Attitudes to and use of lubrication during heterosexual sex by students at Wits University

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Declaration

I declare that this research report is my own unaided work. It is being submitted for the degree *Masters of Arts in the Faculty of Humanities (Development Studies)* at the University of the Witwatersrand, Johannesburg. It has not been previously submitted for any degree or examination at any other university.

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Abstract

This research explores the attitudes to and use of lubrication during heterosexual sex by Wits University students in Johannesburg in the context of Sexual and Reproductive Health and Rights (SRHR) organisations and researchers finding that wetter sex is safer sex. Coupled with lubrication, sex is made safer for three reasons: it reduces condom usage failure, reduces the chance of vaginal lesions and increases pleasure.

But introducing the topic of lubrication seems a concept out of reach for many education and public health sites in South Africa. The Abstain, Be Faithful, Condomise (ABC) approach to safe sex has been employed for decades at sites of formal sex education and shifts from its largely conservative positions are not always welcome: the introduction of the Comprehensive Sexualities Education (CSE) syllabus into sex education at schools triggered hostilities among parents and school bodies across the country. The ABC approach has been called into question, however, by research showing that denying all-gendered pleasure – including lubrication's role - a place at the table of these discussions results in missed opportunities to affect behavioural change and safer sex.

Much research has been done on the biomedical benefits of introducing lubrication during sex. Lubrication enhances the environment for successful condom use and safer sex: enough wetness to reduce the chance of friction that can cause condom failure as well as lesions in the vagina both of which increase the risk of exposure to STIs. But speaking about lubrication cannot take place without speaking about sexual pleasure for both men and women because wetness during sex is a result of sexual arousal by men, and women in particular.

The first step in understanding how resistant South Africans would be to the policy of using lubrication with condoms, however, would be establishing what exactly their understanding, and experience, is of lubrication, pleasure and pain.

An anonymous survey invited students to answer questions about why and how they understand sex, pleasure, communication with their partner/s and their experience of sex education. They were asked about the mechanics of sex: their condom use and failure, dryness during sex, their reasons for using – or not using – lubrication, pain during sex and its opposite experience: pleasure.

The data showed a prevalence of dryness during sex which respondents said was one of the main causes of condom failure. Apart from the risk of exposure to STIs presented by condom

failure, dryness was also one of the main causes of pain during sex. This is significant because respondents indicated that the opposite sensation - pleasure - was one of the main reasons respondents had sex.

Despite this, a large proportion of respondents had not used lubrication before and their responses indicated poor knowledge of its benefits. This is likely due to, in part, the sex education many of them received at schools which did not mention lube or pleasure.

The data were also analysed according to gender because of the difference in how, biologically, men and women experience sex – like who produces natural lubrication - but also because of the powerful influence that gendered identities, beliefs and biases have on sexual experiences.

The data revealed that respondents' experiences of dryness, their perceptions of reasons for condom failure, and pain during sex, among other experiences, were different depending on their gender. The data showed that men and women perceive and understand sex in different ways and, because of social conditioning around this, do not adequately communicate these experiences to their partners. This can exacerbate condom failure and pain during sex.

This research therefore recommends more comprehensive, gender-inclusive, sex education at schools and other institutions that explicitly addresses lubrication and its benefits as well as pleasure. It also recommends that free lubrication be far more accessible to South Africans.

This research can reliably be used to inform campaigns by SRHR organisations to encourage South Africans to use lubrication to ensure more pleasurable and safer sex.

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Chapter 1: Introduction

This research proposes to answer the question, 'What are the attitudes to and use of lubrication during penetrative, heterosexual vaginal sex by Wits University students?

Lubrication is any substance that reduces friction between two moving parts. During penetrative vaginal sex, lubrication (lube) can either refer to the vaginal and penile fluids produced naturally during female and male arousal or introduced lube which can either refer to other bodily fluids such as saliva or processed or synthetic lube in the form of a water-based or silicone-based gel. Other forms of lube that are used are water, body lotion, baby oil, olive oil, margarine and butter yet most of these are deemed unsafe by Sexual and Reproductive Health and Rights (SRHR) organisations. Introduced lube can be used in the absence of, or to supplement naturally-produced lubricating fluids and aims to facilitate smoother, pain-free, penetrative sex, either vaginally or anally, with or without condoms. Not only can it reduce pain but it can also increase sexual pleasure for both men and women although this view remains contested (see below about attitudes to vaginal lube in Sub-Saharan Africa).

South Africa is the site of the world's biggest HIV epidemic (UNAIDS, n.d.) and condoms are the most effective barrier to HIV and sexually transmitted infections (STIs) (Stanton et al., 2009). Yet condom failure such as tearing or slipping (Simbayi & Kalichman, 2007) and non-use (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, Onoya et al, 2014) is unsustainably high and one of the causes of these is condoms becoming dry during sex (UNAIDS, WHO, UNFPA, 2015). This can occur, despite condoms being packaged in lube, when natural lubrication as a result of arousal is insufficient.

These realities have led several major SRHR organisations such as UNAIDS and the World Health Organisation to adopt policy that condoms should be used with additional lube for safer sex.

But the question of how a policy like this would translate in a country like South Africa merits exploring. Conservative religious and cultural beliefs limit free discussion about sex (Agha, Kusanthan, Longfield, Hattori, & Berman, 2002), much less about the topic of lube. Despite this, and the lack of public awareness campaigns addressing lube specifically, let alone research about the use of lube by South Africans, the South African Department of Health procured 60 million sachets of lube for public use between 2015 and 2018 (South African Department of Health, 2015). This is compared to the three billion male condoms and

54 million female condoms procured in the same period. For every sachet procured, approximately 51 condoms are procured which stands as an indication of government's priorities.

This proposal now describes the research site, an overview of the literature as well as an explanation of the methodology to be employed.

Chapter 2: Literature Review

2.1 Introduction

This literature review focuses on five themes relevant to attitudes to and use of lube. The first theme covers attitudes to vaginal lube and types of sex that people in Sub-Saharan Africa are having and how lube features in this. The second theme is gender and how the power dynamic present in heterosexual relationships impacts attitudes to female autonomy, female sexual pleasure, and natural and introduced lubes. The third theme is a biomedical overview of how exactly lube affects condoms. The fourth theme covers the public responses to HIV and to what extent the use of lube is a consideration in the development of public health policy by government and civil society. The last theme is about sexual pleasure, how lube can enhance this, what place pleasure holds in sex education and public health messaging, and how this is important for global strategies around HIV prevention.

2.2 Attitudes to natural, vaginal lube in Sub-Saharan Africa

Understanding attitudes to introduced lube requires first understanding attitudes to natural, vaginal lube and the sexual practices these trigger. Norms around vaginal lube are rooted in various "sociocultural ideas about sexuality and the body… access to education and health information; geographic area within a country; ethnic group; rural versus urban setting..." (Braunstein & Wijgert, 2005, p. 18) among others. For the study's South African participants, a common norm was the association of excessive lube with "a loose vagina, which reduces men's sexual satisfaction" (p. 47). In Kwa-Zulu-Natal, Preston-Whyte found that young girls were advised by peers that "too much wetness" is not only disliked by men "but may be taken as a sign that the woman has been having sex with another partner" and "is also often associated with the use of contraceptives" (1994, p. 250). Vaginal lube therefore "takes on the mantle of all that is regarded as bad in a female sexual partner: lack of fidelity and a wish to prevent conception" (p. 250), which stands in contrast to ideals of femininity in that context. Such attitudes have contributed to the practice of 'dry sex.'

The practice has been reported in South Africa, Malawi, Zambia and Zimbabwe (Mbikusita-Lewanika et al, 2009) and is "the use of traditional medicines to dry up the vaginal passage prior to sexual intercourse" (p. 227 – 228). It is believed this will "heighten sexual pleasure,

especially for the male partner" (p. 228). But excessive vaginal dryness can "foster epithelial trauma during coitus, both for the woman and for her partner… which may promote the passage of organisms that cause AIDS and other sexually-transmitted diseases" (Brown, Ayowa, & Brown, 1993, p. 989).

Even if intentional drying is not practiced, vaginal dryness can occur due to physiological reasons such as inadequate arousal, hormonal changes, age or rough sex. This type of vaginal dryness poses similar risks for lesions as the intentional practice of dry sex does. It can also compromise the integrity of condoms, which although packaged in lube, can become vulnerable to tearing and slipping (UNAIDS, WHO, UNFPA, 2015) and potentially reduce sexual pleasure for both partners, but particularly for women. Yet gendered attitudes to female sexuality and the dearth of related research compromise meaningful public engagement on the benefits of introduced lube for safe sex. Attitudes to female sexuality and the implications for safe sex are addressed in the section below.

2.3 Gender, power and attitudes to female sexuality

This section explores gendered attitudes to female sexual pleasure and natural, vaginal lubrication as a result of female arousal. More specifically, it investigates what significance female pleasure holds within a heterosexual, sexual relationship and in the context of a patriarchal society that values and affirms male experience over female experience (Taylor, 2015).

McClelland found that "while women imagined the low end [of sexual satisfaction] to include the potential for extremely negative feelings and the potential for pain, men imagined the low end to represent the potential for less satisfying sexual outcomes, but they never imagined harmful or damaging outcomes for themselves" (as cited in Loofbourow, 2018, para. 15). Taylor's 2015 research on biopolitical forces on gendered pleasure, describes how feminist sexologist doctors Jenifer and Laura Berman noted that "while nerve-sparing surgeries for prostate cancer were developed in the 1970s so that men could retain erectile function post-surgery, no similar nerve-sparing techniques have been developed for female genital operations, reflecting the lower value attributed to female sexual pleasure by the male-dominated medical establishment" (Taylor, p. 267). As Pettine succinctly puts it: "The social prioritization of male pleasure over female pain is demonstrated in the research done on male pleasure compared to research done regarding female pain… There are almost five times as

many clinical trials on male sexual pleasure as there are on female sexual pain" (2018, para. 20 - 21).

Not only will women place their partner's sexual pleasure above their own as a result of social conditioning rooted in patriarchal ideas about sexuality, but some will also risk their health for this, a 2010 study found that the acceptability of microbicides (used to combat HIV infection in the form of a gel) by women was dependent on how covertly they could be used for fear their use would introduce conflict in their relationship and affect their partner's pleasure (Hoffman et al., 2010).

What this means is an environment that appears to allocate little space for women's sexual comfort, let alone pleasure and lube. Although we do not know the extent these views are held in different communities, including among Wits university students, it is clear that addressing a lack of natural lube is likely to be difficult and raising the topic of introduced lube even more so. In relationships that are intergenerational or transactional – relatively common among university students - male privilege and power is amplified which consequently affords even less space to talk about female pleasure and lube. Yet the necessity to consider lube's place not only in female sexuality but in female *and* male health is significant and more research is needed on this subject as the section below will explore.

2.4 Lube and condoms

Given condoms' status as, relatively, the most effective barrier against STIs (Stanton et al., 2009), it is necessary to talk about the barriers to using them in the first place, as well as causes of their failure. This section provides a biomedical overview of SRHR organisations' positions on introduced lube and their relationship to condoms.

HIV is transmitted through exposure of mucous membranes, or bloodstreams, to infected bodily fluids. Condoms can protect against this exposure and their efficacy is measured by their physical integrity during use as well as challenges for choosing to use them in the first place. Condoms can tear or slip off for a variety of reasons. These include incorrect use such as applying them incorrectly or using the wrong size, dry sex, and using lube that is not compatible with the material of the specific condom being used (UNAIDS, WHO, UNFPA, 2015). One of the main causes for non-use is discomfort for men and women (Pool et al., 2000). Philpott, Knerr, & Boydell assert, however, that "water-based lube can make sex feel wetter and better, prevent condom breakage during dry or rough sex and enhance safety"

(2006, p. 24). If lube can make sex with a condom feel better and if condoms are a safer and more reliable prophylaxis to STIs, this should be an important component of condom education and safe sex campaigns. As Higgins and Fennell (2013) state, condoms are "a relational technology—one that affects both people in the sexual experience" and "to ignore these aspects of condoms and pleasure would lead not only to sub-par science, but a missed opportunity to increase global condom acceptability and improve global health" (p.3).

This research has prompted SRHR organizations to develop new policy in support of the use of lube. The UNAIDS, WHO, UNFPA position statements, outline that "condom programmes should ensure that condoms and lubricants are widely available" (2015, para. 18) because lube minimizes "condom usage failure, especially for anal sex, vaginal dryness and in the context of sex work" (para. 14). Yet, much more comprehensive research on lube is necessary in order to meaningfully contribute to the debate on condom efficacy.

2.5 Condoms and lube and the response to HIV

Establishing what supports or compromises condom efficacy, can improve responses to STIs and more people practicing safe sex. This section covers HIV statistics and positions of condoms and lube in safe sex and HIV research.

In South Africa, HIV is mainly spread through heterosexual sex (Aids Foundation South Africa, n.d.) and according to UNAIDS, there were approximately seven million people living with HIV in South Africa in 2017 (UNAIDS, n.d.). Public health campaigns in South Africa have focused on the 'ABC' approach which stands for 'Abstain, Be Faithful, Condomise' but research by Moodley in 2007 showed that this strategy "did not reflect young people's´ behavioural patterns, and therefore was not able to always offer solutions to the complexities of their sexual interactions" (p. 13). Some school-based and community-based interventions promote abstinence as their response to the disease, therefore negating condom use and what supports or compromises their efficacy. Yet there is "high-quality evidence that abstinence-only education is ineffective in preventing HIV, incidence of sexually transmitted infections and adolescent pregnancy" (Patton et al., 2016). Abstinence is an unreasonable programme goal, Barnett and Parkhurst argue, because it is based on "misapprehension as to the balance between environmental and contextual factors and individual choices in determining why and how people have sex" (2005, p. 590). One of the main reasons people have sex is for pleasure yet this fact remains mostly excluded from sex education and public

health campaigns. These reasons compromise the effectiveness of public and community-initiated campaigns. The contested idea of communicating sex for pleasure will be addressed in the next section.

2.6 Sex for pleasure

This section attempts to establish why, if 'wetter', more pleasurable sex is safer sex because of lube's ability to reduce the chance of vaginal lesions and increase condom use and efficacy, pleasure remains a taboo topic in sex education (Philpott et al., 2006). The ideal environment for successful condom use is a lubricated one because of arousal or introducing lubrication.

As mentioned previously, ABC messaging continues to dominate South African public health discourse because of conservative attitudes to sex which are rooted in religious and cultural beliefs around sexuality, family and gender (Agha et al, 2002). This is despite the South African government adopting a Comprehensive Sexualities Education (CSE) approach two decades ago that covers both abstinence and safe sex practices but incorporates sex-positivity (Panday, 2009). In a context that promotes abstinence as the solution to avoiding HIV infection, therefore negating condom use, engaging meaningfully about the safer sex benefits of using condoms with lube for safe sex is a step too far for many South Africans. This is made even more difficult by the reported apprehension around talking about lube's role in sexual pleasure (Philpott et al., 2006).

School-based sex education programmes are a powerful site for delivering sexual health content yet these programmes are also limited by their failure to address the full sexual health experience, including pleasure (Blake, 2016). Blake's research participants indicated that the topic was missing from the sexual health education they had received at school.

> …the message that sex is pleasurable for men was implied, but that female pleasure was mostly absent. Their [sex education] only covered the negative consequences of sex, with no mention of positive elements, leaving a gap in the curriculum regarding why people would have sex, if not for procreation (2016, p. 66)

Life Orientation teachers are the main disseminators of sex education in South African schools yet it is their attitudes to sexuality that present barriers to including pleasure in these sessions (Francis & DePalma, 2013).

> One process evaluation of teacher training for an HIV prevention programme found teachers to be anxious about safe sex lessons, which several felt went against their personal values. One teacher skipped the condom demonstration, citing religious beliefs that prohibited him from teaching about condoms. Some feared the loss of respect of students who may consider them as condoning sexual activity among youth by communicating that there is a safe way to have sex (p. 83)

Michelle Fine's 1988 research "examines the desires, fears, and fantasies which give structure and shape to silences and voices concerning sex education and school-based health clinics" (p.30) in New York City in the United States. She says adolescents' sexual health, and in particular that of girls from low-income groups, is compromised by three prevailing discourses of female adolescent sexuality: sexuality as individual morality, sexuality as violence and sexuality as victimisation. The latter has a large following, she says and is based on the concept that female sexuality "is represented as a moment of victimization in which the dangers of heterosexuality for adolescent women… are prominent" (p. 31). "While sex may not be depicted as inherently violent, young women… learn of their vulnerability to potential male predators" (p. 31) and "to avoid being victimized, females learn to defend themselves against disease, pregnancy, and "being used." (p. 32).

These concepts hold a comfortable place in South African sites of sex education in which children and teenagers continue to be denied the information they need to make informed and responsible decisions about sex. The fact that gender-based violence is so prevalent further bolsters the framing of sex as an act of violence done to women.

The South African Basic Education Department's CSE through Life Orientation classes, "which gives learners a greater understanding of their health and human rights, and the essential health services to which they are entitled" (Chaskalson et al, 2019, para. 20) has been in effect since 2000 yet prevailing conservative religious and cultural beliefs have precluded the full dissemination of all its content at many sites by many educational

institutions. Not only this but the announcement in 2019 of its expansion to younger grades triggered the establishment of a passionate anti-CSE lobby whose actions included multiple marches against the policy in major centres. In a climate like this, it is very easy for discourses of sexuality as victimisation, for example, to continue to flourish and the space to speak openly about pleasure and lubrication in a gender-inclusive recedes.

But not speaking about desire has dire consequences, Fine says. She concludes that "the absence of a discourse of desire, combined with the lack of analysis of the language of victimization, may actually retard the development of sexual subjectivity and responsibility in students" (p. 49).

> Those most "at risk" of victimization through pregnancy, disease, violence, or harassment — all female students, low-income females in particular, and non-heterosexual males — are those most likely to be victimized by the absence of critical conversation in public schools.... it is important to understand that by providing education, counselling, contraception, and abortion referrals, as well as meaningful educational and vocational opportunities, public schools could play an essential role in the construction of the female subject — social and sexual. And by not providing such an educational context, public schools contribute to the rendering of substantially different outcomes for male and female students, and for male and female dropouts (Fine, 1986, p. 50)

The discourses around sex that form the foundation of Fine's research are major contributors to low levels of understanding about HIV transmission and high levels of violence in South Africa. As Chaskalson et al say, the actions of violent criminals "point not just to the crimes of an individual, but to the workings of a society in which sexual violence and assault are not aberrant, but normative" (2019, para 8)

2. 7 Conclusion

This literature review provided context on attitudes to female sexuality, how condoms interact with lubrication, sexual pleasure and how the intersection of these three concepts are significant for the prevention of STIs.

The practice of dry sex is one example provided in the literature review that demonstrates a rejection of women's response to sexual pleasure: the production of arousal fluids or, simply, wetness. This review also referred to research that showed the extent to which men's pleasure, through examples of nerve-sparing surgeries available to men and what constituted 'bad' sex for men compared to women, is prioritised over women's pain. Through an unpacking of gender, power and attitudes to female sexuality it became clear that there is little space to talk about women's pleasure and speaking about natural and introduced lubrication, therefore, is likely to be difficult.

But denying female sexuality, pleasure and lubrication would result in a missed opportunity for encouraging the use of condoms, this review found, and promoting safe sex. SRHR state that using lube reduces condom failure as well as vaginal lesions caused by dryness during sex. Lube reduces friction which can cause pain, and therefore also makes sex with a condom more pleasurable. This is significant because condoms are the most effective barrier to STIs but their non-use is often as a result of users saying they reduce sexual pleasure. Vaginal lesions can also become entryways to pathogens. In the country with the highest HIV incidence in the world, this knowledge is critically important.

If lube can make sex with a condom feel more pleasurable and if condoms are a safer and more reliable prophylaxis to STIs, this should be an important component of condom education and safe sex campaigns. South Africa's sex education sites have, however, adopted the ABC approach to sex education, which negates condom use and does not address sexual pleasure. Shifting this approach, such as through the recent adoption of CSE, has proved difficult in a country of conservative religious and cultural beliefs.

This review demonstrates there is need for more research on attitudes to and use of lube and what role this plays in the response to STIs but also on the environment in which these features of sex, pleasure and gender are understood.

The following section will describe the methods that were employed in conducting this research.

Chapter 3: Methodology

3.1 Introduction

To be able to answer the question of attitudes to and use of lube by Wits University, heterosexual, students, the research used mixed, reactive methods with qualitative and quantitative components. There were two main, linked, parts to the research. The first was focus groups and the other was a survey.

I chose Wits University students because they fall into the age group most vulnerable to new HIV infections (South African National Aids Council, 2017) and because of my proximity to them being a student there myself. I conducted two focus groups which represented the purely qualitative component of my research. These focus groups informed the design of a survey which I conducted among 1361 students. This was the number of respondents who responded to all the questions in the survey. These, together, generated both quantitative and qualitative data.

3.2 Focus Groups

The language and concepts attached to sexual behaviour and attitudes are constantly and fast-evolving (Dent, 2018) and to be able to paint a true portrait of attitudes to sexual behaviour and lube, the concepts and language of the survey needed to be relevant and accessible to the target population. Conducting focus groups before publishing the survey assisted with "identifying variables and framing hypotheses for quantitative research", as Weiss puts it (1994, p. 310).

A discussion with a smaller group of students enabled me to identify specific attitudes, practices and topics that I might not have known about before, as well as establish a useful language for these. This helped me exclude outdated and irrelevant content and include accessible and clear terminology and language. In sum, the perspectives garnered from the focus groups informed the language and direction of the survey and contributed to its effectiveness.

I conducted two focus groups, one for women and the other for men. The gender split was necessary to facilitate deeper comfort and more honest feedback among participants. I used a

male assistant to facilitate the male focus group. The focus group for women contained five participants and the one for men contained 12. Although I would have preferred the number of participants in each group to be more similar, this is how many invitees actually arrived on the day.

The groups were not specifically homogenous nor heterogeneous in terms of race or level of study: I included students who have had heterosexual sex, and who are below the age of 25 therefore falling into the category of people most vulnerable to new HIV infections (South African National Aids Council, 2017). I viewed the participants as representing a sample of the university students which, in turn, represents a sample of the age group mentioned above. The male assistant was a staff member in the department of sociology and extended the invitation to participate in the focus groups to his students, letting them know the requirements for participation. This is how the sample for the focus groups was drawn.

A copy of the Focus Group Participant Information Sheet and Consent Form can be found in Appendix A. The information sheet assured participants their identities would be protected and their contribution would be anonymous.

The male assistant and I facilitated the two focus groups, respectively, and prompted discussion around a list of eight semi-structured questions to allow for the group to stay on topic while also allowing sub-topics to emerge naturally. See Appendix B for the list of questions.

Focus groups are valuable in that participants are able to discuss the issue with each other which can contribute to a "deeper understanding of the problem" (Bless et al, p. 200) but their limitations include participants influencing each other as well as some participants dominating the discussion and hampering other participants' contributions (p. 201). Both focus groups seemed to offer participants a comfortable space to share their experiences: there was never a lull in the discussion and no prompting was needed b the facilitators to get the participants to engage. All five participants in the women's focus group contributed, largely, equally. I could not tell from the audio recording of the men's focus group, however, if the same occurred there. In the women's focus group, participants seemed to enjoy speaking about their experiences and building on each other's stories offering more detail and deeper explanations the longer the group spent together. They asked questions and expressed surprise and interest at new learnings.

I recorded the discussion using an audio recorder and interpreted it via thematic analysis. I took note of terminology used and any topics or specific attitudes that should be included in my survey or, by that same token, to be aware of which of my assumptive questions to exclude.

3.4 Survey

Permission from the university's registrar's office was granted to disseminate the survey to the whole of the student email database requesting them to participate in an online survey about sexual behaviour. Included in the email was a link to the online, anonymous, survey, which was hosted by Survey Monkey. The questionnaire contained a list of 52 questions seeking to know more about a sample of students' sexual behaviours and attitudes, contraceptive use, understanding of and use of lube, and attitudes to gender in relation to sexual behaviour. I designed the list of questions using insights from the focus group and existing literature as well as my own professional exposure in the field. This professional exposure included work done as a journalist reporting on sexual health and sexual education issues as well as working as a partner manager in the youth development and employment space. This work involves understanding the work of partners in the public health sector who host youth for work experience including the research and experience that influences these organisations' campaigns and training programmes for employees. I asked factual questions in the survey with the option to respond in an open-ended way. A pilot study was conducted in which I requested a few people to complete the questionnaire to make sure that the questions were easy to understand and respond to.

The main advantage of this type of quantitative research is that "a large coverage of the population can be realised with little time or cost" (Bless, Higson-Smith, Sithole, p. 199). However, it was important to be prepared for a low response rate to these 'mailed' questionnaires of around 20 – 40% (p. 199) which compromises the representative of the sample. Additionally, "identity of the actual respondent is not ensured" (p. 200). I aimed for 300 students to complete the survey as I believed this to be an adequate sample size which would allow my data to be generalised to the whole student population (Bless et al, p. 164) while ensuring my research remains logistically practical. Many more than this amount actually responded.

The survey link was distributed to the whole of the Wits student body - 38 960 students - on 17 August 2020. It is not possible to know how many students who received the email would have met the criteria to respond to the survey (have had heterosexual, penetrative sex before) but 2612 students responded to the first question. Of those, 2285 confirmed that they met the criteria to participate. For the very next question, there were 2237 respondents. Many respondents left the survey, as it progressed, but for the majority of questions, there were over 1700 respondents. By the final question, there were 1361 respondents.

A thematic analysis of the data were done and much of them are presented in table or graph format.

Many of the questions allowed respondents to select multiple responses. In these cases, the percentages presented are, therefore, the proportion of *total respondents* who chose a particular answer. The percentages cannot, therefore, sum to 100% because the total responses are not being divided up amongst the respondents equally. To explain this via an analogy: in a room of 100 women, when presented with a certain answer option 20 of those women can put their hand up which represents 20% of the women. For another answer option, 80 women (80% of the women and some of them the same women) can put their hands up again. For a third option, about 50 women (50% of the women) can put their hand up. This brings the total percentage to 150%. Another way to present the data would have been to establish the *proportion of total responses* a certain answer option received. This would not be as valuable, however, as knowing what *proportion of respondents* chose certain options.

Results from different questions were compared to allow for deeper analysis. For example, it was useful to know if there was a gender bias to the way the population responded or whether there was a pattern in the way respondents who selected certain responses around lube also responded to questions around pain and dryness. These comparisons were tested for statistical significance using the Chi Square test.

The results and related commentary are contained in the following chapter.

Chapter 4: Results

4.1 Introduction

This chapter will report on the findings from the survey sent to Wits students asking them about their attitudes to and use of lube.

This research began with two focus groups which aimed to establish the themes and languages around lube which was then used to design the survey. The survey was then published on Survey Monkey and distributed to Wits students via email. This was facilitated through the Registrar's office who sent a link to the survey in an email to all 38,960 Wits students. There were 2,612 respondents who clicked on the survey link and 2,237 confirmed they were Wits students, over 18 years old, and had had heterosexual, penetrative sex – thereby confirming their eligibility to participate in the survey (7% of all students contacted, though it is not known what the number of students eligible to complete the survey was). The number of those initially starting the survey, responding to questions, fell gradually but approximately 1,700 respondents answered the *majority* of questions (65% of those who started). There were 1,361 students who fully completed the survey (60% of those who started).

Analysis of the data will begin with a description of the respondents. The data will then be analysed according to three topics. Condom failure during sex is the first topic and is interrogated according to three types of failure: condoms being taken off during sex because they are uncomfortable, condoms coming off and condoms tearing or breaking. Condoms being taken off during sex is considered a type of condom failure in this research because non-use equates exposure to risk as condoms coming off and condoms tearing do.

The second topic is the use of introduced lubrication (to be referred to as lube from here on, in sticking with the preferred term from the focus groups) which will be analysed according to reasons for not using it. The third topic is pain during sex is interrogated by questioning reasons for the pain.

The data will also be analysed considering the respondents' gender and whether they had used lube before. Considering gender is important because the power dynamics inherent in heterosexual relationships, where, as was explained in the literature review, men's comfort and pleasure during sex is superior to women's, could have implications for condom use and efficacy, among other sexual experiences. Communication between partners, or lack thereof,

as a result of gender biases, could also have significant implications for these experiences. Students' formal sex education and whether this included mention of lube and pleasure could also have implications for their understanding of sex including reasons for condom failure.

Data will be further analysed by considering how the use of lube affected pain during sex and how lube interacted with the use of condoms and condom failure. This is important because dryness during sex can affect condom integrity and lube could be an antidote for that.

4.2 The Respondents

The respondents were asked about their age, level of study, university faculty and race.

Most of the respondents (72%) were under the age of 25 and 28% were older than 25 and most of them were undergraduates (65%) compared to postgraduates (34%) which is largely representative of the level of study for the whole student body, as reported by Wits in its 'Facts and Figures, 2018/2019' report (Wits, 2019). In 2018, 62.97% of students were enrolled as undergraduates and 34,84% as postgraduates and around 2% were 'occasional' students and their undergraduate or post-graduate status is not provided (Wits, 2019).

There are five faculties at Wits University. Most respondents were in the Humanities faculty (27%) followed by Commerce, Law and Management (21%) and then Engineering and the Built Environment (19%), see Table 2. These numbers largely correspond with the numbers in the university's 'Facts and Figures, 2018/2019' report.

Table 2: Response to Question 4 'Which faculty are you part of?'
n = 2,237

	Responses		Wits' Facts and Figures, 2018/2019' report
Humanities	605	27.05%	25.71%
Science	354	15.82%	13.48%
Commerce, Law and Management	460	20.56%	24.44%
Health Sciences	361	16.14%	16.44%

Engineering and the Built Environments	415	18.55%	19.93%
I don't want to say	42	1.88%	-
Total Respondents	2,237	100%	100%

Fifty-eight percent of respondents identified as female, 40% identified as male, 1% identified as non-binary, and under one percent as other. There are slight differences between this representation and that in the university's 'Facts and Figures, 2018/2019' report which found that 55% of students were female, 45% were male and under 1% were "undisclosed gender".

Almost 60% of respondents identified as Black African, 23% were white, 9% were Indian and 4% were Coloured, see Table 3. There were differences here, too, compared to the figures in the university's 'Facts and Figures, 2018/2019' report. The report found that 56% of students were Black African, 16% were White, 12% were Indian and 4% were Coloured. It is worth noting, however, that the report also considers "International" students which constituted 9% of the student population. There were 73 respondents who said they did not want to say what their race is.

Table 3: Response to Question 6, 'What race do you identify as?'
n = 2,237

	Responses		Wits' Facts and Figures, 2018/2019' report
Black African	1,307	58.42%	58.55%
White	510	22.80%	16.33%
Indian	211	9.43%	11.70%
Coloured	100	4.47%	3.93%
I don't want to say	73	3.26%	-
Other (please specify)	24	1.07%	-
Chinese	12	0.54%	0.39%
Total Respondents	2,237	100%	-

4.3 Sexual Frequency, Sex Education and Relationships

Respondents were asked the frequency with which they have sex, about the sex education they've received and the nature of their sexual relationships.

Respondents needed to have had at least one penetrative, heterosexual sex experience in their lives to qualify to participate in the survey They were also asked how frequently they had had sex in the last 12 months. Most respondents had had sex more than once a week (21%), see Table 4. The next biggest group of respondents had had sex once in the last 12 months (17%).

Table 4: Response to Question 13 'Approximately how often have you had sex in the last 12 months?'
n = 2,043

	Responses	Percentage of respondents who selected this answer
Once	348	17.03%
Twice	143	7.00%
Three times	259	12.68%
Once a month	188	9.20%
Twice a month	182	8.91%
Three times a month	235	11.50%
Once a week	251	12.29%
More than once a week	437	21.39%
Total Respondents	2,043	100%

Respondents were asked about the relationship context in which they *generally* have sex and 2,043 students responded. Most of them have sex within the context of a monogamous relationship (75%) defined in the survey as "only have sex with the person you are in a relationship with". Fourteen percent of respondents have casual sex which is sex outside of a committed relationship and/or sex with more than one partner. Eleven percent of respondents have sex both with a main partner and with casual partners.

Respondents were also asked about formal sex education, which 60% of the 2,205 respondents had received, leaving 40% of respondents who had not. Sex education was predominantly received at school (96%) and mostly from female sex educators (55%). Thirty-six percent of respondents also said they had received this education from both male and female sex educators and the balance of 9% of respondents said they had received this from male sex educators. Some of the content of this sex education will be interrogated later on in this section.

4.4 Condom Failure

As the literature review explained, condoms hold the status of being the most effective barrier against STIs (Stanton et al., 2009), outside of monogamy, if used correctly and are not compromised by tearing, for example. It was, therefore, important to interrogate students' experience of using them, in particular the issues of their physical integrity during sex as well as challenges to choosing to use them in the first place.

Before describing the frequency of, and reasons for which, respondents experienced condom failure, however, it is useful to first present the findings on condom usage.

The data showed that of the 1,953 respondents who answered this question, 31% said they always use condoms during sex, 26% said they only use them sometimes, 24% said they do not use condoms, ever, and 20% said they use them most times.

The responses were compared according to the relationship context the respondents said they generally have sex in, see Table 5.

Most of the respondents who answered this question have sex within a monogamous relationship and one of the main reasons given for not using condoms is that respondents are in these committed relationships. What was important to establish, however, is how many respondents had generally had casual sex, which is sex outside of a committed relationship and/or sex with more than one partner *and* had not used condoms. The data showed that of the 267 respondents who answered the questions around use of condoms, *and* said they generally had casual sex, only half *always* use condoms (50%). Furthermore, only a quarter of the respondents (25%) who said they had generally had casual sex *and* sex with a main partner, said they always use condoms though it is possible they do not use condoms with their main partner but do with their causal partner or partners. These findings are alarming

because the chance of STI's spreading in a population are far higher in the casual sex context than in a committed relationship context and, despite South Africa's HIV epidemic and that most students are in the age group that is at highest risk of contracting the disease, condoms are not used by a quarter of the total respondents and that another quarter only uses them sometimes. Even if most of these experiences are happening in the context of a committed relationship, STIs can still be introduced from previous relationships and it is not known how many of these respondents tested for STIs before deciding to not use condoms in their monogamous relationships.

Table 5: Response to Question 20 'Do you use condoms during sex?'
n = 1,953

	Condom Use				
Relationship context	No	Sometimes	Most Times	Always	Total Respondents
Casual sex (13.67% of respondents to this question have casual sex)	11	61	62	133	267
	4.12%	22.85%	23.22%	49.81%	100%
A monogamous relationship (74.76% of respondents to this question are in a monogamous relationship)	434	355	264	407	1,460
	29.73%	24.32%	18.08%	27.88%	100%
Both with a main partner and other casual partners (11.57% of respondents to this question have sex both with a main partner and other casual partners)	26	85	58	57	226
	11.50%	37.61%	25.66%	25.22%	100%

Total Respondents	471	501	384	597	1,953

As has already been mentioned, the most common reason selected by respondents for *never* using condoms, or not using them *every* time they have sex is because they are in a committed relationship and they use other forms of protection (82% and 66%), see Tables 6 and 7. Another major reason selected by respondents for never using them, or not using them every time, was that they are uncomfortable (21% and 17%). Other major reasons selected were that they don't feel natural and that respondents don't always have a condom with them when they want to have sex and that is not going to stop them having sex.

It is useful, at this point, to be reminded that when analysing the data in cases where respondents could select multiple answer choices, the number of responses per answer choice were divided by the number of *respondents*. They were not divided by the number of total responses, since respondents could select multiple answers and it is more valuable to know how many different *respondents* selected a certain answer than how many times a certain answer was selected as *one* answer among potentially multiple other answers selected by a respondent.

Table 6: 'Response to Question 21 'Why do you never use condoms?'. Respondents could select multiple reasons.
n = 468

	All Responses	Percentage of respondents who selected this answer
I am in a committed relationship and we use another kind of protection	386	82,47%*
They are uncomfortable, cause me or my partner pain, sex is better without them	97	20,72%
Other	43	9,18%
My partner/s don't like them	58	12,39%
They kill the mood	48	10,25%
I don't like the free ones and I don't want to buy them	11	16,17%
Total Responses	643	

**Percentages do not sum to 100% because respondents could select multiple answers*

Table 7: Response to Question 22 'Why do you not use condoms every time you have sex?'. Respondents could select multiple options.
n = 1,204

	All Responses	Percentage of respondents who selected this answer*
I am in a committed relationship and we use another kind of protection	789	65,53%
They are uncomfortable, cause me or my partner pain, sex is better without them	208	17,27%
Other	128	10,63%
We don't always have one with us and that's not going to stop us having sex	179	14.86%
They don't feel natural	187	15,53%
My partner/s don't like them	162	13,45%
They kill the mood	107	8,88%
I don't like the free ones and I don't want to buy them	27	2,24%
Total Responses	1,787	

**Percentages do not sum to 100% because respondents could select multiple answers*

The responses in the 'Other' category across both the 'never' and 'not every time' groups required interrogation because of how many there were. Where they matched existing answer options, they were reallocated there. There were very few respondents across both groups who selected the option of 'There are no free ones left and I don't want to buy them'. These responses were therefore moved into the 'Other' category. There were also very few respondents who said they don't think condoms actually protect against infections so these responses they were also moved into the 'Other' category.

In summary, the main reason for not using condoms – apart from being in a monogamous relationship - point to discomfort during sex. Respondents who explained the nature of this discomfort in the 'other' responses described dryness, general pain that sometimes lasted for days after having sex, itchiness, rashes and other allergic reactions to condoms. The main

type of discomfort that was reported, however, was caused by dryness as a result of insufficient natural lubrication, which seemed to be exacerbated by using condoms.

The interplay between condom non-use and insufficient lubrication was raised in the women's focus group where one participant said insufficient lubrication was "the reason we stopped using condoms… Because he was hurting me... He was not waiting for me to be wet enough". This dryness and pain, as well as the power dynamic between men and women sexual partners, was a major theme running through the focus groups as well as the results and will be explored further.

When condoms *are* used, however, there are three major ways they could fail and these were interrogated with survey respondents. They were asked if they had ever taken a condom off because it became uncomfortable. They were also asked if condoms had come off during sex and if condoms had torn or broken during sex.

4.4.1 Condoms Becoming So Uncomfortable that Respondents Took Them Off

Of the 1795 respondents who answered the question 'Has a condom ever become so uncomfortable that you took it off?', 34% answered 'yes'. For 56% of these respondents, this had happened less than three times. This had happened three to five times for 23% of them and more than five times for 22% of them.

The most common reasons selected by respondents for the condom becoming so uncomfortable that they took it off were that the vagina became dry (47%) and erection loss (25%). The second most selected option, however, was 'I don't know' (28%).

The cause of this condom failure is explicitly discomfort to the extent that the condom was removed from the penis. This is different to the other types of condom failure that are interrogated in this report which are caused by the condom either coming off or breaking or tearing although all three present the same risk of exposure to STIs. The respondents to the question above are, therefore, actually being asked what caused so much discomfort that the condom was removed.

When compared by gender (Table 8) similar proportions of men and women indicated that vaginal dryness was one of the major causes of this discomfort. Similar proportions of both groups said a reason was because the vagina was dry and the same applied for the reason 'the

vagina became dry'. The women's focus groups showed that it was difficult for some women to communicate vaginal dryness to their partners so it is possible that women may be underreporting this as a perceived reason for condom failure in this survey. The extent of this possible underreporting is difficult to establish, however. There may also be another reason why men and women seemed to be more aligned in selecting this as a major reason for this particular type of condom failure. The nature of deciding to remove the condom, and specifically so because of vaginal dryness, might allow for more of a pause during sex and greater communication and consensus between partners around the reason for removing the condom.

In contrast, there were discrepancies around two other reasons perceived to be the cause of the condom becoming uncomfortable: a statistically significant higher proportion of men than women said the condom became so uncomfortable that it was removed because it was a bad condom (25% versus 13%, p = 0.0002) and because of erection loss (32% versus 19%, p = 0.0004)

Table 8: Response to Question 23, 'Why do you think this happened?' (condom becoming so uncomfortable that respondents took them off).
Respondents could select multiple reasons.
n = 588 (336 female respondents and 252 male respondents)

	It was a bad condom	I, or my partner, didn't put it on correctly	The vagina was dry	The vagina became dry	I, or my partner, lost my/his erection	I don't know	Other*
Female (336)	44	49	63	165	65	99	21
	13.10%	14.58%	18.75%	49.11%	19.35%	29.46%	6.25%
Male (252)	63	26	38	110	81	66	18
	25.00%	10.32%	15.08%	43.65%	32.14%	26.19%	7.14%
Total Responses per Reason	107	75	101	275	146	165	39

**Percentages do not sum to 100% because respondents could select multiple answers*

These differences in how men and women selected the condom being bad and erection loss as reasons for removing condoms possibly point to inadequate communication by men to their partners about what they are experiencing: problems with the condom when they are applying it, for example. Not communicating these experiences to their partners could be a result of societal expectations of male sexual performance which will be explained below.

Logically men and women might notice changes to their body before their partners do as they are experiencing these first-hand. It would make sense then that men would feel erection loss occurring more easily than women would notice it. Apart from possibly not communicating this erection loss as it happens in the moment to their female partners, men may, furthermore, actually be *hiding* it from their partners in response to the previously mentioned societal expectations that men need to be ever ready to perform sexually. Men might hide erection loss to avoid "being stigmatised, feeling shame and experiencing guilt" (Peate, 2012, p.1) which would make it difficult for their partners to identify this as the reason for this condom failure.

This reasoning could also be supported by men blaming removing condoms on 'bad' condoms in a significantly greater proportion than women did. If it is assumed that men, rather than their female partners, put the condom on it is more likely that men may have perceived a possible defect in the condom when handling it and, later, taken it off. But the differences in proportions of men and women selecting these last two reasons for taking the condom off may be linked in another way: not only do men blame removing the condom on the condom being bad but it is possible that men could blame the bad condom for their erection loss. Condom use in itself, and particularly an ill-fitting condom, can cause loss of sensation or discomfort resulting in erection loss (Graham et al, 2006) and, ultimately, removal of the condom during sex. It may also be easier for men, in a climate that reveres male virility, to blame a bad condom for erection loss rather than another cause such as simply not feeling sexual desire.

4.4.2 Condoms Coming Off During Sex

There were 1,788 respondents who answered the question 'Has a condom ever come off during sex?' and 33% percent of them said they had had this experienced before. This had happened less than three times for 80% of these respondents and three to five times for 14% of respondents. It had happened more than five times for 6% of respondents.

Respondents who had experienced this type of condom failure indicated the most common reasons selected for a condom coming off were because the sex was rough (33%), and the condom was put on incorrectly (25%). The second most selected answer, however, was - as it was for the question on taking the condom off - 'I don't know' which was selected by 30% of respondents.

When compared by gender, a significantly higher proportion of women than men said a reason for the condom coming off was because of the vagina becoming dry (11% versus 7%, p = 0,0263) and that the condom was put on incorrectly (30% versus 19%, p = 0,0021), see Table 9. A significantly higher proportion of men than women attributed this type of failure to the condom being 'bad' (21% versus 13%, p = 0,0205).

Table 9: Response to Question 28: 'Why do you think this happened?' (condoms coming off during sex). Respondents could select multiple options
n = 584 (342 female respondents and 242 male respondents)

	It was a bad condom	I, or my partner, didn't put it on correctly	The sex was rough	The vagina was dry	The vagina became dry	I, or my partner, lost my/his erection	I don't know	Other*
Female (342)	46	102	103	38	76	58	105	13
	13.45%	29.82%	30.12%	11.11%	22.22%	16.96%	30.70%	3.80%
Male (242)	50	45	82	16	36	50	74	13
	20.66%	18.60%	33.88%	6.61%	14.88%	20.66%	30.58%	5.37%
Total responses per Reason	96	147	185	54	112	108	179	26

**Percentages do not sum to 100% because respondents could select multiple answers*

The differences between men and women's responses can be approached from three angles: body awareness, responsibility for putting the condom on, and communication between partners.

Logically, women are more likely to recognize their own vaginas' dryness, than men are to notice their partners' dryness because women are experiencing this first-hand, in their own bodies. Given the nature of a condom coming off - and possibly only discovering it has come off some time after the fact - there may not be as much communication, and consensus reached, between partners around the reason for this happening as there might be when partners decide to remove the condom as described in the previous sub-section. These factors could account for men possibly not considering vaginal dryness as a cause of this type of condom failure as commonly as women do.

As already mentioned, a significantly higher proportion of women, compared to men, also said a reason for the condom coming off was because the condom was put on incorrectly. If it is assumed that men more than their female partners, put the condom on then a reason for this discrepancy could be because it is easier for women to assume the condom was put on incorrectly and/or assign the blame to men for putting it on incorrectly, than it is for men to take responsibility for putting it on incorrectly. This suggestion could also be influenced by the pressure on men to present an image of sexual prowess (Shefer, Kruger & Schepers, 2015) which would be compromised by not handling the condom correctly. This could be further supported by how a significantly higher proportion of men than women blamed the integrity of the condom selecting 'It was a bad condom' as one of the major reasons for this condom failure. This latter reason may also, however, point to men knowing a condom was ill-fitting and therefore slipped off during sex.

The discord between reasons selected by men and women point, generally, to inadequate communication between sexual partners about their experiences, specifically dryness. This was raised in both the women's and men's focus groups. The women's focus group participants confirmed that beyond just noticing dryness, women felt talking about vaginal dryness to their partners would not be received well by some of them. One participant said: "You don't want to ruin the mood by asking for lube in the middle of sex… you don't want to pause". One male participant even recognized the discomfort of women to raise the issue of vaginal dryness: "Sometimes you will see a girl is uncomfortable because she's dry but won't say anything", he said.

4.4.3 Condoms Tearing or Breaking During Sex

There were 1,779 respondent who answered the question 'Has a condom ever torn or broken during sex?'. Thirty-six percent of the respondents had experienced this type of condom failure but this had, mostly, happened less than three times (78%). It had happened three to five times for 14% of them and more than five times for 8% of them.

Respondents indicated that the most common reasons for a condom tearing or breaking were because the sex was rough (46%), it was a bad condom (36%) and because the vagina became dry (28%).

When compared by gender (Table 10) men and women seemed to be more aligned over the major reasons for this type of failure compared to the other types of condom failure analysed in previous subsections. The exception was the option for 'it was a bad condom' where there was a notable discrepancy. This reason was selected by significantly more men than women (44% versus 30%, p = 0,0004). As suggested when commenting on other types of condom failure and the reason for men selecting this answer option more than women did, this could be because, if it is assumed that men rather than their female partners are applying the condom, men would be more likely to have noticed that it was ill-fitting but proceeded with sex anyway.

Men might also, however, find it is easier to assign some of the blame for condom failure on the condom being bad than it is to assign it to other reasons such as putting it on incorrectly or their partners' vaginal dryness. This could be because they find it more difficult to admit to their possible role in making a mistake during sex or not arousing their partner enough to ensure continued wetness as these would both call their sexual prowess into question. This was supported by a comment by a participant in the women's focus group who said asking a partner if they could introduce lube during sex might be seen "as a threat to their [men's] sexual prowess… ability to make a woman wet".

Table 10: Response to Question 31 'Why do you think this happened?' (condoms tearing or breaking during sex). Respondents could select multiple reasons. n = 620 (330 female respondents and 290 male respondents)

	It was a bad condom	I, or my partner, didn't put it on correctly	The sex was rough	The vagina was dry	The vagina became dry	I, or my partner, lost my/his erection	I don't know	Other*

Female (330)	99	82	153	54	98	8	5	17
	30.0%	24.55%	46.36%	16.36%	29.70%	2.4%	1.5%	5.15%
Male (290)	127	62	128	46	76	8	2	16
	43.79%	21.38%	44.14%	15.86%	26.21%	2.76%	0.68%	5,51%
Total responses per reason	226	144	281	100	174	16	7	33

**Percentages do not sum to 100% because respondents could select multiple answers*

4.4.4 Dryness as a Major Reason for Condom Failure

Drawing on the three previous sub-sections, it is evident that the vagina becoming dry was a major influence on condom failure. It was the main cause of two types of condom failure as selected by both men and women: condoms becoming so uncomfortable that they were taken off and condoms tearing or breaking. For the third type of condom failure – condoms coming off – the vagina becoming dry was one of the main reasons selected by *women*.

These findings about condom failure and how dryness during sex is a major cause of this are also supported by the results around unintentional dry sex and pain during sex which will be explored in the following sections. The findings are revealing in itself – and pose further questions around the cause of this dryness and how it is being communicated between sexual partners as well as in a sex education setting. But the vagina becoming dry also presents an option for remedying condom failure: making the vagina *wet* through the use of introduced lubrication. Introducing lubrication could also be a remedy for another major cause of condom failure selected by respondents: rough sex.

4.4.5 Inadequate Communication During Sex

As outlined in previous sections, men and women were mostly aligned around the major causes for condom failure -vaginal dryness and rough sex – except in the case of the condom coming off during sex where significantly more women pointed to vaginal dryness as a reason than men.

Men and women responded differently, however, over other possible causes: applying the condom incorrectly and the condom being 'bad'. The reasons for this, as were previously explained, could be related to the fact that men as the usual handlers of the condom noticed problems with the condom more easily than women did. It could also be related to the male ego, however, and the societal pressure to have sex and perform all sex-related activities with sexual prowess.

The discrepancies in the way men and women selected their answers, regardless of the actual answers, point to general, inadequate communication between partners. There could be various reasons for this, some of them related to both men and women's discomfort around speaking about dryness as well as expectations for how men and women should behave during sex: men with prowess and women prioritizing men's pleasure over their own, to name just two of them.

Add these discrepancies between how men and women perceive reasons for condom failure to the high proportion of respondents saying they did not know why condom failure happened and not only is a situation of poor communication between partners presented but poor knowledge and understanding around reasons for condom failure, *generally*, is also evident.

There could be multiple, concurrent, reasons for condom failure and it is almost impossible to determine what the definite causes are but what is significant, however, is that the results above show that men and women do at times, perceive the causes of this failure, differently, and that this is because of their gender. Importantly, both parties may not be communicating their perceptions to their partners for reasons related to their gendered identities and beliefs that are created by social experiences. This inadequate communication plus general lack of knowledge around the reasons for condom failure poses a threat to safe sex.

4.5 Sex Becoming Dry Unintentionally

Given this report's main aim of establishing attitudes to and use of lube, it is valuable to interrogate the main reason it is produced: to be used when sex unintentionally becomes dry. The differentiation between describing it as such instead of, simply, as 'dry sex' is important because of the existence of the practice of dry sex which entails making the vagina dry before having sex, as was mentioned in the literature review. Respondents were asked if they

participated in this practice of Dry Sex but only 2% of them had so it was decided to not interrogate this practice further.

Further into the survey respondents were asked if the sex had ever become dry for them, *unintentionally*, Table 11. Just under half of the 1,846 respondents who answered the question said yes, they had experienced dryness of some frequency, 31% said 'no', indicating sex was made wet, and comfortable, for them by natural lube and just under a quarter said they hadn't experienced unintentionally dry sex because they already used introduced lube.

When compared by gender, the answer choices referring to first-hand experiences of wetness were, logically, selected by significantly more women and the answer choices referring to a *partner's* wetness were selected by significantly more men than women.

Table 11: Response to Question 33 'Has the sex ever become dry for you unintentionally?' Respondents could select multiple options.
n = 1,846

	Responses	Percentage of respondents who selected this answer*
Yes, my partner doesn't get wet	31	1.68%
Yes, I never get wet	28	1.52%
Yes, my partner sometimes becomes dry during sex	274	14.84%
Yes, I sometimes become dry during sex	664	35.97%
No, my partner always gets wet	343	18.58%
No, I always get wet	342	18.53%
No, my partner and I use lubrication if sex becomes dry	418	22.64%
No, my partner and I always use lubrication, no matter what	102	5.53%
Total Responses	2,202	

**Percentages do not sum to 100% because respondents could select multiple answers*

Respondents were asked what they thought the cause of sex becoming dry unintentionally was and two main reasons emerged (Table 12). The option, 'I don't know why but sometimes the sex just becomes dry', was selected, as one of possible multiple reasons, by half of the 940 respondents who responded to this question. It was the same percentage for respondents who said the sex was going on for too long. This was supported by comments made in the men's focus group where one participant said he had experienced sex becoming dry after he and his partner had gone "for many rounds" and his partner became dry to the point of bleeding. After he and his partner did some research, "that's where we found out about lubricant", he said.

Another reason selected frequently was, 'the sex started hurting so I became dry' (25%) and 'condoms make it dry' (17%) was a reason that was also selected frequently by respondents.

A small percentage (6%) of the respondents said a reason was 'My partner is doing something to make the sex dry'. This reason was selected by mostly women. This group is different to the less than 2% of respondents who said they had participated in the practice of intentional dry sex because it's assumed that those having dry sex are going into that intentionally whereas the respondents, here, saying their partner did something to make the sex dry are perhaps referring to things they did not really agree to or planned for. They could also be referring to things their partner did that diminished their arousal and made them, the women, dry.

To summarise, respondents felt that sex had become dry for different reasons on different occasions and they did not necessarily know why. It is significant, however, that such a high number of respondents had experienced sex becoming dry unintentionally.

Table 12: Response to Question 34 'What do you think the cause of this was?' (sex becoming dry unintentionally). Respondents could select multiple options. n = 940

	Number of responses	Percentage of respondents who selected this answer*
My partner doesn't enjoy sex	21	2.23%
My partner/s has a medical problem	20	2.13%

I don't know why but sometimes the sex just becomes dry	471	50.11%
I don't enjoy sex	55	5.85%
I have a medical problem	40	4.26%
My partner is doing something to make the sex dry	53	5.64%
The sex was going on for too long	470	50.00%
The sex started hurting so I became dry	237	25.21%
Condoms make it dry	157	16.70%
Other (please elaborate)	94	10.00%
Total Responses	1,618	

**Percentages do not sum to 100% because respondents could select multiple answers*

4.6 Impact of Dryness on Quality of Sex

When asked if this dryness had an impact on the quality of sex, 66% of the 940 respondents to this question said it caused the sex to not be as pleasurable and 55% said it caused the sex to be painful (respondents could select multiple answers). A participant in the men's focus group said his partner went to the clinic after discovering an infection where she was told by the nurses that sex that became dry could cause vaginal tearing which could become infected. Another participant said during the third round of sex "my dick got scratched… I don't know if it was because I was an amateur… I don't know why these things happened but chances are she was dry". He said this precluded the pair from "going for another round". In response to this story, another participant said, "I think most of us have had that experience".

The women's focus group participants had also experienced this pain with one participant saying, "when I'm still getting into the mood, it can be dry when he penetrates and just before he finishes it's really painful". Another participant said when she is dry it will be sore for one to two days after".

The third most common answer to this question that was selected supported some of the findings on condom failure: 22% of respondents said it made the condom uncomfortable and 21% said this dryness made them feel like they weren't arousing their partner enough.

The intersection of dryness, pain and discomfort with condoms, as described in responses to the questions above, as well as the section on condom failure, presents fertile conditions for condom failure as well as lesions in the vagina. Both of these present increased risk for exposure to pathogens such as HIV and other STIs (Brown, Ayowa, & Brown, 1993, p. 989).

4.7 The Use of Introduced Lubrication

This section will explore experiences of introduced lube as well as the reasons why respondents do not use it. Introduced lube will be referred to as 'lube' from this point on.

Respondents were asked if they had used lube before and 59% of the 1,830 respondents said they had. The most common reason for doing so is because sex is sometimes dry or becomes dry (64%). The other common reasons selected are that it makes sex feel better (54%) and they can have sex for longer (31%).

Table 13: Response to Question 40 'Why do you use introduced lube?'. Respondents could select multiple options.
n = 1,070

	Number of responses	Percentage of respondents who selected this answer*
Because sex is sometimes dry or becomes dry	682	63.74%
It makes sex feel better	582	54.39%
We can have sex for longer	330	30.84%
It stops the condom from breaking	138	12.90%
It stops the condom coming off	54	5.05%
It makes sex safer	89	8.32%
Other	97	9.07%
Total Responses	1,972	

**Percentages do not sum to 100% because respondents could select multiple answers*

Respondents said they only use lube sometimes (31%) or only when sex becomes dry (24%). Eighteen percent of respondents said they use it most times they have sex and the same percentage said they have only used it once before.

In terms of the types of commercial lube respondents said they use, a major brand used is Durex (67%), although it is not known what type of Durex lube was used, exactly. KY jelly (18%) and Lovers+ (14%) were the second most used lubes. The second most used lube that is not commercial is saliva which 34% of respondents said they used.

Forty percent of respondents said they have never used lube before and their reasons for this suggest poor education around the function of, and need for, lube as well as what constitutes conditions for needing it.

The most common reason selected by respondents for never using lube is because they say they don't need it (52%). A large proportion of respondents (21%) said they would like to start using lube but they don't know enough about it/are scared/don't know where to get it from. The third most selected reason was 'I don't know what it is' (11%) followed by 'I feel uncomfortable asking for it from health centres (10%).

Table 13: Response to Question 43 'Why do you not use introduced lube?'. Respondents could select multiple options.
n = 762

	Number of responses	Percentage of respondents who selected this answer*
I don't know what it is	87	11.42%
I don't need it	397	52.10%
I don't know where to get it from	59	7.74%
I feel uncomfortable asking for it from health centres	75	9.84%
I can't afford it	38	4.99%
My partner doesn't like it	21	2.76%
It makes sex too wet	25	3.28%

I don't think it's safe for my health	57	7.48%
I don't want to talk to my partner about it	22	2.89%
It makes the condom slip off	10	1.31%
I would like to start using it but I don't know enough about it/I am scared/I don't know where to get it from	158	20.73%
Other (please elaborate)	76	9.97%%
Total Responses	1,025	

**Percentages do not sum to 100% because respondents could select multiple answers*

The data around respondents who said they do not use lube because they do not need it showed that a large proportion of respondents experienced dryness and pain during sex. This will be further analysed in later sub-sections.

The results around reasons for not using lube point to a lack of knowledge about, and understanding of, lube among at least half of the respondents to this question. This suggests that accessible information about lube and its benefits are lacking which justifies interrogation of one of the biggest sites of sex education, as confirmed by this survey: schools, which will be tackled in the following section.

It also raises questions around another source of information around sexuality: public health centres. Ten percent of respondents who said they do not use lube said they were not comfortable asking for lube from health centres. This could be because of the presiding conservative religious and cultural beliefs that limit free discussion about sex (Agha, Kusanthan, Longfield, Hattori, & Berman, 2002) which create a reticence for asking for lube at these centres. It could also be because of previous, negative experiences at health centres. The tension between South African clinics providing adequate sexual healthcare services and "traditionally conservative moral judgments of the community and society" (Hoffman-Wanderer, Carmody, Chai & Röhrs, 2013, p. 26) has been well documented. This research points to nurses harbouring their own conservative attitudes to sexuality as well as a lack of

training around a health promotion approach, even if there is willingness by nurses to provide this.

> … the majority of South African nurses have had little, if any, training in the principles and pragmatics of a health promotion approach. This suggests a knowledge translation gap from health policy to nursing practice." (Hoffman-Wanderer, Carmody, Chai & Röhrs, 2013, p. 27)

These gaps in training and knowledge at health centres might have been an influencing factor in respondents' reluctance to approach clinics about lube. The risk this poses of discouraging lube use - where using it could encourage safer sex - is concerning.

4.8 Sex Education, Lube and Pleasure

Sixty percent of respondents had received formal sex education, leaving 40% of respondents who said they had not received this education. Of the 60%, respondents had predominantly received this education at school (96%) and mostly from female sex educators (55%).

Sixty-seven percent of respondents said their sex educators had *not* spoken about lube during these educational sessions. This is worrying because of the link between lube, condom integrity and safe sex. Condoms depend on lube to maintain their integrity which is indicated, at the least, by how they are packaged in lube. One of the most common causes of their failure is their becoming dry during sex (UNAIDS, WHO, UNFPA, 2015): a global position taken by sexual health organisations and now supported by the findings in this research report. The 'Condom Failure' section' above showed that one of the main causes of three different types of condom failure was, according to respondents, the vagina becoming dry. If the vagina is dry it would, logically, cause the condom to become dry which would either cause the people having sex to become so uncomfortable that they take the condom off, or it would cause the condom to come off, tear or break.

If condoms are a fundamental feature of one of the ways of practicing safe sex then education around what might cause their failure or, on the other hand, increase their efficacy – such as

ensuring adequate lubrication while using them – should accompany education around condoms.

Sex educators' failure to educate youth on lube is further concerning given the South African Department of Health's procurement of 60 million sachets of lube for public use between 2015 and 2018 (South African Department of Health, 2015). Education around the benefits of lube use is important if the government is going to be successful when advocating people use it.

Talking about lube cannot take place without talking about pleasure. This is because the production of natural lubrication is a response to sexual arousal which is a feature of pleasure. As was explained in the literature review, however, it is just as important to acknowledge this response as it is to know when this response or lack thereof - is not adequate in providing the amount of lube to prevent friction during sex. Preventing friction helps to prevent vaginal tearing while using a condom or not using one. It also helps to prevent condom failure. It is also important to know that the opposite of pleasure - pain – can cause dryness which was described in the reasons given by respondents for why sex became dry. Knowing when other lubrication should be introduced to substitute natural lubrication is critical for ensuring safe sex.

Despite research around the intersection of pleasure, lube and safe sex, as described in the literature review, 33% of respondents to the question 'Did the educator ever talk about sex as a pleasurable experience…' said their sex educators had not spoken about pleasure and 21% said they could not remember – implying, perhaps, that pleasure, even if it was spoken about, was probably not spoken about a lot. Thirty percent of respondents to this question said their educators had spoken about both female and male pleasure. In contrast, only 1% of respondents said their educator had spoken about both gender's pleasure but mostly female pleasure compared to 8% of respondents who said their educators has spoken about mostly male pleasure.

This was supported by comments made in the men's focus group around "gaps in sex ed such as around pleasure". One participant said he "learned mostly about sex from friends and from experience… School only teaches about protection, not how to do it [sex] on the daily". Another participant said, "only with experience did we learn about girls' pleasure… we were taught at school to be anti-pleasure but we know women enjoy oral sex".

These experiences were mirrored by those of the participants in the women's focus group. One participant said she went to a religious school, where the sex education was monitored by a rabbi. "Sex is for procreation. There was nothing about pleasure. It was very biological. I only really learned about sex when I started having sex". Another participant said sex education at her school "didn't leave much of an impression… there was so much shame and guilt around it [sex]. But ppl are still having the sex!". A third participant said there was "no messaging about pleasure, wetness or lube in communities or in sex education at school".

As the literature review outlined, condoms, as one aspect of safe sex, are a relational technology that affects both people who are having sex and are affected by pleasure, or lack thereof. Ignoring this amounts to missed opportunities to ensure effectiveness of campaigns for condom use and improvements in global health (Higgins and Fennell, 2013).

4.9 Lube and Condom Failure

Lube use was then analysed alongside results on experiences around condom failure. Statistically significant results showed that respondents who *had* used lube before experienced two types of condom failure more than those who had *not* used lube before.

Sixty-two percent of respondents who had experienced a condom coming off during sex had also used lube before ($p = 0{,}0236$). The same percentage of respondents who had experienced a condom tearing or breaking had also used lube before (0,0132).

It is not clear, however, if respondents had started using lube before or after having these experiences of condom failure but a possible reason for the correlation between more condom failure and the use of lube, could be that respondents had opted to use lube because they did not want to experience *more* condom failure.

4.10 Pain During Sex

The majority of the 1,782 respondents who answered the question around pain during sex said yes, they had experienced pain during sex (73%) and the major reason for this was that the sex was dry, which was selected by 48% of respondents. Another major reason was that the penis was too big/vagina too small (40%) followed by 'the sex was too rough' (35%).

One of the lube's uses is to reduce ain during sex as a result of dryness. Given the now well-established picture of dryness experienced during sex among many respondents, the data around respondents who said they do not use lube because they do not need it was interrogated further to see if they had experienced pain. This showed that a large proportion of respondents who said they did not need lube had *also* experienced dryness and pain during sex. Thirty-one percent of these respondents had experienced sex becoming dry for them unintentionally and 64% of them had also experienced pain during sex. When answering the question about the cause of this pain, of the 64% of the respondents who had experienced pain and also said they do not need lube, 39% of them selected 'the penis was too big or the vagina was too small' as one of possible several reasons for this pain. Twenty-six percent of them said the sex was rough and 26% of them said the sex was dry. These are experiences, however, that can either be remedied, or at least improved, by using lube.

When compared by gender, the difference was stark: 90% of women respondents had experienced pain compared to just 44% of men ($p = < 0.00001$). There were substantial disparities in the reasons given for this pain, see Table 16: a significantly higher proportion of women said it was because the sex was dry/there wasn't enough foreplay compared to men (50.26% versus 42.30%, $p = 0{,}0174$). A significantly higher proportion of women also pointed toward the penis being too big/vagina too small compared to men (43.69% versus 28.53%, $p = < 0.00001$).

Table 16: Response to Question 49 'What do you think caused this pain?'
Respondents could select multiple reasons.
n = 1,264

	The sex was dry/there wasn't enough foreplay	The condom made it painful	The penis was too big/vagina too small	The sex was too rough	I don't know	It was my first/my partner's first time	The position was uncomfortable	Other
Female (959)	490	85	421	345	141	33	12	87
	50.26%	8.86%	43.69%	35.97%	14.70%	3.44%	1.25%	9.07%
Male	132	35	87	95	54	3	9	31

(305)	42.30%	11.48%	28.52%	30.82%	17.70%	0.98%	2.95%	10.16%
Total Responses per reason	522	115	508	440	695	36	21	118

**Percentages do not sum to 100% because respondents could select multiple answers*

Responses in the 'Other' category were interrogated because of their volume and moved to other categories where appropriate. Two new categories were created in the table due to how much these reasons were raised in the 'Other' category: 'It was my first time' and 'the position was uncomfortable'. The category 'the sex was dry' was also amended to be 'The sex was dry/there wasn't enough foreplay' to accommodate responses that indicated lack of foreplay which imply – or explicitly mention - that not enough natural lubrication was produced.

A far higher proportion of women than men attributed this pain to dryness and lack of foreplay. This could be due to the aforementioned socialisation of men to prioritise their pleasure over women's which resulted in men not being expected to consider their partner's comfort as much as their partner considers her own comfort. This socialisation also teaches women to prioritise men's pleasure over their own which could result in them not communicating their pain to their male partners. This was commented on in the women's focus group where one participant said, "Men act as if sex is their thing. They don't care about us". Another said, "I've had painful, rushed and rough experiences with foreplay. In pop culture, men don't consider women's pleasure or comfort". Women prioritise their partners' pleasure to the detriment of their own comfort but also do so, knowingly, at the risk of their own safety. In light of non-use of condoms because of discomfort, research has shown that women's pleasure is dependent on their partner experiencing pleasure and that women may decide not to use condoms in the first place knowing it will enhance men's pleasure and therefore their own (Higgins & Fennell, 2013).

As mentioned, a far higher proportion of women than men also selected the reason 'The penis was too big/vagina too small'. This could be because men might be more likely to experience this mismatch of size as *pleasure* and women might be more likely to experience this as *pain*

(Braun & Kitzinger, 2001). Men could also associate large penis size with higher sexual status and not with a sex-related problem (Lever, Frederick, & Peplau, 2006).

The very first point made in this section that most respondents had experienced pain during sex, and that many of them said this was because the sex was dry, is concerning. Despite this, knowledge of the remedy for dryness during sex – lube – seems to be inadequate as shown by three of the main reasons selected by respondents who don't use it: not knowing where to get lube, not knowing what it is and wanting to start using it but they 'don't know enough about it/are scared/don't know where to get it from'. Another finding that supports this assumption around inadequate education is that of the respondents who said they do not use lube because they do not need it 31% had experienced sex becoming dry for them unintentionally and 64% of them had also experienced pain during sex. Many of these respondents said this was because the sex was dry, was too rough or the penis was too big/vagina small yet the main function of lube is to make sex wetter and increase glide which would reduce friction and, ultimately pain, caused by these very reasons.

4.11 Pleasure

Respondents were asked why they have sex and the reason selected the most times, as one of potentially several reasons, was that it felt good (84%). The second answer selected the most by respondents was that 'it brings me closer to my partner'. Other reasons selected by many respondents, such as 'it helps me to relax' (54%) and that it is 'good for health and wellbeing' (51%), can also be considered to contain elements of pleasure. In summary, the vast majority of respondents have sex for pleasure but for other reasons as well.

The literature review also described how 'wetter', more pleasurable sex is safer sex because of lube's ability to reduce the chance of lesions (which can become entryways for STIs) and increase condom use and efficacy.

Given these two points, it is concerning then that only 45% of respondents said their sex educators mentioned pleasure during sex education sessions. Of this group, only 30% said their educators had spoken about both female *and* male pleasure, 8% had spoken about pleasure for both genders but mostly male pleasure and 5% had spoken about both genders' pleasure but mostly female pleasure. Thirty-three percent of respondents said their educators had not spoken about pleasure and over 21% said they could not remember.

The reason for this is that sex education in South Africa has largely followed the 'Abstain, Be Faithful, Condomise' approach to safe sex, which focuses on sex's consequences of pregnancy and STIs, and does not refer to pleasure (Barnett & Parkhurst, 2005). Both focus groups confirmed that this approach to sex education seemingly remains in their schools. This is despite the introduction of CSE by the Basic Education Department which does refer to pleasure and would create a space where the link between pleasure and safer sex could be made. This continued, limited, approach to safe sex is compounded by pleasure remaining a taboo topic (Philpott et al., 2006) due to conservative cultural and religious beliefs.

Not only should pleasure be an important part of sex education but addressing how it is experienced by all genders is as important. This requires acknowledgement of the inherent societal gender biases that have, among other damaging effects, rendered women's comfort and pleasure inferior to men's pleasure. Sex educators would need to be aware of how this might result in poor knowledge and management of women's physiological responses to sex by both women themselves and their male partners and the consequences of this for condom failure and safe sex. This is further interrogated in the conclusion.

The responses to the question of why respondents have sex were compared by gender and they do *not*, surprisingly, support the view that women care more for their partner's pleasure than men do. Significantly more men (40%) than women (27%) said they have sex because their partner wants it and they want to please them compared to women ($p = < 0.00001$) although both genders selected the reason that it brings them closer to their partner the same amount (61%, $p = 0{,}7956$).

In response to the question of how people know their partner is enjoying having sex with them, respondents mainly relied on their partner telling them (77%) or their partner having an orgasm (77%). When compared by gender, however, responses to this question painted an interesting picture. Although both genders, in similar proportions, rely on their partner telling them to know if they are enjoying having sex with them, more women relied on their partners' physiological indicators for this. Significantly more women said they knew their partner was enjoying having sex with them because their partner was hard (67%, $p = < 0.00001$) compared to men knowing because their partner was wet (58%, $p = < 0.00001$).

This may be a result of men's lack of knowledge around women's responses to arousal or, perhaps because men have experienced women showing enjoyment of sex in other ways even when they are not wet. This enjoyment may sometimes be performative, given what has

already been commented on about women prioritising men's pleasure over their own. Added to the evidence in this report of the prevalence of dryness during sex and it makes sense why men may not see a woman's wetness as the primary indication of her enjoyment of sex.

4.12 Access to free lubrication

This research proves that, although patriarchal attitudes continue to grip some sexual behaviours to the detriment of women and safety of sex for all parties, there is a willingness to engage with the conditions that precipitate this and can resolve it.

Along with students' responses in the focus groups about pain and pleasure during sex, as well as use of lube and experiences of condoms, this was ultimately reflected in the response by students to the survey question 'Do you think the South African government should distribute free lubrication?'. Seventy-eight percent of the 1,772 respondents said it should. There were three answer choices and all of them were selected heavily by all respondents (respondents could select multiple answers): because more people will use lube if its free (73%), because it makes sex safer (72%) and because it makes sex more pleasurable (55%). The responses by students who said the government should not provide free lube (22%) can be equally motivating for the government to do just that, however, because of the answer choice that was selected the most. There were three answer choices: 'because it will be a waste of public funds (84%), 'because it won't actually make sex safer' (42%) and 'because it will encourage people to have more sex and I don't want that to happen' (29%). All three answer choices indicate poor knowledge around the benefits of lube, it's role in making sex safer and why this should be a public health priority. They also demonstrate the kind of conservative attitude that may be at the core of ineffective public health campaigns and should be addressed and, ultimately, resisted.

4.13 Conclusion

This chapter analysed how students responded to questions in a survey about their sexual behaviour and how it related to natural lube, or lack thereof, and introduced lube. The survey results were analysed according to three topics: condom failure, the use, or non-use, of introduced lube, and pain during sex which included its opposite experience of pleasure. These topics also branched out to interrogate dryness during sex, the sex education students

received as well as how gender contributed to the way they responded. It was found that the latter had a significant influence on how many students perceived the reasons for condom failure and how they experienced pain and pleasure during sex.

The next chapter will summarise these results and provide an interpretation of them to be able to make recommendations for how to change attitudes to lube to promote safer sex.

Chapter 5. Conclusion

5.1 Introduction

The journey to establish Wits' students' attitudes to and use of lube began with discussions in focus groups on how students understand and engage with wetness, or lack thereof, during heterosexual sex. These lay the ground for a survey which, together with focus group comments painted a detailed picture on students' experiences of condom use and failure, pain and pleasure during sex and the extent of their sex education and knowledge.

The data showed, importantly, how prevalent dryness and pain are during sex; poor knowledge of lube and its benefits, and how strong a role gender played in influencing the way men and women have, and perceive, these, and other, sexual experiences such as condom failure. Add these gendered disparities in perceiving experiences between sexual partners to the lack of knowledge respondents indicated they had around lube and a clear picture of poor education and knowledge of lube and its benefits and how to communicate sexual experiences of it to partners emerges.

The value of this research is found in the intersection of dryness, pain and discomfort with condoms during heterosexual, penetrative sex, expressed by students, and how these conditions present fertile ground for condom failure as well as lesions in the vagina - both of which increase risk of exposure to STIs. These findings are a valuable contribution to existing literature which presents substantial empirical data on condom failure as well as benefits of lube to safe sex but left a gap on attitudes to and use of lube by South Africans. Establishing these attitudes and the extent lube is being used by Wits students -who mostly fall into the age group at highest risk of new HIV infections - is a critical first step in understanding how successful the reception of public health policies around increased use of lube will be and how to ensure campaigns around these are successful.

5.2 Dryness during sex

This research very clearly established the need for additional lube to be available to be introduced to sex because of how much students experience dryness during sex. Just under half of the respondents who answered questions on whether sex had become dry for them confirmed they had experienced sex becoming dry unintentionally. The main reason

they gave for this was that sex just 'sometimes becomes dry' and that the sex was going on for too long. The vagina becoming dry and the discomfort this causes was also a major contributor to not using a condom in the first place as well as condom failure during sex.

Respondents said vaginal dryness was the main cause of two types of condom failure - condoms becoming so uncomfortable that they were taken off and condoms tearing or breaking. For the third type of condom failure – condoms coming off – vaginal dryness was one of the main reasons selected by *women*. Apart from the obvious risk of contributing to condom failure, dryness can also create an environment for lesions in the vagina which can become entryways for pathogens. Additionally, dryness during sex had an impact on students' *enjoyment* of sex as many respondents said it caused the sex to not be as pleasurable and it was indeed painful for many others. More directly, it emerged as one of the main reasons sex was painful when students were asked if they had ever experienced pain during sex. The quality of sex in relation to pain and pleasure matters to students (and, likely, all sexually active people) because the main reason they indicated they have sex in the first place is because it feels good, it helps them to relax and is good for their health and wellbeing. What students express about reasons for having sex and what obstructs their goal in this regard should be taken seriously if sexual health campaigns are to be effective.

5.3 Use of lube

Despite the wide experience of dryness during sex and its implications for condom failure and quality of sex, 40% of students had never used lube. Their reasons for this suggest poor education around the benefits of lube as well as what constitutes conditions for needing it. The reasons selected most frequently were that they would like to start using it but don't know enough about it, are scared of it or don't know where to get it from. Another major reason was that they don't need it. Given the concurrent, emerging picture of poor knowledge of lube as well as dryness during sex, the response of students who said they don't need lube were explored further. It was discovered that a significant proportion of them had also experienced dryness and pain during sex which they said was the result of the penis being too big or the vagina being too small, or the sex being rough or dry. Lube would easily improve or even wholly remedy these experiences so it is concerning that these

students maintain they do not need it. This is further evidence of the worrying gap in students' knowledge, and understanding, of lube.

5.4 Pain during sex

Pain during sex was a major topic explored during this research because pain as a result of dryness is one of the main problems lube seeks to resolve. Understanding respondents' attitude to lube, therefore, requires understanding their experience of pain. Pain is also a possible indicator of vaginal lesions in women and the implications of this for STIs as well as how it intersects with condom failure is important for safe sex. Most respondents to the survey had experienced pain during sex, and many of them said this was because the sex was dry or there wasn't enough foreplay. Despite this, however, knowledge of the remedy for dryness during sex – lube – seems to be inadequate as shown by three of the main reasons selected by respondents who don't use it, described in the previous paragraph. The data on pain also presented startling results when interrogated according to gender: almost all women – 90% – had experienced pain compared to just 44% of men ($p = < 0.00001$).

5.5 Gender and its role in sexual experiences

Gender as a determinant for different sexual experiences and perceptions emerged strongly in this research. In addition to the finding about different proportions of men and women experiencing pain during sex, men and women also perceived the reasons for condom failure differently. More men blamed 'bad condoms' and erection loss for condom failure and more women blamed it on their partner for putting the condom on incorrectly or attributed it to vaginal dryness. A strong possibility for these differences in experiences of pain is that socialisation of men and women teaches both groups that men's pleasure is paramount even at the cost of women tolerating pain to achieve this.

Gendered socialisation also plays a role in what appears to be a communication gap between sexual partners which has resulted in women being less inclined to communicate their experiences during sex to their partner and, therefore, less likely to reduce their pain. This communication breakdown also seemed to be a factor in understanding reasons for condom failure. If partners communicated honestly with each other about condoms becoming so

uncomfortable that it warrants their removal; why they were taking a condom off because it was becoming uncomfortable; why the condom came off by mistake and why the condom had torn or broken, it is far more likely that men and women would be more aligned around reasons for condom failure. A communication breakdown between men and women could be linked to various factors as well as their gendered socialisation, not least of all both groups' discomfort around speaking about dryness. It is more likely, however, that expectations for how men and women should behave during sex - men with prowess and women prioritizing men's pleasure over their own, to name just two of them – are at the root of this breakdown. As long as sexual partners do not adequately communicate their pain as well as reasons for it and reasons condom failure, the chances of addressing these with remedies such as lube and, ultimately, improving the safety of sex is significantly compromised.

5.6 Sex Education

At the core of poor knowledge and understanding of lube, pain during sex, and gendered perceptions is a patriarchal power system that prioritises men's experiences of sexual pleasure and pain over women's experiences of these. This, in turn, diminishes the space allocated to addressing the effect of biological sex as well as gendered behaviours on condom use and integrity, among other sexual experiences, thereby compromising the effectiveness of safe sex campaigns. Changing this needs to involve changing a powerful source of sexual knowledge: sex education at schools. The government acknowledged this by introducing CSE two decades ago yet much more needs to be done to counter conservative forces that prevent CSE's success and result in sex educators not representing pleasure and all its faces in sex education sessions. Pleasure, pain, lube and particularly how these are affected by gender need to take centre stage in sex education. Respondents in this survey were asked about the formal sex education they received. Only 60% had received formal sex education, mostly at school, and 67% of these respondents said their sex educators had *not* spoken about lube during these educational sessions. Thirty-three percent of respondents said their sex educators had *not* spoken about pleasure, either, and 21% said they could not remember – implying, perhaps, that pleasure, even if it was spoken about, was probably not spoken about a lot. It is not known, either, how detailed the information on pleasure was.

Not only should pleasure be an important part of sex education but addressing how it is experienced by all genders is equally important. This requires acknowledgement of the inherent societal gender biases that have, among other damaging effects, rendered women's sexual comfort and pleasure inferior to men's sexual pleasure. Sex educators would need to be aware of how this might result in poor knowledge and management of women's physiological responses to sex by both women themselves and their male partners and the consequences of this for condom failure and safe sex.

An example of this is women being made to feel uncomfortable communicating their sexual desires or pain to their male partners and male partners being conditioned into not considering women's experiences. This can result in, what this research potentially demonstrates, a lack of communication between sexual partners about insufficient lubrication and the implications of this for condom failure. As the results in the Condom Failure section show, the reasons for condom failure are perceived differently by men and women. With better communication between partners, there is a better chance of these perceptions aligning and effective action being taken to avoid future condom failure.

Another example of how poor knowledge and less regard for women's experiences of sex can manifest is through pain. As the literature review explains, social conditioning has resulted in women tolerating pain for the sake of men's pleasure and one of the major findings of this report is that far more women have experienced pain during sex than men. This difference, and a possible reason for it, was also raised by a male participant in the focus group who said men were aware of "women feeling the need to fake pleasure… and avoid showing dissatisfaction to avoid shaking men's self-confidence". Fortunately, this comment as well as the one that followed it from a second participant about the need for men to create space to make women comfortable enough to communicate their needs, indicates, provisionally, that some men are prepared to act to redress these inequalities. Apart from the risks these inequalities pose for safe sex, the injustice of women's pleasure taking a back seat to men's pleasure was addressed by one respondent to the survey who said:

> As I mentioned before, it took me time to trust anyone enough, and also to learn about what I wanted. At the beginning I think I felt a social pressure to have sex, and I wanted to please my partner, but I also knew other people enjoyed it, and I wanted to learn to enjoy it myself. But I didn't really know how, and my earlier partners

> didn't seem to spend much time on my pleasure. In fact, I still haven't been with any man who really focused on my pleasure. I can pleasure myself much better.

As Fine says, the practice of safe sex relies on people being aware that their partner may be having different experiences and communicating their own experiences (1988). Without adequate communication around pleasure, as well as pain, and how these manifest differently for all genders, people are at higher risk of STIs. Comprehensive sex education can go a long way in supporting young people to develop this knowledge and tools to redressing this gender inequality. Its absence, however along with poor access to other sexual health services, and a lack of “exposure to information about the varieties of sexual pleasures and partners... may so jeopardize the educational and economic outcomes for female adolescents as to constitute sex discrimination” (Fine, 1988, p. 50).

> How can we ethically continue to withhold educational treatments we know to be effective for adolescent women? Public schools constitute a sphere in which young women could be offered access to a language and experience of empowerment. In such contexts, "well-educated" young women could breathe life into positions of social critique and experience entitlement rather than victimization, autonomy rather than terror.

Empowering adolescents with knowledge of the full sexual experience, including pleasure and pain, with a focus on redressing specific, gendered inequalities around this will ultimately benefit both women and men and support safer sex.

5.7 Recommendations

This research report presents a strong motivation for better access to free lube as well as better education around its benefits. This access should not only be provided by government but all institutions with a responsibility to its citizens, including educational institutions. This action would need to include education and public health campaigns that normalise sexual pleasure, for all genders, and advocate for tools and languages for people to speak about what is a common experience: dryness during sex.

Providing better access to lube requires providing lube in all sites where condoms are being provided such as at clinics, HIV testing events by public health organisations, bathrooms at schools, universities, shopping centres and in other government departments where there is high foot traffic. This will contribute to normalising the use of lube with condoms and creating an association between sex and lube. Condoms will have to be reframed in public perception as naturally operating with lube. As much as sex is framed as being risky if had without condoms, condoms would need to be framed as naturally operating only with lube.

Providing better education around lube's benefits requires communicating its biomedical benefits of reducing friction that can cause condom failure as well vaginal lesions that can become entryways to pathogens: it requires making South Africans aware of the direct link between lube and safer sex. But educating South Africans about how, when and why to use lube would require speaking about dryness during sex. There may be resistance to the use of lube because people believe they do not need it because they believe sex is wet enough, as was shown by the responses to the survey. Unpacking when lube is needed requires discussion about wetness during sex, therefore, and what causes wetness: pleasure.

Pleasure results in the production of arousal fluids, particularly by women, which assists with reducing friction during sex and creating an environment for pleasure. Sometimes not enough arousal fluids are produced, however, and the sex becomes dry which can cause it to become painful for both parties, but particularly women. Lube can counter this. The benefit of lube making sex more pleasurable for both parties is a valid reason to use lube, in itself, and should be promoted as such. Successfully doing this, however, requires, acknowledging that a reason people have sex *is* for pleasure, not just for procreation. Given South Africa's conservative religious and cultural beliefs sex for pleasure, let alone women having sex for pleasure, is a contentious topic. The correlation between pleasure and safer sex is clear and presenting this angle during lube-promotion is more likely to be received by the public if it is promoted as such. A greater effort to normalise sex for pleasure, especially women's sexual pleasure, should take place if real success in promoting lube use is to be achieved.

Normalising sex for pleasure, and particularly women's sexual pleasure, needs to be spearheaded by some of the most powerful sites for establishing healthy attitudes to sex, at scale: sex education at school. CSE contains some information on sexual pleasure but lesson plans need to incorporate a more explicitly sex-positive approach that, as Glover & Macleod state, takes a "broader

view of young people's sexuality, one that includes positive notions of sexuality such as pleasure, desire, fulfilment and warmth" (2016, p. 2).

What this looks like is acknowledging what causes the production of natural, arousal fluids, such as pleasure, how pleasure manifests differently for men and women, why arousal fluids are important for continued sexual pleasure, what can reduce this production of arousal fluids and what the consequences of this are for safe sex. These kinds of discussions would surely fall into what South Africa's Basic Education Department referred to as "matters which can be difficult and daunting to talk about" (2019) but they will likely be accepted as long as they are presented in a way that represents "the youth culture within which young people are immersed, the raced and classed environments in which they live and the diversity of sexual identities to which they ascribe" (Glover & Macleod, 2016, p. 2).

Successfully capturing the full sexual experience for adolescents needs to involve acknowledging the patriarchal system that has privileged men's pleasure over women's pleasure. CSE lesson plans need to explicitly recognise these gender inequalities, how they are reinforced in the sexual moment but do so in a way that does not reinforce men's power and perpetuate women as victims. It needs to provide adolescent men with the knowledge and tools to identify women's different experiences as well as provide knowledge and tools for women to understand their experiences and be assertive about them to their partners. All genders would need to be taught tools around consent and communication to support a judgement and shame-free environment that respects all parties' sexual experiences. If CSE contained this content, promoting the full benefits of lube – safe sex and pleasure – would be a far easier task.

5.8 Areas for Further Research

There are two recommendations for further research: how much teachers refer to pleasure, pain and lube during sex education and if this information is gender inclusive. It is crucial to establish how much is being referred to around lube and the experiences that warrant and discourage its use by sex educators if sex education is expected to continue to be a platform for educating people about safe sex and, particularly, the importance of lube. The other topic that should be researched further is how much social expectations around men being required to approach sexual experiences with confidence and prowess affects men's response to lube.

A theory discussed in the condom failure section of this report suggested that men might find it easier to blame a 'bad condom' for condom failure than perhaps vaginal dryness or putting the condom on incorrectly, which could be interpreted as a denial of lack of prowess or responsibility in their role in condom failure. At the same time, women's discomfort in admitting vaginal dryness as a possible cause of condom failure as well as their discomfort in communicating their experiences of sex due to patriarchal standards for who deserves sexual pleasure should also be further researched. In summary, the obstructions to the use of lube requires further investigation if the South African department intends on encouraging people to use it on a wide scale.

The women's focus groups showed that it was difficult for some women to communicate vaginal dryness to their partners so it is possible that women may be underreporting this as a perceived reason for condom failure in this survey. The extent of this possible underreporting is difficult to establish, however. There may also be another reason why men and women seemed to be more aligned in selecting this as a major reason for this type of condom failure. The nature of deciding to remove the condom, and specifically so because of vaginal dryness, might allow for more of a pause during sex and greater communication and consensus between partners around the reason for removing the condom.

5.9 Conclusion

"The government is failing to make people even use condoms so how will they get people to use lube?" was a question asked by a focus group participant and although it is not solely government's responsibility to ensure people know the benefits of lube, the question remains pertinent. This research is the result of a list of questions that would need to be answered before this 'how' of getting people to use lube is tackled.

A good start would be knowing what peoples' attitudes to and use of lube really is and what the experiences and beliefs are that affect these. This research can be built on and will, hopefully, contribute to more inclusive and effective sex education and a government-led initiative to promote the use of lube in the name of wetter and safer sex for all genders.

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Appendix A

Participant Information Sheet: Focus Group

Dear Sir /Madam,

My name is Victoria John and I am a Masters student in Development Studies at the University of the Witwatersrand in Johannesburg. As part of my studies, I am conducting a research project on attitudes to heterosexual sex by Wits University students. The title of my research is 'Wits University students' practices and attitudes to heterosexual sex, with a focus on lubrication, and the implications for the response to HIV'. My aim for the research is to provide deeper context to the use of lubrication in light of emerging global public health policy to conduct more research on lubrication as well as provide it for free to the public.

As part of this project, I would like to invite you to take part in answering some questions on your attitudes and experience of heterosexual sex. This activity is only for students who have had heterosexual, penetrative sex as this matches the scope of my research.

This activity will involve discussing between some questions about your views on heterosexual sexual practices in a group setting involving between 6 and 9 other participants. It will take around 90 minutes. Refreshments will be served and the activity will take place in a yet to be confirmed meeting room and date. With your permission, I would also like to record the interview using an audio recorder.

You will receive a R50 transport stipend to assist you with participating in the focus groups but there will be no other direct benefits from participating in this research outside of that. There are also no disadvantages or penalties for not participating. The recording of your answers in their raw, written and digital form, will be held on a password-protected laptop. The information you give me will be used in my final research report but I will use a pseudonym (false name) to represent your responses and nobody reading the report will be able to identify you. However, because this is a group activity, I cannot guarantee your confidentiality and anonymity during the discussion itself. If you experience any distress or discomfort at any point in this process, you can withdraw from the focus group. If you need

support or counselling services following the discussion these are available free of charge at the Wits University Counselling and Careers Development which is contactable on 011 717 9140 / 32. If you would like a summary of my research report, once it is complete, please contact me.

If you have any questions at any time during the research process, feel free to contact me or my supervisor using the contact details listed below. All research activities under the auspices of the University of the Witwatersrand requires ethics clearance from the HREC (non-medical) if it involves humans participants; and if the research includes social, educational and/or psychological behaviour or perceptions, personal data required by an institution. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email Shaun.Schoeman@wits.ac.za.

Yours sincerely,
Victoria John

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Consent Form: Focus Group

Title of research project: ***Wits University students' practices and attitudes to heterosexual sex, with a focus on lubrication, and the implications for the response to HIV***

I, …….., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. Please circle the relevant options below.

I understand that other participants in the focus group will hear my views during the discussion YES NO

I agree that I will be anonymous in the research report YES NO

I agree that the focus group may be audio recorded YES NO

……..…… (Your signature)

……..…… (Your name)

……..…… (The date)

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Appendix B

Focus group questions

What is the sexual climate on campus?

- In what context are students having sex: random hook ups, relationships?
- How sexually active are they?
- How sexually open are they?

What do you think about the sex education you've received?

- Were there any obvious gaps such as pleasure, specifically women's pleasure?
- Did you speak about lubrication?

What sex education and support do you have access to?

- Have you encountered free lube on campus or elsewhere: where, when, what type?

How important is foreplay to you?

- When do you stop foreplay and start to have penetrative sex?
- How do you communicate this?

What do you understand about lubrication?

- Natural lubrication?
- Introduced lubrication?
- Is lubrication something that is spoken about in your circles?
- How is it spoken about?

Have you ever experienced any dryness during sex?

- What were the circumstances?
- If you and your partner discussed it, how exactly did you speak about it?

Do you ever use introduced lubrication?

- When and why do you use it/why do you not use it?
- How often do you use it?
- Has it had any effect on the sex you're having
- What kind of conversations have you had with partners about lubrication?

Do you have any suggestions for anything we should bear in mind for the questionnaire we are going to put out on this topic?

Appendix C

Survey Questions

Q1. I am a Wits University student who is 18 years old or over. I have had heterosexual, penetrative sex (this is sex in which a penis penetrates a vagina). I agree to participate in this research project.

Answer Choices
Yes
No

Q2. How old are you?

Answer Choices
18 – 20
21 – 22
23 – 24
older than 25

Q3. What level of study are you at?

Answer Choices
Undergraduate
Postgraduate

Q4. Which faculty are you part of?

Answer Choices
Humanities
Science
Commerce, Law and Management

Health Sciences
Engineering and the Built Environment
I don't want to say

Q5. What gender do you identify as?

Answer Choices
Female
Male
Non-binary
Other (please specify)

Q6. What race do you identify as?

Answer Choices
Black African
Chinese
Coloured
Indian
White
I don't want to say
Other (please specify)

Q7. Have you ever received formal sex education?

Answer Choices
Yes
No

Q8. Where did you receive this sex education? Tick all that apply.

Answer Choices

At school
At church
At a community centre
Somewhere else (please specify)

Q9. Did any of the educators ever talk about lubrication during these sessions?

Answer Choices
Yes
No

Q10. Did the educator ever talk about sex as a pleasurable experience during these sessions?

Answer Choices
Yes, but the educator only referred to male pleasure
Yes, but the educator only referred to female pleasure
Yes, and the educator referred to both male and female pleasure
Yes, the educator referred to both male and female pleasure but mostly to male pleasure
Yes, the educator referred to both male and female pleasure but mostly to female pleasure
No
I can't remember

Q11. What sex was your educator/s?

Answer Choices
Male
Female
I had different educators who gave us sex education. Some of them were female and some of them were male.

Q12. How old were you when you first had sex?

Answer Choices
Younger than 12
12 - 15
16 - 20
21 - 24
Older than 25

Q13. Approximately how often have you had sex in the last 12 months?

Answer Choices
Once
Twice
Three times
Once a month
Twice a month
Three times a month
Once a week
More than once a week

Q14. In what relationship context do you generally have sex?

Answer Choices
Casual sex
A monogamous relationship (only have sex with the person you are in a relationship with)
Both with a main partner and other casual partner/s

Q15. Do you engage in foreplay before sex?

Answer Choices

Sometimes
Yes
No

Q16. How important is foreplay to you?

Answer Choices
(no label)

Q17. At what point do you decide to stop foreplay and start penetrative sex? Tick all that apply.

Answer Choices
When I want to have penetrative sex
When I have an erection
When my partner is wet
When my partner wants to have penetrative sex
When I am wet
When my partner has an erection
When we both want to have penetrative sex
Other (please elaborate)

Q18. On average, how long do you and your partner conduct foreplay for?

Answer Choices
1 - 5 minutes
6 - 10 minutes
11 - 20 minutes
More than 20 minutes

Q19. Why do you not conduct foreplay before sex? Tick all that apply.

Answer Choices
I don't think we need it
I just want to have penetrative sex
Other (please elaborate)

Q20. Do you use condoms during sex?

Answer Choices
No
Sometimes
Most times
Always

Q21. Why do you never use condoms? Tick all that apply.

Answer Choices
I don’t think they actually protect against infections
They are uncomfortable
They kill the mood
I am in a committed relationship and we use another kind of protection
There are no free ones left and I don't want to buy them
I don't like the free ones and I don't want to buy them
My partner/s don’t like them
Other
If you selected 'Other', please elaborate here:

Q22. Why do you not use condoms every time you have sex? Tick all that apply.

Answer Choices

I don’t think they actually protect against infections

They kill the mood

They are uncomfortable

I am in a committed relationship and we use another kind of protection

We don't always have one with us and that's not going to stop us having sex

They don't feel natural

There are no free ones left and I don't want to buy them

I don't like the free ones and I don't want to buy them

My partner/s don’t like them

Other

If you selected 'Other', please elaborate here:

Q23. Has the condom ever become so uncomfortable during sex that you took it off?

Answer Choices
Yes
No

Q24. How many times has this happened?

Answer Choices
Less than three times
3 – 5 times
More than 5 times

Q25. Why do you think this happened? Tick all that apply.

Answer Choices
It was a bad condom
I, or my partner, didn’t put it on correctly
The vagina was dry

The vagina became dry
I, or my partner, lost my/his erection
I don't know
If you selected 'Other', please elaborate here:

Q26. Has a condom ever come off during sex?

Answer Choices
Yes
No

Q27. How many times has this happened?

Answer Choices
Less than three times
3 – 5 times
More than 5 times

Q28. Why do you think this happened? Tick all that apply.

Answer Choices
It was a bad condom
I, or my partner, didn’t put it on correctly
The sex was rough
The vagina was dry
The vagina became dry
I, or my partner, lost my/his erection
I don't know
If you selected 'Other', please elaborate here:

Q29. Has a condom ever torn or broken during sex?

Answer Choices
Yes
No

Q30. How many times has this happened?

Answer Choices
Less than three times
3 – 5 times
More than 5 times

Q31. Why do you think this happened? Tick all that apply.

Answer Choices
It was a bad condom
I, or my partner, didn’t put it on correctly
The sex was rough
The vagina was dry
The vagina became dry
I haven't experienced a condom tearing or breaking.
I, or my partner, lost my/his erection
If you selected 'Other', please elaborate here:

Q32. Have you ever intentionally made the vagina dry before you had sex?

Answer Choices
No
Yes, I prefer dry sex
Yes, but I didn't like it

Q33. Has the sex ever become dry for you, unintentionally? Tick all that apply.

Answer Choices
Yes, my partner doesn't get wet
Yes, I never get wet
Yes, my partner sometimes becomes dry during sex
Yes, I sometimes become dry during sex
No, my partner always gets wet
No, I always get wet
No, my partner and I use lubrication if sex becomes dry
No, my partner and I always use lubrication, no matter what.

Q34. What do you think is the cause of this? Tick all that apply.

Answer Choices
My partner doesn’t enjoy sex
My partner/s has a medical problem
I don’t know why but sometimes the sex just becomes dry
I don't enjoy sex
I have a medical problem
My partner is doing something to make the sex dry
The sex was going on for too long
The sex started hurting so I became dry
Condoms make it dry
Other (please elaborate)

Q35. Does this dryness have an impact on the quality of the sex? Tick all that apply.

Answer Choices
No
Yes, it isn’t as pleasurable

Yes, it is painful
Yes, it makes the condom uncomfortable
Yes, it makes the condom come off
Yes, it makes the condom tear
Yes, it makes me feel like I am not arousing my partner enough

Q36. How did you make the vagina dry? Tick all that apply.

Answer Choices
We put bleach on it
We put powder in it
We put a chemical in it
We put medicine in it
We wiped it with tissues
We wiped it with a cloth
Other (please elaborate)

Q37. Why did you choose to have dry sex? Tick all that apply.

Answer Choices
It feels better for me
My partner likes it
It feels better for both of us
It is more hygienic
It is safer
Other (please elaborate)

Q38. Where did you first hear about using introduced lube during sex?

Answer Choices
In this questionnaire

At school
When I got to university
On the internet
From my friends
From a family member
On the internet
While watching porn
From public health information on TV, pamphlets or posters
Other (please elaborate)

Q39. Have you ever used introduced lube?

Answer Choices
No
Yes

Q40. Why do you use introduced lube? Tick all that apply.

Answer Choices
Because sex is sometimes dry or becomes dry
It makes sex feel better
We can have sex for longer
It stops the condom from breaking
It stops the condom from coming off
It makes sex safer
Other (please specify)
Other (please elaborate)

Q41. What kind of introduced lube do you use? Tick all that apply.

Answer Choices
Baby Oil

Butter

Coconut Oil

Cooking oil

Durex

KY Jelly

Lovers+

Lubrication supplied by the government or a nongovernmental organisation

Saliva

Vaseline

Other

If you selected 'Other', please elaborate below:

Q42. How often do you use introduced lube?

Answer Choices
I've only used it once before
1 – 5 times
5 – 10 times
More than 10 times
Most times I have sex
Only when sex becomes dry
Only sometimes
Every time I have sex

Q43. Why do you not use introduced lube? Tick all that apply.

Answer Choices
I don't know what it is
I don't need it
I don't know where to get it from
I feel uncomfortable asking for it from health centres
I can't afford it

My partner doesn’t like it

It makes sex too wet

I don't think it's safe for my health

I don’t want to talk to my partner about it

It makes the condom slip off

I would like to start using it but I don’t know enough about it/I am scared/I don’t know where to get it from

Other (please elaborate)

Q44. Why do you have sex? Tick all that apply.

Answer Choices
It feels good
My partner wants it and I want to please him/her
It brings me closer to my partner
I feel pressure from my friends to have sex
It is good for health and well-being
It helps me to relax
I want to get pregnant/make someone pregnant
Other (please elaborate)

Q45. How important is your partner/s pleasure to you?

Answer Choices
(no label)

Q46. How do you know your partner/s is enjoying having sex with you? Tick all that apply.

Answer Choices
My partner tells me
My partner is wet

My partner is hard
My partner has an orgasm
I don't really think about my partner's pleasure
Other (please elaborate)

Q47. Whose pleasure is more important?

Answer Choices
Men’s pleasure
My partner's pleasure
Women’s pleasure
Both partners' pleasure is equally important

Q48. Have you ever experienced pain during penetrative sex? (this question applies to all genders)

Answer Choices
Yes
No

Q49. What do you think caused this pain?

Answer Choices
The sex was dry
The condom made it painful
The penis was too big/vagina too small
The sex was too rough
I don’t know
Other (please elaborate)

Q50. Do you think the South African government should distribute free lubrication?

Answer Choices
Yes
No
Yes, because it makes condoms feel better so more people would use them
Yes, because more people will use it if it’s free
No, because it will be a waste of public funds
No, because they can use other things from the house if they need to
No, because it won’t make people use condoms more
Other (please specify)

Q51. Why? Tick all that apply.

Answer Choices
Because it makes sex more pleasurable
Because it makes sex safer
Because more people will use lube if it's free
Other (please specify)

Q52. Why? Tick all that apply.

Answer Choices
Because it will be a waste of public funds.
Because it won't actually make sex safer.
Because it will encourage people to have more sex and I don't want that to happen.
Other (please elaborate)