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(IS THERE) METHOD IN THE MADNESS?  
METHODOLOGY AND INTERPRETATION IN SOCIO  
SEXUAL RESEARCH ON HIV AND AIDS  
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## **(Is there) Method in the Madness? Methodology and Interpretation in Socio-sexual Research on HIV and AIDS**

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When I first began teaching undergraduate students in the social and health sciences some twenty years ago, I was forced to confront for the first time some very important issues pertaining both to my own biography and to the nature of how best to understand the world we live in.

At school I was trained in the sciences and I went to university to study medicine, having given scarcely a thought to what that might involve. As things turned out, I learned very quickly that something was rather odd when, in the physiology and biochemistry laboratories, we were required to perform 'experiments' to discover through empirical enquiry the 'truths' that constitute much of modern bio-medicine. I found it odd that when our empirical observations ran contrary to what we were supposed to have found out, we were required to discuss not what we had actually seen, but why our observations were not as theory predicted. We were never allowed to be surprised, only reassured that we were wrong and theory was right. Such is the nature of 'science' as practised in school and university teaching laboratories all over the world. And such unfortunately has been much of the science of human sexual behaviour, until relatively recently at least.

When subsequently at this same university I went on to study psychology, believing that it would offer insight into why people live the way they do, I was introduced to the techniques and procedures that were enabling the development of a science of human behaviour - controlled experiments in carefully controlled laboratory conditions, and systematic observation. Only rarely did a consideration of culture and meaning enter into our classes, and then most usually within the context of why others failed to see the world as predominantly white north American and European college students did.

But all this changed when in my first teaching job I was told that I would be required to 'sociology'. Here, as I struggled to teach the intricacies of functionalist, interactionist and structural theory, I began to realise that there was often an enormous gap between the world of 'scientific' understanding, and the world as it might be lived by ordinary people, and here I became humbled by the possibility that while modern science and bio-medicine (and the methodological commitments they hold dear) may have contributed much to an improvement of the human condition, they might not hold all the answers.

I make these points in order to help make better sense of what I see as a number of key tensions within research on sexual behaviour and sexuality over the last fifteen years<sup>1</sup>

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<sup>1</sup> The emphasis throughout much of the ensuing discussion will be on research that has relevance to the sexual transmission of HIV for two principal reasons - first, because this is the field with which I am most familiar; and second, because the advent of HIV disease gave new impetus to the study of human sexual diversity in ways it would have been difficult to imagine even a few years ago.

- \* the tension between the scientific study of human behaviour and an interest in sexual and drug-related cultures and meanings,
- \* the tension between individualistic and structural modes of analysis; and
- \* the tension between what I will call technician (conducted by behavioural scientists and other intervention experts') and more inclusionary (conducted within and by communities most affected) public health responses.

In this paper, I want to chart four principal phases in socio-sexual research on HIV and AIDS, and the methodological commitments present at each. I will explore how in each phase we have been encouraged to understand sexual behaviour and its relationship to the epidemic in different ways, and will highlight the strengths and limitations of the dominant forms of analysis employed during each phase. The aim is not to provide any one definitive analysis of how best to understand sex and sexuality in relation to the epidemic, but to illuminate the principal forces at work at different stages and in different socio-political contexts, as well as their strengths and limitations

### **Phase 1 - Individualism and behaviour measurement**

In the early days of the epidemic, good quality social and behavioural research was most usually conspicuous by its absence. The advent of AIDS quite literally struck terror into the hearts and minds of the majority of psychologists, sociologists and anthropologists working in the field of health. In consequence, and with but a few honorable exceptions, there was an abdication of responsibility among those whose insight might genuinely have been helpful at a time when the worst consequences of the epidemic could have been avoided. Into the void stepped two classes of person: those whose earlier interest in sexology, population studies or family planning encouraged them to see AIDS as an 'opportunity', providing the economic resources to pursue the kind of enquiry that hitherto had been denied; and those whose view of the advent of

AIDS as a means of 'testing contemporary modes of health behaviour and health behaviour change such as the health belief model, theories of reasoned action, and so on. Organizing the actions of both parties was a kind of social epidemiology that claimed that the classification and enumeration of sexual-behavioural frequencies was central, if not essential, to the development of interventions to arrest the sexual transmission of HIV infection.

The impact of such tendencies can perhaps be most clearly seen in the early work of a number of national and international agencies. In countries such as Britain, France and the United States, population surveys of sexual behaviour and lifestyles were commissioned alongside numerous more opportunistic enquiries into the sexual behaviour of groups as diverse as students, health care workers, sex workers, self-identified gay and bisexual men and injecting drug users. Through the (then) Social and Behavioural Research Unit of the World Health Organization's (then) Global Program on AIDS, upwards of thirty population based surveys of AIDS-related knowledge, attitudes and reported sexual behaviour were given financial and/or technical support. The avowed aims of this enquiry were three-fold: to assess baseline levels of risk, to identify the social and behavioural factors linked to sexual risk taking, and to alert public health agencies, politicians and decision makers to the need to act swiftly.

Most typically, questions were asked about marriage or partnership status including type of relationship, length of current partnership, age at first marriage, total

number of current partners etc. Additional questions were included in some surveys about first sexual experience (since it was assumed that this would have particular impact upon subsequent sexual careers), sexual behaviour over the previous twelve months and sexual behaviour in the last four weeks. In the majority of surveys, questioning about non-heterosexual behaviour was minimal and most usually couched in the language of biomedicine using terminology such as 'homosexual' and 'bisexual' to access (with varying degrees of success) a private and often illegal domain of practice.

In terms of findings, such studies not infrequently revealed both an unanticipated diversity of practice and unexpected similarities. In the WHO/GPA surveys conducted in developing countries, for example, considerable diversity was noted between countries in sub-Saharan Africa in terms of sex outside regular partnerships, patterns of condom use, and sex involving the exchange of money or other material benefit (Caraël, 1995). Such variations raise important questions about the existence of any distinctive 'African' or regional sexuality, and caution against efforts naïvely to 'transplant' interventions to prevent the sexual transmission of HIV from one country within a region to another. Between Britain and France, on the other hand, where some people expected there to be wide differences in patterns of sexual behaviour (based it must be pressured on national stereotypes), such were found not to exist, at least in relation to variable such as the number of sexual partners in the last year, the reported incidence of oral sex, and condom use among self reported heterosexuals who had had more than two sexual partners in the last year (Bajos et al, 1995)

But important questions remain to be answered concerning the reliability and validity of data obtained through such population based surveys. In reflecting on international experience in this field, Ferry et al (1995) distinguish between three distinct but related sets of ambiguities that pose special challenges: (i) general ambiguities deriving from varying meanings attached to the same sexual acts, (ii) ambiguities relating to the use of specific sexual terminologies and (iii) ambiguities arising from the framing of specific questions.<sup>2</sup>

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<sup>2</sup> An example of a general ambiguity might be given by found in the situation where a man who buys a woman a range of presents over a period of time also engages in sexual activity with her. If we were to ask him using one of the standard questions identified for the purpose whether he was having 'commercial sex', he might reply 'No'. But if we ask the woman concerned the same question, she might reply 'Yes. What are the implications of this ambiguity for the reliability and validity of efforts to identify the prevalence of 'commercial sex' within a given population?

Ambiguities relating to the use of specific sexual terminologies, on the other hand, include those arising when people are asked whether or not they have had sexual intercourse with another person.. While there may be broad a among some groups as to what the term 'sexual intercourse' means, it must be acknowledged that for some people (and possibly on some occasions) it may connote penetrative vaginal sex with orgasm, for others it may describe penetration without orgasm, for yet others masturbation (either with or without orgasm may suffice, and so on. Similar challenges arise when such phraseology is translated as in the French phrase *rapport sexual*. Such problems are compounded when standard instruments are translated into languages which, for example, do not distinguish between the sex of partners in sexual relations, and which may use local descriptions to distinguish varieties of sexual act from one another.

Ambiguities relating to the framing of specific questions create further challenges both for reliability and validity and cross-national comparisons. Consider, for example, how the standard question 'How old were you when you first had full sexual intercourse for the first time' in the WHO/GPA partner relations instrument came to be phrased in Mauntius after local sensitivities had to be taken into account. Here, it was phrased 'It happens that some people (including young people and students) have sexual relations

Additional problems arise in relation to the study of non-heterosexual behaviours, especially in cultures where sex between men or sex between women may be illegal, invisible and not usually talked about in public discourse. In parts of central and southern America, for example, as well as in many north African countries, and even in Britain, it is well known that in Western terms at least, sex between men may be relatively common. But how can such a domain be accessed when the acts concerned may not be understood as 'homosexuality', 'bisexuality' or even 'sex' by the parties involved (sex being something that by definition takes place between women and men)? And how can we access the highly contingent local vocabularies within which men talk to each other (often jokingly) about their sexual relationships with other men (or more usually the sexual relationships of other men with other men). Still more difficult, how can one as an avowedly heterosexual researcher access this private domain of 'fun', 'letting off steam', 'nothing serious', 'messing around' and 'something that happens when drunk' without colluding with cultural imperatives that deny the prevalence and importance of such behaviour to all concerned? It is probably fair to say that we know even less about non-heterosexual behaviour among men than is sometimes imagined.

A further set of challenges arose in relation to the analytic frameworks most often used to make sense of the data gathered. It had been the hope of this style of socio-behavioural enquiry to use models of rational decision making such as the Health Belief Model, the Theory of Reasoned Action, the Theory of Planned Behaviour, Protection Motivation Theory and Social Learning Theory to identify the determinants of risk-related sexual behaviour. Such was to be the science' of HIV-related sexual risk behaviour. Unfortunately, this was to be a more difficult task than first imagined (Ingham and van Zessen, forthcoming). In North America and Europe, where such models were originally developed, they have not gone without criticism, most usually for the over-emphasis they give to rational decision making in situations where cultural norms and values as well as social pressures may militate against 'thinking through' in any logical manner the likely consequences, costs and benefits of different courses of action prior to having sex (see, for example, Bastard and Cardia-Vonèche, forthcoming). Typically in even the best studies, between sixty and seventy percent of the variance remains unexplained, suggesting that situational and contextual variables not easily accessed via responses to questions about knowledge, attitudes, motivations, perceived efficacy, and perceived costs and benefits, may be vitally important determinants of human sexual behaviour.

To those committed to the pursuit of a properly 'scientific understanding of human sexual behaviour in relation to the epidemic, the issues discussed above are essentially matters to be resolved through technical innovation and the development and piloting of better instruments and data elicitation procedures. Ultimately, it is claimed that the causal models of risk behaviour and risk behaviour change offered by social and behavioural psychology will prove capable of 'explaining' sufficient variance in patterns of sexual behaviour to be useful. What is clear though is that without complementary research of a quite different kind we may never understand much about the contexts within which sexual behaviour becomes meaningful, as well as the meanings people bring to bear upon their sexual encounters.

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even though they have never been married or have a regular partner. I-lave you ever had sexual relations<sup>7</sup>, as Ferry et al (1985:26) explain, almost defying respondents to admit to such indiscretions

## **Phase 2 - Meaning, culture and community**

At a recent meeting to examine new agendas in HIV-related sexual behaviour research, Richard Parker (Parker, 1995:8-9) drew attention to the need to focus more carefully on, local categories and classifications (in order to) move from what, in anthropology and linguistics, might be described as an “outsider” perspective to what is described as an “insider” perspective - from the “experience distant” concepts of science to the “experience near” concepts that the members of specific cultures use to understand and interpret their own reality.’

This reorientation of research interests to encompass greater concern with the intersubjective nature of cultural meanings relating to sexuality and sexual expression has been fundamental in reshaping sexual behaviour research agendas over the last few years. It has, for example, found expression in what might be described as the ‘ wave’ of HIV-related sexuality research examining sexual meanings, sexual cultures and sexual identities,

Strongly influenced by developments within interactionist sociology and cultural anthropology, as well as by moves to radicalize social psychology, this research has aimed to go beyond the calculation of behavioural frequencies and the identification of statistical correlates of ‘risky’ and ‘less risky’ forms of sexual behaviour, to examine what sex means to the parties involved, the contexts in which it takes place, the structure and scripting of sexual encounters, and the sexual cultures present within a particular society.

Recognizing that sexual motivations may be complex, contradictory, context specific, unclear and possibly unformulated was a big move forward. Gone were notions of rational calculation and the weighing up of odds in sexual encounters. instead, what it meant to be sexual» what is meant to have sex, and the desires and identities tied up in this, became legitimate areas of enquiry. The studies of the contextual factors affecting risk-related sexual behaviour among young people commissioned by the (then) Social and Behavioural Studies and Support Unit of WHOIGPA had the following anticipated outcomes in many ways typify this reorientation of research priorities. Among the issues they set out to examine were: dominant sexual understandings, sexual meanings, sexual identities and sexual cultures in different contexts; the implications of such understandings, meanings, identities and cultures for self-understanding and individual sexual behaviour, a comparison between the ways young women and young men come to understand themselves sexually, and the consequences of this for patterns of sexual behaviour. Work began on the studies in early 1994 and final in-country analyses are now being carried out.

Interest in sexual meanings, sexual identities and sexual cultures among young people derived from a suspicion that what counted as ‘sex’, what sex connoted, and available sexual identities may vary from society to society, with associated implications for sexual life in each setting. It was anticipated that historically and culturally determined dominant systems of meaning would constrain young people’s expectations and beliefs about sex and sexuality, and valid forms of sexual expression.

Some of the clearest illustrations of this process can be found in Jenkins (1996) study of sexual culture among young people in Papua New Gi4inea. Here, it is evident that in order to understand young people’s contemporary relations, characterised in many cases by violence, hostility, group sex, group rape, secrecy and mistrust, without

appreciating the historical forces that have structured life for generations. These include the social segregation of men from women, systems of initiation (for men) and menarcheal seclusion (for women), and the prolonged and complex process of marriage that normally require the woman to be 'subdued' in some way by the man. But imposed upon such traditional practices are modern cultural forms, including clubs and discos, sexually explicit video shows and the widespread availability of alcoholic drink. Data from Jenkins' study suggests that young people negotiate within these competing systems of cultural regulation, importing into their modern relationships elements of past. For example, repeatedly in the study young men said they found it hard to have sex because all women these days wanted to be paid, therefore rape was the only alternative', often after drinking, at discos or after watching video shows. For young women, on the other hand, sex was not infrequently seen as a commodity to be exchanged. As one twelve year-old rural girl put it,

*'In my future, I'll only go out with handsome boys, and I will always get paid for sex. Whether they like it or not, Iii asked them to pay me for sex. because nowadays my big sisters are having unwanted pregnancy without any bride price. That's the reason they must pay for sex with me in the future. If I had to have sex, this is what I always think about it...'*

Evidence of variations and transformations in sexual meanings was found in each of the GPAISSB studies. In Chile, for example, Marshall (1996) reports on important disjunctions between the sexual culture of young people in Santiago, characterised by greater openness and communication about sex and sexuality that is relatively free from fear or guilt, and that of their parents. much of whose behaviour was governed 'restrictions, illicit experiences, hypocrisies and silence'. But her analysis highlights too the way in which, for some young people at least, sexuality becomes 'devoid of meaning and emotional involvement [ sex has become commonplace and empty, with no projections into the future. (Young people) observe their own ambiguities and "madness in this context. While marriage is rejected by many, sexual life within a loving or 'emotionally stable' relationship is perceived as the ideal, although for men such a relationship may be but part of the sexual repertoire, being paralleled by 'frivolous, non-serious sexual adventures' which while not devoid of affection, 'do not necessarily involve emotional *commitment*'.

Findings from a number of studies pointed to important transformations in gender relations between young people in the presence of strong pressures to conform to stereotypical and patriarchal norms. In Chile, for example, Marshall (1996) also highlights the impact of what she calls modernization on young women's interactions with young men. She distinguishes between what she calls 'conservative' and 'modern' responses among the group of young women she studied in Santiago. Modern responses are not necessarily 'liberal or libertine, as young women seek distance from the pressure they feel both from 'their partners and from their families', aiming for the most part both pleasure and love in their relationships with men. For some women, at least, the new freedom to negotiate sexual encounters means that 'the classic scene of seduction is no longer something just for theatrical effect, but part of a mutual game.' In this kind of situation, threats are posed to traditional notions of machismo. for 'Conquest as a masculine victory loses its punch when women fail to resist or when they initiate relations. No longer is the young man sure of how his results add up.' We should not underestimate, however, the pervasiveness of patriarchy and the slowness of men to give the power they may see as traditionally theirs.

In Schifter's (1996) parallel study in Costa Rica, we can find evidence too of transformations within gender relations, both among lower class youth in a seaport town studied, and among young people from more affluent backgrounds living in the San José. While young men in the study tended to perceive women as weaker than themselves, both emotionally and physically, and while they held strong and derogatory views about young women who had had many sexual partners, they not infrequently acknowledged helping their mothers with housework (something their fathers refused to do), and showed awareness of young women's changing roles and expectations. Schifter's work also highlights an important distinction in the way in which gender relations are constructed in the two settings. In the predominantly lower class seaport, physical activity/passivity and aggression domination structure men and women's relations with one another, as well as men's sexual relations with other men. In the predominantly middle class neighborhood in San José, however, 'psychological' differences constitute the key organizing principle, with women being seen as naturally weaker and possessed of more 'feelings' than men, who in turn are seen adventurous, outward going and 'protective'

In Zimbabwe, Runganga's (1996) work has highlighted the existence of pecuniary principles underpinning young people's relationships with one another, particularly in the middle class suburbs of Harare. Here, young women reported being interested in what they could gain materially and financially, as well as emotionally, from a potential relationship, weighing up the odds of being able to do so when selecting potential sexual partners. Young men interviewed in this same setting reported finding it virtually impossible to have sexual or emotional relationships with young women of their own age, the majority of whom were perceived as interested only in significantly older men, men with property and men with 'cars'. In consequence they sought out younger girls for sexual involvement.

Taken together, the above studies demonstrate the importance of efforts to examine through qualitative and interpretive enquiry what sex, sexuality and sexual relations mean in specific contexts. It is highly unlikely that the evidence discovered, which is essential for the development of effective interventions for prevention, could have been unearthed using the research techniques (e.g. the population survey) much used during the earlier phase of enquiry.

### **Phase 3 - Structure and enablement**

An enduring concern among writers in the field of sexual behaviour has been that of power, particularly as it relates to relations between women and men, between people of different ages, between people from different cultural and ethnic backgrounds, and between people of different status. It has long been known, for example, that in all countries of the world women and men are not equal in their capacity to negotiate for, and to insist upon safer sex. Likewise, what influence does a young person sold into prostitution by their parents have over the form and context of their sexual encounters? And what of sexual relations in times of war and civil conflict when rape and other forms of sexual violence against the person may be central to efforts to subjugate the 'enemy'?

But power operates to structure in more pervasive ways sexual relations within a society or community. Consider, for example, structures of kinship in some African

countries where, subsequent to the death of her husband, a woman may be 'inherited' by one of his brothers. Consider too systems of arranged marriage in which both male and female parties may have relatively little say over who will be their marriage partner. And consider too the ways in which ideologies about gender, sex and sexuality in many societies (both Western and non-Western) make it 'natural' for some men to suggest that when a woman says 'no' to sexual intercourse, what she really means is 'yes'. All of these systems, be they socio-political or ideological, structure contemporary sexual relations, with concomitant effects it must be said for HIV-related vulnerability.

The analysis of power, both as it operates pervasively across contexts and situations and as it manifests itself in localised systems of control, is but a relatively recent aspect of sexual behaviour research. Yet in studies recently conducted for the International Centre for Research on Women, for the Ford Foundation and MacArthur Foundations, as well as for the (then) Global Programme on AIDS, we can chart efforts to analyse the processes at work. Central to much of this work have been analyses at two different levels: macro analyses, examining patterns of economic subordination, social marginalization, discrimination and social exclusion; and micro analyses, looking more closely at identities and their relationship to available 'intellectual' resources (resources for thought, self understanding and community building), as well as at processes of sexual 'negotiation'. Central to much of this work have been efforts to examine both constraint and enablement as effects attributable to power as it operates to structure human sexual relationships and desires.

Recent studies of sexual negotiation supported by the WHO/GPA, for example, began with a description of power relations between women and men, both as they operate in relatively enduring 'married' relationships, and as they exist in men's relationships with female sex workers (Mane et al, 1994). Conducted in Mexico, Costa Rica, Indonesia and Senegal, these studies showed gender, socio-economic class and payment, to be important variables affecting women's capacity to negotiate the terms and conditions under which sex takes place. Far from being passive victims of men's sexual desires, women used a variety of means to signal their readiness for, or their opposition to, sexual relations (from special beads and clothing in Senegal, to postures and particular patterns of eye contact in Costa Rica). But not all women are equal in their negotiations with men, and sex workers in particular seem more able to influence the manner in which sexual relations occurred, with paying customers if not with their regular partners. The advent of the female condom, while not universally empowering, provided 'another way of influencing sexual the nature and outcome of a sexual encounter.

Methodologically, much of the above work has been of a hybrid character, underpinned by both hypothetico-deductive and inductive reasoning, and employing both quantitative and qualitative techniques in data collection and analysis. On the whole, but not exclusively, macro lever analysis has employed surveys to identify pervasive patterns of inequality, whereas micro level analysis has adopted a dose focus approach. This has enabled some degree of *rapprochement* between social researchers working in different disciplines and committed to different methodological stances. It has also let to some of the most productive work we have seen. But the momentum has not been sustained, mainly as a result of diversions and disorientations (Aggleton, 1995), triggered both by the nature of the epidemic itself and by efforts within bio-medicine to reclaim hegemony in the social and behavioural fields.

#### **Phase 4 - The Renaissance of 'Science'**

It has never been easy working in the fields of sexuality and sexual behaviour research. Some have always suspected us of having a 'perverse' interest in our subject matter, and there have always been constraints upon the extent to which we can be open about the object of our enquiry, institutionally, socially and personally. It has never been easy either working in HIV and AIDS-related social enquiry, particularly for those living closely with the epidemic. HIV and AIDS take their toll in a thousand ways: triggering latent fears and anxieties; causing the individual to confront issues of life and death, and heightening personal and social vulnerabilities in ways that are simply not present for other colleagues. These twin pressures have in no small part contributed to the sense of exhaustion and burn out' that some social researchers have felt. This fatigue has had its costs, both in terms of vigilance and in the lack of resistance towards the recent resurgence of narrowly defined 'scientific' interests in socio-sexual research. Much of the pressure for this comes from those who favour what is sometimes called an Evidence Based Approach to interventions for prevention and care, and who claim somewhat disingenuously that little is known about the most effective interventions in the field of sexual behaviour. What is needed, it is said, is better baseline knowledge against which to evaluate the effectiveness of social interventions, and better designed studies to link specific interventions to measurable outcomes. The preferred research method most usually consists of narrowly focused sexual behaviour surveys before and after experimental interventions to promote the adoption of particular sexual behaviours including those linked to safer sex..

In Britain and the US, and resourced largely from within bio-medicine, there is clear pressure towards conducting field experiments' of this kind in order to influence sexual behaviour. Be the intervention sex education in school, peer-led education among injecting drug users, or community-based education among gay men, there are clear moves afoot towards the application of this more 'scientific' approach to monitoring and changing sexual behaviour. There are several reasons why we should be anxious about this.

First, we may in fact know more about the effectiveness of different interventions than is ( claimed. The kind of knowledge generated by controlled experiments is not the only kind of knowledge available to us, nor may be the only kind of useful knowledge. Within bio medicine itself, there is still a place for 'clinical judgment' and understanding arrived at by other means. And within education, objectives based and theory driven modes of evaluation (not experimental studies) have generated most of the useful information we have about what helps people learn better at school, in colleges and in the community.

Second, there may be real problems in generalising findings arrived at through experimental enquiry in one setting to a second context. Social interventions are not like drugs in a number of ways. They are not simply consumed. Instead they are most usually taken up and used by people in accordance with their past experience and understanding, and in relation to local circumstances and needs. Thus the same intervention may be interpreted differently depending on context. As an example of this, consider the use of bartenders in gay bars as facilitators of sexual risk reduction. In some countries they are considered popular, friendly and trustworthy sources of information, and are thus likely to be potent health behaviour change agents. In others, they may be seen as untrustworthy, unreliable and those most likely to trash on others.

The same applies to teachers in schools. In some cultures and settings, they may be seen as important sources of advice on sexual matters. In others, they are probably the last person to go to for this kind of advice. The search for magic bullets, 'universal' solutions, or interventions that work regardless of context, may in fact be something of a holy grail in so far as sexual behaviour research is concerned. Perhaps, instead of allowing ourselves to be too readily written out of the script, social researchers should advocate more strongly for an examination of the complex combinations of variables - individual, social environmental, contextual and structural - that influence sexual meanings and sexual life. For without attention to these, and to their complex interactions, even the best intentioned efforts seem bound to fail.

Finally, we should be rightly suspicious of the outsider 'expert' when it comes to sexual matters. If there is one lesson that the history of sexuality and sexual behaviour research tell us, it is that enquiry by those distant from the object of enquiry leads most usually, not to objective analysis but to the control of sexual passions, desires and bodies. Contemporary claims that only a genuinely 'scientific' approach will yield the answers we have been seeking probably at best misguided and misinformed and at worst positively dangerous. We owe it to ourselves, to women and men all over the world who wish to live their lives free from sexual oppression, and to people living with or at risk from HIV, not to seek simple solutions to complex problems, but to engage with the complexity, sophistication and passion that is sexuality itself

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