

# Sexuality in Africa

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Culture and  
Pleasurable  
Sexuality in  
South Eastern  
Nigeria

Eno Blankson Ikpe

Peering Through  
The Keyhole:  
Marriage,  
HIV/AIDS and the  
Implications for  
Women's Sexual  
Health

Arit Oku-Egbas

Women and  
Sexuality: A  
Dangerous Mix?

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# In This Issue

## Editorial

3. Belief, Culture and Sexual Pleasure in Africa

## Feature

4. Culture and Pleasurable Sexuality in South Eastern Nigeria

## Issue in Focus

6. Peering Through The Keyhole: Marriage, HIV/AIDS and the Implications for Women's Sexual Health

## Research Notes

9. Mobilising Religious Leaders to join the Fight Against HIV/AIDS: Results of a Qualitative Research from Egypt

## Region Watch

12. TUMNDO NE LEEL: Placing value on kalenjin Traditions while working to stop FGM

## Viewpoint

13. Women and Sexuality: A Dangerous Mix?

15. Notes to Contributors  
Guidelines for Submissions
16. Online Resource  
Book Review

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A young woman in traditional attire at the Cross River State Carnival 2006. The carnival is held annually in Calabar, the Cross River State capital. Photo credit: [www.queenzy.wordpress.com](http://www.queenzy.wordpress.com)

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By Richmond Tiemoko

The overwhelming impression of the sexual ethic of culture and beliefs is that of repression and negativism. The over-moralization of sexual pleasure and intimacy has led to the view that cultures and sexual pleasure are antagonists. But sexuality and particularly sexual pleasure and culture should be viewed as mutually re-enforcing.

Many individuals seem to see religion as an over-moralizing institution that does little to promote sexual and reproductive health and rights. On the other hand, listening to many scholars of religion and religious leaders, it is clear that religion could immensely contribute to sexual and reproductive health and rights of the population. This issue of the Magazine will attempt to bridge this gap by unveiling the connections between culture, beliefs and pleasure. The intention is to begin a discussion and research on the way cultures and beliefs (could) promote healthy and pleasurable sexuality and how these processes could in turn revitalize African cultures.

Although there are many cultural practices and religious beliefs that repress or deny individual rights to sexual pleasure, this should not becloud the various ways in which culture and beliefs (if well understood and explored) promote sexual pleasure and healthy sexual life. The seemingly repressive nature of culture and beliefs on sexualities stem from two sources: a) the conflation of culture and tradition and 2) the individualist (selfish?) and auto-centered nature of sexual pleasure in contrast to the communal, shared and collective nature of culture and beliefs.

Sexuality, Culture and Tradition.

The discomfort many face with regard to sexualities and pleasure under the banner of African culture is a result of their own discomfort and misunderstanding of

culture. If culture is the shared values about what is wrong and rights what is acceptable. More importantly the main characteristic of culture its openness transformation. Culture as such does not necessarily oppose innovation and variety. Rather wherever feasible and appropriate, it attempts to accommodate and integrate it. In the field of sexuality Simon and Gagnon [1] clarifies this through the concept of the cultural sexual script. As they said, culture is rarely predictive and it is generally too abstract to be applied in all circumstances.

Tradition on the other hand is fixed and predictive in nature because it is repetitive. Tradition applies to selected and specific attitude and behaviour. It would therefore be inaccurate to deny or repress sexual pleasures and emerging sexual practices on the ground of preserving African culture. After all there is even a contemporary culture of sexualization of the body and language. In short sexualities and sexual pleasure should be celebrated and promoted through African cultures as there used to be many post-colonial settings. In There is no justification to repress responsible healthy and pleasurable sexualities in the name of African Culture.

Pleasurable sexuality and culture.

The argument (by some cultural fundamentalist) that sexual pleasure is individualistic and auto-focused in contrast to culture that is shared and bonding and collective is simplistic. Sexual pleasure could be shared and in any case pleasure by strengthening individual emotional and psychological well-being could contribute to social cohesion. Important to this discussion is the need to understand culture largely diffuse and multi-layered and at each level there could be prescribed and experienced culture.

Many cultures indeed recognize the importance of sexual satisfaction and

pleasure and have institutionalized their practices.

Islam for instance clearly recognizes wife right's to sexual satisfaction (pleasure). The most clearer case of culture support of sexual pleasure is among the Wolof of Senegal. The proverb that if you want a good and clever child you should have a good sex clearly shows that sexual pleasure and satisfaction could lead to common goods.

As indicated in Ikpe's paper (in this magazine), traditions and cultures in south-east Nigeria teach girls skills to provide and get sexual pleasure. Similarly some cultures such as those of the zulu recognize and appreciate the physical and emotional need of growing children and therefore teach and condone non-penetrative sex.

Sexual pleasure is a so powerful motivation to be completely deterred by any but the strongest negative association [2]. It is time to revisit African cultures and unveil their potential for responsible healthy and pleasurable sexuality as promoted by Tumdo Ne Leel (NGO) in Kenya. Conversely it might be time to write 'new' sexual scripts that will not only contribute to sexual health and well-being but also value the ever changing African cultures.

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# Culture and Pleasurable Sexuality in South Eastern Nigeria

By Eno Blankson Ikpe



Young people performing the traditional Efik dance Abang. Photo credit : <http://www.almudo.com>

## Introduction

In the discourse on sexuality, culture is seen as one of the most important aspects affecting sexuality. Though culture is always in a state of flux, changing continually, in the discourse on sexuality, culture is often imagined as static, unchanging and exerting a limiting impact on sexuality. As in most aspects of human life, sexuality in Africa has been affected through the ages by different developments - economic, political, and social. In relation to women, culture has been seen as a factor denying them the full expression and experience of pleasurable sexuality. This paper, drawing from a recent ethnographic research conducted by the author, illustrates how women work within their cultures to exert some level of control in their lives in spite of the limitations that may exist and to enjoy pleasurable sexuality. Examples are from the Efik of Calabar in south-south Nigeria.

Young men from other ethnic origins visiting or living in Calabar are often cautioned not to get involved with Calabar women. These women are said to be excellent in matters of sexuality and are sought after by men as wives, women-friends or mistresses. Due to their alleged expertise in relationships with men, they have been accused of promiscuity and using love potions on men and thereby dominating them. In this paper, it is argued aimed that the 'success' of Calabar

women does not depend on love potions but on their ability to take control of the circumstances around them and create an environment that enables pleasurable sexuality. This ability, as argued in this paper, is culture-bound.

## The Research

I conducted my research in Uyo State, in south south Nigeria to investigate the experience of sexual satisfaction and pleasurable sexuality in the context of Female Genital Cutting (FGC); and to uncover, what in Efik culture, could explain the perceived 'sexual success and attractiveness' of Efik women who are circumcised women. Specifically, the research aimed to:

- 1.) investigate why in spite of circumcission, Efik women are perceived to provide sexual pleasure more than women from other cultures
- 2.) examine whether Efik women are mere providers of sexual pleasures or whether they are sexually satisfied in spite of the fact that they are circumcised.

Hundreds of Women between the ages 35 and 85 were identified and interviewed. Half of them were circumcised while the other 50 were uncircumcised. Structured and unstructured interview methods were used to gather information. The information gathered are still being analysed but some of the results are used in this study.

## Efik Culture, Women and Sexuality

Like in many traditional African societies in the pre-colonial times, Efik society was dominated by patriarchal norms, which made women highly dependent on men[1]. Since women's economic life and sustenance depended to a large extent on their male partners or other male benefactors, it was important to train or socialise women in such a way that they would always be in a position to receive and ensure the favours of their husbands and men friends.

Sexuality education for girls was provided through the "fattening room" institution called mbobi. Mbobi means female circumcission. When a girl participates in the circumcission ceremonies, the expression used is ana mbobi to lay down for circumcission. This is followed by nkugho, a period of 'fattening' and

rest during which the girl recuperated from the surgery and was kept in seclusion. These processes marked the initiation of a female youth into adulthood. Female circumcission in Efik culture involved the excision of the tip of the clitoris [2]. The circumcission procedure and the accompanying seclusion and fattening processes were done for several reasons: 1) to enhance the erotic by 'beautifying' the genitalia and making the girl plump; 2) to reduce excessive sexual urges and curb promiscuity; 3) to serve as a distinctive mark of Efik womanhood.

## Circumcision and Seclusion

Traditionally, circumcission in Efik society was a mark of an adult and virtuous woman. It signified the identity of an Efik woman and her womanhood, which contributed to the definition of self and to the self-esteem of women. It was thought that a woman who was able to undergo the circumcission procedure, was mentally ready to enjoy sex and to bear children.

Failure to undergo circumcission resulted in grave consequences for the woman. She would experience limitations in expressing her sexuality as she would be perceived as weak and immoral. This could also lead to an inferiority complex and ineligibility for marriage among other factors, all of which led to social stigmatisation and the economic consequences of remaining single.

No woman wanted to face such consequences. The pain and the risk of not undergoing circumcission were far greater than whatever pain and risk would result from the operation. A woman felt a sense of completeness as a real woman after circumcission and seclusion instead of feeling mutilated contrary to what is documented in the literature on female genital mutilation [3,4,5].

Circumcision was followed by a period of seclusion, which could last from six months to one year according to the ability of the girl's parents. During this period, the young girl was fed with choice foods to make her put on weight and achieve a degree of plumpness. This roundness of the female body was

considered sexually appealing and was seen as good for childbearing. The young girl was also given cosmetic treatment to make her skin soft, supple, smooth and attractive. The erotic areas were well massaged and she was taught many exercises to make her sexually agile. All these were believed to be necessary to make her sexually appealing enough to get a suitor immediately after her outing ceremony.

### Sexuality Education

Above all, it was during the seclusion period that the girls received their sexuality education and they were exposed to all the secrets about sexual intercourse. Coitus in Efik culture was seen as desirable not only for procreation but for the enjoyment of a couple. The right of women to sexual enjoyment was recognized.

Efik women seemed to have recognized the inadequacy of men to give them sexual pleasure since men seem to concentrate most times on their own sexual pleasure and satisfaction. Traditional sexuality education developed by Efik women emphasized the responsibility of the woman to create pleasure for both partners [6].

Thus, women in Efik culture believed that they should take the lead in sexuality matters and not leave it to men. During the period of seclusion, young women were taught the subtleties and the intricacies of man-woman relationships, of sex and sexual pleasures and satisfaction. Therefore, instead of the culture rendering women passive participants in the sexual act, Efik culture made women active agents in directing the course of events. It is this agency of Efik women in sexuality matters which has made them very popular with men. This creates some concern among women from other cultures because they fear losing their husbands to Calabar women!

Other forms of training which enhance sexuality were also provided to empower the young females to be adept at creating an enabling environment for mutually pleasurable sexuality. Areas of training included: home keeping, personal cleanliness, husband care and petting, good relationships with members of the husband's family, and how to remain adorable and desirable to the man.

Since men were free to marry as many wives as they could afford, it was left to the women to make sure that they engaged their male partners in such a way that they had no room to look at other women. In the event that the husband married other women, the competition to attract the attention of the husband intensified. Women were constantly exchanging ideas and learning new techniques to enhance their sexuality for their own survival. Therefore, learning the skills to be able to attract and keep a man was important to the success of a woman in Efikland.

Sexuality education was not only confined to the period of seclusion but was given from childhood. The period of seclusion was actually the final phase of sexuality education for the Efik woman. The Efiks placed a lot of emphasis on the whole lifestyle of a female child. The cultivation of the sensual for the enhancement of sexuality was stressed. Mothers were concerned about the way the girls talked, walked, carried themselves, interacted, cooked, served the food and entertained visitors. From childhood, the culturally acceptable ways of doing these were inculcated into the girl-child. By the time of seclusion, the Efik girl was already very adept in these things.

Also, the culture of communality, which was common in Efikland, as opposed to individualism fostered pleasurable sexuality between married couples. There were always other members of the family around to help with the children and other house chores, thus, releasing the wife from a heavy workload and thereby enabling a more relaxed mood for her to give and receive sexual pleasures.

### Pleasurable Sexuality

Weeks defines sexuality as the cultural way of living out our bodily pleasures. In this definition, pleasure is embedded in sexuality [7]. For the Efiks, pleasurable sexuality was seen as a culmination of a harmonious relationship between a man and woman and which involved a series of events, whose climax is a satisfying sexual experience. Pleasure and contentment could still be derived even if the events of the day did not end in sexual intercourse. A clean harmonious environment, good food, cooked with care and served with love and good flow of communication all contributed to the achievement of pleasurable sexuality.

### Female Circumcision and Pleasurable Sexuality

In this paper it is argued that contrary to the widely held opinion that women who have undergone circumcision are incapable of enjoying pleasurable sexual activities, women in Efikland learned to give and to receive pleasure even after undergoing circumcision.

From my ongoing research among Efik and Ibibio, what is emerging is that women who have undergone female circumcision do not reveal substantial limitation in sexual enjoyment. Of the 100 women interviewed, 80 percent were of the view that sexual enjoyment and pleasure does not depend on the level of intactness of the clitoris but rather on intimacy and the disposition of those involved in the sexual act. It is true that these women have no experience of sexual intercourse with the clitoris intact, but the fact remains that they do enjoy sexual intercourse, sometimes reach orgasm and they do not feel impaired. 82 percent claimed

to enjoy sex and desire it. 62 percent were of the view that their need for a long foreplay may be connected to the lack of a clitoris.

My research did not uncover much difference in sexual enjoyment between the uncircumcised and the circumcised, 84 percent of the uncircumcised also claimed to enjoy sex. The rest maintained that they enjoy sex occasionally. This could be an indication that sexual pleasure does not depend only on the clitoris but also on the totality of the sensual stimulation. One of the uncircumcised 46 year-old interviewees confessed: until recently, I concentrated only on my clitoris for pleasure. It was only through rubbing of the clitoris that I reached a climax. No amount of intercourse could lead to a climax. Recently, for reasons I cannot explain, I started getting a lot of pleasure from intercourse even when my clitoris is not touched. I have noticed that the pleasure from rubbing the clitoris comes and goes quickly, but from intercourse, it takes time to come and it is more satisfying'

At present, the culture of circumcision and seclusion is dying out. This is due to the fact that most adolescent females in Calabar are students and there is no time for the long period of seclusion, which is deemed an integral part of the circumcision procedure. There have also been widespread campaigns against female circumcision since the early twentieth century by the missionaries, government and recently NGOs.

All the women interviewed who had undergone the circumcision procedure were over thirty-five years. The Nigerian Demography and Health survey (NDHS) 2003 shows that nearly three quarters (73.7%) of the women say that the practice should be discontinued [8]. The researcher did not locate any girl below the age of twenty who was circumcised. Though women do not lament the waning of this practice, they lament the loss of the opportunity to benefit from the traditional sexuality education that was an integral part of the circumcision ceremonies.

### Contra Power and Sexuality

Contra power [9] involves the negotiation for and accomplishment of advantageous outcomes from a weaker position. In the field of sexuality, power is always at play [10] and this is always tilted in favour of men [1]. Nevertheless, Foucault [11] has observed that, with regard to sexuality, no one agent controls absolute power as there is diffusion in the control of power so that the dominating could be the dominated.

Efik women recognized the power they controlled as sexual beings and used it to provide pleasures for themselves and their partners. Sexuality became the tool with which to negotiate economic, political and

cont'd on page 8

# Peering Through The Keyhole: Marriage, HIV/AIDS and the Implications for Women's Sexual Health

By Arit Oku-Egbas,  
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Photo credit: fieryn@MORGUEFILE.COM

## Introduction

Marriage is one of the most desired institutions in Nigeria today. Young people, especially women, dream about and yearn for the day they will walk the aisle to the altar on the arms of the man of their dreams; and with the hope of a happy, serene and secure life ever after. But the marriage bed can also become the death bed, with more people (especially women) getting infected with the human immuno-deficiency virus (HIV) within the context of marriage. Thus, the marriage institution is becoming a huge threat to public health security. Yet, events that take place within a marriage are usually relegated to the private; firmly shut off from public scrutiny.

The situation is further complicated by the religious and cultural injunctions that dictate and prescribe acceptable modes of sexual behaviour especially for women. Thus, women experience a diversity of challenges which they must face and negotiate within the constraints (or freedoms?) of their individual cultures and traditions.

The paper acknowledges the need to promote and document aspects of African cultures that protect women's right to

healthy and pleasurable sexuality within and outside marriage. It is also important, the paper argues, to bring into the open, and if need be peer through the keyhole into even the most private of private spheres to bring into the public health domain, sexuality and gender issues in marriage that impinge on women's rights and increase their vulnerabilities. This is especially necessary if policy and programming is to effectively address the complex and diverse factors that fuel the vulnerabilities of women within the marriage context.

## Marriage

Marriage is defined as the "socially recognised acceptance by a community of the uniting of two individuals in a permanent sexual and family relationship as husband and wife. Their emotions and attentions are focused on each other, but their roles and relationship are expanded if and when children come". [] While this paper recognises the existence of various forms of unions, it will focus on the heterosexual union.

## Setting the Scene

HIV is accentuating the vulnerabilities of women. "In sub-Saharan Africa, women represent 60% of those infected with HIV and 75% of those infected are between the ages of 15 and 24...Worldwide, 80 percent of women newly infected with HIV are practicing monogamy within a marriage or long-term relationship. Sadly, their husbands and partners are not...married women in sub-Saharan Africa have one of the highest HIV prevalence rates... Promoting abstinence or fidelity will not protect them from HIV, since it is often their husbands who infect them ... [] (Emphasis added.)

"...that the greatest risk of sexually transmitted diseases (STDs) to women in Africa is provided by their husbands and other unstable partners has long been established". []

"Contrary to the view of African women as helpless victims, most women we spoke to saw themselves as active participants in the search for a way to protect themselves in sexual situations. Nevertheless, their methods of sexual negotiation are shaped by cultural and historical perceptions of the bounds of the

human body...Among some groups... a woman can insist that a man use a male condom, and she can withhold sex if he refuses. Among other groups, a woman's request that her partner use a male condom is seen as a challenge to his authority". []

## A Peculiar Silence

Sexuality issues are often shrouded in silence and secrecy. The sexual relationship in marriage which is considered sacrosanct is not only shrouded in secrecy but often takes place behind firmly locked, bolted doors and under cover of darkness. Religious and cultural injunctions as well as wise sayings about that warn against the consequences of discussing marital problems and issues with a third party. Often, by the time a couple in a marriage relationship discuss their problems with a counsellor or religious leader, the issue most probably has deteriorated to alarming proportions.

The silence deepens with the construction of marriage as both inevitable and as a period of relative safety and security as far as HIV is concerned. This notion serves as a smokescreen that successfully obscures the particular vulnerabilities to infection arising within marriage situations.

## A Peep into the Bedroom Space

Sexuality is an important and powerful force in the human life cycle evincing strong and intense emotions such as love and hate and inspiring the expression of affection and care, giving, tenderness, selflessness and ultimately allowing one person entry into another's most intimate of spaces in the act of sexual intercourse. According to Weeks and Hof, "... sexual expression, especially the act of intercourse, is one of the most vulnerable interactions that a couple undertakes. The experience of lying nude ... in the process of giving and receiving pleasure is a most vulnerable state. At no other ordinary time in the life of a couple are they more vulnerable". (Weeks and Hof, 1987: 24-25. Emphasis added). []

This vulnerability is further heightened within the context of marriage which comes with a signed and sealed package of

expectations usually dictated by an individual's or couple's cultural and religious social environment. Within this ambiguous and complex setting, further complicated by the esoterics of love, marriage ties, vows, loyalty, and children; in addition to the often quite rigid boundaries set by their familial, cultural and religious affiliations and obligations, women must make decisions (based on the knowledge they have) about what they perceive as theirs and their children's best interest. The conflict of interest and tensions that characterise this decision-making can be quite intense. Thus, while the decisions that guarantee her safety might appear quite obvious to an independent onlooker, individual women's action or inaction may expose them to risks that may eventually cost them their lives; further exposing the very children they may have sought to protect.

The reality is that women constitute the higher percentage of poor and are more implicated in child-rearing and caring. Because they are often dependent on men, this affects their ability to negotiate on health and other issues. Even in cases where they are not dependent on men and have the capacity to be self-sufficient, they are often no more empowered to negotiate safer sex or demand fidelity from their spouse.

In the many African contexts, marriage often involves not only the two individuals and their children (as the definition implies) but their extended family and even the clan and village. Thus, though the marriage is undeniably between two people, there is need to conform or to be seen to conform to acceptable cultural and traditional behaviours and norms. Refer to scenarios 1 & 2 below.

#### Scenario 1

"... Modupe, a young woman from Ibadan...discovered that her husband was having sex with prostitutes. She did everything within her power to make her husband stop but to no avail... she decided to stop having sex with him. Her husband reported her to the elders of his family. Modupe was asked to choose between divorce and satisfying her husband's sexual demands".[]

#### Scenario 2

Describing the pains encountered by women who enter into multiethnic marriages in Nigeria in a chapter of his book dealing with the negative and destructive influence that relatives wield on a marriage within a culture where "a man is on the throne, sitting on a palace seat that is made of women"[7], John Ibekwe tells the story of Rachel. Rachel is a Nigerian woman who entered into a marriage with Olu, from

another ethnic group. Rachel was enthusiastic for her marriage to succeed and did all that was necessary to learn the new recipes, the dance and other aspects of her husband's culture.

But barely one year into the marriage, she and her husband decide to spend Christmas vacation at his home town where he eventually leaves her with his parents and returns to work in Abuja at the end of his leave. Rachel begins to encounter some resistance from her in-laws. Ibekwe writes "the handwriting on the wall was becoming visible. Rachel knew that prolonged argument would bring more friction and worse still, a less favourable disposition of the mother-in-law to her. She wrote her husband..." Meanwhile, Olu's mother had sent relatives and friends to persuade him to leave "...this alejo [stranger] or Abuja wife and choose a new wife from the village. In fact, she claimed that a new one had been prepared for him to marry..."

Ibekwe, a medical doctor observes: "I met Rachel a year later while investigating the cause of a chronic cough... It was diagnosed that she had pulmonary tuberculosis". Later diagnosed with HIV, the doctor says, "Her tears were so heart-rending that I could not help but inquire into her past life. It was then that the above story came to light". He concludes: "Even when the couple is determined to brave the storm, the immediate environment...society will act in diverse ways to break that relationship".

Many of the factors that have been documented that heighten women's vulnerability to HIV within the context of marriage are a result of the gendered power relations whereby men as household heads and decision-makers are also in control of sexual relationships. It is also true that women within the existing socio-economic and power structures are largely unable to refuse sex and are unable to force their spouses to be faithful. In most cases they cannot and sometimes do not expect fidelity from their husbands. Culturally, wives are expected to provide sex-on-demand, regardless of their own feelings and needs. They are socialised within a framework that says, if you refuse your husband sex, you are pushing him into the ready and waiting arms of other women who are more beautiful, younger and available.

#### Not as Easy as A-B-C

The question is, how are these realities and women's vulnerabilities in specific situations reflected or recognized in approaches such as the A B-C of HIV prevention which says Abstain, Be faithful or use a Condom? Within the context of marriage and some of the scenarios painted above, a married woman has no power to abstain. If she attempts this like Modupe did, she is likely to be shown the

door - forced to choose between divorce and satisfying her husband's sexual demands. Be faithful? She is not the unfaithful one even though in some circumstances, the woman could be the unfaithful partner. The truth is, she does not have the power to stop the husband from keeping mistresses or from marrying other wives; as polygamy is still largely acceptable for men. Condomise? The condom domain is also controlled by the man. The female condom, as 'empowering' a tool as it presents in the hands of women, is still not as effectively marketed as the male variety; and questions of availability and access are still daunting issues within the context of Africa.

#### Gender Dynamics in the Bedroom

Let us take a peep into the bedroom for the last time. Mrs. J. suspects or knows that her husband is having sexual intercourse with one or more women besides her. She is afraid of contracting HIV. Though she runs a local grocery store and earns some income, the man is paying the house rent and school fees for the children and paid a heavy bride price during their traditional marriage ceremonies. Besides, Mr. J is a well-respected political and religious figure. In fact, she is the envy of the women in the community.

She is in the bedroom with her husband of seven years. The door is bolted and the lights are out or dimmed. Their three children and other members of the extended family are in adjacent rooms in their small flatlet. She is worried and not really interested in sexual intercourse. She has been dreading the moment not knowing which way he will react if she brings up the subject of his infidelity (she has no proof anyway). She is in her flimsy night wear or lying naked in bed and her husband, a big man who has been especially nice to her that evening has wrapped his arms around her naked body in a bear hug; she can already feel the strength of his fully erect penis. What does she do? (1) jump out of bed with a warlike shout of "I abstain"? Suddenly jump out of bed and grope for the pack of condoms she bought from the local patent medicine dealer (who had looked at her in speechless wonder), and tell her husband "Eh honey. Let me put this around your penis because I suspect that you have been unfaithful"? Or better still, she shoves the husband away, turns on the light and reads a speech she has prepared on the need for husbands to be faithful to their wives.

#### Conclusion

Though marriage has been conceptualised as a strictly private and confidential sphere, and a relatively safe domain as far as HIV infection is concerned, there is a need, with the increasing infections taking place within the marriage institution, to debate and bring into the open, the issues and factors that increase

vulnerability of both men and women within marriage relationships. This is in order to evolve more effective and workable policies and programmes. There is need for more engagement between researchers (especially those involved in qualitative research) and practitioners in the field of bio-medicine as well as those in the social and behavioral sciences working on sexuality and sexual health in order to enrich and strengthen information, knowledge, programmes and their implementation and bridge the gaping disconnect between policy and lived realities. Public health education programmes on HIV and AIDS must be based on researched and lived realities of the targeted populations.

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cont'd from page 5

## Culture and Pleasurable Sexuality in South Eastern Nigeria

social status. Having recognized the significance of their sexuality as a negotiation tool, Efik women through the centuries developed sexuality-enhancing procedures and disseminated sexuality information through appropriate education. Efik women's sexuality education contained a great deal of subversive instructions to silently counter the patriarchal and dominating agendas of the society.

Because of the efficacy of Efik women in providing pleasurable sexuality, they were able to achieve advantageous outcomes. Over time, they slowly gained rights to their husbands' property and the right to inherit property from their fathers. The rights which Efik women have succeeded in negotiating through the ages has led to a situation whereby both men and women have equal rights of inheritance in Efikland. Women are sometimes appointed the heads of houses and wards. Indeed, the relative powerful positions of women in Efikland have led some observers to erroneously assert that Efikland is a matrilineal society.

#### Conclusion

Though culture is mostly dominated by patriarchal norms, women can still work within the confines of culture and patriarchy to achieve pleasurable sexuality and other favourable outcomes. Using contra power, which Tamale [12] describes as "silent struggles", Efik women have negotiated equal political status with men and rights to

inheritance. Culturally, they have rights to their children in divorce. Efik women utilised what they had to acquire what they desired. These are the rights, which other women elsewhere are still fighting for today!

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## Mobilising Religious Leaders to Join the Fight Against HIV/AIDS: Results of a Qualitative Research from Egypt

By Ahmed R. A. Ragab,  
MD; Ph.D; Mervat Mahmoud, Ph.D; and Prof. Dr. G.I. Serour, FRCOG, FRCS



Graduation ceremony of Tumndo Ne Leel Support Group (TNSLG) established to address the problem of female circumcision among the Kalenjin community in Kenya. Read full story in the Region Watch section. Photo credit: (TNSLG)

### Background

The adult prevalence rate for HIV in the Middle East and North Africa reached 0.3% in 2003, equal to that of Western Europe. However, while 35,000 new cases occurred in Western Europe in 2003, 55,000 new cases were estimated to have occurred in the Middle East and North Africa region during the same period. The estimated cases in 2004 came to 92,000.

Similarly, the estimated number of deaths resulting from AIDS in 2003 was 45,000 in the region compared to only 3000 in Western Europe. These figures show the relative containment of the epidemic in Western Europe, while the same epidemic is rapidly expanding in the Middle East and North Africa region [1]

Strong taboos attached to HIV/AIDS in the Middle East and North Africa make it harder to measure the scope of the problem and to plan accordingly. Extreme stigma not only marginalizes those who are HIV-

positive but also inhibits people from going for tests in the first place [2,3].

It is commonly believed that the region's conservative socio-cultural norms and the relatively good health expenditures in some countries have helped to limit HIV spread.

### Rationale

The difficulty in establishing effective HIV/AIDS programmes comes from a lack of openness to sexuality issues in many of the Muslim countries. There is also the added factor of the attitude to illness and death. As a result of deep-rooted cultural constructs, these are considered taboo subject areas.

We also find that religion is a very important factor in Egyptian history, in shaping the attitudes and the behaviours of large sections of the population. Religious leaders are the gate keepers for many social and cultural issues. The role of religious leaders is not restricted only to the call for prayer, fasting, almsgiving, pilgrimage and

other religious commandments and juristic regulations; but this role extends to include other social obligations such as mobilising people for various medical, social, cultural and religious activities.

Recognising the roles that religious leaders play; and involving them in HIV and AIDS programmes will lead to greater success.

Most of the programmes that involve religious leaders operate on the premise that religious leaders only need information to become effective partners in the fight against AIDS. There has been little attempt to understand what they can contribute and what their specific needs are. This study examined what the religious leaders can contribute to the success of HIV/AIDS programmes including the provision of care for PLWHA. The research also sought to establish what religious leaders need in order to fulfil these tasks.

### Research Objectives

The research aimed to: (1) Find out what religious leaders know about HIV/AIDS (2) Examine the attitude of religious leaders to PLWHA (3) Find out what religious leaders can contribute to HIV/AIDS programmes; including care and support for PLWHA (4) ascertain the needs of the religious leaders in order to engage them in the fight against HIV/AIDS.

### Methodology:

The research was conducted in one of the Upper Egypt Governorates (Beni-Suif) and in one Governorate in Lower Egypt (El-Sharkia). This was a cross-sectional analytical study, utilising two types of qualitative research - focus group discussions (FGDs) for different target groups and in-depth interviews with 12 religious Leaders.

### Group Selection

Based on the objectives of the study, the groups were selected in collaboration with

the local authorities and with existing non-governmental organisations (NGOs).

#### Focus Group Guide:

The questions were arranged in a natural, logical sequence and were memorized by the moderator. Although the first part of the focus group guide was fixed for all groups, the second part was flexible so that it could be adapted to suit the different groups.

In-Depth Interviews were conducted using a carefully designed questionnaire. This added more depth to the study findings.

#### Quality Control

The measures that were taken to improve the reliability of the research findings included the following: The use of combined focus groups and in-depth interview techniques; Repeat questions were incorporated in both the focus groups and in-depth interviews and were used to check the consistency of response. Human factors like fatigue, mental capacity, and limited hours, were adequately considered.

#### Research Findings

The findings of both focus group discussion and the in-depth interviews were analysed as follows:

Knowledge about HIV/AIDS: the religious leaders displayed varying knowledge levels regarding preventive measures and the modes of transmission of HIV and AIDS. Apparently, many were influenced by HIV and AIDS programmes that they had attended in the past. While those who attended a previous programme (seminar or workshop) had good knowledge, the others had many misconceptions and wrong ideas.

"HIV/AIDS is transmitted in situations of adultery and among homosexuals or lesbians; or when one has sex with a menstruating woman or with an animal" (A religious leader who never attended a sensitisation programme, Upper Egypt).

"HIV/AIDS is transmitted through an infected mother to child. It could also be transmitted while having sex with an infected person who is normal [meaning heterosexual], HIV can be transmitted if one is injecting drugs and sharing needles in a group where one of the members is infected. It can also be transmitted through a blood transfusion if the blood was taken

from an infected person" (A religious leader who had attended a previous sensitization programme).

Very few of the respondents showed a severe lack of information:

"HIV/AIDS can be transmitted through sneezing, shaking hands with an infected person, insects bites, having anal sex, sex with animals and sex with menstruating women" (A religious leader from Upper Egypt).

The common believe that it is a disease without treatment was obvious. The group affirmed that infected people are dead people. "it is the most dangerous disease in this current age; people who are infected are going to die in a short period"

One religious leader from Lower Egypt suggested that "This disease is Allah's punishment for those adulterers, sinners and homosexuals".

Prevention of HIV: In spite of the different modes of transmission that was mentioned, when the groups members were asked about prevention issues, the following were some of the repeated answers: "Avoiding adultery is the way", "adhering to Allah's teaching", "avoiding homosexuality", "avoiding sexual intercourse through any route other than vaginal intercourse", "Avoiding sex with menstruating women".

A religious leader from Upper Egypt explained further: "It is not only avoiding these behaviours that is important; but also avoiding what may lead or expose one to these behaviours such as mixing between boys and girls, a meeting in private between a man and a strange woman [who is not his wife or sister], and other things that lead to adultery"

Very few

suggested using sterilized dental instruments and only one person suggested the use of disposable injection needles. However, there was a consensus on the need for a special form of sexuality education that is based on religious teachings. They also stressed the need to avoid sex outside marriage. This education, as the groups observed, should be delivered in a sensitive and courteous way. One religious leader gave the following example.

"At the time of the Prophet (PBUH), a young man came to him to ask for permission to commit adultery! The prophet's companions were surprised and wanted to beat the young man up but the Prophet (PBUH) stopped them. He asked the young man: 'Would you accept this [committing adultery] for your mother? The young man said 'No'. Then the Prophet (PBUH) asked him: Do you accept this for your sister? The man said 'No'. The Prophet continued asking him about all his close relatives and the answer was a constant 'no'. Then, the Prophet told him 'and also other Muslims do not accept it for their wives'. The young man went very convinced, and as we notice the Prophet (PBUH) did not punish the young man".

Condom Rejected: Probing technique was utilised on the issue of condom use. There

#### How To Prevent Mother To Child Transmission

- P1: Transmission to the children should be prevented; doctors should tell us how we can ensure that
- P2: PLWHA should not marry and those who are married should avoid pregnancy
- P3: In this case, condoms can be used
- P4: What about women who are pregnant already?
- P5: In this case abortion could be an option
- P6: abortion cannot be allowed after 120 days
- P7: no, abortion is allowed only before 40 days
- P8: can we know for sure that the coming child will be infected?
- P9: we need full medical information on this and other issues in order to make our Fatwa (rule).

was a general rejection of the condom. The religious leaders affirmed that this method could open the way to adultery and this is unacceptable by Islam. The only acceptable way condom can be used, as they affirmed, is between a husband and wife; and this is also on the condition that there is a mutual agreement between the husband and wife.

Other prevention strategies cited included: mass screening of all travellers to Egypt (including the nationals); screening of those who are entering the labour force (with special emphasis on those who are going to work close to food products and those who are barbers and dentists). Screening of all those who are admitted to the universities, and making the HIV test a compulsory test before marriage were also suggested

**Attitude Towards People Living with HIV/AIDS:** The religious leaders affirmed that human life is highly valued in Islam; it is considered a gift from Allah and it was also pointed out that Holy Prophet Mohammed, (PBUH), stressed the importance of health at many times.

One religious leader from Upper Egypt affirmed that "Our bodies are on trust from Allah and must be returned one day. We will be asked, among other things, how we looked after it". Therefore, he continued "we should avoid any act which will harm our health". He further suggested, "we should segregate/isolate those people [PLWHA], so we can avoid the infections".

However the majority rejected the idea of isolation because: "Islam is a religion that is full of compassion, love and mercy. The Prophet Muhammad (PBUH) stated that: "You will not enter into paradise until you believe, and you will not believe until you love one another", a religious leader from Upper Egypt affirmed and suggested instead that "We should treat those people with mercy". However, he continued, "we should be careful, as the prophet (PBUH) acknowledged the need to avoid infection".

A religious leader from Lower Egypt quoted this Hadith "The Prophet (PBUH) asked us to "escape from Plague as though you are escaping from a Lion." Another religious leader from Lower Egypt indicated "in Islam, if you are in an area where there is an outbreak of the Plague, you should not leave it for fear of infection."

A religious leader from Upper Egypt suggested that there was a strong feeling among the religious leaders that PLWHA should be treated with mercy. "It is enough the suffering that they have. The Prophet said: "Allah shows compassion only to those of his servants who are compassionate."

Some of the religious leaders expressed the fear that the stigma surrounding PLWHA could force them to seek revenge on society by spreading the virus:

**Prevention of Mother to Child Transmission:** One major concern which was expressed by many of the participants was how to prevent mother to child transmission of the virus. See Table 1 for excerpts from a FGD held in Upper Egypt

**What Can Religious Leaders Do and What Do Religious Leaders Need in Order to be involved?** There was a consensus that religious leaders can contribute much to the efforts to tackle the problem of HIV/AIDS. Table 2 has excerpts from one of the focus group discussions in Upper Egypt:

**Conclusion**

Islam has always encouraged discussions of matters which will help protect health and life. Muslim men and women never felt shy to ask the Prophet (PBUH) about intimate sexual matters. The Holy Qur'an discusses reproduction and sexual health.

Love and compassion are the qualities of a good Muslim. People living with HIV/AIDS cannot be denied compassion. People

What Religious Leaders Can Do	What They Need
<p>P1: We can motivate youth to be adherent to the teachings of Islam and avoid adultery</p> <p>P2: We can advice the community to treat PLWHA kindly, to help them and to treat them as people who are sick and not criminals</p> <p>P3: We can ban drugs and narcotics"</p> <p>P4: We can promote chastity among the whole community However, there was a concern about how to address the subject as follows:</p> <p>P5: We need to address this issue in seminars in youth clubs or the afternoon lessons; not in the Friday prayer</p> <p>P6 In this case we need to collaborate with medical doctors; the medical doctors will counsel from a medical point of view and we will counsel from the religious point of view</p> <p>P2: We can also participate in the hotline, services. So, a medical doctor and a religious leader can answer the questions and concerns of the people;</p>	<p>P1: "We need information on ways to stop transmission of the virus. Is there a vaccine that can be taken? How I can know that the person that I am talking to is HIV positive?"</p> <p>P1: people look at us as though we are angels, flour is not sold with the words 'well done', and we are human beings.</p> <p>P3: the government should recognize that we are a special group of the society and we need to be satisfied financially in order to carry on our job probably.</p>

cont'd on page 14

# TUMNDO NE LEEL: Placing Value on Kalenjin Traditions while Working to Stop FGM



Graduation ceremony of Tumndo Ne Leel Support Group (TNLSG) established to address the problem of female circumcision among the Kalenjin community in Kenya. Read full story in the Region Watch section. Photo credit: (TNLSG)

initiators/trainers (motirenik) and initiated 875 girls in four Divisions of Keiyo District. Replication of the programme in other Kalenjin communities is also planned with the aim to reach the population of about 4.2 million people.

### Impact

The practice of FGM has reduced and more girls are remaining in school longer. There is also a notable change in the attitude of members of the community to initiation and circumcision rites. The level of participation by community members has increased and many have accepted the new ways.

As a result of the CBO's advocacy campaigns, there is an increase in the level of awareness of the effects of FGM on the reproductive health of women. Many of the traditional circumcisers and initiators have changed their means of livelihood

Thus, many custodians of culture are embracing and adopting Tumndo Ne Leel and abandoning the practice of FGM. Also, in the communities, there is an increasing demand for uncircumcised wives and increasing support of career development and empowerment of women and girls by the elite.

### Challenges

Generally, financial resources are inadequate to cover all the activities of the CBO with regard to programme co-ordination, communication, training of initiators, initiation of girls and the sustenance of the personnel. Many of the services of the Support Group are provided by volunteers and the CBO still lacks key working tools and equipment.

For more information, please contact: Tumndo Ne Leel Support Group, P.O. Box 1644-30100 Eldoret. Tel: 0721-668770. Email: tumndoneleel@yahoo.com. Website : <http://www.eldoret.info>

### Background

Tumndo Ne Leel Support Group (TNLSG) was registered on 14th October 2003 as a Community Based Organization (CBO). It was formed to address the problem of female circumcision among the Kalenjin community in Kenya; specifically the Keiyo where the programme has been piloted.

### Mission

TNLSG mission is to "facilitate the adoption and implementation of Tumndo Ne Leel curriculum for initiation of girls and impartation of life skills to women and girls".

### Goal

TNLSG aims to "work towards the abandonment of Female Genital Mutilation (FGM) for the advancement of girls and empowerment of women in the communities that practice the rite".

### Objectives

Some of the objectives of the CBO include: the performance of initiation ceremonies for girls without the circumcision rites. This is to enable them

attain adulthood status in conformity with society's expectations of women of marriageable age. During the ceremonies, the project also emphasizes the value of education for the girls, which is necessary for their advancement and creates awareness about the community's traditions and their transitional dynamics.

As part of its mandate, The CBO also enhances the community's understanding of initiation and the coming of age rites and ceremonies while demystify the secrets, myths and the taboos that promote female circumcision. Thus, the project provides information on the negative effects of female circumcision and the need for change.

In addition, the CBO provides psychological support to victims of FGM, rape and domestic violence.

As part of the ceremonies, information on HIV/AIDS is also disseminated and a forum created for mothers and their daughters to discuss matters of mutual concern.

### Successes 2003-2006

So far, TNLSG has trained 340

By Karabo Mohlakoana



Photo credit: Morguefile.com /Clarita

### Introduction

My Christian beliefs, that form the very component of the blood that runs through my veins, teach me that the ways, norms, values and teachings of the church are not to be questioned. The pillar of this culture through which I have always analyzed my life and actions says, in terms that cannot be negotiated, that the Bible (the holy book on which the Christian faith is based) cannot be critiqued as written works from other spaces. Somehow, the same non-questionable status is bestowed on the interpreters of the word; individuals through whose mouths God communicates with the congregation.

### Questions

My interest in this paper is to question the interpretation of the word of God, and not the word itself. Our interpretations of the word of God, as other aspects of our lives and thinking are influenced from outside the word itself. The interpretations we receive as well as give are indeed political, value-laden,

and promote certain ways of thinking; which in turn support certain world views. Interpretation of the text is often not accidental or a coincidence but it is planned and negotiated to suit the climate and the politics of the time.

### Sermon

As I listened to a particular sermon on the radio, a live broadcast of a service held by a certain church minister, one of the many I have heard from different mediums of communication, I gasped with wonder. I thought of the space called church. In my context the church space is dominated by a large female presence. This large presence of women has led me to theorize that the women, more than anybody else, are expected to conform to certain ways of being. The women in the church, according to the teachings and interpretation of the word of God, should conform to the "Good Woman Models", models packaged, sold and promoted in different contexts of the

women's lives.

### Labels

The sermon began with a reading about a son who was born to a woman whom the pastor described as a sexually immoral woman - a prostitute. According to the pastor, the 'bad' woman could have had the baby with any man; he named a trucker and motor biker as possible examples. It is important to note here that when the woman exercises her sexual agency, she is given labels, often derogatory labels; but the possible partners she may choose have occupations. This is how the woman prostitutes while the men operate machinery of some kind.

### Warning

The pastor went on to warn young girls - the listeners saying, "Any man that wants to have sex with you does not love you. Even after marriage he will doubt you because you taught him you cannot be trusted". The sexuality of young women becomes an issue that causes the pastor to criticize the way women project their sexuality. It is imperative to observe the different meanings of sex before marriage as interpreted in the sermon.

Women have to stay away from sex before marriage as it is an indicator of 'untrustworthiness'. Women are the ones who have to strive to be trusted after marriage by abstaining before marriage. Men desire sex but expect women to decline so that the men will not doubt their partners in marriage. The mixture of love, sex and trust happens to be much gendered.

### 'Evil Women'

The pastor in the radio programme touched on the way women dressed in church. One wonders why pieces of

clothing become surrounded by such political undertones. Dress is political and not innocent to those who dress and those who observe the dressing. In church sermons, such as the one under scrutiny, clothes have close connections with issues of morality. The clothes determine the morality of the woman as either bad or good; especially because "poor" men are lured to lust after these terrible women who dress provocatively.

The preacher went further to portray men in the churches as victims who get attracted to the "evil women" who are oversexed; even in church. Are men really that sexually controlled by women? Are women's clothing so potent that they render the men helpless and begging for sexual mercy?

Does it really matter how men dress in church (in the name of morality) or are the womenfolk so naturally passive that they may not be affected by the way men dress? These are just some of the questions that come to my mind.

Dangerous

The relationship between religion, church and sexuality is still colonized in many ways. Women are still sexually colonized and portrayed as lethal and very dangerous. Any recognition of their sexuality, even with regard to the issue of dressing, is analyzed in ways that portray the women as bad. Categories such as age are sometimes brought in just to spice the debates. In fact, the sermon on the day in question began by drawing attention to a sexual and mature

woman as bad too. Interpretations such as these, point only to one thing; in some religious spaces, women and sex are not safe combinations and the mix is a dangerous one. The truth however is that biased interpretations of religious literature will not facilitate healthy sexuality debates within religious spaces.

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cont'd from page 9

## Mobilising Religious Leaders to Join the Fight Against HIV/AIDS: Results of a Qualitative Research from Egypt

PLWHA need compassion, love, and affection, in addition to social and material support. There are many sayings from the Prophet about showing love, compassion and support to people in ill health.

Thus, religious leaders can contribute to the efforts aimed at prevention of HIV/AIDS and caring for PLWHA. Religious leaders can contribute to advocacy programmes in their mosques, and through seminars and written articles. They can also be involved in the running of AIDS hotlines.

However, in order for them to play these roles, the religious leaders require the following:

- Financial empowerment
- Strategic training programmes
- Access to information, (through seminars, information materials and audio visual aids (like posters, flyers, audio tapes, video tapes and CDs).

### Acknowledgments

The authors would like to acknowledge the Africa Faith Based Forum for supporting this research. In addition, special thanks go

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# NOTES TO CONTRIBUTORS

## Guidelines for submissions

The editors welcome submissions on the thematic focus areas of the Africa Regional Sexuality Resource Centre: Sexuality; Sexual Health and Rights; and HIV and AIDS.

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, 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 programme implementers.  
Research Notes: Focus 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

Photo  
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.

# Sexuality Resources

## Research Reports

1. Flows of Sexual Substance and Representations of the Body in South Africa. Prof. Bob Thornton. Wits Institute for Social and Economic Research (WISER), Seminar Series: 'On the Subject of Sex and the Body', March 2003.  
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9. Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants  
Daniel Jordan Smith, Culture, Health & Sexuality, September-October 2004, Vol. 4 No. 6 425-437  
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## Books

### Poverty and the Social Context of Sex Work in Addis Ababa

Author: Bethlehem Tekola

Publisher: Addis Ababa: Forum for Social Studies, 2005

ISBN: 1-904855-67-9 (Paperback)

This book explores the social context of sex work in the city of Addis Ababa. It focuses on the social ties between sex workers and a variety of other categories of people, from their family members to their co-workers to their clients. It explores which of these social ties are affirmed and reinforced, which come under strain and which are cultivated and built by the women as a result of their engagement in sex work. It argues that these things depend on the specific types and conditions of sex work that they do and on the places and conditions of their residents. The main thesis of the work is that sex workers share the same social milieu and value system with non-sex workers and that, despite severe constraints put on them by poverty and very difficult working conditions, they struggle on a daily basis to have social relevance.



### The Cultural Myth of Masculinity

Author: Chris Blazina

Publisher: Westport: Praeger Publishers, 2003

ISBN: 0-275-97990-3 (Hardback)

This volume shows how masculinity is a socially constructed entity with a definition that has evolved over time. Masculine icons/heroes and methods of male socialization allow for contextual examination of specific time periods, which is necessary to understand the concept of Western "masculinity." The volume presents "two masculinities," representing the aristocracy and the warrior class notions of how to be a man.