

# Sexuality in Africa

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## **Field of Sexuality Studies: What is It?**

Suzanne Leclerc-Madlala

## **Future, Challenges of Sexual Health Research in West Africa**

Augustine Ankomah

*THE WAY I SEE IT*

## **Virginity-Testing as HIV/AIDS Prevention Strategy: Clutching at straws**

Everjoice J. Win

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# Foreword

It is my pleasure to introduce *Sexuality in Africa Magazine*, presumably the only publication that addresses Sexuality in Africa from a broad and comprehensive perspective. *Sexuality in Africa Magazine* fills an existing gap in the wealth of information and publications in the complex and emerging field of human sexuality. In fact, professionals and indeed anyone with an interest in human sexuality would agree that our knowledge of this complex field is still largely limited to the aspects of reproduction, ill-health (particularly HIV/AIDS), reproductive health, and to some extent issues of violence against women. Sexuality is, therefore, merely reduced to its important health consequences. This is understandable given the enormous challenges posed by these issues to development and well-being.

Human sexuality is, however, complex and should not be limited to sexual intercourse. In fact, as defined by the World Health Organization, human sexuality

*is a central aspect of being human throughout life and encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.*

All these aspects are important and remain largely unexplored in the African context.

Human sexuality is after all about pleasure

at individual level as well as societal level (for instance through reproduction). There is unfortunately a combination of factors and forces such as the high morbidity environment, carelessness, gender discrimination and various fundamentalisms that might jeopardise the positive expression and practice of sexuality.

A collaborative effort to address this important issue and promote healthy, pleasurable and respectful sexuality on the continent, is therefore a timely development. Human sexuality in Africa is and remains a development issue!

Through *Sexuality in Africa Magazine*, the African Regional Sexuality Resource Centre intends to provide a medium for understanding human sexuality in its complex forms and expressions. This will hopefully contribute to promoting informed decision-making, policy and programming in the field of sexuality.

Since the magazine is intended to be accessible to all readers, *Sexuality in Africa Magazine* provides in an easy-to-read format, knowledge, information and experience on cutting edge issues in the field of sexuality.

This maiden issue critically looks at issues at stake such as defining the field, the situation of research in West Africa and cultural practices affecting women's sexuality. The second edition will focus on access of adolescents to sexuality education.

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# Feature

## Field of Sexuality Studies: What is it?

As in all other domains of human life, the definition of what is normal and natural sex varies drastically from one cultural setting to another. Categories such as 'heterosexual' or 'homosexual' or 'bisexual' as defined in Western societies do not necessarily carry the same meaning elsewhere. Homosexual behaviour for example, while occurring to some extent in every society, is as variegated in its form, content and meaning as heterosexual behaviour. How we interpret sexual desire in its multiplicity of contexts and expressions is one of the most important theoretical debates in the study of sexuality today.

This is the problematic that President Robert Mugabe of Zimbabwe alluded to in his now-famous 1995 public statement that homosexuality was 'un-African'. Unwittingly, the President's view (and the wide support it drew from other heads of state at the time) had a catalytic effect on the development of sexuality as a field of study in Africa.

Along with the unfolding HIV/AIDS epidemic that gave a special urgency to sexuality studies, Mugabe's controversial statement forced us to think more seriously not only about same-sex sexual activity, but also about all manner of issues related to sex and sexual behaviour on the continent. We began to ask ourselves in earnest; have some expressions of sexuality come with colonialism, or Christianity, or Islam? Were

they of more recent origin, possibly products of globalisation or foreign media influence? Was it a question of only the labels that were new? Was 'homosexual' as an identity or lifestyle choice something that originated elsewhere, or was it the actual practice of same-sex pleasuring that some contend is foreign to our shores?

With all these questions in mind, we were reminded of pre-colonial practices such as that of the Azande of Sudan, whose un-married warriors were once expected to take 'boy wives' from age-grades lower than themselves. How could we explain

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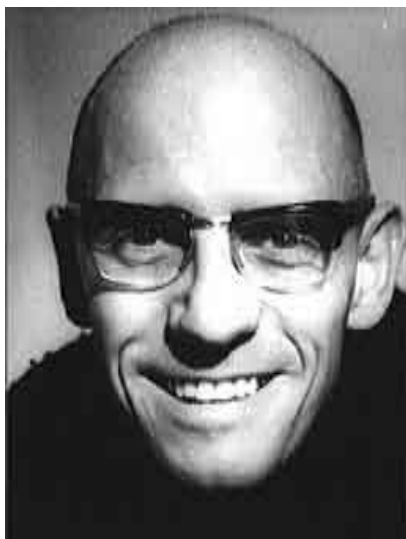




*The historic roots of contemporary sexuality studies can be found in fields as diverse as anthropology, literary history, gender studies, psychoanalysis and western biomedicine*

the 'yan dandu cross-dressers amongst the Nigerian Hausa who have sex with men, or the seemingly bisexual *gordjiguene*, well known amongst the Wolof of Senegal? What about the practice of *bukhontxana* on the mines in South Africa or *kunyenga* amongst contemporary street-boys in Tanzania, are there no historical or cultural antecedents? As is the case throughout the world, increasing research on sexuality in Africa is showing that Africans have had, and continue to have a very rich and diverse experience of human sexuality.

This is what the new field of sexuality studies is all about; trying to understand people's



Foucault wrote *History of Sexuality* - a shaping influence for sexuality studies

conceptual categories related to sex and their shaping influence on constructions of erotic desire and sexual experience. Sexuality is an exciting and rapidly developing field of academic inquiry that embraces a dual perspective. Firstly, it includes ideas about male and female anatomy and physiology associated with the act of having sex. Secondly, it includes ideas about erotic pleasure and fantasy as related to sex. This dualism points to both internal and external phenomena that are relevant to our lived lives as gendered sexual beings.

The historic roots of contemporary sexuality studies can be found in fields as diverse as anthropology, literary history, gender studies, psychoanalysis and western biomedicine. The term 'sexuality' as a way to define meanings of human eroticism, along with a few prefixes such as 'hetero', 'homo' and 'bi' to describe types of persons embodying particular desires, gained currency from the mid-19th century Victorian Europe and America. It developed simultaneously with the development of western biomedicine and the



Theories of Freud and followers displaced sexology

scientific method, typified by preoccupations with classifying, determining, and producing predictable outcomes.

Sexology as a field of study emerged at that time, with attempts made to give names to and describe the nature of diverse desires and sexual types. Certain sexual behaviours were codified as categories of disease, with terms like sadism and masochism denoting pathological styles of sexual conduct. With the dawn of the 20th century, psychoanalysis and the theories of Sigmund Freud and his followers displaced sexology as the leading paradigm for the study of all things sexual. Emphasising the lasting impact of childhood experience and the role of the unconscious mind with its 'unconscious desires', psychoanalysis was the first body of theory used to argue the now-widely accepted view that sexual desire must be understood separately from reproduction and the instinct to perpetuate the species.

In more recent times, the work of French social theorist Michael Foucault (*The History of Sexuality* 1976-1984) has had a major shaping influence on the development of theoretical approaches and debates in sexuality. His treatise on sexuality as a means through which power is organised in society, has inspired many contemporary sexuality researchers.

Acknowledging the Western and Victorian-era roots of the study of sexuality is important for imagining the future direction of this growing field. The historic legacy still impacts on the way we conceptualise, interpret and write about sexuality around the world. A good example here is the study of sexual exchange practices



sometimes called ‘transactional sex’. Reference to the western-derived notion of ‘prostitution’ has provided the most common starting point for our research on this topic during the past quarter century. Exchanges where cash or kind are given in return for sexual favours have been largely conceived within the narrow confines of Victorian-inspired assumptions that link sex to money to immorality to social pathology. Today the term ‘prostitution’ conjures up all those historic meanings.

For scholars like myself who try to write about contemporary sexual exchanges, especially in the African context of women’s poverty and economic dependence on men, we are greatly hampered by limited and inappropriate vocabulary that is the product of Victorian-era sexology. Such dilemmas should serve to alert us to the need for Afro-centric conceptual frames for understanding sexuality, and to motivate us to develop more culturally sensitive ways of engaging with sexual phenomena.



Exchanges where cash or kind are given in return for sexual favours have been largely conceived within the narrow confines of Victorian-inspired assumptions

African scholarship is well positioned to take the lead in moving the field of sexuality forward into becoming a more

has demanded a brutal boldness, a new directness and a de-mystified way of approaching the most intimate aspect of our lives.... our

*It is in the context of our current HIV/AIDS crisis that students of sexuality in Africa are being called to action... issues of sexuality in Africa were, and are to varying degrees, often shrouded in customary prescriptions and practices*

critical and truly universal area of academic inquiry.

It is in the context of our current HIV/AIDS crisis that students of sexuality in Africa are being called to action. In common with many parts of the developing world, issues of sexuality in Africa were, and are to varying degrees, often shrouded in customary prescriptions and practices that are seldom discussed openly and directly.

With the rapid growth of the AIDS pandemic on our continent, we can no longer afford the luxury of innocence, including some much cherished mythical ways of thinking, or innuendoed ways of teaching lessons or passing on collective wisdoms about life, love and sex. The cruelty of AIDS

sexuality.

It is up to us to rise to the challenge and ensure that the world’s understanding of sexuality in Africa is first and foremost an understanding that is crafted within the hearts and minds of Africans, and grounded in the dynamics of life in the villages and cities of Africa. Then, a more sensitive and effective public response to our many sexual health challenges should be possible.



# 2

## Issue in Focus

### Research and Capacity Building to Promote Sexual Health in West Africa: The Challenges

#### Introduction

Good quality research is a key tool for identifying sexual health problems and their causes and demonstrating their importance to the promotion of sexual health and well-being. It also assists in formulating solutions and evaluating progress of sexual health interventions. Sexual health research demands for interdisciplinary and integrated research.

In West Africa, responding to this requirement poses great challenges to current research efforts both within and outside universities.

#### Issues in West Africa

In the region, as elsewhere in Africa, the force of social change resulting from formal education, increasing urbanization, and the increasing cost of living, among others, has blended to produce changes in socio-sexual culture. For example, in Ghana, Nigeria and several parts of West Africa, it is clear that even in some of the societies where premarital sex was not formerly permitted, it is now considered normal (Ankomah, 1998). In some societies in these countries, premarital multiple sexual partnering, serial monogamy as well as partner switching is fairly common.

#### Gaps in sexual health research

While the quantity and quality of sexual health research in the West African region has improved in recent years, there are still several gaps. A few are highlighted here:

- Research output on violence against women has been very general. Community- and health

facility-based research as well as behavioural research on violence including longitudinal studies on the consequences of sexual violence, and the vulnerability of adolescents to sexual abuse are sorely needed.

- The sexual rights of adolescents in West Africa is a poorly researched area. Further research is required to gather information on sexual and reproductive rights, and explore the barriers that young persons face making choices given the prevalence of transactional sex, sexual coercion and exploitation of young women.

- Detailed information on gender roles and life skills (in contrast to knowledge) to negotiate good sexual health outcomes among teenagers including married adolescents is lacking.

- STI seeking behaviour and treatment of young persons is an area with limited research evidence.

- Today there are internationally accepted definitions of some indicators in sexual health, but there is an urgent need for further research on the identification of some indicators given their importance in the sub-region. These include indicators measuring violence against women and transactional sex.

#### Capacity building needs

The capacity of academic and research institutions in West Africa to respond to research needs in sexual health is very limited. Research conducted locally by local people is more likely to be more timely and cost-effective in addressing local problems than is research conducted by researchers unfamiliar

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*• Excerpts from a paper presented at ARSRC seminar in Johannesburg South Africa - "Research and Capacity Building for the promotion of Sexual Health and Well-being."*





with the region and its context.

#### *Lack of resources*

While this may be true of other parts of Africa, the lack of funds and other resources necessary for research and research training is a most obvious constraint to building research capacity in West Africa. Equipment used in sexual health research and training are either lacking or in poor condition. Infrastructure and services such as electricity and maintenance are poor. Access to sexual health information and networks through libraries and electronic communication is very difficult.

#### *Status of sexual health research*

Again, while this may not be limited only to the region, it is particularly pronounced. There is a particularly weak social and political status attached to sexual health research in the region. Local research results achieved are often not perceived as contributions to development.

#### *Low recognition of researchers*

At the individual level, Nigeria and Ghana have international level sexual health researchers. The weak economic situation in the region, which expresses itself, among others, in low salary levels forces researchers to do short-term, demand driven consultancy work. It is sad but true that increasingly, researchers from West Africa (and not infrequently their collaborators from the North) are motivated to conduct sexual health research not mainly with the desire to make their knowledge useful in a development context but with expectation of personal benefit.

#### *Behaviour of donor agencies*

Donor funding of sexual health research is often unreliable and adapted to the needs of recipient countries. Donors grant several fellowships in sexual and reproductive health research every year especially in Ghana and Nigeria. However, most are not linked to any research programmes.

Most of the emphasis on sexual health research capacity is unfortunately limited to scholarships and travel with intensive monitoring during the period, compared with lack of donor monitoring or even interest after the training.

#### **Way forward**

Capacity building relies on three key areas: augmenting the number of researchers in sexual health; strongly supporting research-related institutions and organisations, and enhancing the quality of sexual health research in both its basic and applied dimensions.

#### *Assistance from the North*

Local research capacity, even within strong and credible research institutions must have national support. Without the support of local and national programmers, outside funding cannot be effective in developing sustained leadership for the solution of sexual health problems. National investments are needed, particularly in Nigeria, in research infrastructure and in systems of higher education in order to maintain a pool of incoming talents.

#### *Institutionalise research*

Sexual health research has so far been restricted in the main

*Research conducted locally by local people is more likely to be more timely and cost-effective in addressing local problems*

to university-based individuals. Linkage between universities, NGOs and other non-university institutions needs to be seen to be working towards a common goal. Research on sexual health promotion is not aptly institutionalized. At the moment, there are no structured courses in sexual health, although a few health-oriented graduate programmes do undertake certain aspects of sexual health in the course of their training.

#### *Sustainable capacity building*

By definition, capacity building involves sustainability, not only in the individual skills and capabilities, but also in its translation into organisational capacity. In Nigeria, in particular, most of the support is bound to individual capacity building and is hence of limited sustainable character in terms of institution building. Financial support can help research institutions in West Africa to maintain their activities and formulate their own research agenda.

#### *User-friendly research*

The cost of disseminating sexual health information is huge in West Africa, especially in Nigeria,

because of its size. Sexual health researchers stand to gain more from sharing their results. Although this may be changing, health correspondents in national newspapers are often not well-trained and only a handful understand sexual health research. Stakeholders may need to train journalists with key national newspapers.

#### **Conclusion**

West Africa has a pool of researchers in sexual health. Harsh economic conditions in addition to other infrastructural and institutional impediments have limited the pace of effective capacity building of other researchers in sexual health. Capacity of researchers in the field may be enhanced, among others, through the establishment of networks, presenting research findings in friendly and usable manner, and motivating governments, programmers and the business community to use research.

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## 3

Region  
Watch

## ARSRC Hosts Sexuality Seminar in South Africa



The distinguished panelists from left to right: Evasius Bauni (Kenya); Augustine Ankomah (Nigeria); Helen Schneider (chairperson); Hind Khattab (Egypt) and Bev Russell (South Africa)

The Africa Regional Sexuality Resource Centre (ARSRC) hosted a panel on “Research and Capacity Building for the Promotion of Sexual Health and Well-Being” on February 27, 2004 during the First Congress for the Advancement of Sexual Health and Rights in Africa. The Congress took place at the Crowne Plaza Sandton Hotel in Johannesburg, South Africa from February 26-28, 2004.

The distinguished ARSRC panelists included the following: Dr. Hind Khattab from Egypt, an anthropologist with over forty years of research and professional experience; Dr. Evasius Bauni, a demographer working with Kenya Medical Research Institute/Wellcome Trust Research Laboratories in

Kilifi, Kenya; Dr. Augustine Ankomah, a researcher who currently works in Abuja, Nigeria, with the Society for Family Health and Ms. Bev Russell, Managing Director of Social Surveys (Pty) Ltd who is based in Johannesburg. The Panel was chaired by Helen Schneider, a medical doctor with specialist training in Community Health who currently works in the Centre for Health Policy in the School of Public Health, University of the Witwatersrand, Johannesburg, South Africa.

Ankomah, analyzing the West Africa situation noted that the paucity of research in the area of sexual health in the sub-region. He observed that, “Until the onset of HIV/AIDS, sexual life in Africa



A member of the audience stressing a point during the question time

received little attention from serious researchers”.

Supporting the assertion by Ankomah, Khattab noted that in the North Africa region also, more recent focus on the study of sexuality came as a result of concern over the outbreak of AIDS. Naturally the focus tends to be more on disease control, thus relegating the study of sexuality to the physiological and medical domain. Speaking on the status of sexual health in the region, she observed that one of the barriers to improving sexual and reproductive health is the low level of literacy, especially among women, leading to lack of knowledge and awareness about sexual health issues. This, for Khattab is “the most shameful violence” committed against women because it denies women the opportunity to access their rights; even those prescribed by Islam.

With emphasis on behaviour change and strategic communication, Russell noted that most of the research designed around sexual health in Southern Africa “tend to be large scale mass media campaigns supplemented by some

outreach or social mobilization activities”. She added that because knowledge around positive sexual health practices is contrary to many cultural, religious as well as traditional values and practices, many people, therefore, experience feelings of dissidence regarding these mass media campaigns. To achieve results, she advocated a move towards research that assists “individuals to work out solutions for themselves within their own value system and within a receptive society”. Research gaps identified were in the areas of values, cultures, traditions, beliefs and religion and the ways in which

these impact on sexual health and well-being.

Evasius Bauni specifically noted the need for short-term crash programmes (research) targeting sexually active groups as well as long term longitudinal studies targeting children (in the womb and at breast) and continuing to work with the research subjects as they grow and mature.

The ARSRC also featured an exhibition during the Congress. The First Congress for the Advancement of Sexual Health and Rights in Africa was held under the auspices of the World Association for Sexology (of which the Southern African Sexual Health Association is a member) and co-hosted by the Planned Parenthood Association of South Africa and the African Federation for Sexual Health and Rights.

The full proceedings of the seminar will be available soon on the ARSRC website.



Ms Codou Bop, from Senegal, shares her experience



## 4

Research  
Notes**Survey Shows Up Disparities Between Talk and Practice:  
Nigerian Christian Youth  
and Sexuality****Introduction**

Nigeria's population is currently estimated at 124,009,000 with 43.65% of the population below the age of 15. Population density is 353 per sq. metre<sup>1</sup>. The chief religions practiced in Nigeria are Christianity, Islam and indigenous beliefs. Nigeria also shares in the global burden of the HIV/AIDS pandemic with a prevalence rate of between 2-10% depending on the geopolitical zone being considered<sup>2</sup>. The world Health Organization (WHO) estimates that one out of 20 adolescents contacts a sexually transmitted disease (STD) each year in Africa. Persons 15-30 years of age are the most sexually active and constitute a large proportion of the population of most developing countries. Sexual activity before the age of 20 years is common among unmarried African youths making them vulnerable to STDs including HIV/AIDS. While other STDs can be treated, HIV/AIDS currently has no cure.

In fact, developing countries with their

poor health infrastructure, limited health personnel and low income status are ill prepared to combat the AIDS epidemic. In places where drugs and support services are made available, the problem of drug adherence, drug resistance and side effects are areas that still need attention. With all these threats to the sexual and reproductive health of young people, prevention of STDs/HIV/AIDS becomes a welcome and practical alternative.

*The experience of becoming 'born again' is meant to imbue the Christian convert with the power to overcome sin.*

It is generally believed that people as well as their actions are highly influenced by their spiritual convictions. It is also known that most religions in Africa encourage abstinence. Premarital and extramarital sexual activities are discouraged.

Chaste and traditional value systems are promoted. The extent to which these religious systems influence the sexual behavior of young people is the question that this survey aims to address. Currently in Nigeria, there is an on-going debate regarding whether sexuality education and counseling should be given prominence in the churches. One question that also arises

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is whether religious doctrines and precepts can influence the behaviour of young people and play a role in protecting them from STDs including HIV/AIDS? Are the young people in the churches sexually active?

### Survey of Pentecostal Youths

Questionnaires were administered on 150 Christian youth believed to have become 'born again' in a respected Pentecostal church. The experience of becoming 'born again' is meant to imbue the Christian convert with the power to overcome sin. Hence the 'born again' Christian convert is expected to conform to Biblical injunctions, including the call to chastity and abstinence from sexual intercourse till marriage. Respondents were called upon to be honest with the answers they provided so that service could be provided in areas of identified need. Respondents were also aware that if they responded to the questionnaire, their identity would not be disclosed.

### Results of survey

90% of the youths were unmarried and aged between 15-30years. There was no gender preponderance. 50% were students, 20% were working or learning a trade while the remaining 30% were unemployed or awaiting admission to higher institutions. 97.3% of the respondents had been 'born again' for periods ranging between 1-10years. 52% were from polygamous home settings and 29% were from homes where parents were separated. 38.6% received their first sexual education from friends. 54% admitted previous sexual exposures usually with peer partners. Majority of these encounters occurred while respondents were below the age of 20. Condom use was poor and there was documentation of

previous procured abortions. 30% of respondents were ashamed to discuss sexual issues but 60% would welcome sexual counseling if services were made available.

### Conclusion/recommendations

The sexual behavior of the study group did not appear to have been greatly influenced by their religious attestations. Increasing sexual drive with advancing adolescent age and lack of counseling and other youth-focused services appear to be a major factor.

There is deep-seated adult discomfort, and there are taboos

*38.6% received their first sexual education from friends. 54% admitted previous sexual exposures usually with peer partners...*

surrounding discussion of sexuality with young people. This tends to be greater in religious settings. Thus, youth in such settings often get their information from wrong sources. Yet, these youth are continually bombarded by a mass media that portrays sexuality as desirable, and they often face peer pressure that encourages experimentation. Added to this, the increasing access to the internet tends to further confuse the uninformed mind.

The anxieties expressed by the young respondents deserve honest and accurate answers from parents, teachers, health professionals and their spiritual leaders. Information provided youth in religious settings, for example in sermons need to be more practical and reflect current realities. Adults who have authority over, or who care for youth, need

to be role models for their wards. Youths in the churches and other religious settings also require care and one-on-one counseling.

Present day realities including economic hardships, poverty, homelessness and family disputes may force young people into relationships that expose them to sexual abuse. They may be coerced into sexual intercourse in exchange for money necessary for acquiring basic needs. Within religious settings, youth-friendly services with trained and experienced counselors are indispensable in ensuring healthy sexuality for young people.

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## 5

## Viewpoint

## *The Way I See It*

# Virginity Testing as HIV/AIDS Prevention Strategy: Clutching at Straws

The Southern African sub-region is currently devastated by the AIDS pandemic. In search of answers traditional leaders and some health practitioners have reinstalled the practice of virginity testing. This is a practice where young women are tested by older women. These tests are often conducted using very unscientific methods such as mere examination of the calves around the legs, or insertion of fingers or even eggs into the vagina. (If the egg cracks inside the vagina one is not considered a virgin!) Unfortunately, the practice is being viewed by some as a sure way of preventing infection.

This is the 21<sup>st</sup> century. We have come a long way. Yet, it feels as though we are still standing in the same spot, at least those of us who are African and female. As I was growing up in the 1980s' struggling to define my own identity and values; the media, teachers, older women, church pastors, peers, literally everyone, told me that I should be a "good girl". This meant; never allowing males to touch me, (it was not clear whether they meant that literally, or figuratively). Preserving virginity was important because it would increase my "value" as a woman, especially at marriage, when I would fetch a high bride price, or *lobola*. My family would be proud of me. If I was not a virgin, my mother would be given a white sheet with a big hole in the center, signifying that I was "damaged goods".

They warned me however, that the males would chase me with great gusto. The onus was

therefore upon me to preserve men's morality.

The teachers were, more hilarious. They showed

us scary movies of sexually transmitted infections. Gaping vaginas, infested with sores, looking terribly unlike what I was familiar with. How this "transformation" occurred we were not told. The underlying message was virginity, virginity, virginity; not for myself, but for the husband who would love me forever and for my parents – read my father – who would make so much money out of the mythical groom. In those happy days we did not have HIV. The worst one had to worry about was an unwanted pregnancy, or maybe a sexually transmitted infection.

Twenty three years later, nothing much seems to have changed except the perspectives and values of hundreds of women like me. Thanks to the feminist

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If the egg cracks inside the vagina, one is not considered a virgin



movement, we now know better. That is why my 18-year-old daughter needs a different message. Unlike me, she has a lot more choices and a lot more support systems to enable her to make and stick with those empowering choices.

Choice, autonomy and bodily integrity are key principles in women's rights. Maintaining one's virginity should be a matter of individual choice. It is my body I do what I want with it. Telling a young woman to maintain her virginity, "because that is what men want", is not giving her the autonomy to decide and feel good about herself. What does she want? But in order to empower young women, it is important to shatter a few myths about women's sexuality, reproduction, and culture.

**Myth one** – men want to marry virgins and they will love them forever; Truth is, many men have abandoned their virgin brides for other women. Virginity does not seem to be a pull factor.

**Myth two:** Men want women who have boy-children. While this might be true, once a man decides to leave he will, regardless of what sex children she produces.

**Myth three:** Virginity protects you from HIV/AIDS:

If we define virginity as abstinence that is, then this may be true. But the linkage between HIV and virginity is a myth. While remaining a virgin protects you from HIV up to the point of marriage, it doesn't protect you once you are married. And that is the biggest truth young girls need in this era. Research has shown that most women got infected with HIV/AIDS from their husbands to whom they were faithful. Literally, married women are much more of sitting ducks when it comes to HIV than single women. The latter have much more ability to negotiate safer sex while the former have very limited choices and autonomy.

A more dangerous fact which none of the promoters of virginity tests are telling girls is that they want to identify virgins so they can sleep with them. In Kwa-Zulu Natal, (South Africa), it has been reported several times that; a few months after handing out the virginity certificates to the girls, the chiefs



In order to empower young women, it is important to shatter a few myths about women's sexuality

and their hangers on, prey on the young women. In Zimbabwe too, women's groups found that the chiefs and headmen behind the practice are the ones who are taking the young virgins as their third or fourth wives.

Stories from Zambia, South Africa and Zimbabwe show, that it is the young virgins who are much more in danger of getting infected by men who already know their HIV+ status. Popular fiction has it, that if you sleep with, (i.e. rape, abuse, marry, whatever, same difference), a virgin, you will be cleansed of HIV. What better way to help these sick men than to advertise who is a virgin in the community, than to give the virgins a certificate? But of course all this is hidden under the myth that having *lobola* paid is the most desirable status for a woman.

The myth of what *lobola* signifies for women is one of the most enduring in Southern Africa, and it needs to be shattered. *Lobola* does not benefit the woman. It benefits the men in her family; brothers, father, uncles. *Lobola* is paid for a woman's reproductive capacity or loosely translated, it buys her uterus. The implications of this are quite staggering; in a traditional divorce, the woman has to leave the children, because they are not hers. A wife can be divorced if she doesn't produce the required "quota" of children, especially sons. If she dies before the quota is fulfilled her niece or

young sister is forced into marrying the husband. Never mind that he might have HIV/AIDS, or that he is violent. The quota – which by the way nobody ever expressly outlines – must be fulfilled. A married woman cannot say no to sex - unprotected or even unsafe. In some families she can't stop breastfeeding a child without consent from the in-laws. Counsellors in violence against women programmes have been told by survivors that one of the main things men say while abusing their wives is, "I paid for you, you must do what I want". What choices does this leave a woman?

In this era of HIV/AIDS, Southern Africans face the huge challenge of confronting their deeply held beliefs and values. Myths around women's virginity and the payment of bride price compound the unequal power relations on which HIV/AIDS feeds. Whether the sub-region is ready to take this challenge is yet to be seen.



# Notes to Contributors

## Guidelines for submissions

The editors welcome submissions on the thematic focus of future issues of the Magazine, as well as other areas of sexuality, sexual health and rights. Themes for upcoming 2004 issues include:

**Issue 2:** Access of Adolescents to Sexuality Education

**Issue 3:** Violence Against Women and Girls

**Issue 4:** Sexuality and HIV/AIDS  
2005 issues will cover the following

subject areas: Rethinking Masculinities, Sexuality and Religion, and Sexuality and the Media.

ARSRC seeks articles for submission which are objective, analytical and mirror current /contemporary issues and debates in the areas of Sexuality, Sexual Health and Rights in Africa. Articles should reflect a holistic /comprehensive approach to sexuality; taking sexuality discourse

beyond health to incorporate broader issues of the expression of sexuality without guilt, fear or ill-health. While priority would be given articles that have not been previously published, already published material may be considered depending on how relevant the subject area and focus is to ARSRC's work. However, for already published articles, full details of previous publication and where to seek permission for reprint must accompany the article.

We particularly welcome articles related to our thematic focus for the following sections :

**Region Watch:** Topical issues with a country or sub regional focus

**Programme Feature:** best practices from program implementers

**Research Notes:** Focus on relevant research and methodologies

**Viewpoint:** Reactions to previous magazine issues or on a subject area

that a reader wishes to express very strong views or opinion.

### *Length*

Feature articles : 1,000 -1,500 words

Research issues : 800-1,000 words

Opinion articles : 400-500 words

### *Photos*

We welcome photos with or without articles and will give appropriate credit when photo is used.

### *Presentation*

Please submit initially, an abstract with your name, contact address, phone number, email address and details about yourself as you would wish it to appear on the list of contributors

\*\*\*\*\*All contributors will receive a copy of the issue in which their contribution has been published.

## Bulletin Board JUNE - JULY 2004

1. **27 June 2004 22 July 2004.**  
8th Summer Institute on Sexuality, Culture, and Society.  
Further information:  
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ISHSS, Amsterdam, Netherlands.  
Email: summerinstitute@ishss.uva.nl  
Phone + 31 20 525 3776  
[www.ishss.uva.nl/SummerInstitute/](http://www.ishss.uva.nl/SummerInstitute/)

2. **28 June 2004 22 July 2004.**  
3rd Annual NSRC Summer Institute on Sexuality, Society, and Health

Further Information:  
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San Francisco University  
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Email: hmsxsi@sfsu.edu  
<http://nsrc.sfsu.edu/Index.cfm?Page=72>

3. **11 July 2004 16 July 2004.**  
15th International AIDS Conference,  
Bangkok, Thailand.  
Further information:  
<http://www.aids2004.org/>

4. **12 July 2004 30 July 2004.**  
1st ARSRC Sexuality Leadership Development Fellowship.  
Further information:  
Africa Regional Sexuality Resource Centre.  
17 Lawal Street, Off Oweh Street,  
Jibowu, Yaba, Lagos, Nigeria.  
Phone + 234 1 7919307  
Email: [opportunities@arsrc.org](mailto:opportunities@arsrc.org)  
[www.arsrc.org](http://www.arsrc.org)

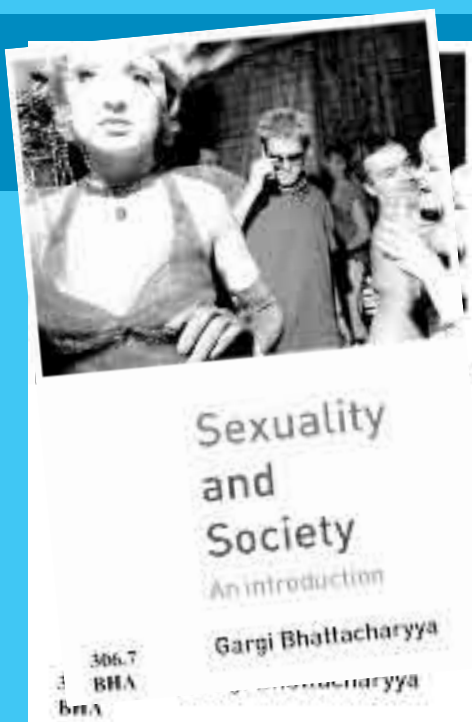
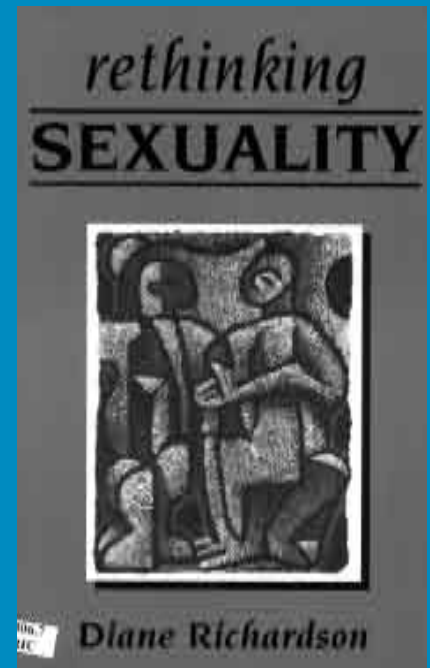
# Sexuality Resources

## Rethinking Sexuality

Sexuality is one of the most hotly debated subjects in social science. How have attitudes to heterosexuality and homosexuality changed? In what ways has the representation of sexuality moved on, or according to some points of view, moved back? What is the impact of AIDS and the commodification and commercialisation of sexuality? Has the old norm of heteronormativity collapsed? This thoughtful and accessible book provides a critical examination of the center debates attached to conceptualizing sexuality as a site of knowledge and politics. These are explored in chapters on the meaning of heterosexuality, sexual citizenship and the associated notions of sexual rights and obligations, queer theory and its relationship with feminisms, both 'new' and 'old'. Also included is discussion of responses to the HIV/AIDS epidemic and the implications for understandings of gender and sexuality.

Assured, insightful and timely, the book is a pivotal contribution to our understanding of the contemporary state of sexuality and its political, personal and social implications. The book will be required reading for students in sociology, gender and women's studies, lesbian and gay studies.

Sage Publications, London, Thousand Oaks, New Delhi, 2000



## Conceptualising Sexuality

In this comprehensive introduction to the study of Sexuality, Gargi Bhattacharyya guides readers through some of the key theoretical debates in the area, from the everyday understanding of sex, through Foucault's technologies of self to Judith Butler on the performance of identity, and shows how these theoretical positions apply to sexuality as it is experienced in contemporary society.

Key topics covered include: the ideology of heterosexuality; sex and the state; sex, 'race' and the 'exotic', age and sexuality; and sex education and pornography. Throughout the book, Bhattacharyya argues that the study of sexuality is an essential part of broader debates on gender, 'race', citizenship and community.

Publisher : Routledge London, New York, 2002