Master Thesis

Rubber Repertoires - Rethinking Masculinity and Responsibility

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A qualitative study that delves into the sexual decision-making for condom use among young men between 20 and 25 in Rotterdam

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Abstract: The Tease

This study explored the relationship between masculinity and male responsibility within the context of sexual dynamics, particularly focusing on condom use of men between 20 and 25 in Rotterdam. The focus group data highlights a relation between traditional masculine ideals and modern values of equality and care. Men expressed a desire to take responsibility for their partners' well-being in sexual encounters but didn't always act on this due to masculine norms of dominance and control. This often leads to inconsistencies in behavior and attitudes towards condom use because of conflicts with the performance-driven nature of masculinity.

Through the analysis of several discursive repertoires, including Power, Performance, Trust and Control, Pleasure, Birth Control and STDs, and "Locker Room Talk", the study revealed the complexities surrounding condom use decisions and gained insights about masculinity and responsibility regarding safe sex.

Key words: Sexual responsibility, masculinity, safe sex, condom use, relationship dynamics.

1. Introduction: Foreplay

Unprotected sex is on the rise among young adults in Rotterdam, marking a notable shift in sexual responsibility since 2017 (Rutgers & Soa Aids Nederland, 2023, page 25). Influencers on platforms like TikTok (2024) are reshaping perceptions of contraceptive methods, prompting the abandonment of hormonal birth control pills among women (Rutgers & Soa Aids Nederland, 2023, page 18). This shift, while offering a choice for individuals seeking alternative contraceptive options, is accompanied by a rise in unprotected sexual encounters. Furthermore, "sex buddy" relationships foster a sense of trust, leading to a decline in condom usage among young adults (Rutgers & Soa Aids Nederland, 2023, page 22). These trends

elevate the risk of unintended pregnancies and Sexually Transmitted Diseases (hereafter STDs) as well as the erosion of sexual health boundaries.

Cultural and societal norms dominate traditional gender roles and expectations surrounding condom use and responsibility in relation to sex and how cultural norms surrounding masculinity influence men's perceptions of responsibility and agency within sex (Fennell, 2011; James-Hawkins, Dalessandro & Sennott, 2019). Men are frequently socialized to associate their masculinity with sexual conquest and dominance, leading them to prioritize sexual achievements as a measure of their manhood (hooks, 2005). This socialization fosters a mindset where traditional masculine men are more likely to harbor negative attitudes toward condom use, viewing it as a barrier to their sexual competence (Noar & Morokoff, 2002).

This dynamic is further complicated by today's consent culture, which places the burden of good sexual interaction predominantly on women by encouraging them to tell confidently what they want and don't want (Angel, 2021). But what if women don't always know what they want or what if there is not always a space where negotiation is possible (Angel, 2021)? Therefore, this research investigates the role of males in Rotterdam between 20 and 25 in promiscuous and/or casual relationships in considering condom use. The aim was to use a diverse group to explore and highlight differences, and to gain a better understanding of the underlying reasons for these differences. Ultimately, this research sought to open a dialogue and encourage critical thinking.

The scientific relevance of this research lies in its qualitative exploration of the discursive repertoires surrounding sexual responsibility among men aged 20 to 25 in Rotterdam, with a focus on how these intersect with notions of masculinity. By examining narratives, beliefs, and language patterns, the study aimed to provide an in-depth understanding of responsibility, and masculinity, regarding condom use, contributing to scholarly discourse on these topics. Societally, this specific case study served as a foundation for a broader

conversation on the subject. Ultimately, the findings have the potential to foster more inclusive and informed discussions about sex, responsibility, and masculinity, promoting positive societal change.

The following research question arose from this: *"What are the discursive repertoires of men concerning their responsibilities around the use of condoms?"* As sub questions, there will also be looked into: *"How does this relate to masculinity?"* and *"What does it mean to talk about sex?"*

2. Theoretical Framework: Sex Education

In this section, the following concepts are explained as they are understood in this research: Discursive Repertoires, Sex, Responsibility, and Masculinity, along with related research. Following this, there is a description of this specific case, supported by previous research. This selection represents only a fraction of the existing research deemed important and is not all-encompassing.

2.1. Discursive Repertoires

A discursive repertoire is a specific and clear manner of using everyday language (Turchi et. al., 2014). It shapes a version of reality, known as discursive reality, which holds significance for those involved in the conversation. This means that the way people talk shapes how they see the world. Different contexts and situations can lead to different interpretations of reality based on how language is used. (Turchi et. al., 2014). When people talk, they are not just sharing information, but they are also shaping what others think is true.

This happens in day to-day-life, but by investigating these repertoires by means of a focus group, participants and researchers contribute to the formation and interpretation of discursive repertoires, or language patterns. In the focus groups, participants use language to

express their perspectives, while the researcher analyzes and interprets these linguistic expressions to uncover underlying meanings and patterns within the data (Turchi et. al., 2014). A discursive repertoire in this research is attached to the individual, some share the same repertoire and others don't. This be contested but not undermined because it is expression of someone's understanding about a certain phenomenon or situation and is thus strictly subjective.

Furthermore, Foucault (1978) contends that prior to Freud, discursive repertoires surrounding sex were characterized by a deliberate concealment of the subject matter. Scholars and theoreticians engaged in a discourse that obscured the truth of sex by incessantly speaking about it, multiplying its facets, and compartmentalizing it. This encouragement to engage in discourse can also perpetuate certain societal norms, and is not necessarily deliberating (Angel, 2021). This resulted in what Foucault describes as a "screen-discourse," a mechanism of dispersion aimed at avoiding the uncomfortable and hazardous reality of sex (Foucault, 1978). Sexuality was approached from a detached and sanitized perspective of science, which, while ostensibly seeking truth, avoided direct discussion of sex itself (Foucault, 1978).

There can be argued that this is still the case, at least in the American society surrounding the 2000's. Just as bell hooks (2005) phrased: "I realized that it was practically impossible to have serious discussion about love - that discussions about love, especially public conversations, are taboo in our society. Yet everyone talks about sex." Instead, it focused on deviations, perversions, anomalies, and pathological conditions, thereby instilling fear and perpetuating the notion of an imaginative lineage of evils destined to afflict future generations (Foucault, 1978). Discussions about sex were characterized by a focus on abnormalities rather than a genuine understanding and acceptance of diverse sexual experiences. It can therefore be hard to talk about sex and the responsibility for safe sex.

2.2. Sex

The conceptualization of sex is often inherently heteronormative, with a focus on forms of penetration, particularly involving the penis. However, it's crucial to recognize that there are multiple ways of engaging in sexual activity beyond this narrow definition. When discussing condom use, the emphasis on penetrative acts may reinforce normative ideas about sexual practices. Sex is thus a contingent and ambiguous term, and subject to discussion. In Australian research (Randall & Byers, 2003), most people define penis-vaginal penetration as sex, slightly less people also define penis-anal penetration as sex and approximately half of the respondents define oral-genital behaviors as sex.

In this research, the term "sex" encompasses all three forms mentioned within both heterosexual and male-to-male sexual encounters. When referring to oral sex, it specifically pertains to oral sex performed on a male; this distinction is made due to the study's emphasis on condom use, aimed at preventing both pregnancy and STDs, which can result from any form of sexual contact mentioned earlier. Furthermore, although there are numerous other sexual activities, the study's focus is primarily on those involving the penis. It's important to note that while this definition may reinforce heteronormative views of sexuality, it's not intended to imply that other forms of sexual expression are invalid.

There is also research about the differences of sex between man and women (Angel, 2021). Women are perceived to have less sexual desire than men and are perceived as more responsive in sexual practices than initiative. Women are perceived to have non-sexual reason to want to engage with sex such as to boost self-esteem and to increase a relationship with a partner, but men too have reasons which are most of the time invisible because they are perceived as creatures with inherent sexual desire. This makes it one of the reasons for men to have sex to ensure their masculinity, because libido and conquest dominate the image of masculinity, which can result in violence against women because they are dependent on women

to sustain their manhood. As Katherine Angel (2021) phrased: “Men hate women so that they don’t have to hate themselves.”

2.3. Responsibility

Responsibility in this study regards the individual male responsibility for safe sex and the use of the condom (Smith et. al., 2011). This contains communication, for example asking a woman about birth control and speaking about the possible consequences and discussions on how to tackle this. However, it also includes understanding when it’s most appropriate to use a condom, having access to the necessary supplies, possibly undergoing regular STD testing, and considering the consequences of not using a condom. (Smith et. al., 2011). Above all, it involves acting on your words. This study sought to increase the understanding of men’s discursive repertoires related to feelings of responsibility for using a condom. Namely, previous research showed that men have a lower feeling of responsibility than women when it comes to preventing pregnancy and STDs (Smith et. al., 2011).

Therefore, it’s often assumed that women are primarily responsible for contraception, leaving them with the impression that they must take the initiative in these conversations (Fennell, 2011). Historical and societal norms have relegated women to the role of family planners, creating an expectation that they are in charge (Fennel, 2011). However, instead of women being the experts and decision-makers in contraceptive choices, in American research with in-depth interviews of heterosexual couples, some men perceived it as their duty to take charge of these decisions from a masculine and paternal standpoint (Fennell, 2011). In some cases, women may not even realize this dynamic is at play, but they accede to their partner’s preferences to satisfy them.

Additionally, men are expected to be in charge regarding condom use. When it comes to condoms, women cannot be too proactive because gendered norms and roles may cause them

to be perceived as “too sexual” (Fennel, 2011). On the other side, to avoid threatening the manhood of their partner, women may censor communication with their sexual male partners to protect their ego (Wetzel, Cultice & Cipollina, et al., 2024). Consequently, it can be stated that women’s perceptions of their partner’s fragile masculinity would influence their ability to negotiate condom use. Nevertheless, American research showed that students agreed that both men and women should share responsibility for sexual health decision-making, while also recognizing that women should have autonomy over their bodies and sexual health (James-Hawkins, Dalessandro & Sennott, 2019). The coexistence of these two norms created a paradox according to the researchers: men endorse the idea of equal decision-making in theory but may not always participate equally in practice (James-Hawkins, Dalessandro & Sennott, 2019).

Therefore, women frequently bear the burden of negotiating condom use or ensuring contraceptive protection (Fennell, 2011). This dynamic is exacerbated by the societal expectation that men are primarily responsible for initiating sexual activity, while women are expected to adopt a more passive role, making advocating for condom use a deviation from traditional gender roles for women (Wetzel, Cultice & Cipollina, et al., 2024). Consequently, women often have trouble attempting to negotiate condom use, with the consistency of condom use hinging on their belief in their ability to successfully negotiate condom use during sexual encounters, termed ‘condom negotiation self-efficacy’ (Nesoff et al., 2016).

Therefore, women’s perceptions of gender role dynamics within their sexual interactions can significantly influence their condom usage with male partners (Brown, 2015; Grady et al., 2010). Moreover, when women fail to assert condom use, men are more inclined to forego initiating condom use as well (Wetzel, Cultice & Cipollina, et al., 2024). While asking for consent is often seen as a solution, creating a safe environment where negotiation is possible is more important (Angel, 2021). People might not always know what they want, especially in sexual contexts. However, a partner’s openness to changing one’s mind can make this less of

a hurdle (Angel, 2021). Although legal definitions of consent are vital, they encompass only a fraction of the wider spectrum of consent.

2.4. Masculinity

This research will use a multifaceted approach to masculinity, departing from conventional perceptions that construe it as a homogeneous construct (Goedecke, 2024). Masculinity is recognized as fluid and dynamic, subject to tensions and contradictions that fuel ongoing debates and discussions within the field (Goedecke, 2024). By adopting a nuanced understanding of masculinity, the diverse ways in which men navigate social expectations, cultural influences, and personal identities in relation to sexual responsibility can be explored.

Furthermore, power dynamics constitute a crucial dimension, calling for an analysis of masculinity in relation to societal power structures whereby it shows how certain forms of masculinity are privileged and upheld, while others are marginalized or subordinated (Goedecke, 2024). bell hooks (2005) also claims that men's sense of sexual scarcity and an almost compulsive need for sex to confirm manhood feed each other, creates a self-perpetuating cycle of sexual deprivation and despair. She says that it makes men furious at women for doing what women are taught to do in our society: saying no (hooks, 2005). In relation to this, research by Vincent et al. (2017) found that individuals adhering to the belief that men should exhibit toughness tend to have more negative perceptions towards condom usage. Similarly, a study conducted by Noar and Morokoff (2002) revealed that men who strongly endorsed traditional masculine ideals were more likely to hold unfavorable views regarding condoms, leading to decreased frequency of condom usage.

The challenges surrounding decision-making about condoms and usage are multifaceted (Nettleman et. al., 2007). Men's reluctance to use condoms may stem from discomfort or misconceptions about fertility; indifference towards pregnancy, concerns about

contraceptive side effects, and misconceptions about fertility status. In the Dutch media and political landscape, societal attitudes toward sexuality tend to emphasize the policing of masculinities (Castro-Vázquez & Kishi, 2007). Hence some men may perceive condom use as emasculating or as a sign of weakness. This perception can for example stem from the idea that using protection implies a lack of control or sexual valor. Given that manhood is believed to be constantly under threat and in need of being proven, men are often sensitive to feedback that threatens masculinity (Wetzel, Cultice & Cipollina, et al., 2024).

Additionally, bell hooks (2005) argues that from a young age, American boys and men from various backgrounds, but especially marginalized men, are often socialized to equate their manhood with sexual conquest and dominance. This socialization can lead to an obsession with sex as a means of affirming their masculinity and self-identity. She suggests that this emphasis on dominance and power in sex can result in men shutting off their emotions and prioritizing physical gratification over emotional connection. This can perpetuate a cycle of dissatisfaction and yearning, as genuine emotional intimacy and passion are lacking (hooks, 2005).

Furthermore, this cycle can lead to a continuous pursuit of more sex to fill the perceived void of affirmation and selfhood (hooks, 2005). The theory of precarious manhood investigates the common idea that masculinity is earned through actions that others can see, and that it can be lost easily (Vandello & Bosson, 2012; Vandello et al., 2008). This theory suggests that men's masculinity is perceived to be under constant threat and must be proven and reinforced (hooks, 2005). This is also shown by men who are insecure about putting on the condom (Angelosson & Mdnsson, 2004). Some men want to do this as quickly as possible to prevent the penis from getting flaccid, or try to put it on out of sight of the partner because of shame (Angelosson & Mdnsson, 2004).

However, because emotions and passion are often suppressed or ignored within patriarchal constructions of masculinity, men may find themselves unable to achieve true

fulfillment or satisfaction in their sexual experiences (hooks, 2005). These masculine expectations: the humiliation in failure, can also be seen as a burden for them (Angel, 2021). hooks (2005) encourages a reevaluation of these patriarchal norms (healing) and emphasizes the importance of embracing emotions and genuine connection in sexual relationships as a means of moving beyond the limitations imposed by rigid gender roles and expectations.

2.5. Contextualization

According to a Dutch survey research of approximately 1300 young adults, a significant majority of men acknowledge joint responsibility for pregnancy prevention and view participation in contraceptive decision-making as important (Rutgers, 2020). Notably, most men express a reluctance to solely burden women with contraceptive responsibility, with 64% preferring to ensure protection themselves in the form of a condom (Rutgers, 2020). This does not always happen, just as American research shows that the burden of contraceptive decision-making often fell on the women, perpetuating unequal power dynamics in sexual relationships (James-Hawkins, Dalessandro & Sennott, 2019). This imbalance is exacerbated by the lack of communication and lack of shared responsibility between partners in the Netherlands when it comes to birth control and contraceptive methods (Rutgers, 2020).

Inconsistencies in condom usage among young heterosexual men in The Netherlands highlight the influence of various factors such as knowledge of partner's contraceptive methods and perceptions of sexual pleasure (Rutgers, 2022b). This was also the case for homosexual and bisexual men, the reasons for unsafe sex could be categorized in three subdivisions: access issues, relationship factors and experiences (Mustanski, DuBois & Prescott, 2014). For example, trust in a partner and monogamy was a great factor, but also costs. Condom usage tends to be higher among respondents with casual partners compared to those in steady

relationships (Rutgers, 2020). Peer pressure to use or not use a condom and spontaneous sex were also notable motivations (Mustanski, DuBois & Prescott, 2014).

Other research on condom use and non-use among gay, bisexual, and other men who have sex with men showed similar results (Lachowsky et al., 2021). The findings suggest that the majority of participants cited protection and safety as their primary motivation for using condoms, particularly concerning HIV prevention. The reasons for not wearing a condom were mostly pleasure, and after that trust in a partner. Another frequently mentioned reason was being "in the heat of the moment" and the use of other strategies, like testing for STDs (Lachowsky et al., 2021). Despite efforts to promote safe sex practices, challenges persist in addressing misconceptions, fostering open communication, and promoting shared responsibility in contraceptive decision-making (Rutgers, 2022b).

3. Methodology: Bedroom techniques

The methodology section will cover the study's aim, the sample and sampling strategies, data collection and analysis methods, and the assessment of validity and reliability. Additionally, it will address the limitations of the study and the ethical considerations involved in the research process.

3.1 Research Aim

The purpose of this qualitative study was to explore the discursive repertoires surrounding responsibility within sexual intercourse among hetero- and homosexual men aged 20 to 25 in Rotterdam. The reason for this was partly pragmatic, the time scope for this research didn't allow for an extensive exploration across the whole country and every age group, and my network was located in Rotterdam. On top of that, I noticed in my private life that men in my surroundings have different opinions about responsibility related to sex and different behaviors

connected to that. Rotterdam is a student city where young people often have multiple and casual sex partners, it's interesting to investigate the repertoires of exactly that population. By examining how participants articulated and negotiated these concepts, the study shed light on the broader societal understandings of sex and its implications for notions of responsibility and masculinity. The research question and sub questions that fits this research aim are:

1. What are the discursive repertoires concerning the use of condoms during sex of men, in terms of responsibility?
    - How does this relate to masculinity?
    - What does it mean to talk about sex (with their sexual partner(s), with the other men in the focus group and with the researcher)?

3.2 Sample

This phenomenological study aimed to identify shared experiences and the essence of individual experiences regarding condom use. The study sought to move from individual experiences towards a shared underlying structure of meaning and experience that ran through my informants. Typically, such studies involve a sample size ranging from 10 to 25 individuals, as suggested by Creswell and Creswell (2022). Because of practical reasons and the timespan of this thesis, my sample contained of 12 hetero- and homosexual men aged 20 to 25, aligning with the age categories used in the Rutgers research. Rutgers chose this age category because this category is the most sexually active, are exploring on various elements in their life and based on previous research (Rutgers, 2020). Additionally, this age range corresponds to a period where individuals may frequently change sexual partners and may not yet be involved in steady relationships; so, promiscuity, serial monogamy and casual sex.

Furthermore, purposeful sampling is employed by targeting individuals based on certain characteristics within my own social circle in Rotterdam. Additionally, I have used

snowball sampling, the respondents also asked in their social environment for people who might wanted to participate in the research. In terms of ethics, the participants were first fully informed about the study's nature, that their participation was voluntary and that they have the right to withdraw at any time without penalty. They also signed a consent form. Also, the participants' privacy was ensured and protected throughout the study. This included maintaining confidentiality regarding participants' responses and ensuring that any personal information collected is kept secure. This included that sensitive topics were approached with sensitivity and providing appropriate support resources if participants become distressed. After the study, participants were debriefed with additional information about the study's purpose and addressed any questions or concerns they may have had.

3.3 Data Collection and Analysis

In my approach, focus groups were semi-structured (Creswell & Creswell, 2022). There were a few questions that functioned as a starting point for the conversation and there were three focus groups of four or five people. Each focus group lasted for a maximum of two hours. The focus group sample was as diverse as possible in cultural background, sexual orientation and educational level. There was no search for a representative sample, instead it sought to find differences that make things explicit and when something is implicit, so the underlying assumptions can be investigated. There needs to be said that this focus group consisted of a diverse range of men and I am a 25-year-old white female. This probably influenced the dynamic in the focus group and could cause socially acceptable answers.

For the data collection started with an "ice breaker" to make everyone a little more comfortable with each other in the form of "two truths, one lie". The choice for this particular game was made because everybody, me included, shared some personal information about themselves. Therefore, the focus groups can be seen as a kind of "locker room talk", referring

to informal conversations, typically among men, that occur in private spaces such as locker rooms (Moss, 2019). Despite the awareness about the research and my presence, the content can be more unfiltered and less restrained than it would be in public or mixed-gender settings. Research in the fields of sociology and gender studies supports these observations. For instance, studies have shown that men in these settings often feel compelled to demonstrate their masculinity through specific behaviors and language to gain acceptance and respect from their peers (Marrone, Seethaler & Terranova, 2019).

Furthermore, I applied the art of probing (for essence meaning) to stimulate participants to give more information (Creswell & Creswell, 2022). Questions to do this were: “How did you feel about that?”, “How did you handle that?”, “Can you give an example of that?”, “Can you tell me a bit more about that?”, “Aha?”, “Is it?”, “How is that?”

Additional questions to bring up the conversation were:

- How did you get the condom during your last sexual experience?
- Who puts on the condom?
- Do you think it's an issue to put it on? (the moment you put it on, is there any discomfort?)
- Do you use a condom for yourself or for the other person?
- When you talked to your friends about condom use the last time, did you initiate the conversation, or did you wait for them to bring it up? And with your sexual partner(s)?
- Who do you feel should oversee using the condom (access/getting it)?

After the focus groups I typed out the recordings and started to code the data based on my theoretical framework. The coding brought forth 6 different aspects which were crucial in the use or non-use of a condom, and in which the tension between masculinity and responsibility appeared. I then analyzed the data to find larger patterns of meaning.

3.4 Validity and Reliability

This study has some validity and reliability issues because of its scope and subject (Creswell & Creswell, 2022). The external validity is quite low because it's not generalizable to a large population because of a small and specific sample. The internal validity of this study is higher because of precise and substantiated questions, leading to more accurate data collection. Nevertheless, there is always pressure to give socially acceptable answers in a social setting, towards me as a female researcher and the other guys. Since the men didn't know each other at front, there was no standard to held high, but there are of course masculine norms to adhere to. To decrease these issues, I tried to foster an open and safe environment to speak freely, it was rather a group conversation than me, as a researcher, investigating them.

Furthermore, the reliability is also lower because the small and specific sample decreases the possibilities for replication (Creswell & Creswell, 2022). The outcome of this study would probably be different with another group, but even if I replicate the study with the same group, it would presumably be different. It's also important to notice that this study is not all encompassing and might have certain validation issues because of the subject of study. Sex is something that happens between two people and is not replicable outside of this context (Angel, 2021). Nevertheless, this doesn't make the outcome of this research less valuable because the specific can tell a lot about the bigger picture. Additionally, I tried to prevent unintended validity issues because of my own experience with this subject, and act as professional and objective as possible.

4. Results: The Deed

The focus groups (see Table 1 for personal data and table 2 for the original Dutch quotes) revealed that the way men talked about sex and responsibility follows certain patterns that help them maintain the impossible ideal of masculinity and good sex. They create discourses that

help them justify their actions and balance the tension between pleasure and responsibility. The data demonstrated a relationship between masculinity and male responsibility that manifests in different ways. The men in the focus groups showed inconsistency in their behavior and opinions about condom use, driven by their desire for performance and presence, while also wanting to avoid responsibility. However, when it came to caring for others, they wanted to take responsibility and made choices on behave of the other person.

These contradictions of the repertoires in the focus groups can be understood by the tension between traditional gender roles and modern views on equality and care. Traditional views on masculinity emphasize dominance, control, and autonomy. Men can feel pressure to make decisions and take the lead in sexual situations, reflected in their perception that they are the ones who decide whether to use a condom, and in their need to maintain control over their sexual actions (for example, ejaculating outside the vagina to prevent pregnancy). At the same time, we live in an era where equality and care have become important values. Men feel responsible for the well-being of their partners and want to be caring by taking responsibility for contraception and sexual health. This is reflected in their concerns about STDs, the need to respect their partners, and the responsibility to bring and use a condom.

The conversations in the focus groups also touched upon ethical and political issues about the position and role of the hypothetical female sexual partner and her responsibility. This partner was often portrayed in a somewhat submissive or objectified position in relation to the male. The politics of this dynamic were rarely made explicit, and the female partner was implicitly rarely seen as an equal or superior actor. Instead, the focus groups frequently portrayed an image of male control in this context. The idea of the woman's position in these conversations highlights therefore a broader conception of how the other is perceived.

This tension between masculinity and male responsibility served as a central theme throughout the discussions, spanning across different dimensions and layers, namely: Power,

Performance, Trust and control, Pleasure, Birth control and STDs, and Locker Room Talk. These discursive repertoires about condom use played a significant role in shaping individuals' sexual experiences, decisions, and interactions, resulting in the use or non-use of a condom in different situations. (Turchi et al., 2014).

4.1 YES, or NO?

4.1.1. Power

The men in the focus groups perceived carrying and accessing condoms as their responsibility. Siano explicitly stated that he is the one responsible when having sex without a condom: "*It's your own sperm that you're responsible for*." Joris stated, "*A condom is a man's responsibility*," to which Max replied, "*Yes, it's the man's responsibility to carry one.*" Thus, the men felt a strong sense of responsibility regarding condom use but often didn't fully exercise this responsibility, especially when their partners didn't explicitly communicate their preferences. The responsibility of deciding whether to use a condom can be seen as a form of care where the partner's presence is invisible, while the dominant role men take in this decision is intended to affirm their masculinity, making the partner's opinion very important.

When asked whether this decision is made together with his partner, Siano responded:

"*Yes, to have sex, but you don't decide together to cum in her, that's up to you as a man*."

Luca added to this: "*Yes, she doesn't have much choice in that regard, unless she indicates so.*" Denzel had a similar opinion: "*Ultimately, I choose whether I cum inside someone*."

These statements highlight how men see it as their responsibility to decide on condom use, yet this responsibility is not always exercised in a manner that considers their partner's autonomy. This image of the man as primary decision-makers in ejaculating inside a woman without a

condom showed a power dynamic where male control is decisive. However, this power is often undermined by a lack of explicit communication with their partners, leading to a facade of control rather than actual responsibility. This illustrates a tension between the assumed responsibility of men and the actual practice in which women often must indicate the choice. This aligns with a remark made by Pepijn:

"*If a woman were to bring a condom, I wouldn't feel entirely comfortable. I'd think, 'You've had a lot of sexual partners.* "'

When Eric questioned him if he had the same stance on male friends who always carry condoms, Pepijn replied, "*No*." Pepijn's opinion underscores a differentiation in perceptions of sexual preparedness, reflecting a gendered hierarchy. His discomfort with a woman carrying a condom suggests a judgmental attitude toward female sexuality, implying that a woman's possession of a condom shows promiscuity. His response to Eric's question underscores this even more, indicating that he holds male and female behaviors to different standards regarding sexual preparedness.

In contrast, Olivier and Angelo shared the perspective that both men and women should carry condoms because "*It's something you do together.*" Olivier emphasized that in the event of unprotected sex and any ensuing complications, he sees both himself and his partner as equally responsible. He stated,

"*I'm always responsible if something goes wrong. I can trust that she's on contraception, but if I want to be absolutely sure, I should use a condom.*"

This statement indicates again how he perceives himself as the decision maker, despite his notion of caretaking for the other. Olivier also suggested that it might be challenging for women to broach the topic of condoms, although he personally hadn't encountered this scenario. Angelo emphasized the importance, as a man, of assuming responsibility in such situations. While they may verbalize their commitment to shared responsibility and accountability in sexual encounters, they may fail to consistently practice this belief due to lack of communication. This inconsistency can create a facade where they appear to be in control and responsible, but their real actions may not be in line with this facade.

Women are often expected to be responsible for non-condom contraception, while men are responsible for condom use (Fennell, 2011; James-Hawkins, Dalessandro & Sennott, 2019). This perception aligns with the idea that men should be sexually in charge to prove their dominance as an affirmation of manhood (hooks, 2005). Masculinity, which involves dominance and control, further influences these dynamics, but doesn't always lead to taking responsibility in using one. Namely, men who adhere to traditional masculine ideals tend to have a more negative perception of condoms (Noar and Morokoff, 2002). However, when women are too agentic about condom use, they are often perceived as "too sexual" due to prevailing gender norms (Fennell, 2011). This reflects a broader pattern of the repression of female sexuality in contrast with their sexual autonomy and promiscuity in earlier cultures (Ryan & Jethá, 2011). The repression of female sexuality not only limited women's sexual expression but also reinforced patriarchal control, leading to differentiation and gendered sexual roles observed today (Ryan & Jethá, 2011).

4.1.2 Performance

Men expressed discomfort and performance anxiety related to condom use, viewing it as a disruption that could affect their sexual performance and masculinity. They preferred to handle

condoms themselves to maintain control and minimize awkwardness. Dylan said: "*I find putting on condoms quite an uncomfortable feeling*", to which Finn promptly added, "*It's like a pause*". Olivier shared their sentiments, explaining that this "pause" sometimes leads to the penis becoming flaccid. Finn also agreed, mentioning that this could happen if the condom is put on incorrectly or if it takes too long.

Men's concerns about sexual performance and the impact of condom use on their masculinity create anxiety. It's about performance, achieving, and being present; there is a strong tendency to avoid taking responsibility as much as possible, masculinity is a daunting task they feel uncertain about. Despite acknowledging the discomfort, Olivier stated,

"*If it's necessary to put on a condom, I'll do it. It's a little uncomfortable, but not too uncomfortable*."

Finn's agreement with Dylan about the "pause" causing potential erectile issues further emphasizes the physical discomfort and practical challenges associated with putting on condoms. This acknowledgment of the potential for physical difficulties adds depth to the discussion about the discomfort men may face. Olivier's admission that putting on a condom can be "a little uncomfortable" acknowledges the discomfort but also highlights his willingness to endure it when necessary.

Pepijn mentioned his dislike for the smell of condoms and found it awkward, sticky, and it's not pleasant to do foreplay again after using a condom. Pepijn's aversion to condoms suggests a discomfort with condoms, but this is not only visible in the physical act of putting a condom on. Pepijn mentioned that men typically don't communicate about such matters in a way that expresses feelings, as he stated, "*Men don't communicate like, 'do you feel*

comfortable with it, blah blah…"" This shows a pressure to perform a certain way around the communication about the condom than rather than just discomfort with their use.

Additionally, Denzel expressed concerns that expressing emotions or discussing such topics in a less traditionally masculine manner might lead to a woman not wanting to engage in sexual activities with him anymore. This discomfort can be linked to a desire to maintain a sense of masculinity that is often associated with sexual prowess and confidence. The idea of being "uncomfortable" with condoms implies a sense of vulnerability or inadequacy, which contradicts the traditional masculine ideal of being in control and confident in sexual situations.

Max also admitted,

"*I'm not great with condoms either; it was pretty clear we were going to do it without one.*"

Even though the predominant part of the guys preferred to do it themselves, others like the girl to handle it because they lack smoothness themselves. For example, Pepijn from the first group said he likes the girl to put in on, "*if she does it skillfully*". Similarly to Pepijn, Max's admission that he is "not a hero with condoms" and his implication that sex without a condom was the obvious choice indicate a reluctance to engage with condoms due to their perceived interference with sexual spontaneity and pleasure. This reluctance can stem from a fear of performance failure or a desire to conform to masculine norms that prioritize sexual performance and pleasure above all else.

Overall, these quotes highlight how performance pressure and masculinity influence men's attitudes towards condom use, leading to feelings of discomfort, reluctance, and aversion stemming from insecurity (Angelosson & Mdnsson, 2004; Wetzel, Cultice & Cipollina, et al., 2024; hooks, 2005). The discomfort with putting on a condom and the preference for sex without one because of the feeling highlight how the idea of masculinity (performance and

achieving) can conflict with the responsibility to have safe sex. The men feel pressure to deliver a certain sexual performance, which can reinforce their uncertainty about condom use. This performance pressure often leads to behaviors that prioritize maintaining an image of sexual competence over safe sex practices, creating a tension between perceived masculinity and responsible sexual behavior.

4.1.3. Trust and Control

Men exhibited a deep-seated mistrust towards condoms provided by their one-night stands, preferring to bring their own to maintain control. Denzel told he once had a girl who wanted to have sex without a condom, but he nevertheless used one due to doubts about her intentions. Similarly, Olivier had a situation where he found himself questioning whether *"someone might want to get pregnant*." Furthermore, Siano mentioned he never uses a condom from a girl he hooks up with for a reason: "*Some people are just crazy, poking holes, messing with them…*" Denzel felt the same, mentioning that some girls tamper with condoms. The other guys agreed with them. Thus, while men may perceive themselves as having the final say, it doesn't automatically translate to engaging in unsafe sex. Particularly in the context of one-night stands, the preference for condom use remains prevalent, while in practice this doesn't always happen.

Moreover, relationship dynamics play a significant role in condom use. In closer relationships, where there is presumably a higher level of trust and intimacy, men may feel less inclined to use condoms. This reluctance to use condoms in committed relationships can be attributed to a variety of factors, including a perception of lower risk, greater trust in their partner's sexual health status, and a desire for increased intimacy and pleasure. For instance, Denzel revealed that, while he prefers safe sex with one-night stands, he engages in unprotected sex with 'sex-buddies'. He emphasized the importance of mutual trust and communication

regarding sexual partners, opting for safe sex until both parties are tested again if there's any indication of other sexual encounters. In contrast, Finn prioritized safe sex with his girlfriend to mitigate the risk of unintended pregnancy.

This behavior can be seen through the lens of the argument regarding the relationship between masculinity and male responsibility. In the case of Denzel, his willingness to engage in unsafe sex during casual encounters may stem from a desire to assert control and uphold traditional masculine norms associated with sexual prowess and autonomy. In these situations, there may be less emphasis on communication and responsibility for contraception, reflecting a performance-oriented approach to masculinity where the immediate gratification of sexual desire takes precedence over concerns about long-term consequences. This distrust towards one-night stands can be rooted in traditional gender norms and the need to assert control, highlighting a tension between trust and control in sexual relationships, and reflects a need to maintain control.

On the other hand, Finn's commitment to safe sex with his girlfriend aligns with a sense of responsibility and care for both him and his partner. In the context of a committed relationship, where there is presumably greater emotional investment and trust, there may be a heightened awareness of the potential consequences of unprotected sex, such as unwanted pregnancy. Therefore, Finn's decision to prioritize safety reflects a more nuanced understanding of masculinity that encompasses notions of protection, trust, and mutual respect within intimate relationships. Additionally, trust is also relevant when it comes to trusting a woman to communicate her desires. Max provided further insight into this aspect by stating:

"I was thinking about it today, suppose I had a one-night stand, I don't even think I would ask for it (a condom), I don't have sex with an 18-year-old, I'm 24 you know, if she really wants

that, she has to indicate that, she is an adult woman after all. I treat women as an equal, maybe it's ugly not to bring it up in the hope that she doesn't bring it up either, but hey…"

Max's reflection on not asking for a condom during a one-night stand highlights an aspect of trust in women's communication about their desires. He expresses the belief that if a woman truly wants to use protection, she should speak up about it, as he sees women as equals. Also, age is seen as a marker of maturity. This indicates the burden of the decision making is placed on the woman, and women are perceived capable of this decision aligning with the postfeminist focus sexual assertiveness and sex-positivity (Angel, 2021). However, this perspective can also be viewed as evading responsibility for contraception while they do feel responsible for condoms due to mistrust in their partners (Fennel, 2011; Rutgers, 2020). This also shows that the relationship context matters.

4.1.4. Birth Control and STDs

Despite expressing feelings of responsibility, nearly all the men in the focus group admitted that they often don't ask their partners if they prefer to use a condom. Instead, they assume it's acceptable to have sex without one if there has been a discussion about birth control. Dylan exemplified this attitude by saying, "*Are you on the pill, or should we use a condom?*" Pregnancy prevention is therefore more important than STD prevention, possibly due to the immediate, visible and life-changing consequences of a pregnancy. The responsibility for an unplanned pregnancy is often more tangible and immediate, impacting both partners' lives directly. Dylan's quote indicates a reliance on women to ensure contraception rather than taking proactive measures themselves.

So, when considering safe sex, STDs are often a lower priority. Denzel mentioned that he usually inquiries about contraception or negative STD test results before having unprotected

sex, saying, "*I do ask if they're on contraception or clean before I go in*". He shared that he once contracted an STD because someone lied about their status, but this didn't change his condom use behavior. This contradiction shows the inconsistency in his approach to safe sex; despite knowing the risks, he still often neglects to use condoms. Later in the discussion was asked whether safe sex is about preventing pregnancies or also STDs. Denzel reacted to the disease prevention with, "*Oh yeah, that too*", indicating a lack of consideration for STDs and suggests a primary focus on pregnancy prevention. Joris complemented, "*yeah, I never really think about that*." Finn feels it's the responsibility of the other person to inform him about any potential STDs.

Furthermore, Olivier takes responsibility differently by regularly testing for STDs rather than consistently using condoms. He stated that he doesn't worry much about contracting diseases:

"*The most common one is chlamydia, for women it's a course of treatment, for men it's a pill, and then it's all over, I don't really care that much.*"

Olivier mentioned that he once transmitted chlamydia to someone and learned that it could cause infertility in women, but this didn't change his behavior regarding condom use. He feels that regular testing validates his choice to have unprotected sex because he knows he is clean. He added,

"*If you, as a woman, don't bring it up, how much do you really care if we do it safely?*"

Olivier's reliance on regular STD testing instead of using condoms highlights a different form of responsibility that avoids the immediate practice of safe sex, which could be interpreted as

prioritizing his comfort and pleasure over consistent safe sex practices (Lachowsky et al., 2021; hooks, 2005). Also, suggesting that if women don't mention condoms, it implies they don't care enough about safe sex, shifts the burden of responsibility onto women, contradicting the men's expressed feelings of responsibility (Vandello & Bosson,2012; Vandello et al., 2008). This also shows an appearance of control rather than engaging in open communication about sexual health. Furthermore, discussing STDs and condom use might be seen as less masculine or more awkward, while assuming responsibility for preventing pregnancy can be viewed as more protective, traditional masculine behavior (Nettleman et. al., 2007).

The quotes from the men in the focus groups reveal significant contradictions. They feel responsible for caring for their partners but don't always act on this feeling. They acknowledge a responsibility to prevent pregnancy, yet place less importance on preventing STDs. They believe they shouldn't transmit diseases to their partners, yet aren't always certain of their own health status. In contrast to the performance pressure, caring for a partner requires a different aspect of male responsibility. This involves making decisions that ensure the safety and well-being of their partner, which can sometimes conflict with traditional notions of masculinity and control. When it comes to caregiving, men must take on significant responsibility, whereas performance is more about meeting the partner's expectations. In caregiving, the choice is made for the partner, somewhat disregarding their input. This highlights a tension between the need to perform and the need to protect, reflecting complex dynamics in male responsibility and masculinity.

4.1.5. Pleasure

The biggest reason to not use a condom, and when there was no guarantee of other contraception, was "the heat of the moment." Noah explained that he once had unsafe sex with a random person on a drunk night where neither of them asked about contraception: "*I'm still*

quite ashamed of that". Luca and Dylan also experienced similar situations and were worried about a possible pregnancy for weeks afterward. Siano and Denzel have had such moments as well, but they deliberately ejaculate outside the vagina in these cases to prevent pregnancy. Joris also expressed a preference for ejaculating outside the vagina, stating that he feels more confident doing so when not using a condom. Max agreed, asserting that he always opts for withdrawal during one-night stands. This prioritization of pleasure over safety reflects broader societal norms that equate masculinity with sexual pleasure and conquest, justifying unsafe sex practices.

Noah's confession about having unsafe sex during a drunken night without considering contraception reflects a common scenario where impulsive decisions override rational thinking (Lachowsky et al., 2021). His subsequent shame indicates a recognition of the irresponsibility involved, suggesting an internal conflict between momentary desire and long-term consequences. Additionally, the men's strategy of ejaculating outside the vagina as a precaution shows an attempt to mitigate risks without fully committing to safe sex practices. However, everyone would prefer to ejaculate inside, it feels different, a warm sensation, more connection. In line with this, the primary reason for not using a condom is the sensation, as Finn articulates: "*It's different from not wearing a condom, the feeling is more intense without it*".

A sentiment echoed by all participants in the focus group. Angelo emphasized the sense of freedom and skin-to-skin contact, describing it as a distinct feeling. In another focus group, Siano expressed his view on sex without a condom: "*It's indescribable, let's be honest*", he feels a deeper emotional bond with his partner during unprotected sex. This reinforces the idea that condomless sex is perceived as more natural and unrestricted, resonating with societal norms that equate masculinity with autonomy and dominance. By prioritizing physical pleasure

and intimacy over safety, men may perceive condomless sex as a reaffirmation of their masculinity.

Denzel admitted to having sex without a condom during his last encounter, explaining that neither he nor his partner enjoyed it with one. Similarly, Noah recounted transitioning from using condoms to unprotected sex for pleasure. This sentiment was unanimous across all focus groups; participants agreed that sex without a condom feels significantly better. Dylan even attempted to persuade his girlfriend to consider contraception, "*I'm trying to talk her into a copper IUD (koperspiraal).*" Dylan's advocacy for a contraceptive method that enables condomless sex underscores the complex interplay between pleasure, responsibility, and gender roles. While he may not intend to pressure his girlfriend, his preference for a contraceptive option that aligns with his desires speaks to the societal norms that prioritize male pleasure and autonomy in sexual relationships (Rutgers, 2022b). His intentions may be rooted in a desire for mutual satisfaction and sexual fulfillment, but they also reflect broader societal expectations and power dynamics.

Furthermore, the men in the focus groups often justified unsafe sex by prioritizing the immediate pleasure over potential risks. This can be seen as an expression of traditional masculinity, where enjoyment and sexual pleasure are associated with male strength and virility. The desire for pleasure can overshadow the responsibility for safe sex, as the pursuit of immediate gratification can lead to ignoring potential risks, such as STDs. Despite recognizing the need for accountability, the intensity of the moment is often cited as a reason for foregoing condoms, highlighting an inherent tension between impulse and responsibility. This tension suggests that a man's inability to restrain himself in the heat of the moment is viewed as an accepted aspect of masculine behavior.

4.1.6. Locker Room Talk

While the men of the focus groups indicated that there is no peer pressure to not use a condom, they might be socialized to have a certain opinion about it. Max's comment exemplifies how discussions about sexual encounters frequently revolve around whether condoms were used, reflecting a societal expectation of sexual conquest. His said:

"*It's often the first question when you've screwed someone, like, 'nice man, with or without?*'"

This underscores the performative nature of masculinity, where adherence to traditional norms is rewarded with social validation. Joris echoed this sentiment, suggesting, "*It's a level of respect that's involved.*" Men's behaviors and attitudes towards condom use are thus influenced by social expectations and peer pressure from their friends, as evident in 'locker room talk', where conformity to norms may lead to riskier sexual behaviors. Similarly, Luca shared his observation:

"I don't want to say that it's a taboo, but it's made funny, sometimes when you do it you get the reaction of, 'actually you didn't really have sex because there was something in between hahaaa'".

The tendency to joke about condom use can contribute to a culture where prioritizing sexual pleasure over safety is normalized among men. Olivier openly shares all aspects of his life with his friends and expects to be called out if he acts disrespectfully. When it comes to condom use, he is 'allowed' to make his own choices if his partner agrees. Olivier's assertion of autonomy in condom use, while still considering his partner's agreement, can be seen as a

manifestation of traditional masculine ideals of autonomy and independence. Making decisions independently, especially regarding sexual behavior, may be viewed as a sign of masculinity.

Dylan recounted another experience where he engaged in unprotected sex with his girlfriend for the first time. Despite their considerations, her menstruation and the assumption of monogamy, they decided to further ensure pregnancy prevention by considering the morning-after pill. However, Dylan's subsequent thoughts leaned towards the idea of engaging in unprotected sex more frequently and simply relying on the morning-after pill. When he shared this notion with his male friends, they firmly highlighted the seriousness of such decisions, highlighting the potential hormonal impact on women. Dylan faced criticism from his peers, being labeled as careless for engaging in unprotected sex, which changed this attitude towards the morning-after pill.

Locker room talk was also evident within the focus groups themselves. Initially, the focus groups included two homosexual men. the presence of two homosexual men caused a brief moment of adjustment among the other men when they learned of their sexual orientation. However, this didn't last long. The discursive repertoires of these men also didn't differ from those who identify as heterosexual, it cannot be deduced from the quotes and is therefore not important to distinguish between them in the result section. Ultimately, this resulted rather in mutual interest than in discomfort but it certainly influenced the group dynamic and the way of talking.

In the first group of five participants, conversation tended to follow a certain direction. The sharing of less traditionally masculine narratives only occurred after Max initiated the discussion by admitting his own struggles with condom use:

"*I'm not a hero with condoms either, it was actually quite obvious that we wouldn't use one.*"

Subsequently, other participants felt more comfortable sharing similar experiences. The dynamics varied across the different groups, possibly influenced by factors such as group size. Additionally, there may have been pressure for participants to conform to certain narratives, both from their peers and from external influences like the facilitator. Denzel's comment, "*Oh this has to be in ABN (General Civilized Dutch),*" suggests a heightened awareness of the language used, indicating a consciousness of social expectations. The theory of precarious manhood suggests that men's masculinity is perceived to be constantly under threat and must be proven and reinforced by actions that others can see (Vandello & Bosson, 2012; Vandello et al., 2008; hooks, 2005). Consequently, peer pressure influences the utilization of condoms (Mustanski, DuBois & Prescott, 2014). As a result, condom use may be perceived as a challenge to masculine identity, leading to resistance or avoidance.

4.2. Key Findings: The Climax

Nobody truly knows what perfect is, but men maintain certain ways of talking to uphold the impossible task of being a man and knowing what good sex is. The focus groups created an informal space, but also resulted in men articulating their ideas in ways that align with collective notions of masculinity. The conversations often reflected a performative aspect of masculinity, where men seek validation and respect from their peers. This peer influence perpetuates a culture where male pleasure is prioritized, and responsibility is downplayed. Men used language that validates their choices and reassured them, helping to maintain their ideas about masculinity and sex in different ways:

1) Shifting Responsibility: Men often shifted the responsibility for contraception to their partners, relying on the pill to avoid using condoms. This implies that condom use is unnecessary if their partner is on birth control. 2) Strategic Responsibility: Most men had a strategic approach to responsibility that avoids the immediate practice of safe sex, for example

regular STD testing or withdrawal. This allowed men to justify unprotected sex by ensuring they are 'clean' or preventing pregnancy. 3) Prioritizing Pleasure: Men emphasized the increased pleasure of sex without a condom to validate unsafe sex. They experience internal conflicts between their desire for pleasure and their knowledge of the risks, often resolved through prioritizing immediate gratification over long-term responsibility. 4) Minimizing Consequences: In their discussions, men performed their masculine identities by emphasizing control, autonomy, and sexual conquest. This performance often involved downplaying the risks associated with unsafe sex to maintain a facade of strength and virility.

Notably, there is a lack of discussion about the emotional aspects of sexual responsibility and the potential consequences of risky behaviors beyond pregnancy. Conversations rarely address the importance of mutual responsibility and communication with their partners, reflecting a gap in their approach to sexual health. These strategies reflect an attempt to balance the demands of traditional masculinity with the practical realities of sexual health, often resulting in compromises that prioritize male pleasure over responsibility.

5. Conclusion: Pillow Talk

So, how does one talk their way out of the impossible task of being a man or having good sex? The research revealed that men's perceptions and behaviors around condom use are deeply intertwined with broader issues of masculinity and responsibility. These perceptions are inconsistent and reveal significant tensions between maintaining a masculine image and taking actual responsibility. By analyzing these inconsistencies through the lens of Power, Performance, Trust and Control, Pleasure, Birth Control and STDs and Locker Room Talk, the following research question can be answered: *"What are the discursive repertoires of men concerning their responsibilities around the use of condoms?"* Additionally, there were three

sub questions: *"How does this relate to masculinity?"* and *"What does it mean to talk about sex?"*

Men expressed a desire to take responsibility for their partners' well-being in sexual encounters but didn't always act on this due to masculine norms of dominance and control. This lead often to inconsistencies in behavior and attitudes towards condom use because of conflicts with the performance-driven nature of masculinity. Traditional masculine norms emphasize dominance and control, influencing decisions around condom use and sexual actions. Yet, contemporary values of equality and care also shape their behavior, as they prioritize their partners' well-being and sexual health. This dynamic underscore a facade of control, where men appear to be in charge but fail to fully exercise their responsibility, especially in balancing performance and caregiving roles within sexual relationships.

The groups studied showed that men often align their ideas with collective notions of masculinity, viewing unsafe sex as an achievement. This "locker room talk" normalizes risky sexual behaviors, emphasizing sexual conquest and minimizing condom use, which prioritizes male pleasure over responsibility. Key strategies include: Shifting Responsibility,
Strategic Responsibility, Prioritizing Pleasure, and Minimizing Consequences. It's also important to notice what's not been said; conversations rarely address the emotional aspects of sexual responsibility or mutual communication, highlighting a gap in their approach to sexual health. These behaviors attempt to balance traditional masculinity with sexual health realities, often prioritizing pleasure over responsibility. It's essential to establish an environment where individuals feel empowered to explore and communicate their boundaries while also allowing room for growth and understanding.

Ultimately, this study presents situated knowledge, offering just one perspective on the issue. The specific findings are not generalizable, and while sometimes critical, the aim wasn't to pass judgment on men or suggest superiority of women in this context. The goal was to

uncover new insights, aiming to gain a deeper understanding of how masculinity influences condom use and whether it aligns with previous research. Future research could include a broader sample across the Netherlands or different age categories. Exploring women's discursive repertoires on this topic could be insightful, as well as examining what’s left unsaid and investigating whether it aligns with actual behaviors. Lastly, a focus group composed solely of males and led by a male researcher could be interesting and might offer different repertoires.

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Appendix: Extra Lube

Table 1. Personal data.

Participant*	Age	Highest degree of education	Roots	Sexual preference	Relationship status
Max	24	Mbo 3	Dutch	Heterosexual	Single
Joris	22	Hbo bachelor	Dutch	Heterosexual	Single
Denzel	25	Mbo 3	Antillean	Heterosexual	Single
Eric	25	University bachelor	Rwandan	Homosexual	Single
Pepijn	25	Hbo bachelor	Dutch	Heterosexual	Relationship
Siano	25	Mbo 4	Surinamese	Heterosexual	Single
Luca	21	Hbo bachelor	Dutch	Heterosexual	Relationship
Dylan	24	Hbo bachelor	Dutch	Heterosexual	Relationship
Olivier	24	Hbo bachelor	Dutch	Heterosexual	Single
Angelo	25	Mbo 3	Cape Verdean	Heterosexual	Relationship
Finn	21	University bachelor	Dutch	Heterosexual	Relationship
Tim	23	University bachelor	Dutch	Homosexual	Relationship

*The names are fictitious to maintain confidentiality

Table 2. Original quotes in Dutch in chronological order

English	Dutch (original)
It's your own sperm that you're responsible for.	Het is je eigen sperma waar je verantwoordelijk voor bent.
A condom is a man's responsibility.	Condoom is een verantwoordelijkheid van de man.
Yes, it's the man's responsibility to carry one.	Om hem bij met te dragen wel ja.
Yes, to have sex, but you don't decide together to cum in her, that's up to you as a man.	Ja om seks te hebben, maar je beslist niet samen om in haar klaar te komen, dat beslis jij als man.
Yes, she doesn't have much choice in that regard, unless she indicates so.	Ja zij heeft daar niet heel veel keuze in, behalve als ze dat aangeeft.
Ultimately, I choose whether I cum inside someone.	Uiteindelijk kies ik ervoor of ik in iemand klaarkom.
If a woman were to bring a condom, I wouldn't feel entirely comfortable. I'd think, 'You've had a lot of sexual partners.'	Als een vrouw een condoom zou meenemen zou ik me er toch niet helemaal prettig bij voelen, dan denk ik, jij hebt echt veel bedpartners.
It's something you do together.	Het is iets dat je samendoet

I'm always responsible if something goes wrong. I can trust that she's on contraception, but if I want to be absolutely sure, I should use a condom.	Ik ben altijd verantwoordelijk als het misgaat. Ik kan erop vertrouwen dat zij aan de anticonceptie is, maar als ik het echt zeker wil weten moet ik een condoom omdoen.
I find putting on condoms quite an uncomfortable feeling.	Ik vind connie omdoen nog wel een ongemakkelijk gevoel.
It's like a pause.	Het is een soort pauze.
If it's necessary to put on a condom, I'll do it. It's a little uncomfortable, but not too uncomfortable.	Als het nodig is om een condoom om te doen, doe ik er een om. Het is een klein beetje ongemakkelijk, maar niet zó ongemakkelijk.
Men don't communicate like, 'do you feel comfortable with it, blah blah…'	Zo communiceren mannen niet, van: 'voel je je er prettig bij blabla…'
I'm not great with condoms either; it was pretty clear we were going to do it without one.	Ik ben ook geen held met condooms, het was eigenlijk overduidelijk dat we het zonder condoom zouden doen.
If she does it skillfully	Als ze het een beetje handig doet
Some people are just crazy, poking holes, messing with them…	Je hebt van die gekke mensen in deze wereld, gaatjes geprikt, gesjoemeld…
I was thinking about it today, suppose I had a one-night stand, I don't even think I would ask for it (a condom), I don't have sex with an	Ik zat er vandaag over na te denken, stel ik zou een onenightstand hebben, ik denk niet eens dat ik het zou vragen (een condoom), ik

18-year-old, I'm 24 you know, if she really wants that She has to indicate that, she is an adult woman after all. I treat women as an equal, maybe it's ugly not to bring it up in the hope that she doesn't bring it up either, but hey…	heb geen seks met 18-jarige, ik ben 24 weetje, als zij dat heel graag wil, moet ze dat wel aangeven, het is een volwassen vrouw toch. Ik behandel vrouwen zoals gelijke toch, misschien wel lelijk om er niet over te beginnen in de hoop dat zij er ook niet over begint maarja…
Are you on the pill, or should we use a condom?	Zit je aan de pil of moet er een condoom bij?
I do ask if they're on contraception or clean before I go in.	Ik vraag wel of ze aan anticonceptie of schoon zijn voor dat ik erin ga.
Oh yeah, that too.	Oja, dat kan ook nog.
Yeah, I never really think about that.	Ja, daar denk ik echt nooit over na.
The most common one is chlamydia, for women it's a course of treatment, for men it's a pill, and then it's all over, I don't really care that much.	Meest voorkomende is chlamydia, voor de vrouw is het een kuurtje, voor de man een pil en dan is het ook weer klaar, maakt me allemaal niet zoveel uit.
If you, as a woman, don't bring it up, how much do you really care if we do it safely?	Als je het als vrouw zijnde niet opbrengt, hoeveel boeit het je dan echt of we het veilig doen?
I'm still quite ashamed of that.	Ik schaam me daar nog best wel voor.

It’s different from not wearing a condom, the feeling is more intense without it.	Het is anders dan wanneer je geen condoom draagt, het gevoel is intenser zonder
It's indescribable, let's be honest.	Het is onbeschrijfelijk, laten we eerlijk zijn.
I'm trying to talk her into a copper IUD.	Ik probeer haar een beetje om te praten naar een koperspiraal.
It’s often the first question when you've screwed someone, like, ‘nice man, with or without?	Het is vaak de eerste vraag toch wanneer je iemand hebt genaaid, zo van lekker man, met of zonder?
It's a level of respect that's involved.	Het is een mate van respect dat daar dan inzit.
I don't want to say that it’s a taboo, but it’s made funny, sometimes when you do it you get the reaction of, 'actually you didn't really have sex because there was something in between hahaaa’	Ik wil niet zeggen dat er een taboe op ligt, maar er wordt wel grappig over gedaan, soms als je het met doet krijg je de reactie van, ‘eigenlijk heb je niet echt seks gehad want er zat toch wat tussen hahaaa’
I'm not a hero with condoms either, it was actually quite obvious that we wouldn't use one.	Ik ben ook geen held met condooms, het was eigenlijk overduidelijk dat we het zonder condoom zouden doen.
Oh, this has to be in ABN (General Civilized Dutch)	Oh dit moet in ABN

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Bonnie French, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title: Rubber Repertoires - Rethinking Masculinity and Responsibility
A qualitative study that delves into the sexual decision-making for condom use among young men between 20 and 25 in Rotterdam

Name, email of student: Ilse Hoek, 561125ih@student.eur.nl

Name, email of supervisor: Rogier van Reekum, vanreekum@essb.eur.nl

Start date and duration: The first meeting was on January 10th and the deadline of the thesis was June 23rd. The duration was approximately half a year.

Is the research study conducted within DPAS YES

If 'NO': at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. YES

   If 'NO': skip to part V.

   If 'YES': does the study involve medical or physical research? NO

   Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants. NO

   If 'YES': skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). NO

   If 'YES': skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? NO

2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? NO

3. Will information about the possibility to discontinue the participation at any time be withheld from participants? NO

4. Will the study involve actively deceiving the participants? NO
   Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).

5. Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? NO

6. Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? YES

7. Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? NO

8. Is the health and/or safety of participants at risk during the study? NO

9. Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? NO

10. Are there any other possible ethical issues with regard to this study? NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.
There will be asked about the sex life of the participants, but the collected information every person will be completely anonymized. The results of this study will not lead to the participants in any way possible.

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

The participants will be informed about the study and the kind of information they have to provide for this study. They can decide what they want to share and they can withdraw from the research at any moment.

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.
No.

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?
The sample will contain hetero- and homosexual men aged 20 to 25 in Rotterdam who are involved in promiscuity, serial monogamy and casual sex.

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?
Three focus group of four people, so 12 males.
Note: indicate for separate data sources.

What is the size of the population from which you will sample?
Don't know, all males between 20 and 25 in Rotterdam.
Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?
The data from the focus group will be recorded on my phone and afterwards saved on my computer in a secured file and not be shared with third parties.
Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?
I am the only one responsible for the data.

How (frequently) will you back-up your research data for short-term data security?
I will make a back-up every week until the grading of this thesis.

In case of collecting personal data how will you anonymize the data?
I will not ask for names or other personal data and contact information in the recording of the focus groups. Also not document any personal information connected to the results of this thesis.

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

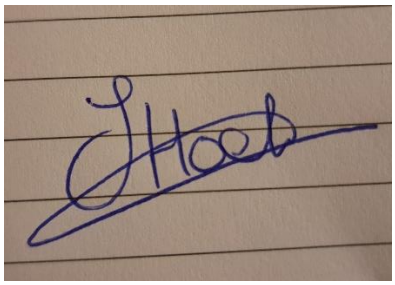
Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Ilse Hoek

Date: 21-6-2024



Name (EUR) supervisor: Rogier van Reekum

Date: 15-04-2024

APPENDIX I: Informed Consent Form (if applicable)