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***Heterosexuality: Fuelling or  
Fighting the HIV/AIDS  
Pandemic?***

**PENNY JAFFRAY**

*Department of Sociology*

*University of Fort Hare*

*University of Fort Hare*

*South Africa*

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## **Introduction**

This paper explores issues relating to heterosexist notions of masculinity, femininity and sexuality within the context of the HIV/AIDS pandemic currently being experienced in South Africa. In reviewing relevant literature and making reference to two research projects, it argues that the interests of women, as well as intervention strategies aimed at curbing the spread of HIV/AIDS are not being served by institutionalized heterosexuality. As such, it takes the position that heterosexuality is fuelling rather than fighting the HIV/AIDS pandemic.

## **Background**

We are living in the midst of an HIV/AIDS crisis, which we are led to believe, shows little sign of diminishing in the foreseeable future. Statistics<sup>1</sup>, for example, predict that the number of new HIV infections and people living with and dying from AIDS will increase until at least 2010, after which a gradual decline is anticipated. In the meantime and in an attempt to curb the spread of the HI virus in South Africa, public health measures have been limited, in the absence of a vaccine and / or effective curative treatment, to preventive health interventions. As such, public health measures involve tracing the source of the epidemic, establishing its mode of transmission and spread, and advocating ways of restricting exposure to it (Petersen and Lupton, 1996: 7). The Western scientific model of public health that underpins this understanding of preventive health measures has given rise to HIV/AIDS education and awareness campaigns directed at populations deemed to be "at risk". Research findings over the past decade (cf. Visser, 2005: 204) report patterns of "high-risk sexual behaviour" (Visser, 2005: 204) amongst young people in South Africa from an average age of thirteen (13) years onwards. Indeed, loveLife<sup>2</sup> reports that approximately "...50 percent of HIV infections occur before the

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<sup>1</sup> Statistics relating to HIV/AIDS in South Africa are controversial. Most are based on data collected from the 'Survey on the Prevalence of HIV and Syphilis amongst Women Attending Public Health Sector Antenatal Clinics'. This survey, which has been conducted in October of each year since 1990 by the National Department of Health (UKZN, 2005: 2), provides regular data from which projections to the general public are made. However, the estimates provided by the survey are considered unrepresentative in that they are based on data received from public antenatal clinics. The survey population, therefore, consists of '...pregnant women who recently became sexually active, are younger than average, are mainly African, and are visiting public clinics' (HSRC, 2002: 1). In an attempt to extract more representative data, the Nelson Mandela Foundation and the Nelson Mandela Children's Fund sponsored a household survey of 'South African National HIV Prevalence, Behavioural Risks and Mass Media' which was conducted by the Human Sciences Research Council of South Africa (HSRC) in 2002, (HSRC, 2002: 1; UKZN, 2005: 2), with a follow-up survey in 2005. Although limited to those willing to participate in the HIV testing process, this survey was seen to produce data from a relatively representative sample of households throughout South Africa. Accepting a number of assumptions and using data produced by these surveys, the Centre for Actuarial Research has developed an ASSA (Actuarial Society of South Africa) model to project prevalence, deaths and other statistics in the future (ibid: 7).

<sup>2</sup> Established in September 1999, loveLife describes itself as follows:  
"loveLife is South Africa's national HIV prevention programme for youth. loveLife has brought together a broad based coalition of international foundations working in HIV/AIDS prevention, major South African media  
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age of 20” (loveLife, No date: 1). Young people, accordingly, form a major target group in the prevention campaign which promotes abstinence and “safe” sexual practices (ibid).

In addition to it affecting young people, HIV/AIDS is also estimated to affect more women than men (AVERT, 2006; Nelson Mandela Foundation, 2005: 45). In the age group 15 – 24 years, for example, HIV prevalence<sup>3</sup> is estimated to be approximately four times higher in females than it is in males (Nelson Mandela Foundation, 2005: 45). This significant difference in prevalence points to an urgent need to challenge existing and dominant conceptualizations of sexuality, femininity and masculinity.

Although lip-service is paid to gendered power relations, discourse surrounding HIV/AIDS educational / awareness campaigns is, to a large extent, directed at a supposedly gender neutral audience. It is assumed that females are able to make “choices” and should be acting upon these choices in their interests and the interests of society more broadly. At the same time, women are being burdened with greater responsibility to “protect” themselves, their fetuses, babies and as the “...gatekeepers of male sexuality...” (Richardson, 1993: 232), their male partners against the spread of HIV/AIDS. But the potential to reduce HIV infection rates through alternative sexual practices is neither explored nor promoted. Instead the dominant heterosexist notion of sexual intercourse, which places women at particularly high risk of infection, prevails.

## **Methodology**

This paper is based on a review of relevant literature ranging from academic articles to advertisements appearing in magazines. It offers a critique of intervention strategies aimed at preventing the spread of HIV and in so doing draws, to some extent, on the loveLife media campaigns: “love to be there” and “HIV: Face it”. It also makes reference to findings from two research projects. The first was a baseline study completed in 2005, which used qualitative research methods to collect data from learners, educators, principals, school governing board members, district coordinators and managers, and non-Department of Education stakeholders (for example, non-Government Organisations [NGOs] and the Department of Health) as well as provincial leaders. The findings mentioned in this paper concern information elicited from the latter grouping, namely the middle and senior management in the Eastern Cape Department of Education as well as non-Department of Education stakeholders and provincial leaders. A full report of the research appears in

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organizations and private corporations, the government of South Africa, and leading South African non-government organizations with one shared goal – to turn back the epidemic of HIV/AIDS, and related epidemics of teenage pregnancy and sexually transmitted infections, among South Africa’s young people” (loveLife, No date: 1).

<sup>3</sup> Prevalence refers to the absolute number of people infected at a given time and is distinct from incidence which refers to the number of new cases of HIV infection per year (UKZN, 2005: 1). Although it is acknowledged that the incidence of HIV has decreased slowly since peaking in the late 1990s, it is a difficult rate to measure. As it decreases, however, a decline in the prevalence rate can also be expected.

a publication entitled "IMBEWU II Comprehensive Evaluation Report: HIV/AIDS Baseline Study 2004/5".

Subsequent to, and emerging from, the baseline study, further exploratory research has been planned to investigate sex- and gender-related issues as they pertain to HIV/AIDS prevention strategies. A pilot study, making use of an open-ended questionnaire, was administered to four (4) educators<sup>4</sup>, currently employed at schools in the Eastern Cape during June 2006. The researcher has been acquainted with all four respondents for between six months and two years and all were contacted and asked to complete the questionnaire, which was done by means of hand-written answers. Although not done systematically, some of the findings of this pilot study, together with the baseline study, are reported on in the paper and used to illustrate themes that emerge from the review of literature.

### **Heterosexual Conceptions of Sexuality**

Definitions of female and male sexuality, aside from cultural variations, are overwhelmingly directed by the ideology of heterosexuality, which refers to "(a) sexual relationship between members of the opposite sex" (Humm, 1995: 119). This view of sex, involving penile penetration of the female body, is considered to be the norm in male-dominated or patriarchal societies. It also directs understanding regarding sexuality, which although a controversial and broad concept in itself, can be understood to mean the experience and expression of desire, particularly as it relates to sex. Desire, in turn, may refer to an experience of wanting or needing something and may have little, furthermore, to do with reason (Magezis, 1996: 107).

This conventional view of sex was certainly evident in the pilot study responses, wherein all respondents described sex as intercourse between a male and a female. By way of illustration, one respondent indicated that "*when people talk about sex they think about male and female. They think about the penetration of (the) penis into the vagina*". Although dominant, it is possible to conceptualise "sex" differently (such as those conceptualisations applicable to homosexuality), or to include practices other than intercourse. This possibility was explored to some extent in the pilot study. Respondents were, for example, asked if "sex" could include practices other than intercourse. Responses elicited from the female participants indicated that "sex" could include other practices and listed, amongst them "*...touching each other, kissing, massaging and exciting each other by touching each other's genitals*", as well as oral sex. These findings, although limited to the pilot study, support the claim that sex practices can be understood to mean more than penile penetration, even amongst heterosexual females. Responses elicited from the male participants did not, however, support an

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<sup>4</sup> The views, values and perceptions of educators have been selected because of the relative importance educators have in being able to influence the ideas and world views of learners. Whether overtly or covertly, educators are imparting values and attitudes to learners and those relevant to sex and gender will be conveyed through the conventional and hidden curricula taught in schools. It is for this reason that educators' views, values and perceptions of sex and gender are sought in the planned research.

understanding of sex as anything other than sexual intercourse involving penile penetration. As one respondent wrote: *"No! (Sex cannot include practices other than intercourse). Because it's about intercourse where there will be satisfaction. Penis penetration"*.

Such an understanding of sex and the "satisfaction" referred to above by one of the male respondents can be seen to hold a "phallogentric" bias. In other words, it "...gives primary importance to male pleasure" (Magezis, 1996: 109) in its focus on penile penetration of the vagina. This is because the penis is capable of producing sexual orgasm in males, but the vagina is not capable of producing the same in females. Anne Koedt (2000: 371) explains that "...the vagina is not a highly sensitive area and is not constructed to achieve orgasm. It is the clitoris which is the center of sexual sensitivity and which is the female equivalent of the penis" (ibid.: 371). She continues by stating that "(a)lthough there are many areas for sexual arousal, there is only one area for sexual climax; that area is the clitoris. All orgasms are extensions of sensation from this area" (ibid.: 371). It can be argued, therefore, that conventional sexual intercourse, for the purposes of sexual "satisfaction" as opposed to reproduction, is in the interests of males rather than females. This, according to Koedt (ibid.), is because "(m)en have orgasms essentially by friction with the vagina, not the clitoral areas, which is external and not able to cause friction the way penetration does". As such, she argues that "(w)omen have thus been defined sexually in terms of what pleases men; our own biology has not been properly analyzed. Instead, we are fed the myth of the liberated woman and her vaginal orgasm – an orgasm which in fact does not exist" (ibid.).

Despite this myth, phallogentric sexual practices prevail. And while feminists, such as Koedt (2000) have consistently challenged the male bias inherent in heterosexual relations, Diane Richardson (1993) points to the urgency in so doing, given the current and growing HIV/AIDS burden. According to Richardson, the HIV/AIDS pandemic should be challenging our ideas about penetrative sex on account of it being one of the most significant modes through which the HI virus is spread and one of the riskiest. But this has not happened, as she (Richardson, 1993: 233) explains:

"...AIDS education campaigns have, by and large, uncritically accepted a view of sex as intercourse. We have the 'condom solution'. Safer sex advice is centred upon fewer sexual partners and being told 'always use a condom'...Why do we never hear about non-penetrative sex as a less risky and potentially more pleasurable way of preventing AIDS?"

She offers an answer to her question: "Because it's too challenging both to men in general, and to the view of intercourse as 'natural' or 'normal' sex: a view that is enshrined in the law and religious teachings" (ibid.: 233). As a result, the heterosexist understanding of sex remains the norm in HIV/AIDS prevention strategies. Further to serving male interests and heightening the risk of HIV infection for women, the problem with heterosexism is its potential to undermine HIV/AIDS awareness and education campaigns aimed at curbing the spread. This is done by failing to acknowledge heterosexist notions of masculinity and femininity and the stereotypes they support.

One of the primary messages promoted by education and awareness campaigns, such as those adopted by Government departments and non-government organisations in South Africa, is abstinence. In other words, target groups, particularly those between the ages of 12 and 17, are encouraged to refrain from sexual relations until marriage and when married to remain faithful to one's spouse. In the event that neither abstinence nor faithfulness can be adhered to, individuals are encouraged to engage in "safe sex" practices, which are largely understood to mean the use of condoms during sexual intercourse. Responses from the pilot study confirm this understanding of "safe sex", in that all state in one way or another that "safe sex" refers to the use of condoms. Although both male and female condoms are available and their use promoted, male condoms tend to be more freely available than female condoms and are arguably more commonly thought of when reference is made to condoms. But none of these strategies, namely the promotion of abstinence, faithfulness or "safe sex", are likely to be successful if current conceptions of masculinity and femininity and existing structures of power between males and females persist. Some of the reasons for making this claim will be explored in the sections below.

### **Heterosexual Conceptualisations of Masculinity and Femininity**

Penetrative sex is closely intertwined with notions of masculinity and "...is often a way of achieving status and power over others..." (Richardson, 1993: 232). In attempting to conform to this socially defined notion of masculinity, then, messages advocating abstinence and being faithful are likely to be dispensed with. One of the responses to a question asked in the baseline study aptly illustrates the potential held by gender stereotypes to subvert intervention strategies. It was suggested, in this response, that males who have a number of girlfriends are considered to be "more masculine" than other males and are seen to be "even more masculine" if they are able to have sexual intercourse with a female who is known to say "no".

Achieving masculinity in the eyes of one's peers, then, requires increasing, rather than limiting one's sexual activity with females, which flies in the face of those messages aimed at reducing the number of females with which males engage sexually. Females who decline to engage in sexual activities with males, and are known to do so, apparently set themselves up as targets for penetrative sex from males seeking affirmation of their masculinity. An ideal version of such masculinity was described by one of the male respondents in the pilot study as "*(a) bold, boasting, bullying person who also has a negative attitude towards women... (and) regards a woman as a sex object*" and a female respondent described a masculine individual as "*tough, violent, powerful, strong*". If these stereotypical qualities do represent ideals that males admire and emulate, then HIV/AIDS prevention strategies aimed at a gender-neutral audience are likely to miss their mark.

Constructions of femininity are also problematic in heterosexist culture, particularly as they relate to HIV/AIDS intervention strategies. Morag MacSween (1993) argues, for example, that in contemporary capitalist societies, women are offered the "ideology of individualism" (ibid.: 161) in which the body is understood as the "...separated and owned instrument of the self..." (ibid.: 160). At the same time

that this apparently gender-neutral individuality was bestowed on Western women from the late nineteenth century onwards, it has been "...undercut by the ideology of femininity and its construction of the feminine as the responsive complement to the masculine-as-norm" (ibid.: 161). The effect has been to lay "...two fundamentally contradictory sets of expectations on women's shoulders: to be independent and separate while still remaining dependent and responsive" (ibid.: 160).

The extension of "individuality" to women is evident in aspects of the loveLife campaigns. In the "HIV – Face it" campaign, for example, two billboards encourage women to resist sexual relations with partners, undoubtedly male, who are firstly not in an exclusive sexual relationship with the female and secondly, who pressurize the female into sex. This is done through the copy which reads: "If it's not just me, you're not for me" and "You can't pressure me into sex" respectively. These messages make sense within the ideology of phallogentric individualism which anticipates that individuals are "independent and separate" (ibid.: 160) beings in full control of their bodies. There are a number of reasons that they do make sense within the ideology of "institutionalized heterosexuality" (Bartky, 1992: 110), however.

Women are deemed individuals within such ideology, but they are also compelled to participate in becoming "feminine" (Bartky, 1992: 110), which is defined in terms of being dependent upon, and responsive to, males. Through the process of socialization, then, "(w)hat little girls learn is not the desire for the other, but the desire to be desired" (Wolf, 1991: 157). In other words, affirmation of one's "femininity" is dependent upon male sexual interest. And in order to make herself sexually desirable, a "...woman must make herself 'object and prey' for the man..." (Bartky, 1992: 110). So a female learns from a young age, "...that whatever else she may become, she is importantly a body designed to please or to excite" (Bartky, 1992: 117). This is certainly the message that is imparted to women in media messages and advertisements such as a Dolce and Gabbana advert for perfume and a Spice Gold advert in which a woman is depicted as the "catch of the day" (To be shown in the presentation).

So while women are internalizing the message that they are individuals, they are at the same time internalizing an equally strong, if not stronger message that they "desire to be desired". The message, then, to females to refuse the sexual advances of a male may be a reasonable one in light of the HIV/AIDS pandemic, but it is also one that requires the denial of wanting or needing affirmation of one's femininity and, hence, personal identity (Bartky, 1992: 114). It has implications at a social level, too. Renzetti and Curran (1992 39) suggest, for example, that

"...what contributes most to a teenage girl's prestige and popularity is having a boyfriend. 'A girl may be bright, friendly, competent, and attractive, but without a boyfriend she lacks social validation of these positive attributes. It is as though being selected by a boy tells others that a girl is worthwhile'."

So being in a position to attract a male's sexual interest has personal and social rewards for a young female which fortify, temporarily at least, feminine identity. The message directed at young women to

refuse sexual advances of males may, then, be a far more threatening one than the HIV/AIDS prevention strategies would have us believe. The appeal to reason may be valid, but may not elicit the desired response as heterosexist notions of individual agency may contradict or even undermine notions of femininity. And to defy conformity to the norms of femininity may also invite sanctions, the most severe of which is "...the refusal of male patronage" (Bartky, 1992: 113).

Finally, heterosexual relations are often characterized by unequal power relations, which favour males. Intervention strategies suggest that females have a choice to engage in sexual intercourse, have a right to say "no" to the sexual advances of males and are in a position to engage in safe sex. In reality, it may not be as easy to act upon these rights and choices as intervention strategies suggest. Ensuring, for example, that a male condom is worn during sexual intercourse often requires "strength" on the part of the female. The baseline study, referred to above, investigated this issue by suggesting to respondents that HIV/AIDS prevention strategies tended to ignore issues of power between men and women particularly in sexual relations. The example used to illustrate this claim involved decisions around condom use. The perceptions elicited acknowledge the differential power relations that often exist in heterosexual interactions, as suggested in the following response

*"...I know that between males and females certainly the female has to be very strong in order to demand that the male uses a condom. And very often she is not strong enough."*

This response indicates that even if females assume responsibility for protecting themselves against infection, their male partners may require convincing of the need to do so, which will, in turn, require strength on the part of the female.

Such strength is necessary because, as Richardson (1993: 233) argues, we live "...in a culture where women are expected to be sexually passive, where sex within marriage is legally defined as a man's right, (and) where rape and sexual abuse are primarily crimes against women...". In such a culture "...many women will have little if any 'choice' whether safer sex occurs or not" (ibid.). This was, indeed, found to be the case for one respondent in the baseline study, who revealed that she had been infected with the HI virus by her husband:

*"... I have been infected because of my husband because he has got the power. I can't say 'no', you know. He was sleeping around, but I can't say 'no'. He said 'you're my wife. I have the right to have the sex with you'. Then if I don't want, he's going to beat me, you know."*

The ways in which such issues of differential power relations are addressed in prevention strategies often focuses on "empowering" females and encouraging them to say "no" to sexual intercourse. In the baseline study, for example, a senior Eastern Cape Department of Education employee related his views on the need to empower female learners and was of the opinion that this took place in school training programmes.

*"Look you know, I'm sure with the training that takes place, the girls are empowered, you know, to say 'no'. And the boy made to understand that 'no' means 'no'. But I think in normal, I mean besides the policy (the South African Education Department's Policy on HIV/AIDS) the*



*whole question of boys trying to, I can't say intimidate, force the issue by saying 'if you don't have sex with me, it means that you don't love me', you know. 'Prove your love to me by having sex with me, you know without a condom'. You know that sort of stuff I think as I say the girls need to be empowered to ensure that they don't fall for that, you know, strategy. To be able to say 'no, and sure look if that is how you feel, find yourself another girl'."*

As mentioned above, females who are known to say "no" may become the target of males wishing to establish and display their masculinity amongst their peers. So "empowerment" training may bring about unforeseen consequences. It also acts, as mentioned above, as a potential threat to the ideology of femininity which is internalized by females through the process of socialization. The campaign to get women to say "no" is at the very crux of the "contradictory sets of expectations (placed) on women's shoulders" (MacSween, 1993: 160). The individualism extended to females appeals to their sense of independence, separateness and rational thought processes allowing them to say "no" to unwanted sexual advances from men. But, at the same time, women internalize dependence upon and responsiveness to males, which is at odds with the campaign. Unless such contradictory messages, inherent to heterosexist notions of femininity, as well as masculinity, are addressed, the potential for curbing the spread of HIV/AIDS is limited.

## **Conclusion**

This paper has discussed the ideology of heterosexuality within the context of the HIV/AIDS pandemic currently being experienced in South Africa. It has argued that rather than fighting the pandemic, the dominant ideology may be inadvertently fuelling it. This it does through an unquestioned acceptance of phallogentric sexual practices which place women at greater risk of infection. Instead of exploring and promoting alternative sexual practices, that hold the potential to be more satisfying to women, HIV/AIDS prevention strategies accept as the norm, sexual intercourse involving penile penetration of the vagina. In light of the higher prevalence of HIV in young women, the need to advance alternative ways of thinking and doing is becoming increasingly urgent.

In addition to issues relevant to sexuality, heterosexist notions of masculinity and femininity serve to undermine HIV/AIDS prevention strategies. While interventions promote abstinence and limiting the number of partners with which individuals engage sexually, messages surrounding masculinity encourage males to "conquer" as many females as possible. In similar fashion, messages surrounding femininity hold the potential to undermine HIV/AIDS intervention strategies. This is because females, in contemporary patriarchal societies, are expected to meet two contradictory sets of expectations. In the first place they are required to adopt the position of an independent, separate individual with the capacity to make rational decisions. It is to this image that HIV/AIDS prevention strategies, such as those depicted in the loveLife campaigns, appeal. Young women are thus given confidence to say "no" to males who are either in multiple sexual relationships or are showing unwanted sexual interest. At the same time, heterosexist notions of femininity demand that women remain sexually dependent upon and responsive to males. Without an extensive challenge to such

understandings and constructions of femininity in heterosexist culture, HIV/AIDS prevention strategies are unlikely to make the intended impact.

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