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## **Sex, Gender and Condom Use**

Although the condom has a history dating back at least 2000 years, it took the threat of HIV/AIDS to move this contraceptive from the margins to the mainstream. The evidence that condom use could decrease transmission of many sexually transmitted diseases, and particularly, HIV, was responsible for the image of the condom shifting from the sordid, that is, from illicit sex, to the hygienic, as the primary public health measure in the fight against the spread of AIDS. The medical literature includes hundreds of research articles that consistently document the benefits of condom use. Throughout much of the world, teenagers are taught how to use a condom as part of their school education. In the country where I live, Canada, over the past fifty years condoms have moved from being illegal (until about 1969), to being sold in a controlled fashion, and now, to being readily available.

Nevertheless, the paper by Sohn and Chun in this issue suggests that public health measures and access cannot change gender stereotypes<sup>1</sup>. Amongst young Koreans, men are twice as likely as women to be sexually active and to have had multiple partners. Although these men are somewhat more inclined to use condoms than are the women surveyed (17.3% versus 13.6%) neither sex really could be considered to have heard and absorbed the STD prevention message associated with condom use. In fact, most of those surveyed were well aware of the benefits of condoms but cited other reasons for their lack of use. In other words, education had limited, if any impact on behaviour.

What then, is this failure to protect oneself from the risk of a life-threatening illness all about? Is such

behaviour unique to Korea? Is it amenable to change? Marston and King reviewed all qualitative studies of young people's sexual behaviour, published in English between 1990 and 2004 to determine the reasons for these behaviours<sup>2</sup>. They found that the social forces and values that shape sexual behaviour are remarkably similar everywhere and are, essentially, global in nature. Despite changes and variations in social roles across time and space, women's sexual roles continue to be dichotomized as the virgin or the prostitute. Chastity, or the appearance of it, is rewarded in women whereas, in contrast, sexual experience raises male social status. For women, carrying condoms may be seen as a sign of sexual experience and lack of being "swept away" by the romance of the moment while men who fail to seek sex may face derision and have their heterosexuality questioned. Within traditional Korean culture women are expected to be passive and not sexually active prior to marriage. It would appear that regardless of increased sexual activity prior to marriage in Korea and around the world, underlying values and gender norms for men and women are universal and relatively static. Those roles may be elastic enough to allow women to be sexually active but mitigate against their protecting themselves from infection or, perhaps from unwanted pregnancy.

Sohn and Chun refer to gender differences in the title of their paper. Gender is a social construct, and varies with the roles, norms, and values of a given society, in contrast to sex, which defines a biologic reality that remains constant across time and place<sup>3</sup>. There is a growing medical literature addressing the importance of gender

as a determinant of health<sup>4-6</sup>. The Korean study identifies sex differences in behaviour and attributes these to traditional gender roles and a lack of education. In contrast to the Korean situation, in many western societies age of first intercourse and rates of sexual activity are the same for young women and men. Such quantitative data may, however, mask the persistence of gender differences in roles and expectations in the west. Quantitative data from Sohn hint that Koreans' sexual behaviour reflects a traditional society, but qualitative information from Marston and others suggest that these gender norms are universal<sup>2,7,8</sup>. The universality of gender roles and expectations about sexual activity raises important questions as to the validity of gender as a construct. If gender is socially, rather than biologically determined, one would expect to see a variety of gender roles across different cultures and contexts. Instead, there is remarkable consistency in the values, expectations and roles, although not in the level of sexual activity of each sex, globally. Perhaps these roles are biologically determined remnants from a time when men sought multiple partners as a way of ensuring offspring and survival of their clan or bloodline. Perhaps gender and sex cannot be clearly differentiated.

There is virtually no evidence that education can change behaviour, particularly when that behaviour arises from beliefs and values, rather than ignorance. Although teaching adolescents the proper way to use condoms should decrease the failure of condoms, themselves, such knowledge will not increase the frequency of condom use. Education may provide a means of changing the beliefs that reinforce traditional roles

for men and women in all societies, but only if there is a collective will to change those values. Global experience indicates that education (in general, rather than about sexual activity), economic self-sufficiency, and equality emancipate women and increase their ability to be assertive, to take control over their lives, and to protect themselves from unwanted sex, pregnancy or infection. However, Marston's paper sounds a cautionary note about these social shifts and changes<sup>2</sup>. In even the most egalitarian, and the wealthiest countries of the world female sexual roles seem resistant to changing and remain limited to the virgin or the prostitute.

I would suggest that we need no more studies quantifying condom use or defining the differences between sexual activity amongst men and women. The literature is extensive, clear and consistent. What we do need

is discussion about traditional gender roles and research exploring how to change these roles so that both women and men can act in ways that promote healthy and safe sexuality.

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