campus. In this case, specifically the bounds of hegemonic masculinity were analyzed to determine its effect on sexual health of the campus affected.

In addition, men are assumed to have a stronger sexual drive than females and subsequently may be freed from social constraints to satisfy this drive (Goldman & Goldberg 1974; Asencio 1999). Because of this drive to reinscribe stereotypical masculine behavior, it is clear that certain characteristics of masculinity would play a greater role in the negotiation of sexual health practices. Thus, I set out to delve deeply into expressions of masculinity on my college campus to better understand how nearly every facet of our sexual lives has been shaped by this gender identity.

Methods and Hypotheses
In this study, I utilized several techniques of ethnographic inquiry: interviews, statistical analysis, and participant observation. Using these methods, I search for the answers to these main research questions:

1. How influential are peers, specifically males, to the attainment of sexual wellbeing for other males?
2. In what ways do genders interact to influence sexual health and how are these interactions linked to one another?
3. How do social constructions of masculinity play a part in the justification of unsafe sexual practices among college-aged populations?
4. In what ways do women adapt to masculine behavior regarding the negotiation of sexual health practices?
I developed an ethnographic research study to dissect the many parts of masculinity and to selectively target college-aged students between the ages of 18 and 22. I administered my study outside of the most popular local dance bar notorious for being the platform for one-night stands. The basic premise of my project was to hand out free condoms in person, along with some information regarding HIV/AIDS during the main bar time (between 11:45 and 1:20). I stood out in the parking lot for around two hours with a big sign that declared “FREE CONDOMS” and a bright orange bucket full of two hundred assorted varieties of condoms. For the duration of this research study, the analytical methods that I utilized included observation and inquiry, with the results of the study being examined through statistical and theoretical analysis linked to existing applicable literature.

I never yelled at or harassed people leaving the bar; if they wanted to approach me I let them, but I never moved to attract people. My big sign brought about quite a bit of attention, mostly from friends, but also from a large segment of the population I had never seen before. Two hundred Premium lubricated latex condoms were in my bright orange bowl starting at midnight on Saturday, March 6th; 4 were left by 1:30am.

As anthropologists R. W. Connell and James W. Messerschmidt (2005) note, hegemonic masculinity embodies the currently most honored way of being a man, it requires all other men to position themselves in relation to it, and it ideologically legitimates the global subordination of women to men. As such, masculinity’s effect on sexual health is directly correlated from this ideology of male dominance. Thus, in order to better comprehend the socially constructed American paradigm of sexual health, my research was based on my ethnographic observation of college-aged students entering and leaving the bar.

Based on previous knowledge and experiences, I hypothesized that the binds of masculinity would affect both men and women equally when it came to sexual health. Furthermore, I believed that the information gathered from this study would clearly demonstrate how the dominant ideals of masculinity manifest themselves in the American model of sexual health on college campuses.

Results
My presence definitely caused quite a stir though I never tried to draw attention to myself vocally. I usually never even had to ask any questions for the takers as they were quite willing to tell me anything that I did not expect. As time went on I began to see a trend: roughly 90% to 95% of the condom takers were female; either within groups of other girls or by themselves, they came in droves. Though I did not keep an exact count of how many females approached me, it was obvious they were the majority of the takers from my bowl. The overall demographic of takers consisted of the following in succeeding order from highest to lowest: individual women, groups of women, individual male-female couples, individual males, and groups of males. Furthermore, these women were extremely excited to see me and hear why I had decided to spend my Saturday night giving out condoms.

On the other hand, an observation I made was that the male population coming out of the bar made sure to choose their path far from my contraception outpost, eyes averted from mine, making a wide arc around me. This was, by far, the most astonishing result from that night: the overall lack of males that took advantage of my free offering showed how lethargically conditioned men have become when it comes to publicly displaying sexual health preoccupation. But, not all
males displayed this obvious disdain and I did have the opportunity chat with a few males, sober and drunk alike, about sex and protection. From these observations, I offer explanations of the ways constructions of masculinity had influenced the actions of these people.

Discussion and Analysis

The focus of this study was to examine the effect of dominant cultural constructions of masculinity on sexual health and its practice among college-aged populations in America. With limited current research on gender identity and its effects for both non-college or non-American populations, this study is essential in learning how the many facets of our culture have been shaped by masculinity (Macaluso 1999; Pulerwitz 2006). The present study found that specifically masculine behavior contributes to influencing our sexual health model in America. From these results, I was able to answer my questions laid out in the methods section.

Fraternal Influences on Using Contraception

It has been well established that friends have a large impact on students’ sexual behavior and that fraternal influences have the greatest effect on individuals as to this behavior (Schulz 1977). Since the ideals of masculinity denigrate the use of contraception as weak or unmanly, male peers influence one another to conform to this ideological construction by neglecting to use condoms (Whitehead 1997). In an effort to prove one’s masculinity, the public avoidance of taking free contraception resulted in the social strengthening of the males’ masculinities. This concept was shown in my study where the males that did approach me tended to be alone, almost covering their face and sneaking off with a handful if they were bold enough to even make it across the parking lot. Groups of males hardly were part of my demographic for takers that night; they would see me and either laugh about it with their buddies or pretend like I was not there.

Fraternal influence is so strong that rarely are men able to feel comfortable acting how they feel when they are constantly being pressured into the guidelines of masculinity. Regardless of whether an individual wanted to be responsible, the effect peers on him discouraged him from taking condoms in a public place. As an example, one white male approximately came up to me and agreed to take a condom but followed it with a playful slap on the arm and stated, “but it’s not like I use condoms anyway, right bud?!” I was stunned. Immediately, I wondered if I had said something misleading that would help him reach that conclusion, but then I realized that by me being myself (male) gave him the opportunity to practice his masculinity. At the very least, he wanted to both flaunt his masculine power as well as gain acceptance by convincing me that he was a “true man.” Behavior like this simply reinscribes social ideals related to maleness and machismo, ultimately ending with potentially dangerous consequences if his and other male’s unsafe-sex practices continue.

This arrives at a paradox: men have been conditioned to be unconditioned when it comes to sexual wellbeing. Disregarding abstinence, using a condom is the best known form of preventing HIV/AIDS or any other STD, yet to feel empowered and masculine the males I observed intentionally avoided a great opportunity to obtain free contraception (Stone et al. 1999; CDC 1998). The masculine archetype that dictates male pleasure trumping safe-sex practices overrode many males leaving the bar that Saturday night with girls. In order to show off their masculinity, men demonstrate their sovereignty over sex protection believing that their muscles and their manliness will be all the protection they need.
Negotiating Condom Use: When is it Appropriate?
Apart from my research study of observing the handing out of free condoms, I also prompted some male bar-goers—drunk and sober—with questions regarding the use of contraceptives. I found a few sober people that held interesting and oppositional ideas to the social norms on sex along with a few perspectives that reinscribed them. In quick conversation, I directly asked five separate people whether they would have protected sex with an extremely attractive person of the other sex even if they did not require it. One respondent offered the idea about how looks influence the decision and that “if she looks like a whore then I would use one, but otherwise I don’t think I would.” This reflects Tony Whitehead’s findings (1997) that males prefer to use contraceptives when a woman appears to be “fast” or a “freak.” This suggests that a hierarchy may exist within the male mind as to whether correctly performing masculinity is worth the increased risk of an STI.

As one respondent answered, “I would for sure have [unprotected] sex with the girl. The worst thing would be to get AIDS. After that, getting her pregnant [would be the worst]. Getting a girl pregnant would suck; I’d feel terrible.” Here, I got my first glimpse of the fear of unwanted pregnancy, but, I noted that it came after contracting an STI such as AIDS. Among college students, though unwanted pregnancy is a very real product of unprotected sex, it consistently ranked behind the contraction of an STI. A respondent clarified this saying, “we’re two years away from finishing college and moving on in life, the last thing you’d want is an STD,” going on to state, “you can always get an abortion or something, an STD will stay with you forever.” From the responses I obtained, college-aged males were far more eager to accept an unwanted pregnancy than contract an STI by believing pregnancy could be more temporary if eliminated.

It seems that relying on intuition is the first line of defense for some men, maybe even the only line sometimes. A common thread that my research produced was this male hesitancy when it came to perceived “fast” or forward women, believing that the more forward a woman was, the greater the need was for contraception. A lot of males said that they could “tell if a girl was a whore by looking at her and by how she acts.” From there, males could decide whether or not to use contraceptives. Though many males believed that looks can have some merit as to whether a female is infected, AIDS and STDs never discriminate based on class, age, looks, or personality.

Here arises the question, why are STIs and unwanted pregnancies not considered unmanly or emasculating? Since sexual conquest remains such a large part of proving one’s masculinity, though stigmatized by society the attainment of either of these consequences is public verification of masculinity for the male responsible. Our society has constructed a cultural safety net for male masculinity, ready to catch a male who suffers the consequences of his irresponsibility.

Is Masculinity a Justification or are Justifications Shaped by Masculinity?
Since masculinity is a social construction and manifests itself in different ways in different societies, the manner in which it permeates a culture is relative to that culture specifically and attaches itself at the roots. From there, it is capable of altering all the leaves and branches that make up the rest of the culture without many people even recognizing a difference. This, I believe, is what I witnessed on the Saturday night at that bar: many internal justifications within the minds of countless males pressured by their peers to neglect safe-sex options. The real question remains, is it directly the pressure to fit in that affected these males or were the justifications being made to have unprotected sex a byproduct of masculinity’s hold on our culture?
For instance, one person noted the relative geographical safety from STDs in a small town in America in contrast to Africa or Southern Asia where the AIDS rate is much higher (UNAIDS 2009). The respondent felt that, “AIDS is not here and our STD rate is really not that high.” This also exemplifies how we take so many things for granted here in America. We must question: because it is impossible to know who is infected simply by looking at them, why do males feel justified in using geography as a reason for not having protected sex? Here, I argue, it is both. To better understand this concept, one must also view American constructions of sexual pleasure contiguously with masculinity.

Sexual pleasure has been proven to be a main focal point for the majority of sexually active males, many of whom believe their pleasure trumps all else in sex (Whitehead 1997). Even our concepts of sex are entirely socially constructed. It has been engrained in our culture that sex without a condom is much more pleasurable than with one, so, this becomes another way to justify having unprotected sex. In our male-centered, hegemonic, patriarchal society, sex has been construed by the dominant culture to be purely for male enjoyment and that women are merely objects to facilitate this pleasure. All males that I interviewed agreed that sexual intercourse without a condom is a much more pleasurable experience than if they were wearing one. Because males have the belief that their pleasure is superior to the female, he is able to justify his validation of masculinity by sexual conquest, as well as satisfy social constructions of sex and pleasure, all by neglecting to use a condom.

Adaptations in Femininity as a Result
At the other end of the spectrum, the women I encountered during my project represented active participants in the quest for proper sexual health, taking the initiative to gain sexual autonomy and obtain protection. Overall, they tended to be more interested than the males in why I was out there than the males, showing curiosity in my choice of major and the implications of my project. As was stated, around 90% to 95% of the takers of protection were females and not a single one of them showed any embarrassment for their choice to protect themselves. Many of the female responses ranged from “wow, you’re really awesome for doing this” to “that’s really righteous; good for you.” All showed appreciation towards me for making this option of sexual health available so they could take the initiative for protection. Females responded in this way due to opinions on male accountability for contraception, reflecting that they felt men were “sly” or devious, trying to con women into having sexual intercourse without a condom. In this way, because our paradigm of masculinity encourages neglecting to use condoms for increased pleasure and conquest, women have adapted to take a greater responsibility in their sexual health. Femininity has adapted to masculinity’s pressure on males. This is often how males are portrayed by our culture: hypersexual heterosexuals that feel compelled to validate their masculinity. And because this image of hypersexuality is reinforced in our mainstream society, men feel pressured to conform to its ideals. Therefore, women felt that my presence with, essentially protection from males, gave them more autonomy to make the decision themselves because men cannot be held reliable due to their ulterior motives.

Conclusion
In retrospect, my results surprised me quite a bit, though as I analyzed the results a bit further I began to understand the deeper concepts relating gender and sexuality. The questions I set out to answer related to American dominant constructions of masculinity and their effect on sexual health. I investigated how the genders interact to shape this model and how specifically femininity
has adapted to these ideals of masculinity. From this ethnographic study I conclude that masculinity negatively affects our system of sexual health because it compels males to publically denigrate the use of contraception based on masculine ideals. Together, masculinity and femininity play equal and opposite roles in the negotiation of contraception as gender roles adapt to one another in order to fulfill dominant cultural values to correctly perform gender. Due to males being construed as overly sexual beings, our conceptions of masculinity now encompass negative ideals that endanger both males and females.

The lackadaisical nature that we have instilled in males has resulted in the transmission of dangerous sexual diseases when they could otherwise be avoided. Our cultural mindset of gender has permitted masculinity to run and hump unprotected and without bounds. The spread of HIV/AIDS can be ended once we alter the roots of our socially constructed tree. Ultimately, gender equality will make the difference between female dependence on males and their sexual health sovereignty. I believe that empowering women of all ages comes with the proper supplication of contraception, giving women options to make their own decisions without reliance on males.

References Cited:
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