Africa Regional Sexuality Resource Centre

ABSTRACTS ON SEXUALITY ISSUES IN AFRICA*

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ADOLESCENT SEXUALITY

1. **Abigail Harrison, N. X., Pinky Kunene, Nelly Ntuli** (2001). "Understanding young women's risk for HIV/AIDS: Adolescent Sexuality and vulnerablilty in rural KwaZulu/Natal." Society in Transition **32**(1): 69-79.

In South Arfica, over one-third of teenage women attending public antenatal clinics are HIV-infected. Common stereotypes of adolescent sexual behaviour point to multiple partners, relationships with older men, sex for money, and coercive sex. Findings from this study, which consisted of repeat group discussions with 14-15 year old girls in rural KwaZulu/Natal, confirm many of these stereotypes. The findings provide a context for these stereotypes, particularly through insight into how young people initiate and conduct their relationships.

2. **Adjahoto, E. O., K. A. Hodonou, et al.** (2000). "[Teenage knowledge about sex]." Sante **10**(3): 195-9.

The aim of this study was to investigate the quality and sources of teenagers' information about sex. Between October 26th and December 16th 1997, 277 pupils from lower and upper schools agreed to participate in this study. Two hundred and seventy (97.5%) of the pupils in this population declared that they had received information about sex. This information was provided principally by the media, followed by friends, boyfriends and girlfriends, the school and their parents. The information received concerned sexually transmitted diseases (STDs and AIDS), the consequences of sexual relationships, sexual hygiene and the signs of puberty. We found that 95.5% of the pupils knew about AIDS and gonorrhea and that 91.7% knew how to protect themselves against AIDS and STDs. Thus, most pupils had received information, from various sources, on sexuality. Parents played little role in the sexual education of their children, and the State was involved in various ways.

3. **Ajayi, A. A., L. T. Marangu, et al.** (1991). "Adolescent sexuality and fertility in Kenya: a survey of knowledge, perceptions, and practices." Stud Fam Plann **22**(4): 205-16.

This article presents findings from a survey conducted in Kenya in 1985 of the reproductive health knowledge, attitudes, and practices among more than 3,000 unmarried Kenyan youth, students and nonstudents, between the ages of 12 and 19. The survey was designed to elicit information that would be useful in gauging the kinds of problems Kenyan adolescents face in order to design programs that meet their needs. The study shows that although a solid majority of adolescents appear to have received information on reproductive health, the quality of the information is generally low. Fewer than 8 percent could correctly identify the fertile period in a woman's menstrual cycle. A substantial proportion of the population surveyed, more than 50 percent, is sexually active, having initiated intercourse some time between 13 and 14 years of age, on average. In spite of a general disapproval of premarital sex (but approval of the use of contraceptives among the sexually active), most of the sexually active population--89 percent--have never used contraceptives. The many contradictions between attitudes and practices pose serious questions and demonstrate the need to reexamine the programs (and policies) that provide access to reproductive health services to adolescents in Kenya.

4. **Asuzu, M. C.** (1994). "Sexual beliefs, attitudes and knowledge of adolescent youths in Ibadan concerning AIDS." West Afr J Med **13**(4): 245-7.

This is a descriptive cross-sectional study of Ibadan secondary school students who took part in an open and voluntary family life education programme in 1990. Of the 306 estimated youth attendants of at least 1 day of the 4-day programme, 266 filled the registration form and questionnaire well enough to be used in this analysis. While 277 (85.3%) of the youths had heard about AIDS, only 18 (6.8%) could name the disease agent, and 190 (71.4%) could identify sexual intercourse as the principal route of transmitting the infection. The electronic media (radio and TV) were the commonest routes from which knowledge about AIDS was acquired (in 109 or 41% of the youths). 116 (43.6%) of the youths believe that chastity is the surest means of controlling

the AIDS epidemic and 152 (57.1%) actually plan to practice chastity. However, 38 (14.3%) consider AIDS control through the promotion of chastity as unrealistic. While none of the youths claim to be homosexual, 5 (1.9%) claim to feel sexually excitable or attracted by both sexes, at least sometimes. These findings are discussed in relation with the control of the AIDS and sexually transmitted diseases pandemic; as well as with adolescent education in family life in general.

5. **Balmer D.H., K. S., Kavaya M., Silla A., Rachier C.O., Gikundi E.** (2003). "The Straight Talk Model: Using Adolescents to Design Adolescent Programmes in Kenya." Journal of Psychology in Africa **13**(2): 166-185.

Changing behaviour of adolescents is a complicated process that is not well understood. Adult programmes designed to change the behaviour of adolescents usually depend upon a top-down approach and show little evidence of being successful. In this action research study a programme model using adolescent experiences and opinions was developed and implemented. The model was used to develop a programme that was delivered through the Straight Talk newspaper and Straight Talk clubs. The results are presented and discussed. The programme model proved to be effective and is worthy of replication.

6. **Barker, G. K. and S. Rich** (1992). "Influences on adolescent sexuality in Nigeria and Kenya: findings from recent focus-group discussions." Stud Fam Plann **23**(3): 199-210.

Continuing high rates of adolescent childbearing in sub-Saharan Africa indicate a need for improved understanding of factors affecting adolescent sexuality. As traditional cultural influences on adolescent sexuality in Africa have diminished, peer interaction and modern influences have gained importance. To study peer interaction and societal factors and their impact on adolescent attitudes toward sexuality and contraception, the authors conducted a series of single-sex-focus-group discussions with in-school and out-of-school youth in urban and rural areas of Kenya and Nigeria in 1990. Out-of-school youth generally receive information on sexuality and family planning from peers (and the media), while in-school youth receive information in school, although not necessarily relevant information. Young women interviewed perceived unwanted early childbearing as something that affected them, an important precursor to family planning use. However, young people tended to have better information and more positive attitudes about induced abortion than about family planning.

7. **Buaben-moevi, M.** (1993). "Sex education promotes safer behavior." Network **14**(2): 22-3.

I started having sexual relations at 10 with a girl at the same school who was almost my age. We did not have anything to protect against pregnancy or diseases. I did not know about contraceptive methods then. I learned about these methods in a sex education program. It helped me control myself and show my school buddies what to do to avoid sexually transmitted diseases and pregnancies. After the training, I lost my shame about things that would have seemed forbidden before. I am no longer afraid to express myself about sexuality, a subject that was taboo during my childhood. I learned about family planning centers through the training too. At one clinic, it is easy to get condoms because the person who serves there is young and we can trust him. With older people, one is not so at ease asking for condoms. Before that, I got condoms at the pharmacy, but I did not get them myself. I asked someone who is a little older and could buy them without fear to get them. Someone as young as me is not well thought of in pharmacies, and one fears running into family members or friend of the family. A year ago when I used a condom, the girl thought I wanted to humiliate her. Another time, I had some condoms but I did not use them because I did not have enough courage to propose that. With another girl, I asked her the first day of her period to find out if she was fertile or not. That was a little difficult for me. Now

that I have been in training, I found out that it is normal to use a condom and it is good to protect oneself against disease. I may be that I am the one who carries the disease. It's also good to protect against pregnancy, because I go out with girls my age. Now when I am with a girl, I propose using a condom, I try to convince her, and if she refuses, I don't have sex with her. So I'm no longer afraid of pregnancy or disease.

8. **Buga, G. A., D. H. Amoko, et al.** (1996). "Adolescent sexual behaviour, knowledge and attitudes to sexuality among school girls in Transkei, South Africa." East Afr Med J **73**(2): 95-100.

Teenagers make up a quarter of all mothers in Transkei, South Africa, and well over 75% of them are unmarried. Such a high rate of teenage pregnancy is indicative of a high level of unprotected adolescent sexual activity. We examined sexual behaviour, knowledge and attitudes to sexuality among adolescent school girls in Transkei, using a self-administered questionnaire, in order to establish the incidence of sexual activity, and associated risk factors. Of the 1072 respondents, 74.6% were already sexually experienced, and 21.0% were not. The majority of sexually experienced girls (SEGs) and sexually inexperienced girls (SIGs) were living with both their parents. There were no religious differences between the two groups of girls. The age of SEGs at first coitus correlated positively with the age of menarche, and the age at the first date, suggesting that sexual maturation and onset of dating were possible risk factors for initiation of sexual activity. Contraceptive use was low, and a third of SEGs had been pregnant at least once. The knowledge of reproductive biology among both groups of girls was generally poor, although SEGs were significantly more knowledgeable than SIGs. The majority of girls in both groups did not approve of premarital sex, and adolescent pregnancy. They also did not approve of the idea of introducing sex education in schools, or the provision of contraceptives by schools. Nearly a third of the respondents in both groups did not wish to get married in future. In conclusion, there is a high level of unprotected sexual activity among school girls in Transkei. The risk factors for this include early sexual maturation, early onset of dating, and poor knowledge of reproductive biology and contraceptives.

9. **Caldwell, J. C., P. Caldwell, et al.** (1998). "The construction of adolescence in a changing world: implications for sexuality, reproduction, and marriage." Stud Fam Plann **29**(2): 137-53.

This article aims to show how the period now known as adolescence came into being and how it was shaped by international economic, institutional, and social influences. It considers premodern societies and argues that traditional culture has shaped contemporary adolescence even more than has global society. Explanations are offered for the enormous differences across the world in adolescent sexuality, reproduction, and marriage. The data are drawn mainly from research programs in Nigeria, Sri Lanka, India, and Bangladesh, and comparisons are made with other countries.

10. **Dilger, H.** (2003). "Sexuality, AIDS, and the lures of modernity: reflexivity and morality among young people in rural Tanzania." Med Anthropol **22**(1): 23-52.

An understanding of young people's perceptions of AIDS and their sexuality is an essential precondition for the effective planning of AIDS campaigns in sub-Saharan Africa. In examining how young Luo men and women in Tanzania describe their sexual behavior, I show that cultural conceptions of sexuality gender, and trust have an important impact on their actions. I also show that these conceptions have been rendered ambiguous by globalization, modernity, and by AIDS campaigns themselves. The values that are imparted to young people from family or peers often conflict with the preventive advice provided by both governmental and non-governmental organizations. However, by critically reflecting upon the ambiguities and inconsistencies in their lives, the young Luo have proven to be self-conscious actors and moral subjects who are actively involved in the process of social change. In the concluding section I suggest how elements of self-critique and self-reflection, as well as the often differing perspectives and dilemmas

experienced by young men and women, can be taken into account in order to make future educational campaigns more effective.

11. **Du Toit, B. M.** (1987). "Menarche and sexuality among a sample of black South African schoolgirls." Soc Sci Med **24**(7): 561-71.

This paper starts out with the assumption that human behavior is influenced by and can best be understood when viewed against a cultural background which gives context and meaning. Thus this discussion of menarche and sexuality starts off with premarital sexual socialization. It is from this traditional viewpoint that most urban residents come. The discussion then turns to the research sample studied in Pretoria, South Africa, during April 1985. Information dealing with physical maturation, sexual knowledge, and sexual activity is included, documenting a relatively uninformed population sample which is becoming increasingly more sexually active. Four studies of the same nature, between 1943 and 1969, are used here to derive a comparative picture on age at menarche and aspects of maturation. The next part of the paper deals with South Africa's Family Planning Programme and the knowledge and attitudes of this sample of Black schoolgirls is analyzed against the work done in that program. This includes general knowledge about pregnancy and attitudes regarding birth control methods. The final section of this paper deals with the attitudes of these female students as regards sexuality and the woman's control over her own sexuality both outside and inside a marriage relationship.

12. **Fuglesang, M.** (1997). "Lessons for Life- Past and Present Modes of Sexuality Education in Tanzanian Society." Soc Sci Med **44**(8): 1245-1254.

The provision of sexuality education and contraceptive services to unmarried adolescents has became a key issue in the era of AIDS. International health organizations are promoting action worldwide. In Tanzania the Ministry of Health has started policy work, while the NGO sector is spearheadeding activities in the field. Yet there is a lot of public scepticism and resistance to launching such programmes, as many believe that these will promote promiscuity among the young. TRUNC.

13. **Izugbara, C. O.** (2001). "Adolescent debut sexual encounters: a matter of concern." Sexual Health Matters **2**(4): 96-101.

14. **Izugbara, C. O.** (2004). "Notions of sex, sexuality and relationships among adolescent boys in rural southeastern Nigeria." Sex Education **4**(1): 63-79.

Although young people in Nigeria become sexually active at a very early age, little is known about how they view sex, sexuality, and relationships with the opposite sex. Yet knowledge of their notions and expectations regarding these issues has the potential to improve care and inform the development of sexuality education programmes. This paper reports the findings of a study which relied on in-depth individual interviews and focus group discussions to investigate notions of sex, sexuality, and relationships among 120 boys aged 10-21 in rural southeastern Nigeria. Emerging data suggest that the popular images of sex, sexuality, and realtionship among the boys support the notion of the cult of the male, which consists in a heady mixture of paternalism, systematic subordination of girls, and the glorification and idolization of male sexuality and sexual prowess. Boys generally held a penis-centered view of sex and tended to liken sexual intercourse and relationships with girls to encounters during which girls were conquered, subdued, and demysitfied. The ideology of a double standard, in which males feel morally and physically edified by muliple sex encounters and viewed females as morally demeaned by the same, was observed among the boys. The findings show the need for approaches to sexuality

education to be sensitive to cultural contexts within which these notions are formed and sustained among boys in local communities.

15. **Kamtchouing, P., I. Takougang, et al.** (1997). "[Sexuality of adolescent students in Yaounde (Cameroon)]." Contracept Fertil Sex **25**(10): 798-801.

Undesired pregnancies are a major cause of school drop out among female adolescents in Cameroun. Studies were undertaken to assess the knowledge and practices of contraceptive methods and the prevention of undesired pregnancies and sexually transmitted diseases (STD). Of the 670 questionnaires that were distributed in 10 class rooms of 5 randomly selected secondary schools of the city of Yaounde. 574 students responded among whom 233 males and 341 females, aged 12 to 19 years. The responses to the questionnaire revealed that 52% of the students were sexually active, and 56% of these had their first sexual intercourse between 15 and 17 years. The use of contraceptives was reported by 41% of the sexually active students. The main contraceptive methods used were condoms (54%) and periodic abstinence (31%). Periodic abstinence, coitus interruptus report by adolescents is of questionable efficacy in the prevention of STDs, and unwanted pregnancies. The average number of sexual intercourses was 5 times during the month before the survey. The rate of undesired pregnancies was 24%. Knowledge on contraception was more from the mass media (53%), school (21%), peers (16%), than parents (9%). Education for the deculpabilisation of contraception and a better management of sexuality should be undertaken in youth associations and schools. Parents should be taught to dialogue with their children on matters related to sexuality, in order to prevent STDs, unwanted pregnancies, clandestine abortions and their psychological and medical consequences.

16. **Kunene, P. J.** (1995). "Teenagers' knowledge of human sexuality and their views on teenage pregnancies." Curationis **18**(3): 48-52.

There is concern about poor knowledge of human sexuality and a high rate of teenage pregnancies among Blacks. The primary aim of the study was to measure the knowledge that teenagers have on human sexuality and to identify the sources from which they obtain such knowledge. The secondary aim was to detect how teenagers perceive the teenage pregnancy problem and its consequences. A descriptive study was undertaken. Questionnaires were handed out and collected from 210 teenagers in two Senior Secondary Schools at a Black township near Empangeni. The study revealed that teenagers have reasonable knowledge about the anatomy and development of the reproductive organs at puberty but lacked sex counselling which resulted in their failure to understand the implications of sexual behaviour. The levels of knowledge an utilisation of the Youth Health Services was found to be low. The study also revealed a high level of awareness of the negative consequences of teenage pregnancies. The teenagers had numerous suggestions to make for the prevention of teenage pregnancies.

17. **Lema, V. M.** (1990). "The determinants of sexuality among adolescent school girls in Kenya." East Afr Med J **67**(3): 191-200.

One thousand seven hundred and fifty one Secondary school girls aged 12 to 19 years were interviewed by means of a self-administered questionnaire. 416 (23.8%), of them reported to have been sexually experienced at the time of the study. 4.1% of the sexually experienced girls had started sex below the age of 10 years, some of whom had been raped. The low and middle class private schools in the city centre had higher incidence of sexually experienced girls. The same was observed in those girls staying away from their parents. Majority of the sexually experienced girls had started coitus within one to two years of attaining menarche or having a boyfriend. Some of these girls may have been forced to indulge in sex by the men/boys or circumstances. Lack of factual knowledge, parental guidance and lust for material gains are some of the factors

the girls felt may be responsible for the upsurge in adolescent sexual behaviour. The role played by these factors in adolescent sexuality is discussed, and possible remedial measures are suggested.

18. **Makinwa-Adebusoye, P.** (1992). "Sexual Behavior, Reproductive Knowledge And Contraceptive Use Among Young Urban Nigerians." International Family Planning Perspectives(18): 66-70.

A high population of young urban Nigerians, both male and female currently sexually active- as many as 78% of males and 86% of females aged 20-24.According to the survey of more than 5,500 males and females aged 12-24, sexual intercourse appears to be sporadic and unstable; many of these young people, particularly males, have more than one sexual partner. Only around 15% of these young adults currently practice contraception. They also possess little information (or incorrect information) about reproductive biology: About three in five do not know that pregnacy is possible at first intercourse and even fewer know that a woman's pregnancy risk varies during the menstrual cycle. Friends, schoolmates and the media are the most common sources of information about sexual or reproductive matters, while parents and guardians are the least common sources.

19. **Malueke, T. X.** Sexuality Education, Gender and Health Issues related to Puberty Rites for Girls.

It is well documented that initiation or puberty rites for girls are about sexuality, sex education, and sexuality education. However, very little has been revealed about the content of the sexuality education. This article aims to describe the content of sexuality education and sexual health information given to girls during puberty rites (vukhomba); to identify gender and health issues within rites; to determine the reasons that encourage girls to atend initiation. TRUNC

20. **Mba, C. J.** (2003). "Sexual Behaviour and the Risks of HIV/AIDS and other STDs Among Young People in Sub-Saharan Africa: A Review." Research Review **19**(1): 15-25.

Reproductive health problems present one of the greatest threats facing youth in sub-saharan Africa today, in addition to political and economic insecurity. Although pre-marital sex is condemned in many African societies, and young unmarried people, especially young women are not expected to be sexually active, the gap between age at first sexual intercourse and age at first marriage across sub-saharan Africa. TRUNC

21. **Mturi, A. J.** (2003). "Parents' Attitudes to Adolescent Sexual Behaviour in Lesotho." African Journal of Reproductive Health **7**(2): 25-33.

This study investigated the knowledge, attitudes and opinions of parents on various aspects of adolescents' sexual and reproductive health in lesotho. The study used a qualitative methodology. Findings reveal that parents are aware that male and female adolescents engage in sexual relationships. Some parents believe that adolescents are too young to initiate sexual activities while others said they dont mind older unmarried adolescents having sex. In addition, parents felt that adolescents do not face discrimination in obtaining family planning services. In relation to passing sexual and reproductive health knowledge to adolescents, there seems to be a dilemma on who should take responsibility. A number of policy implications have emerged from this study. There should be awereness campaign for parents who are not aware that adolescents engage in sexual relationships. Parents should be encouraged to communicate with their children on sex-related matters. Government should carry on with the dialogue on introducing sex education in schools curriculum

22. **Muyanda H., N. J., Whitworth A.G., Pool R.** (2004). "Community sex education among adolescents in rural Uganda: utilizing indigenous institutions." AIDS Care **16**(1): 69-79.

Although adolescent gils in Uganda are particularly vulnerable to HIV infection, providing relevant sexual health education to them is problematic. The senga (father's sister), is the traditional channel for socializing adolescent into sex and marriage among many ethnic groups in Uganda. This paper discusses the implementation and community acceptabilty of 'modern' sengas who were trained to provide HIV-related counselling to adolescent girls. Fourteen sengas were trained in two villages and, in the course of the 1-year study, 247 individuals made a total of 403 visits to them. By including both traditional services (such as advice on and assistance with labial elongation) and modern health and sex education, the sengas provided a 'middle road' between tradition and modernity. As a result, despite initial suspicion by the community, their activities were supported by the community generally and effective as intervention.

23. **Nyanzi Stella, P. R., Kinsman J.** (2001). "The negotiation of sexual relationships among school pupils in south-western Uganda." AIDS Care **13**(1): 83-98.

The objective of the study was to explore how school-going adolescents in south-western Uganda negotiate sexual relationships. Qualitative data were obtained from 15 boys and 15 girls (14-18years old), during a series of role plays, focus group discussions and one-to-one interviews. A questionnaire was adminstered to 80 pupils (12-20years old) from the same school. Most of the pupils where sexuallt active. Sexual relationships between boys and girls were mediated by peers. Boys initiated relationships. Exchange played an important role in the negotiation of sexual relationships. Money or gifts were given and received in exchange for sexual favours and to to strengthen the relationship. To maximise gains, some adolescents had sexual relationships with adults. Sexual relationships were characterised by ambiguity. Love is intertwined with sexual desire, money and prestige. Girls have to be explicit enough to get a good deal; if they are too explicit they will be stigmatized as 'loose' but if they are not interested in money they may be suspected of wanting to spread HIV. TRUNC

24. **Ojwang, S. B. and A. B. Maggwa** (1991). "Adolescent sexuality in Kenya." East Afr Med J **68**(2): 74-80.

Adolescent sexuality has become a major problem all over the world. This review paper describes the main problems encountered in Kenya with regards to adolescent sexuality. The role of the Government and some non-governmental organisations is outlined. Factors which contribute to the problem of adolescent sexuality in Kenya are described. The paper stresses the role of research in solving these problems and finally suggests some strategies which may be adopted in order to minimise the undesirable effects of adolescent sexuality in Kenya.

25. **Okonkwo, J. E., C. Obionu, et al.** (2002). "Sources of sexual information and its relevance to sexual behaviour in Nigeria." West Afr J Med **21**(3): 185-7.

A study was carried out to identify the various sources of sexual information by adolescents in Nigeria and their influence on the sexual behaviours of the subjects, using: a) coitus prior to marriage b) expectation with first coitus c) freeness to discuss with spouse or anybody as parameters. The study was carried between 1997 and 1998 using subjects randomly selected from three Nigerian communities, viz: Enugu, Benin and Nnewi. Coitus before marriage was significantly higher in those who got their first ever information from peers than those who got it from other sources ($P < 0.01$). Fulfillment of expectation with first coitus was also significantly higher among those who were taught by parents, peers and teachers than those who sought their information on their own from books, magazines and films ($p < 0.05$). However, in considering their ability to discuss with anybody, this was found to be significantly higher in those who

sought information on their own than those who got their first information by personal contact with parents, peers and teachers ($p < 0.05$). The latter was found to be more inhibited from discussing sexuality with their spouse or anybody than those who got their information from books/magazines and films. Sex education of adolescents should, therefore, be provided in a cultural, community-based setting of which the guardian programme should be only one component. It may be counter-productive in Nigeria if the adolescents continue to learn about sexuality on their own from books, magazines and films.

26. **Pillai, V. K. and D. L. Yates** (1993). "Teenage sexual activity in Zambia: the need for a sex education policy." J Biosoc Sci **25**(3): 411-4.

Data from a study of teenage sexual activity among secondary school girls show the need for a sex education policy as a first step in controlling teenage fertility in Zambia. A large proportion of teenage females enter into close relationships with males at young ages and a high proportion of young females have engaged in sexual intercourse. Most of these sexually active females do not use family planning methods even though a large proportion of them have heard of modern methods. The teenagers receive very little sex education from their parents and a modern institutional sex education programme is needed.

27. **Prazak, M.** (2000). "Talking about Sex: Contemporary Construction of Sexuality in Rural Kenya." Africa Today **47**(3-4): 84 - 97.

Discussion of sexuality in Kuria district in Rural Kenya is constrained by relationships of respect between parents and children. Grandparents and peers were,and continue to be the main sources of knowledege and information on the subject. As the arbiters of norms and values, grandparents convey reproduction as a goal of sexual activity, carried out within the context of marital responsibilities. Peers provide a more practice-oriented perspective as well as form the community of peers which ultimately enforces the norms, based on cultural notions of appropriate and inappropriate behaviour.The growing importance of education, mandated by shifting economic, political, and social contexts is helping redefine roles and expectations, but has not yet become fully integrated into the discourse or process needed to define guidelines for regulating adolescent sexuality to reflect more closely the contemporary situation within which adolescents learn about and practice appropriate sexual behaviours.

28. **Rasmussen, S. J.** (1994). "Female sexuality, social reproduction, and the politics of medical intervention in Niger: Kel Ewey Tuareg perspectives." Cult Med Psychiatry **18**(4): 433-62.

This essay explores connections between political institutions, forms of power, and women's health care concerns from a cultural anthropological perspective. I focus on the roles of different medical establishments among the Kel Ewey Tuareg of Niger--Western-European sponsored, central state, traditional herbalism and Islamic scholarship--in creating, maintaining, and disputing these constructs, through the invention and elaboration of disease categories and through the selective application of medical and reproductive models and technology to women. I also explore women's attempts to manage these forces, as they draw upon a cultural inventory that is alternately supportive and in conflict with their interests.

29. **Renne, E. P.** (2000). "Introduction to Special Issue: Sexuality and Generational Identities in Sub-Saharan Africa." Africa Today **47**(3-4): 7-12.

The papers in this special issue examine particular perspectives on the past with respect to one aspect of everyday life, sexuality by focusing on people's comparisons of their own behavior with that of others.

30. **Schoeman, M. N.** (1990). "Sexuality education among black South African teenagers: what can reasonably be expected?" Curationis **13**(3-4): 13-8.

Incidence rates of teenage pregnancies in South Africa--especially among the black population--poses definite reason for concern. The adverse physical, psychological, social and demographic consequences do not only put the lives of the mother and infant at risk, but also threatens the quality of their lifestyle. Sexuality education is not a panacea for preventing teenage pregnancy, but within a multi-disciplinary approach evidence indicates that it has an important and ameliorative role to play in successful preventive programmes. The practical aspects of the delivery of sexuality education, particularly in comprehensive health clinics in black areas, raises questions regarding the expectations to be attached to such services. A partial answer is provided by a preliminary study conducted in two South African townships. The study highlights some of the issues impeding the effective functioning of sexuality education services in clinics. In order to address some of these problems, the author contends that sexuality education should be synonomous with effective two-way communication. This implies a high degree of co-operation between policy makers, nurses and black teenagers. This link between communication and sexuality education will be referred to as SEC (Sexuality Education as Communication). Within this framework a cognitive-behavioural approach as a four-step process to learning, holds potential to incorporate most of the requirements for SEC. The attitude and ability of the nursing staff is of crucial importance in all four steps, as the SEC model continuously emphasizes the relationship between adolescents and the nursing staff. There is almost universal agreement that the educator is the key element in good programmes.(ABSTRACT TRUNCATED AT 250 WORDS)

31. **Shuey, D. A., B. B. Babishangire, et al.** (1999). "Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district, Uganda." Health Educ Res **14**(3): 411-9.

A school health education programme in primary schools aimed at AIDS prevention in Soroti district of Uganda emphasized improved access to information, improved peer interaction and improved quality of performance of the existing school health education system. A cross-sectional sample of students, average age 14 years, in their final year of primary school was surveyed before and after 2 years of interventions. The percentage of students who stated they had been sexually active fell from 42.9% (123 of 287) to 11.1% (31 of 280) in the intervention group, while no significant change was recorded in a control group. The changes remained significant when segregated by gender or rural and urban location. Students in the intervention group tended to speak to peers and teachers more often about sexual matters. Increases in reasons given by students for abstaining from sex over the study period occurred in those reasons associated with a rational decision-making model rather than a punishment model. A primary school health education programme which emphasizes social interaction methods can be effective in increasing sexual abstinence among school-going adolescents in Uganda. The programme does not have to be expensive and can be implemented with staff present in most districts in the region.

32. **Slap, G. B., L. Lot, et al.** (2003). "Sexual behaviour of adolescents in Nigeria: cross sectional survey of secondary school students." Bmj **326**(7379): 15.

OBJECTIVES: To determine whether family structure (polygamous or monogamous) is associated with sexual activity among school students in Nigeria. DESIGN: Cross sectional school survey with a two stage, clustered sampling design. PARTICIPANTS: 4218 students aged 12-21 years attending 39 schools in Plateau state, Nigeria. Responses from 2705 students were included in the analysis. MAIN OUTCOME MEASURE: Report of ever having had sexual intercourse. Variables of interest included sexual history, age, sex, religion, family polygamy,

educational level of parents, having a dead parent, and sense of connectedness to parents and school. RESULTS: Overall 909 students (34%) reported ever having had sexual intercourse, and 1119 (41%) reported a polygamous family structure. Sexual activity was more common among students from polygamous families (42% of students) than monogamous families (28%) (chi2=64.23; P<0.0001). Variables independently associated with sexual activity were male sex (adjusted odds ratio 2.52 (95% confidence interval 2.05 to 3.12)), older age (1.62 (1.24 to 2.14)), lower sense of connectedness with parents (1.87 (1.48 to 2.38)), having a dead parent (1.59 (1.27 to 2.00)), family polygamy (1.58 (1.29 to 1.92)), lower sense of connectedness with school (1.25 (1.09 to 1.44)), and lower educational level of parents (1.14 (1.05 to 1.24)). Multistep logistic regression analysis showed that the effect of polygamy on sexual activity was reduced by 27% by whether students were married and 22% by a history of forced sex. CONCLUSIONS: Secondary school students in Nigeria from a polygamous family structure are more likely to have engaged in sexual activity than students from a monogamous family structure. This effect is partly explained by a higher likelihood of marriage during adolescence and forced sex. Students' sense of connectedness to their parents and school, regardless of family structure, decreases the likelihood of sexual activity, and fostering this sense may help reduce risky sexual behaviour among Nigerian youth.

33. **Strode Ann, S. B. M.** (1995). "Adolescence and Sexuality Education in Schools: The right of Youth to HIV/AIDS/STD Education." AIDs Bulletin **4**(1): 24-25.

This article is based on a presentation made at the SANASO Conference held in Maputo in July 1995. This article will briefly address the rights of children to information, before moving on to discuss - equality briefly - some thoughts on the content of sexuality education for South African schools.

34. **Williams, C. X. and T. R. Mavundla** (1999). "Teenage mothers' knowledge of sex education in a general hospital of the Umtata district." Curationis **22**(1): 58-63.

There has been growing concern about the increase in teenage pregnancies in relation to the teenagers' knowledge of human sexuality and the impact sex education has on these teenagers in both the urban and rural areas. The aim of the study was to assess the knowledge of sex education and the health beliefs of teenagers with regard to teenage pregnancy. A descriptive study was conducted in the Umtata district of the Eastern Cape. The sample involved 42 teenage mothers drawn from local rural and urban areas attending a Well Baby Clinic at Umtata General Hospital. A questionnaire was used as the method of data collection. Data analysis was done by a software package called SAS. The study revealed that teenagers receive almost no sex education from health personnel and only a little from their parents. The study also revealed that most of these teenagers live with their mothers only instead of both parents. It also became clear that unsafe or unprotected sexual behaviour was practised by these teenagers although teenagers supported the idea of their partners using condoms. The most common problem resulting from teenage pregnancy, as indicated from the study results, was the financial burden on parents and lost educational opportunities by the girls. In the recommendations the parents' involvement in sex education and the improvement of recreational facilities for both urban and rural areas are highlighted. In conclusion, the study has shown the need for more efforts to solve the problem of inadequate sex education and to change the health beliefs of teenagers.

GLTBT

35. **Amnesty International** (2001). Namibia: President's statements may lead to violence based on sexual identity, Amnesty International. **2003**.

This call to action was made in response to the comments made by President Nujoma of Namibia in a speech to University of Namibia students. He declared homosexuality and lesbianism to be unnatural and called for the arrest of gay men and lesbians. The authors identify relevant articles in the Namibian constitution, and call for letters of concern to be sent to the president and members of his cabinet that these statements deny gay men and lesbians rights under Namibian law, and are a violation of their human rights under the Namibian constitution, and that there is concern that these statements may lead to intolerance and violence against gay men and lesbians.

36. **Cheikh Ibrahima Niang, P. T., Ellen Weiss, Moustapha Diagne, Youssoupha Niang, Amadou Mody Moreau, Dominique Gomis, Abdoulaye Sidbe Wade, Karim Seck, Chris Castle** (2003). "'Its raining stones': Stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal." Culture, Health and Sexuality **5**(6): 499-512.

Research in many countries has highlighted the vulnerability of men who have sex with men to HIV and other sexually transmitted infections (STIs). Yet in Africa, such men have received little attention in HIV/AIDS programming and service delivery because of the widespread denial and stigmatization of male homosexual behaviour. In Dakar, Senegal, a study conducted by researchers from Cheikh Anta Diop University, the Senegal National Council Against AIDS, and the Horizons Program elicited quantitative and qualitative data about needs, behaviours, knowledge, and attitudes of men who have sex with men. Findings reveal that respondents have distinct identities and social roles that go beyond sexual practices, that sex with men is driven by many reasons, including love, pleasure, and economic exchange, and that respondents' lives are often characterized by stigma, violence and rejection. The data also highlight that many men are at risk of HIV because of unprotected sex with other men, a history of STI symptoms, and poor knowledge of STIs. The study underscores the need for non-stigmatizing, sexual health information and services.

37. **DeVos, P.** (1996). "On the legal construction of gay and lesbian identity and South Africa's transitional constitution." South African Journal on Human Rights **12**(2): 265-290.

IWG Annotation: This article discusses the South African constitution's inclusion of sexual orientation as a protected category, and the relationship between the law and the development of sexual identity in South Africa. The author provides a discussion of the development of homosexual identities in the western context and western theory on the social construction of sexuality. He then discusses the development of sexual identity within the South African context, including the regulation of same-sex sexuality under apartheid, as well as the drafting of the new constitution and the inclusion of sexual orientation as a protected identity. He asks the question of whether it is possible or useful to organize around sexual identity, given the social construction and fluidity of these identities, as well as whether this is an effective legal strategy. Using case law from the US and Canada, he argues that it is possible and can be effective to organize around sexual identity, and that it is important to also critically challenge the content of these identities, highlighting their social construction and change over time.

38. **Donham, D. L.** (1998). "Freeing South Africa: the 'modernization' of male-male sexuality in Soweto." Cultural Anthropology **13**(1): 3-21.

This article discusses the development of gay identity in South Africa within the context of the anti-apartheid movement. He grounds this discussion in the local, using his field experience in the townships around Johannesburg. He makes the argument that for black men in the townships

around Johannesburg, identifying as gay was connected to larger historical transformations, including the transnational nature of the anti-apartheid struggle, the end of apartheid, and the creation of the modern nation. While acknowledging the importance of Foucault's work on the history of the development of homosexual identity, he also points out the limitations of this work in understanding this development in non-Western contexts. He then discusses the experiences of local gay activities from Soweto, who were founding members of GLOW, the Gay and Lesbian Organization of the Witswatersrand, the multiracial group which remains the principle gay and lesbian organization in Johannesburg. Donham discusses in detail the complex and changing relationship between sexuality, gender, and race in the 1970's and 1980's in the townships under apartheid, through the transition to a democratic, post-apartheid government, taking into account political, economic, social and cultural factors which impacted these changes. He highlights the importance of transnational influences within the anti-apartheid movement, especially given that many leaders in the movement remained in exile for long periods of time during the struggle. He also examines the interactions between the local and the global within this context.

39. **Ehlers, V. J., A. Zuyderduin, et al.** (2001). "The well-being of gays, lesbians and bisexuals in Botswana." J Adv Nurs **35**(6): 848-56.

AIMS: To investigate the level of well-being of gays, lesbians and bisexuals (GLBs) in Botswana, how this level of well-being could be promoted and whether their health care needs were met by health care professionals. RATIONALE: It is illegal to engage in same-sex activities in Botswana, punishable by imprisonment. Although Botswana's citizens have one of Africa's best health care systems, little is known about the health status, health care needs and general well-being of Botswana's GLBs. This survey attempted to uncover some of these potential health care needs, impacting on the GLBs' well-being. DESIGN/METHODS: The research framework adopted was the health and human rights approach, placing dignity before rights. A survey design, with structured questionnaires, was used. Snow-ball sampling techniques were used. RESULTS: Results indicated that varying degrees of distress were experienced by 64% of the GLBs in this study. The GLBs identified a need for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) education and had concerns about their general health, discrimination against them and vulnerability to violence including sexual assaults. CONCLUSIONS: The well-being of the GLBs in Botswana was influenced by both positive internal acceptance of their sexual orientation and negative external acceptance by society. Health care professionals played insignificant roles in the promotion of GLBs' well-being, and could make greater inputs into health education efforts, and more significant contributions towards enhancing the GLBs' levels of well-being. Enhanced collaboration between health professionals and human rights activists are recommended to reduce violations of Botswana's GLBs' dignity and to improve their quality of life, including enhanced access to and utilization of health care services.

40. **Epprecht, M.** (1998). "The "unsaying" of indigenous homosexualities in Zimbabwe: mapping a blindspot in an African masculinity." Journal of Southern African Studies **24**(4): 631-651.

This article discusses same-sex sexual behavior in Zimbabwe, the development of sexual identity, the changing definitions and designation of what constitutes sexual behavior, and the ways in which discourse around same-sex sexual behavior enters public and political debates as well as the ways in which it does not. Epprecht provides a detailed, historical discussion of changing discourse around sexual practices and identities from the pre-colonial, through the colonial period, during the war of independence, and in the post-colonial state. He highlights the ways in which homosexuality is designated as "western," "colonial," and outside of Zimbabwean

tradition, while for example, Christianity is not. He is critical of dismissing those who make this argument as homophobic, arguing for a more detailed analysis and critique. He provides a detailed discussion of connections between nationalist movements in Zimbabwe, specific forms of hegemonic masculinity, and homophobia.

41. **Louw, R.** (2001). Mkhumbane and new traditions of (un)African same-sex weddings. Changing Men in South Africa. R. Morrell. New York, Zed Books.

This chapter examines same-sex desire among African men in KwaZulu Natal. Louw emphasizes the fact that homosexual identity is not stable, but rather there are multiple identities produced within the larger context and power relations such as neo-colonialism, capitalist development, and racial oppression. In KwaZulu Natal, homophobia was strong, but not all-pervasive. He then discusses the formation of new masculinities in Mkhumbane, KwaZulu Natal. Local terms and specific gendered relationships developed in this context. These included Iqenge, which was a male, or active, homosexual identity and Isikhane, which was a female, or passive, homosexual identity. Ceremonies and celebrations were developed within the Zulu traditions, and the larger community had varied responses, which did not include harassment. This demonstrates the fluid nature of social and sexual relationships.

42. **Morgan Ruth, R. G.** (2003). "'I've got two men and one woman':ancestors,sexuality and identity among same-sex identified women traditional healers in South Africa." Culture, Health and Sexuality **5**(5): 375-391.

This paper presents preliminary insights into the complex nature of the same-sex oreintation of seven women who are sangomas (traditional healers) in Soweto. Data was derived from an ethnographic study, used as the appropriate methodolgy because of the veiled and secret nature of same-sexuality amongst traditional healers. In-depth semi-structured interviews were taped in audio or video format, trancribed and translated into english. TRUNC

HISTORICAL PERSPECTIVE OF SEXUALITY IN AFRICA

43. **Ahlberg, B. M.** (1994). "Is there a distinct african sexuality? A critical response to Cadwell." Africa **64**(2): 220-242.

Cadwell et al caution that African sexuality is often misinterpreted because it is viewed from a western perspective. Their analysis begins, however with a similar perspective: a contrast between African and Eurasian sexuality. The latter, they argue, attaches moral and religious value to sexual activity. In contrast, sexual activity in Africa is free and has no moral value (1989:194). The major difference, however is in female sexuality: in Africa, it is blatantly free (1989:197). Having argued that chastity is little valued, they attempt to link African sexual activity to female sexual enjoyment. They find little evidence supporting high female sexual pleasure. They therefore describe the characteristic features of the African social system which determine sexual patterns and provide the impetus that maintain those patterns.

44. **Androutsos, G. and S. Marketos** (1994). "[Sexuality in Ancient Egypt]." Prog Urol **4**(5): 715-25.

The present article explores the sexuality in ancient Egypt. In particular in this article are presented the ways of concubinage (marriage, concubinage, adultery), the incest, loves of the pharaohs and of the common people, the freedom of choice in garments, the status of the hetairas

and of the whores, the sexual perversions (male and female homosexuality, necrophilia, sodomism, bestiality, rape, masturbation, exhibitionism), the operations of the genitals (circumcision, excision, castration) and finally the level of knowledge in gynaecology, fertility, contraception and obstetrics that even today demands our admiration.

45. **Holmes, R.** (1998). "A review of the southern African Sexualities Symposium, Institute of Development Studies, University of Sussex, UK." Development Update **2**(2 (The Right to Be: Sexuality and Sexual Rights in Southern Africa)).

HIV/AIDS

46. **Anarfi, J.** (2003). "To Change Or Not To Change: Obstacles And Resistance To Sexual Behavioural Change Among The Youth In Ghana In The Era Of AIDS." Research Review **19**(1): 27-45.

Ghana has one of the highest levels of reported cases of HIV/AIDS in the West African sub-region. The Majority of infected persons are in their twenties. Young people are particularly vulnerable to STD/HIV infections for a number of reasons. They are confronted with complex and interlinked bio-social, economic and political structures and community factors. Although they are aware of STD/HIV, they do not practice safe sex or do not use condom consistently. They are more reluctant than older ones to seek treatment for STDs partly because of the attitudes of the older people, the health care providers and the general society to adolescent sexuality or may not be able to afford services. This paper is based on data collected from in - and out - of - School youth at the national and regional levels on their perceptions and reactions to the epidemic. Field work was done in five out of ten regions in Ghana using both qualitative and quantitative intruments. The issues covered included their current attitudes and behaviours related to HIV/AIDS, their reaction to the need for change and their perceived constraints/barriers to behaviour change. HIV/AIDS education messages have not taken the specific concerns of the young people into consideration. Most out-of-school youth are cut off from the mainstream educational and health care facilities. Young people are receptive to AIDS-related messages when they are made part of the planning and implementation of programmes. Attempts at initiating behavioural change in youth must take into consideration all the complex factors. The source of, and the agents for change, must be seen to be credible and the effort must be reinforced and sustained. The problem may be of barriers than just resistance/refusal of change on part of the youth.

47. **Caldwell, J. C., P. Caldwell, et al.** (1989). "The Social Context of AIDS in Sub-Saharan Africa." Population and Development Review **15**(2): 185-234.

The AIDS epidemic in sub-saharan Africa may well constitute the greatest public health challenge of our time. Its containment is likely to rest ultimtely upon social knowledge that is at present vestigial and upon sophisticated social research of a type toward which we have only just begun to grasp. Such social research is likely to reveal a coherent society - indeed, an alternative civilization - very different in its workings, including its patterns of sexual behaviour, than outsiders prescribing cures and even offering sympathy and support often realize. It proved important to understand those differences when analyzing fertility trends, and in an effort to do so we emplyed the term "homo ancestralis" (Cadwell and Cadwell, 1987). In the context of AIDS it is even more important to understand sub-Saharan African society and the role of sexual relations

within it. This essay aims both to define the larger society and to examine and evaluate the available empirical evidence on sexual behaviour.

48. **Claudia Mitchell, A. S.** (2003). "'Sick of AIDS' : Life, Literacy and South African youth." Culture, Health and Sexuality **5**(6): 513-522.

Young people are among those most vulnerable to HIV/AIDS in South Africa. To date, however, there has been a shortage of fictional narratives appropriate to their needs, and addressing issues of HIV/AIDS. Accessability to literature is of concern for a variety of reasons, ranging from low levels of literacy among many black students to the non-availability of books in many schools. This paper aims to extend notions of meanings of literacy within the context of HIV/AIDS prevention amongst South African Youth. It examines the significance of such literacy both to life itself and to what counts as literature.

49. **Eleanor Preston-Whyte, C. V., Herman Oosthuizen, Rachel Roberts, Frederick Blose** Survival Sex and HIV/AIDS in an African City. Hegemony, Oppression, and Empowerment**:** 165-190.

The argument of this paper is that the context of most sex work in African cities, and probably in the country side as well, can be summed up in a single word - survival. Shorn of controversy and emotion, sex work is about making money to remain alive, making money to feed one's children, and , in extreme cases, finding a place to "hang out" or negotiating some modicum of physical safety and protection. But it is often hard for outsiders to grasp this fact: Like HIV/AIDS, sex for money or other "gifts" is an emotive issue, and both are the center of hot debates over the nature and limits of sexual relationships and acceptable sexual practice.

50. **Gray, P. B.** (2004). "HIV and Islam: is HIV prevalence lower among Muslims?" Soc Sci Med **58**: 1751-1756.

Religious constraints on sexuality may have consequences for the transmission of sexually transmitted diseases. Recognizing that several Islamic tenets may have the effect, if followed, of reducing the sexual transmission of HIV, this paper tests the hypothesis that Muslims have lower HIV prevalence than non-Muslims. Among 38 sub-Saharan African countries, the percentage of Muslims within countries negatively predicted HIV prevalence. A survey of published journal articles containing data on HIV prevalence and religious affiliation showed that six of seven such studies indicated a negative relationship between HIV prevalence and being Muslim. Additional studies on the relationship of risk factors to HIV prevalence gave mixed evidence with respect to following Islamic sexual codes (e.g., vs extramarital affairs) and other factors, but that benefits arising from circumcision may help account for lower prevalence among Muslims

51. **Goldstein N, P. H. G., Stuart A.D** (2003). "The Social Construction of HIV/AIDS." Health SA Gesondheid **8**(2): 14-22.

An In-depth look is taken at the specific discourse surrounding the debilitating HIV/AIDS epidemic sweeping South Africa and the World. Not only is the statistics daunting, the incidence of the HIV infection worldwide is staggering. This article provides a concise definition of what a discourse entails as well as its impact on the perceptions concerning the epidemic and its treatment. It looks at the cultural meanings contributed to the infection,its etiology and progress. The role of cultural schemas and means of explanation are examined as well as the gender roles that are used to organise ideas around sexuality and the individual expression of that sexuality. TRUNC.

52. **Ida Susser, Z. S.** (2000). "Culture, Sexuality, and Women's Agency in the Prevention of HIV/AIDS in Southern Africa." American Journal of Public Health **90**(7): 1042-1048.

Using an ethnographic approach, authors explored the awareness among women in southern Africa of the HIV epidemic and the methods they might use to protect themselves from the virus. The research, conducted from 1992 through 1999, focused specifically on heterosexual transmission in 5 sites that were selected to reflect urban and rural experiences, various populations, and economic and political opportunities for women at different historical moments over the course of the HIV epidemic. The authors found that the female condom and other women-controlled methods are regarded as culturally appropriate among many men and women in southern Africa and are crucial to the future of HIV/AIDS prevention. The data reported in this article demonstrate that cultural acceptability for such methods among women varies along different populations. For this reason, local circumstances need to be taken into account. Given that women have been clearly asking for protective methods they can use, however, political and economic concerns, combined with historical powerful patterns of gender discrimination and neglect of the main obstacles to the development and distribution of methods women can control.

53. **Ilse Pauw, L. B.** (2003). "'You are just whores-you can't be raped': barriers to safer sex practices among women street sex workers in Cape Town." Culture, Health and Sexuality **5**(6): 465-481.

This paper identifies barriers to HIV risk reduction among women street workers in Cape Town. To gain access to the study population, investigation undertook observational fieldwork for 9 months. This initial trust-building period allowed for mutual identification of issues to guide the remiander of the research. Twenty-five individual interviews and four focus groups were then conducted. The following were identified as barriers to the uptake of risk reduction: role of regular partners and 'special clients' in determining condom use; client resistance to condom use; accessibility of condoms and lubricants; client violence and forced unprotected sex; police violence and lack of protection; substance use among workers; access to health care services; inappropriate assessment by workers for sexually transmitted diseases in themselves and clients; and , the role of gatekeepers. Future interventions need to better understand the social context in which street-based workers are exposed to HIV risk. They need to be designed and implemented in partnership to develop sex workers' capacity to reduce the risk of HIV transmission among themselves, and their clients

54. **Izugbara, C. O.** (2002). "Deterrants to voluntary HIV testing among university students in Uyo, southeastern Nigeria." Sexual Health Matters **3**(2): 44-47.

55. **Jill Swart-Kruger, L. M. R.** (1997). "AIDS-Related Knowledge, Attitudes and Behaviour among South African Street Youth:Reflections on Power, Sexuality and the Autonomous Self." Soc Sci Med **45**(6).

Street children in South Africa are, in the main, between the ages of 11 and 17 years. Rape, prostitution, sexual bartering and exchange, casual sex and romantic sexual relationships all occur in the experiences of young people who live and work on inner-city streets. In this study, the AIDS-related knowledge,attitudes and behaviour of 141 street youths, living in the seven large cities in South Africa,were elicited in focus group discussions. TRUNC.

56. **Kwena, Z. A.** (2003). "Ethical and Methodological Issues in HIV/AIDS Social Science Research." CODESRIA Bulletin(2,3,4): 54-57.

As a mainly sexually transmitted infection, HIV/AIDS basically takes advantage of how we live our sexuality. Since biomedical research has so far not been able to provide a cure or vaccine, the only option we are left with is to change the behaviours that enable HIV/AIDS to spread. To do

so, however, we first need reliable data on the behavioural aspects of the HIV/AIDS pandemic. Unfortunately this has proved challenging in Africa due to the fact that sex, in many African communities, is a hidden issue and is considered taboo to discuss openly. The question then is: how can we successfully - and ethically - collect this data despite the reluctance of people to discuss sex-related issues honestly and openly? This paper explores the ethical and methodological considerations of conducting research on the sexual aspects of HIV/AIDS in African context.

57. **McFadden, P.** (1998). "Re-visiting HIV/AIDS in the context of African female sexuality." SAPEM: 30-32.

The subject of HIV/AIDS is on its own a very difficult one. The political, economic and especially social and cultural consequences of this state being on one's personal existence are critical, to say the least. Therefore, when one combines issues of sexuality with a discussion of HIV, one is really touching on a subject which opens up so many possibilities for discourse, for disagreement, but also for many, some solutions to this urgent, but increasingly institutionalised life-taking problem.

58. **Melanie Gallant, E. M.-T.** (2004). "School-based HIV prevention programmes for African youth." Soc Sci Med **58**: 1337-1351.

The high rate of HIV infection among youth in Africa has prompted both national and international attention. Education and prevention programmes are seen as the primary way of decreasing this rate. This paper reviews 11 published and evaluated school-based HIV/AIDS risk reduction programmes for youth in Africa. Most evaluations were quasi-experimental designs with pre-post test assessments. The programme objectives varied, with some targeting only knowledge, others attitudes, and others behaviour change. Ten of the 11 studies that assessed knowledge reported significant improvements. All seven that assessed attitudes reported some degree of change toward an increase in attitudes favourable to risk reduction. In one of the three studies that targetted sexual behaviours, sexual debut was delayed, and the number of sexual partners decreased. In one of the two that targeted condom use, condom use behaviours improved. The results of this review suggest that knowledge and attitudes are easiet to change, but the behaviours are more challenging. The articles provide details about programmes and identities characteristics of the most successful programmes. Clearly, however, more research is needed to identify, with certainty, the factors that drive successful school-based HIV/AIDS risk reduction programmes in Africa

59. **Mufune, P.** (2003). "Social Science and HIV/AIDS Policies in Africa." CODESRIA Bulletin(2,3,4): 44-49.

As well-known the HIV infection profile in sub-Saharan is very different from HIV infection in the developed North. This paper explores the strengths and weaknesses of the three main explanations for this difference: the cultural explanation, the dependency explanation and the rational chioce explanation. I argue that all three explanations have major problems. The cultural explanation ignores the variety of African cultures and the wide variations in sexual practices of Africans in different countries and ethnic communities. It also tends to place the blame for HIV/AIDS on African women. The dependency model is too concerned with the workings of the world system, puts too much emphasis on poverty and overlooks the internal dynamics of the various countries of sub-Saharan Africa. The rational chioce explanation underestimates the roles of emotion and habit in human sexual behaviour. Nevertheless social science research and debate have ensured that moralism has played a minimal role in the formulation of AIDS policies in sub-Saharan Africa. Social science research shows that all individuals are at risk and that the situation is going to get worse unless serious effort id committed towards the fight against AIDS. Social

Science debate has ensured that afflicted are seen as victims more than as vectors. AIDS policies in Africa have seesawed between containment of victims and potential victims and their sympathetic treatment. I argue that policies which do not emphasise containment are preferable. However for these to work the conditions which make Africa the most AIDS affected region in the world must be addressed. Poverty, inequality and underdevelopment must be seriously tackled if real progress is to be made in the fight against HIV/AIDS.

60. **Negussie Taffa, J. S., Carol Holm-Hansen, Gunnar Bjune** (2002). "HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia." Ethiopian Journal of Health and Development **16**(2): 139-145.

Background: Periodic cross-sectional studies that combine data on HIV/AIDS prevalence with behavioural survey can help assess the extent of disease prevention and control efforts overtime.

Objective: Estimate the prevalence of HIV infection and examine the contexts of sexuality among youths (15-24 years) in the city of Addis Ababa, Ethiopia

Methods: Unlinked, anonymous screening of air-dried saliva for HIV-1 IgG antibodies using Bionor HIV-1&2 rapid ELISA kit and focus group discussions on young people's sexuality.

Results: Of the 677 study subjects, 20 (3.0%) tested positve for HIV-1 antibodies. Of the 319 youth in school, 1 (0.3%) was positive, while of the 358 youth out-of-school, 19 (5.3%) were positive. In the focus groups, parents were blamed for their stereotype attitudes towards young people's sexuality and for failing to provide vital information and support. Young people were faced with enormous pressure to engage in sex, especially from peers, exposure to unlicensed erotic video films and the desire for economic gain. Love relationships lacked adequate romantic period for partners to learn more about each other and negotiate condom use. Cultural shaping of young people's sexuality gave privileges to males to be sexually active, be in control of sexual relationships and be less responsible for precautions to prevent HIV/AIDS. The youth in general sensed their excessive vulnerability to HIV/AIDS but lacked individual motivation and skills to practice safe sex behaviour.

Conclusion: HIV is significantly prevalent among youth in Addis Ababa, particularly out-of-school and female youth. Different socio-cultural contexts of sexuality and gender norms underpin this excess vulnerability.

61. **Olayinka, B. A., L. Alexander, et al.** (2000). "Generational differences in male sexuality that may affect Zimbabwean women's risk for sexually transmitted diseases and HIV/AIDS." East Afr Med J **77**(2): 93-7.

OBJECTIVE: To determine generational differences in male sexuality, which could predispose men's female sexual partners to STDs/HIV. DESIGN: Cross-sectional study. SETTING: Harare, Zimbabwe. SUBJECTS: Three hundred and ninety seven male adults aged eighteen years and above. MAIN OUTCOME MEASURES: Number of sexual partners, condom use, likelihood of sharing information on HIV status with wife or with other sexual partners, preference for women with dry vaginas prior to sex and discussion about sexual satisfaction with wife or with girl friend. RESULTS: Fewer men in the 27-39 year age group when compared to men aged 18-26 years (22.2% versus 28.9%) had two or more sexual partners. The greatest proportion of ever condom users were men aged 27-39 years, but this proportion was not significantly different from the proportion of ever condom users aged 18-26 years (76.5% versus 69.5%; Odds Ratio[OR] = 1.42, 95% Confidence interval [CI] 0.81-2.51). Men aged > or = 40 years (43.8%, OR = 0.34, 95% CI 0.20-0.84) were significantly fewer than men aged 18-26 years in ever use of condoms. In the event that they contracted HIV, 79.5%, 82.4% and 85.9% of men aged 18-26, 27-39 and 40 years and above respectively indicated that they would disclose their HIV status to their wives. On the other hand, men aged 18-26 years (56.8%), 27-39 years (54.0%) and > or = 40 years

(53.1%) indicated that they would disclose their HIV status to girl friends or other sexual partners. Significantly, more men aged 40 years (OR = 2.23; 95% CI 1.19-4.18) and 27-39 years (OR = 1.82; 95% CI 1.00-3.32) in comparison to 18-26 year old men indicated their preference for women with dry vaginas prior to sex. The greatest proportion of men who discussed sexual satisfaction with their wives (85.7%) and girl friends or other sexual partners (23.5%) were aged 27-39 years. CONCLUSION: It is recommended that public health and behavioural scientists in Zimbabwe devote more time to understanding the intricacies of male sexual behaviour at different stages of life. This would provide the important insight needed to develop effective targeted interventions to reduce the spread of STDs/HIV in Zimbabwe.

62. **Orubuloye, I. O., J. C. Caldwell, et al.** (1993). "African women's control over their sexuality in an era of AIDS. A study of the Yoruba of Nigeria." Soc Sci Med **37**(7): 859-72.

Very limited knowledge is available about African women's control over their sexual relations with husbands or other stable partners in situations where there is a high risk of STDs and HIV/AIDS. Such control must be seen as encompassing women's control over their sexuality and reproduction as well as the broader areas over which they can make decisions. The paper examines other research findings in sub-Saharan Africa, and then reports a study carried out by survey and anthropological methodologies among the Yoruba people in Ado-Ekiti, a town in southwestern Nigeria. Because the AIDS epidemic is still at an early stage in Nigeria and because of the relation of STD infection to HIV-transmission, as well as the probability that the behaviour developed for limiting STD transmission will subsequently be employed to limit HIV transmission, the study focused on STDs. Yoruba women have a considerable ability to refuse sexual relations for a limited time, and they are placed at greater risk of STD infection by their ignorance of whether their partner is infected than by a lack of ability to control the situation when STDs have been identified. This ability may be more limited in the case of AIDS because of its longer duration.

63. **Schoepf, B. G.** (1997). AIDS, gender and sexuality during Africa's economic crisis. African Feminism: The Politics of Survival in Sub-Saharan Africa. G. Mikell. Philadelphia, University of Pennsylvania Press.

This chapter discusses the CONNAISSIDA project in Zaire, which used participant observation and interviews to design community based education based on participatory-empowerment methods. Schoepf argues that this linkage of macrolevel political economy with microlevel ethnography illuminates women's vulnerability and risk. Within the Zairian context, colonial regimes, which included state, church and employers, gave elder men more power over women and children in the name of "tradition." Therefore, formal sector employment is dominated by men; women take on casual labor and work in the informal market. Schoepf goes on to discuss women's vulnerability to HIV on different levels, including biological risk. Women are placed further at risk because of skepticism and denial. She argues for the importance of community based empowerment in developing effective and realistic prevention programs and that ethnographic action research, which includes both cultural and political economic analyses and enables researchers to examine how macro factors affect micro level.

SEXUALITY

64. **Adinma, J. I.** (1995). "Sexuality in Nigerian pregnant women: perceptions and practice." Aust N Z J Obstet Gynaecol **35**(3): 290-3.

The sexual behaviour and beliefs of 440 pregnant women from South-eastern Nigeria were investigated. The mean frequency of sexual intercourse during pregnancy (1.5 times per week) was less than that before pregnancy (2.3 times per week). The husband was the main initiator of sexual activity (41.6%), while the wife only rarely did so (2.7%). 44.3% of the respondents believed that sexual intercourse during pregnancy widens the vagina and facilitates labour; 34.8% that it improves fetal well-being; 30.2% that it caused abortion in early pregnancy while 21.1% had no knowledge of any repercussions of sexual intercourse in pregnancy. Coitus during pregnancy was always painful in 22.7% of the respondents; was always gratifying in 46.1%; was functional in 49.3% and helped to keep the husband around, also in 49.3% of the respondents. The majority of the respondents (83.4%) considered that coitus should not be stopped during pregnancy. Whereas 19.3% of the respondents believed that sexual frequency should be increased during pregnancy, 73.9% considered otherwise, and 63.6% actually felt it should be reduced. Findings from this study suggest a 'mixed-feeling' effect with a tilt towards a positive attitude to sexuality in pregnancy. Restriction should not be imposed on sexual activity during a normal pregnancy to enhance marital harmony.

65. **Bamikale Feyisetan, A. R. P.** (1989). "Premarital Sexuality in Urban Nigeria." Stud Fam Plann **20**(6): 343-354.

This study examines changes and differentials in premarital sexual activity in Nigerian cities.The incidence of sexual activity before marriage provides an indication of the extent of erosion in traditional practices and in family control of young women's behaviour in urban areas.Pregnancy and childbirth outside of marriage and traditional family support systems have also become a matter of increasing concern in many African cities, especially in the public health community.The result suggests that premarital sexual behaviour has become more common over time, as Nigerian society has undergone marked social change, and that premarital sexual behaviour appears to be more common among women who come from nontraditional backgrounds.Relatively few premaritally sexually active women attempted to avoid pregnancy by using a contraceptive method, although premarital contraceptive use is more common in younger cohorts, and among more educated women.Much of the contraceptive use that occurs, however, is use of efficient methods.

66. **Berer, M.** (1998). "Sex, sexuality and sexual health." Reproductive Health Matters **6**(12): 7-10.

In this editorial in Reproductive Health Matters' special issue on sexuality and sexual health, Berer discusses the important distinctions that are often overlooked between sexual health and reproductive health, and between sexuality and sexual health. She suggests that sex and sexuality do not fit easily within a reproductive health and rights agenda, although sexual health does. Another question which she raises and which is often inadequately addressed is what precisely is meant by the term sexual health. She argues that many people working in reproductive health focus on sex in order to transform it into a health-seeking behavior, which overlooks desire and intimacy. Berer discusses the ways in which sex and sexual behavior are dehumanized in the public health and reproductive health literature, such as the language used to describe specific acts, or the dehumanizing and often degrading language used to discuss commercial sex. She also discusses the prevalence of sexual violence, and of societal attitudes toward sexual violence.

67. **Courtois, R., E. Mullet, et al.** (2001). "[Approach to sexuality in an AIDS context in Congo]." Sante **11**(1): 43-8.

The pandemic due to the human immunodeficiency virus (HIV) is extensive in Sub-Saharan

Africa and especially in Congo. Congo is a small country on the Atlantic coast and characterized by plentiful equatorial forests and low population density (essentially urban). In Congo, there is a high prevalence of HIV. The social and economic consequences of AIDS add to those of a recent civil war in 1997. There were fratricidal confrontations before and after this period. These confrontations have led to a massive exodus of the inhabitants of the capital, Brazzaville, to the forests and neighbouring cities, essentially towards Pointe-Noire. Pointe-Noire, chief place of the region of Kouilou, in the South of the country, is the second city of Congo and the economic Capital. It is undoubtedly for this reason that it has been globally saved. In this context, a sanitary policy of prevention of sexual risky behavior can appear as a challenge. While it supposes a better knowledge of the sexual activity of the young people, it cannot be dissociated from the analysis of the other factors. These factors can be of socio-economic political or cultural order. Thus the influence of cultural variables in the field of sexuality is certainly preponderant in African countries, where sexuality is taboo. Sexuality is a private matter (personal intimacy and the couple), but concerns also the family (in the sense of membership in an extended domestic group or in a system of relationship) in its aspects related to procreation and to the social field (power, alliances). Such individual behaviour can be lived as a questioning of the social order. In this article, the authors question the place of sexuality in Congo, particularly based on the work of anthropologists [2, 6, 7, 9]. Research in the field of sexuality at adolescence is rather recent in France and investigations that have been done in Congo these last ten years do not exist. Meetings and exchanges in 1998 with high-school pupils and schoolboys and girls of Pointe-Noire, have shown that they had a high level of knowledge (about contamination by HIV). On the other hand, this has also been associated with a number of beliefs, which are higher than in France: relating to the possibilities of interpersonal contagion by saliva (by kissing), food. but also a contagion by mosquito bites. Some of these pupils (essentially boys) have asked us about the greater risk of contagion when the male sexual partner presents an irritation or a wound in the penis. This recurring question seemingly concerns a point of knowledge. However a more attentive analysis lets us think that there could be various interpretations. First of all, if the penis is healthy, the risk is low, nearly absent. The concern about a friction or about a wound in the penis could be associated with the concept of forbidden sexual positions (similar to animal positions). Proscriptions are explained by their traumatic character for the feminine device and because they are able to induce an infertility or dystocia (difficult) childbirth. Other beliefs have connected the origin of AIDS with prohibited sexual practices, committed by foreigners, who passed on them secondarily to the natives of the country. They are clearly blamed in their contributions to the decline of customs and the corruption of tradition. However this unfavourable evolution is not longer only their privilege. Sexual superactivity and "sexual wandering" are also concerned. It is dialectic of the pure and the impure. The rejection or the stigmatisation of foreign values can allow the group to find its led astray identity. Condoms are well known by Congolese pupils, but there is mistrust of their use, notably for the "elders", guarantor for the moral order. This mistrust is probably connected with the beliefs of risks of infertility, infection or weakening of the virile force. Condoms are mechanical barriers, made by foreigners, to protect native people from foreign troubles, which foreigners generate. The investigation of chains of significant from the primary couple "nature/artificial (synthetic)" can establish a bait of understanding. The contraceptive action of condoms is a problem. Reproduction remains family business. Moreover, the place of the "morality", the official speech of condemnation from the Roman Catholic Church and the ambivalent positioning of certain Congolese religious congregations does not encourage condom use. Finally, one should not neglect their cost compared to the standard of living. The religious faith is a source of comfort for many Congolese. AIDS can be lived as a spiritual probation that certain traditional healers would have foreseen. Certain ideologies can be a source of intolerance for people who transgress "ways of life" (alcohol, tobacco, anal sexual intercourse.). The religious congregations have invaded the public space. The medical world and the political institutions cannot ignore them any more. (ABSTRACT TRUNCATED)

68. **Djamba, Y. K.** (1997). "Theoretical perspectives on female sexual behaviour in Africa: a review and conceptual model." Afr J Reprod Health **1**(2): 67-78.

A major drawback of research on sexual behaviour in Africa is the separation between theories and empirical work. This paper reviews three major theoretical perspectives on female sexual behaviour in Africa, and constructs a conceptual framework in which various hypotheses deriving from these theories can be empirically tested. This framework, which draws from Coleman's model of social capital, shows the linkages between sexual behaviour and key factors of (1) patrilineal bias, (2) rational adaptation, and (3) social disorganisation theories. It is suggested that, as a dynamic process, sexual activity and its key covariates must be measured and analysed within event history models.

69. **Gill Green, R. P., Susan Harrison,Graham J.Hart,Joanie Wilkinson,Stella Nyanzi,James A.G Whitworth** (2001). "Female control of sexuality: illusion or reality? Use of vaginal products in south west Uganda." Soc Sci Med(52): 585-598.

This paper reports on a trial of vaginal products that were distributed and used by 131 women and 21 men in south west Uganda. It focuses specifically upon the issue of female control in heterosexual relationships and examines whether methods which are ostensibly under women's control, will in practice give women greater control of their sexual health. Participants were invited to select two from a range of vaginal products that included the female condom,contraceptive sponge, film,tablets,foam and gel and use each for five weeks and their favourite product for a further three months. They were interviewed up to seven times over a five-month period. TRUNC.

70. **Heald, S.** (1995). "The Power of Sex:Some Reflections on the Caldwells' 'African Sexuality'Thesis." Africa **65**(4): 489-505.

The boldness of the contrast drawn by J.C Cadwell and his collaborators between a Eurasian sexual system and an African sexual system has provided the most influential point of departure for recent discussions (both published and unpublished) of sexuality in Africa, particularly those set, as the Cadwells' is in the context of debates about AIDS. However, to an anthropolgist their proposed model of an African sexual system is misleading. As they point out, there has been relatively little anthropological literature specifically devoted to sexuality, and information thus has to be gleaned from works largely devoted to other Issues-for example, kinship and ritual. Given this, it is perhaps inevitable that demographers and anthropolgists will draw different conclusions, conclusions that relate to their differing interests and specific knowledges of African societies. The Cadwells' aim is to construct a model of African society which is capable of generating ideas about the nature of sexual behaviuor and thus explaning population and fertility patterns as well as those germane to the spread of AIDS.

71. **Kearsley, S.** (2000). "Towards a Historical Perspective on Sexuality in Uganda: The Reproductive Lifeline Technique for Grandmothers and their Daughters." Africa Today **47**(3/4): 122-148.

Current health research on HIV/AIDS in Uganda is predominantly ahistorical and acultural. This is an inadequte analysis of a profoundly social epidemic, especially as the burden of disease shifts from adults to adolescents. As well , many Ugandan adults hold unexamined attitudes about adolescent sexuality, often declaring that today's youth are recklessly sexualy active at a much younger age than in the past. This paper presents new data on sexuality reaching across three generations of Ugandans. These data were collected with an original social scientific research method - this exercise is designed to produce fertility data with historical depth of several

generations of women, and to encourage parents to speak more openly with their own children about reproduction and sexuality. This paper analyzes one particular demographic variable, age at first live birth, in an effort to theorize about change over time in another important variable, age at sexual debut. The results were surprising: age at first live birth has not changed significantly over the past forty years in western Uganda and some evidence suggest that age at sexual debut has not changed either. Several explanations are offered to explain the discrepancy between the demographic evidence and the cultural norms held by adults about adolescent sexual behaviuors.

72. **Khanna, R., S. Gurbaxani, et al.** (2002). Sexuality and sexual behavior: an annotated bibliography of selected studies, 1990-2000. New Delhi, The Gender and Reproductive Health Research Initiaitve Women's health Training Research and Advocacy Center
Creating Resources for Empowerment in action.

This annotated bibliography focuses on sexuality and sexual health research conducted in India from 1990-2000. The authors provide a brief overview of the geographic regions and methodologies in the annotated articles. There were 98 studies reviewed. These were classified as Knowledge/Attitudes/Practices (KAP), adolescent sexuality, homosexuality, special groups, sexual health problems, sexual violence, sex education, HIV/AIDS, gender relations, and miscellaneous. A summary table is presented, providing a summary of the geographic region, objectives and methodological issues, results, and reviewer notes where applicable.

73. **Kofi Awusabo-Asare, J. K. A., D.K. Agyeman** (1993). "Women's control over their sexuality and the spread of STDs and HIV/AIDS in Ghana." Health Transition Review **3**(Supplementary): 69-84.

Given the present spread of AIDS, there is a need to examine the extent to which the vulnerabilty of women to STDs and AIDS is reinforced by social values. This paper dicusses the rights of Ghanian women over their sexuality and its implications for the spread of STDs in general and AIDS in particular. Women in Ghana, particularly the matrilineal Akans, in theory have theory have rights over their sexuality and can assert their rights over an offending husband, but their poor status in the in the modern economy means that economic concerns now overshadow traditional norms which governed marital relations in the past. Some women have become economically dependent and, therefore, less likely to take control over their sexuality. Programs to improve women's education and, hence, their employment opportunities may empower women to control some of the factors related to their sexuality. Meanwhile, gender-specific information, education and communication must be intensified to increase women's awareness of the dangers of AIDS.

74. **LeBlanc, M.-N. and D. Meintel** (1991). "The African Sexual System: comment on Caldwell, et al." Population and Development Review **17**(3): 497-505.

This article critiques the 1989 Caldwell, Caldwell and Quiggins article which posits a distinct African sexual system which they argue makes Africans particularly susceptible to STIs, including HIV. The authors first outline Caldwell et al.'s argument, then provide a critique of both the method and content of the Caldwell article. Methodologically, they argue that the Caldwell paper does not clearly outline the criteria they used for selecting the studies they analyzed and used to support their argument. Additionally, they do not discuss representative or generalizability, which subgroups of the population were included, and a lack of historicization, with no attention paid to the date and historical context of studies discussed. Finally, the authors argue that ethnographic data are presented in the Caldwell paper which support their hypothesis, while data which contradict their argument are excluded. Le Blanc, Meintel and Piche argue that in fact there is not one distinct African sexuality, but rather a range of practices which have changed over time, and which vary both within and between African countries.

75. **Leclerc-Madlala, S.** (2001). "Virginity Testing: Managing Sexuality in a Maturing HIV/AIDS Epidemic." Medical Anthropology Quaterly **15**(4): 533-552.

Kwazulu-Natal province in South Africa is currently the site of the world's fastest growing HIV/AIDS epidemic, where it is estimated that between 30 and 40 percent of the adult population is serpositive for HIV. With support from local politicians and members of various government ministries, several self-styled guardians of traditions have emerged to form organizations that advocate and conduct regular virginity testing of girls. Reference to current HIV/AIDS epidemic is central to calls for greater support of this practice. Drawing on the original research among Zulu-speaking people in the periurban communities of Durban, this article examines the sociocultural construction of HIV/AIDS and locates the growing popularity of virginity testing within a gendered meaning-making process consistent with commonly held beliefs that the epidemic is the result of women being sexually "out of control" With the social impact of AIDS starting to take it toll in the forms of increasing AIDS-related deaths and a growing population of orphans, I argue that virginity testing is an attempt to manage the epidemic by exerting greater control over women and their sexuality. In addition, virginity testing of girls helps to draw attention away from the role of men inthe maturing epidemic, consideration of which has been conspicuously absent in the popular dicourse on AIDS at all levels of South Africa society.

76. **Liguori, A. L. and M. Lamas** (2003). "Commentary: Gender, sexual citizenship and HIV/AIDS." Culture, Health and Sexuality **5**(1): 87-90.

IWG Annotation: This commentary makes the argument for the importance of a gender analysis in addressing the HIV/AIDS epidemic. The authors discuss the social construction of gender systems, and examples of the ways in which these systems are used to naturalize gender discrimination, discrimination and stigmatization of homosexuals, and discrimination against anyone who does not conform to gender stereotypes. The authors highlight the ways in which masculinities, femininities, and sexuality are socially constructed. They emphasize that at different times, in different historical and social contexts, sexuality and sexual expression varies. The categorization of acceptable/unacceptable and "natural"/"unnatural" are not based in biology, but rather reflect historical and cultural values. The authors argue that understanding the ways in which gender and sexuality are socially constructed are important for addressing stigma and discrimination against people affected or thought to be affected by HIV/AIDS and for addressing the social vulnerability of women, youth, and non-heterosexual men and women.

77. **Moodie, T. D.** (2001). Black migrant labourers and the vicissitudes of male desire. Changing Men in South Africa. R. Morrell. New York, Zed Books.

Moodie argues that work on sexuality in the mines casts doubt on the universality of Freudian models. In western models, there is a conflict between desire and reason, where desire is seen to be arbitrary and outside the realm of reason. This was one of the justifications of British imperialism- to bring reason and civilization. African men were seen as erotic and feminine. He then discusses the ways in which men used mining and migrant labor to advance in existing social structures within rural communities in South Africa. Migrants participated in the age-grade system, working in mines and accumulating cash until their seniority enabled them to re-enter the rural land system and establish a household. The system of mine marriages were interwoven with the hierarchy in the mines as well as the age-grade system. Mine marriages were not the only option for men to develop social and sexual relationships while at the mines, but were an option given many men's ambivalent fear of townswomen . This included a fear of STIs, being robbed, or of losing one's rural identity. Moodie concludes by arguing that among African men, there is no conflict between reason and desire.

78. **Moodie, T. D. and V. Ndatshe** (1988). "Migrancy and male sexuality on the South African goldmines." Journal of Southern African Studies **14**(2): 228-256.

Moodie examines migrancy, masculinities, and sexualities in the context of South African gold mines. He is critical of framing sexuality primarily as an individual, psychological and/or biological trait, and instead begins by focusing on the social construction of sexuality. He also highlights the importance of power in structuring sexual relationships among migrant mine workers. Moodie offers a description, based on ethnographic data, of mine workers' experiences both with mine marriages and with townswomen. He then discusses these experiences in the context of broader social relations and structures of power, within the mine system as well as in relation to rural communities and towns. According to the men interviewed, mine marriages included a sexual relationship as well as domestic services such as washing and ironing in exchange for financial support. These relationships were integrated into the power structure of the mine and also reflected age-grade rules among the men. Younger, inexperienced men would take on the role of "wife," which often enabled them to save more money faster in order to establish their household at home. As they got older and obtained more experience mining, they would take "wives" of their own. The categorization of men participating in mine marriages as "homosexual" does not reflect their experiences, and Moodie uses the local terminology they used to describes their relationships and roles. Men often also had relationships with women in town which often also included domestic services and financial support. Men were fearful of relationships with women for a number of reasons, including a fear of losing one's ethnic or rural identity. Moodie also discusses economic and social changes which have accompanied a decrease in mine marriages. He concludes by arguing against a simplistic and ahistorical characterization of mine marriages as an individual, psychological response to living and working conditions in the mines, calling for recognition of the social construction of sexuality, and an acknowledgment of historically changing sexualities.

79. **Morrell, R.** (2001). The times of change: men and masculinity in South Africa. Changing Men in South Africa. R. Morrell. New York, Zed Books.

This introductory chapter discusses changing masculinities in South Africa. Morrell highlights the fact that along with changes in women's status, there have been changes in masculinities. Men's movements, such as the Promise Keepers and the Million Man March have developed in response to changing femininities and masculinities. In the developed world, the focus of men's movements have been on violence, peace, fathering, and childcare. In the developing world, the main focus has been on population growth, AIDS, and women's access to resources. Morrell discusses Connell's work on masculinities, and discusses the development of masculinities within the South African context in detail. Masculinities in southern Africa are both a product and cause of the region's turbulent past. He points to a connection between masculinity and violence in Boer nationalism and in African patriarchy. He argues that the major configurations of masculinity for African men were shaped by two major traditions and contexts, the workplace, primarily the mines, and rural life which became increasingly impoverished and where social hierarchies remained in place. These African masculinities reflected both colonial domination and a challenge to the racial and class prescriptions. Mines were important sites for the development of the linkage between masculinity and violence. For white men, Afrikaner nationalism was also tied to masculinity, and over time, the creation of national identity functioned to de-emphasize ethnic differences among whites. Women also participated in the construction of masculinities by supporting some forms and opposing others. In South Africa, the state has taken an active role in reshaping gender relations, masculinities and femininities. He discusses the multiple responses of men and women to these changes and to policy directives aimed at changing gender relations. He calls for a closer examination of the complex ways in which masculinities change over time and

in different political and social contexts.

80. **Nagel, J.** (1998). "Masculinity and nationalism: gender and sexuality in the making of nations." Ethnic and Racial Studies **21**(2): 242-269.

Nagel is looking at constructions of masculinity and the connections between these constructions and constructions of nationhood. This includes the connections between masculinity and militarization as well as constructions of femininity and their place within nationalism. These gendered constructions are applied in the distinction between "self" and "other" which is also key to nation-building nationalist movements. She argues that often, equating "gender" with "women" has limited the analyses of political, economic, social, cultural systems. This paper calls for a gender analysis- not just an insertion of women into the picture. She argues that projects associated with nation-building, including state power, citizenship, nationalism, militarism, revolution, political violence, dictatorship, and democracy are all best understood as masculinist projects, which require specific, gendered roles. Women's place in all of these movements is very specific, and falls within a specific construction of gendered space and roles. She discusses Connell's work on masculinity, as well as Anderson's work on nation-building and discusses the ways in which women have historically participated in nation-building, including nationalist, anti-colonial movements.

81. **Niehaus, I.** (2000). "Towards a dubious liberation: masculinity, sexuality and power in South African Lowveld schools, 1953-1999." Journal of Southern African Studies **26**(3): 387-407.

In this article, which is based on ethnographic research in Impalahoek, Niehaus discusses changes in the construction of sexuality and masculinity, and the relationship with political struggle in Impalahoek. He highlights the importance of sexuality in masculine narratives about the liberation struggle and the importance of control of women and women's bodies in political struggle, both for those maintaining generational power relations in rural areas and the youth involved in liberation struggle, who also fought against elders' control over women and young men's sexuality. During apartheid, control over young black men & women's sexuality was enforced by harsh physical punishments for transgression. Niehaus describes a shift in constructions of sexuality, the struggles over meanings of sexuality and masculinity during Apartheid, and the importance of these contested meanings in political struggle against Apartheid. He avoids oversimplifying sexuality under Apartheid as repressive, with political struggle bringing with it sexual freedom. While Comrades of the Youth congress challenged the idea that sex should be restricted to older men, they maintained a strict moral code which valued and encouraged procreative sex and maintained strict gender roles. In this local context, women were often silenced, and women who transgressed (or appeared to transgress) gender norms around work, education, or sexual relationships were often physically punished harshly. The control over women, women's bodies and their reproductive capacity was a site of struggle between generations of men. He argues that another shift occurred with the un-banning of the ANC, and with the multiparty elections. Mandela publicly challenged men's rights to have multiple sexual partners, and called for the promotion of a male sexuality which incorporates human rights and takes into account the risks of HIV. This call for a new masculinity was contested; there were men who spoke out against this challenge to what they saw as their "traditional" masculine right to have many sexual partners and sexual control over women. He also argues that the management of sexuality changed and is now primarily through education and non-corporal punishment.

82. **Obermeyer, C. M.** (2000). "Sexuality in Morrocco: changing context and contested domain." Culture, Health and Sexuality **2**(3): 239-254.

This paper offers a critical review of what is known about the expression of sexuality in Morocco, by bringing together several domains of research-studies of Islamic doctrine, anthropological research on sexuality,ethonographies of Muslim countries, as well as recent studies of sexual behaviours and attitudes in Morroco. The traditional context of sexual behaviour in Morrocco was shaped by the dynamic interplay among several forces: a relatively permissive religous tradition, an egalitarian system restricting women's autonomy and privileging male satisfaction, and a keen awareness among women of the connections between sexual exchange and power relationships. TRUNC.

83. **Okonkwo, J. E., R. Uwakwe, et al.** (1999). "Communication and sexuality in a Nigerian community." Adv Contracept **15**(1): 61-8.

The traditional lack of interest in discussing sexuality creates a problem in doctor-patient communication, and this can affect patient management adversely. The dearth, ease or comfort in discussing sex was examined by a self-administered questionnaire to respondents, mainly medical students, nurses and paramedics, 20-70 years of age, who were not seeking treatment for sexual problems. The respondents were mainly of Igbo extraction from Eastern Nigeria. Factors considered include age, sex, religion, marital status, and education. The results show that 71.9% of all the respondents indicated that they would like to be able to discuss freely whereas 28.1% never really bothered; 40.9% of all the respondents could discuss sex with anybody whereas 59.1% could not; 75% in the married group discussed sex freely with their spouses or friends and 25% were unable to do so. Education showed a very significant influence on the ability to discuss sex freely. It is suggested that a systematic approach to education, especially sexual health education, may be a major way to combat the prevailing cultural inhibition.

84. **Oomman, N.** (1998). "Sexuality- not just a reproductive health matter." Reproductive Health Matters **6**(12): 10-12.

In this editorial, Oomman offers a critical overview on the ways in which sexuality research has been incorporated into reproductive health research and programming. She argues that the reproductive health literature focuses on sexual practices without examining the complex relationship between sexuality and social, cultural and psychological context. This narrow focus reduces sexuality to behavior, ignoring its complexity, which includes physical and emotional desire, knowledge, attitudes, meanings, practices, behaviors and identities. Further, she argues that much of the research looks at "women" or "adolescents" as a homogeneous group, without taking into account the diversity of sexual experiences. She provides a brief review of the social science and public health literature which attempts to examine the social and cultural aspects of sexuality. Finally, she calls for more complex analyses, with an increased focus on the social, cultural, and economic factors which shape women's vulnerability and shape sexual desires and experiences.

85. **Orji, E. O., I. O. Ogunlola, et al.** (2002). "Sexuality among pregnant women in South West Nigeria." J Obstet Gynaecol **22**(2): 166-8.

The sexual activity of 500 pregnant women in Ilesa, Nigeria was investigated in a prospective study carried out at the antenatal clinic of the Wesley Guild Hospital, Ilesa between December 1999 and September 2000. While the sexual desire in pregnancy of most of the women (60%) remains the same as in the non-pregnant state, coital frequency was reduced in majority of them (64%). The reasons given by the respondents for reduced sexual activity include nausea and vomiting of early pregnancy (30%), fear of miscarriage (12%), fear of harming the fetus (12%), physical awkwardness (20%), lack of interest (10%), discomfort (6%), fear of membrane rupture (8%), fear of infection (8%) and fatigue (10%). Coital frequency, however, remained the same in 32% and increased in 4% of the women. The reasons for this include: "it helps to keep the

husband around" (3%), maintain marital harmony (20%), satisfying (16%) and will facilitate labour in late pregnancy (6%). The findings from this study suggest a mixed-feeling effect with a tilt towards a positive attitude to sexuality in pregnancy. The health professional should favour the complete enjoyment of sexual activity during pregnancy.

86. **Orubuloye, I. O., J. C. Caldwell, et al.** (1997). "Perceived male sexual needs and male sexual behaviour in southwest Nigeria." Soc Sci Med **44**(8): 1195-207.

Part of a research programme studying methods of combating the AIDS epidemic was a survey and accompanying qualitative research focused on attitudes toward male sexuality and male sexual behaviour outside marriage and the extent and success of female attempts to control it. A survey of 1749 males and 1976 females was conducted in urban and rural populations in three states of southwest Nigeria. The majority of the community believes that males are by nature sexually polygynous, although about half the community believes that male sexuality can and should be confined to marriage. These beliefs arise out of the nature of the traditional society and are being changed by new ways of life, education and imported religions. Nevertheless, sufficiently rapid change is unlikely, even if promoted by government, to successfully combat a major AIDS epidemic, and the major strategy should attempt to reduce the rate of transmission, especially in high-risk relationships.

87. **P.J. Basson, S. W., A.D. Stuart** "A Phenomenological Study into the Experience of their Sexuality by Males with Spinal Cord Injury." Health SA Gesondheid **8**(4): 3-11.

On reviewing the literature on spinal cord injury (SCI) and sexuality in males, there was found to be a plethora of research in physical domains. Sadly, the psychological aspect of sexuality for men who experience SCI has been largely neglected. For this reason a phenomenological study was conducted to understand the experience of sexuality in its totality for the male who experiences SCI. TRUNC

88. **Parker, R.** (2001). "Sexuality, Culture and Power in HIV/AIDS Research." Annual Review of Anthropology **30**: 163-179.

This article reviews the development of anthropological research on HIV/AIDS, outlining the major paradigm shifts as the epidemic progressed. Initially, the dominant paradigm was that of biomedicine, but over time, the limitations of a strict epidemiological model focused on individual change became apparent, as were the importance of cultural systems, and later larger structural factors, in shaping sexual practices relevant to HIV transmission, prevention, and treatment. Much current research attempts to examine both cultural and political/economic factors to offer a more integrative analysis as an alternative to individual behavioral models. Parker argues that the marginalization of sexuality research in the social sciences has left almost every country unprepared to effectively deal with the HIV epidemic, which was primarily a sexually transmitted virus. He critically discusses in early research which used a biomedical approach, including the limitations of these early models. Research which emphasized cultural contexts and meanings of sexual behaviors focused on intersubjective cultural meanings. This included examination of the contexts in which specific practices occurred, social scripting and the cultural symbols and meanings which organize sexual practice, and the presence of sexual subcultures within larger society. This paradigm shift involved a critical examination of the ways in which identities are socially constructed and historically changing. Effective interventions must necessarily address not just individual behavior, but also must work at the level of collective representation, understandings and meanings. A further paradigm shift occurred, recognizing the importance of structural, political, and economic factors in shaping people's sexual experiences and which incorporated the concept of "structural violence" as

shaping the social vulnerability (and thus risk) of both individuals and groups. Poverty, gender inequality, racism, sexual oppression, and other social factors must be taken into account in order to understand risk and develop effective interventions. For example, gender hierarchies shape patterns of contraception use, sexual violence, the possibility for sexual negotiation, and thus individual women's ability to lower their risk of HIV infection. Parker argues that there have been few ethnographic studies which examine the ways in which gender and sexuality structurally shape the epidemic

89. **Richters, J.** (1998). "Sexuality today- research and practice." Reproductive Health Matters **6**(12): 13-16.

Richters outlines theoretical splits within the field of sexuality research. She characterizes this split as between social science-based sexuality research (which she identifies as cultural studies based) and practical women's health and fertility research (which she identifies as empirically based). Additionally, she argues that empirical research is rooted in positivism, while cultural studies uses a social constructionist approach.

90. **Schirripa, P.** (2001). "[Male sexuality and pathologies in the traditional medicine of Akan (Ghana): a discussion about kooko]." Med Secoli **13**(3): 493-508.

The paper discusses a pathology, known in Ghana with the name of kooko. According to Akan medicine, the disease is a symptom of a social and cosmic disorder, the consequence of a divine punishment. Kooko is a red protuberance, index of a very serious disease, appearing all over the body, in the brain, ears, uterus, anus or penis. In the last case, kooko causes increasing sexual weakness.

91. **Smith, D. J.** (2000). ""These Girls Today Na War-O": Premarital Sexuality and Modern Identitiy in Southeastern Nigeria." Africa Today **47**(3-4): 100-120.

Over the past decades, several related changes have contributed to increasing the prevalance of premarital sexual relations in Nigeria. Demographic transformations such as rising age at marriage and increasing levels of urban migration are playing a part in changing the nature of male-female relationships. Sexual relationships are being socially constructed as an appropraite expression of intimacy, but also a statement about a particular kind of modern identity. this article examines the social context of premarital sexual relationships among young people in igbo-speaking south-eastern Nigeria. In particular, the paper explores conflicts between contemporary sexual identities and traditional models of gender and family as these tensions unfold in premarital sexual and reproductive decision making.

92. **Soori Nnko, J. T. B., Mark Urassa, Gabriel Mwaluko, Basia Zaba** (2004). "Secretive females or swaggering males? An assessment of the quality of sexual partnership reporting in rural Tanzania." Soc Sci Med **59**: 299-310.

In population-based surveys on sexual behaviour, men consistently report higher numbers of sexual partners than women, which may be associated with male exaggeration or female under-reporting or with issues related to sampling, such as exclusion of female sex workers. This paper presents an analysis of data collected in the context of a longitudinal study in rural Tanzania, where a sexual partnership module was applied to all participating men and women in the study population. Since the study design included all men and women of reproductive ages and did not involve sampling, these data provide a unique opportunity to compare the consistency of

aggregate measures of sexual behaviour between men and women living in the same villages. The analysis shows that non-marital partnerships were common amongst single people of both sexes- around 70% of unmarried men and women report at least one sexual partner in the last year. However, 40% of married men also report having non-marital partners, but only 3% of married women did so. Single women reported about half as many multiple partnerships in the last year as men. Under-reporting of non-marital partnerships was much more common among single women than among married women and men. Furthermore, women were more likely to report common duration partnerships and partnership with urban men or more educated men than with others. If a woman reports multiple partners, biological data indicates that she is at high risk of contracting HIV. For men, however, there is only a weak association between number of partnerships and the risk of HIV, and it cannot be excluded that men, especially single men, exaggerate the number of sexual partners

93. **Suggs, D. N.** (2001). ""These young chaps think they are just men, too": redistributing masculinity in Kgatleng bars." Soc Sci Med **53**(2): 241-50.

In the 19th century the BaKgatla polity was a chiefdom with a redistributional economy based on mixed agriculture. Sorghum beer was symbolic not only of the patrilineal core of their descent system and of the ideologies of reciprocity and redistribution, but also of masculinity and patriarchal control. With the establishment of a market economy, an industrial brewery and individual access to income, both beer and the act of drinking have been symbolically reconstructed. The ideology of redistribution was well suited to the support of the BaKgatla gerontocracy via alcohol production and consumption. The limits on production and consumption of beer inherent in the agricultural cycle and the control of young men's access by elders made alcohol an effective symbol of managerial competence from the limited context of household authority to that of the chiefdom as a whole. Today, young men's greater control of cash income has given them access to beer beyond the control of elders. As a result, the contrasting ideology of market exchange and competitive distribution of beer has contributed to the degradation of the power of seniors. After reviewing the historical background, this paper explores those changes. It argues that while the observed infrastructural changes have had a predictable impact on drinking behaviors and the symbolic structure of "seniority/masculinity", constructions of the "masculine community" in BaKgatla bars demonstrate continuity in key areas of mens' identities. If as anthropologists we see obvious discontinuities in behavior and ideology, the BaKgatla build selective bridges to "tradition" which seemingly ground the experience of change in relatively seamless continuity.

94. **Tadele, G.** (2003). "Surviving on the Streets: Sexuality and HIV/AIDS among Male Youth in Dessie, Ethiopia." CODESRIA Bulletin(2,3,4): 98-106.

The increasing number of street children is one of the most serious social problems facing Ehiopia today. As many as 200,000 children may be living on the streets. Studies in other countries have shown the importance of understanding sexual attitudes and behaviour among street children, particularly with regard to HIV/AIDS. However in Ethiopia almost all studies of adolescent sexuality and HIV/AIDS have been conducted among high school and college students. Out-of-school and street children, who are much less accessible, have been negelcted. This study in Dessie, a provincial town in Ethiopia, is part of the research for an on-going PhD project titled Ethnography of Sex: An Exploration of the Socio-economic and Cultural Context of Sexuality and HIV/AIDS among Ethiopian Youth. Three focus group discussions (FGDs) with total of 30 street children, as well as numerous informal talks and discussions, were conducted during the fieldwork period between October 2001 and February 2002. The study reveals the importance of understanding young people's behaviour not as a matter of isolated, individual risk-taking, but as aspects of collective behaviour deeply embedded in their way of life.

95. **Varga, C. A.** (2003). "How Gender Roles Influence Sexual and Reproductive Health Among South African Adolescents." Stud Fam Plann **34**(3): 160-172.

Although the literature on Africa increasingly adopts a gendered approach to sexual and reproductive health issues, few studies have addressed adolescent pregnacy and parenthood in such a framework. This article examines links between gender ideology or gender roles and the social impact of adolescent childbearing in lives of rural and urban adolescents in KwaZulu Natal, South Africa. It employs a triangulated research methodolgy (focus-group discussions, narrative role playing and discussions, and questionaires and in-depth interviews) to inform an analysis of adolescents' notions of male and female gender ideals. This analysis forms the basis for an exploration of the potential influence of adolescent child bearing on young peoples' lives and factors that shape their sexual and reproductive well-being. Results indicate that gender ideals are grounded in traits that reinforce poor sexual negotiations dynamics and behavioural double standards and that place adolescents at risk for early pregnancy and other sexual and reproductive health complications. Overall, adolescent parenthood is viewed negatively by participants of both sexes because it compromises personal, professional and, financial aspirations. Compared with its effect on boys, parenthood has a disaproportionate (highly negative) impact on girls that is directly linked to gender-based inequities. The article addresses the research and policy implications of these findings

96. **Yakubu, U. J.** (2001). "Decolonizing the Female Sexuality: What Nigerian Female Writers Don't Write." Journal of Cultural Studies **3**(1): 152-167.

This Paper queries the phenomenon of the dominant mode(s) of knowledege production from the angle of how sexualities are captured in such manners that depict the partisanship of the producers of knowledge and their products. It posits that knowledge as a universal phenomenon is a human construction, which is essentially subjective and which expression often disrepresent or misrepresents the other. Women's experience of oppressions in the sphere of sexuality, it argues, is central to the issue of a liberal existence, and such oppressions are largely premised on traditional epistemologies which are basically patriarchal. TRUNC.

97. **Zinanga, E.** (1996). "Sexuality and the Heterosexual Form: The Case of Zimbabwe." SAFERE **2**(1): 3-6.

Zimbabwe is "assumed" to be a predominantly heterosexual society and this reflects an essentialist notion of sexuality. Issues of sexuality are rarely if ever duscussed, even among friends. It si surrounded by taboos, disgust, shame and fear. This makes the subject of sexuality very under-researched and undocumented. However, the Zimbabwean culture and social structure has been changing and consequently sexuality has also begun to respond to these changes. Nevertheless many people still seem not to recognize these changes and are therefore reluctant about acquiring new understandings concerning sexuality. To a large extent, Zimbabweans view sexuality in terms of its reproductive functioning, characterized by its genital heterosexuality where men initiate and control the experience. This article will treat heterosexuality as sexual contact with the opposite sex, and sexuality is understood to encompass several elements which include the organisation of masculinity and femninty, foreplay, intercourse, orgasm, etc.

SEXUAL HEALTH

98. **Berkeley, D. and D. Ross** (2003). "Strategies for improving the sexual health of young people." Culture, Health and Sexuality **5**(1): 71-86.

This article describes the development of an integrated program to provide sexual health services to youth in East Yorkshire, England, as well as providing a process evaluation services. Before discussing the organizational barriers and techniques for addressing these, they provide a discussion of the concept of sexual health, and the difficulties in providing comprehensive sexual health services for youth. The authors' starting point is the WHO's comprehensive definition of sexual health, which includes control and enjoyment of sexual behavior. This highlights the question of who makes decisions around sexual health for youth, and the numerous positions on appropriate sexual behavior and values. There has been a recent recognition that in order to address teen pregnancy, which has been identified as a significant problem in Britain, this broader concept of sexual health must be addressed. Additionally, it is important to take into account the contexts in which young people make sexual decisions. The authors discuss the contradictory discourses around sexuality which are highly visible. They argue that barriers to addressing these issues occur at the individual level, the cultural level, the socioeconomic level, and the service level. They discuss strategies for promoting change at each of these levels.

99. **Brent Wolff , A. K. B., Anastasia Gage** (2000). "Who decides? Women's status and negotiation of sex in Uganda." Culture, Health and Sexuality **2**(3): 303-322.

Women's ability to negotiate the timing and condtions of sex with their partners is central to their ability to control a vareity of reproductive health outcomes. Focus group discussions and survey data from 1356 women and their regular male partners in two districts in Uganda were analysed to explore the nature of sexual negotiation and to test hypotheses about the influence of women's work and marriage institution on norms and behaviour regarding sexual decision making. TRUNC

100. **E.Matasha, T. N., P.Mayaud,W.Saidi,J.Todd,B.Mujaya,L.Tendo-Wambua** (1998). "Sexual and Reproductive Health among primary and secondary school pupils in Mwanza, Tanzania: need for intervention." AIDS Care **10**(5): 571-582.

A cross-sectional questionnaire survey was conducted among 892 randomly selected pupils, aged 12 and above, attending 18 primary schools (PS) and five secondary schools (SS) in four communities of Mwanza region in Tanzania.The goals were to assess the level of knowledge adolescents have about sexual and reproductive health (SRH), to assess the magnitude of SRH problems and to help design appropraite interventions.Median age of respondents was 15 years(range 12-20 years) and 14 years(range 12-19) for PS boys and girls, respectively, and 19 years (range 16-24 years) and 17 years (range 14-19 years) for SS boys and girls. Eighty percent of PS boys and 68% of PS girls were already sexually active;the corresponding figures were 89% for SS boys and 48% for SS girls.Vaginal sex was the most common first sexual act reported by SS pupils, but 40% of PS pupils reported orogenital sex and 9% of PS pupils reported anal sex as their first sexual act.Almost half of the PS girls have had sex with adults including teachers and relatives.'Forced sex' was reported by nearly half of the PS and SS girls.Fourteen percent of PS girls had already been pregnant, and over half of these pregnancies ended in illegally induced abortions. Despite a rather high (30%) lifetime rate of condom use, 33% and 25% of PS boys and

girls, respectively, reported past experience of sexually transmitted disease (STDs/HIV) and fertility issues and reported higher condom use.The survey demonstrated the great vulnerability of school-going adolescents of Mwanza Region to consequences of sexual intercourse.The response should urgently come in the form of comprehensive adolescent SRH programmes.

101. **Gregson, S., T. Zhuwau, et al.** (2002). "Methods to reduce social desirability bias in sex surveys in low-development settings: experience in Zimbabwe." Sex Transm Dis **29**(10): 568-75.

BACKGROUND: Social desirability bias hampers measurement of risk behavior for acquiring STDs and evaluation of control interventions. More confidential data collection methods reduce this bias in Western countries but generally require technology not available in less developed settings. GOAL The goal of this report was to describe and evaluate an informal, confidential, low-technology method-Informal Confidential Voting Interviews (ICVIs)-for collecting sexual behavior data in less developed settings. STUDY DESIGN: Reports of multiple sex partners by sexually active, basic-literate, population-based survey participants in rural Zimbabwe randomly assigned to ICVIs and face-to-face interviews (FTFIs) were compared. RESULTS: Ninety-two percent of respondents (n = 7,823) were sufficiently literate for ICVIs. Error rates were low but higher than in FTFIs. More male and female ICVI respondents interviewed reported multiple current sex partners (OR = 1.33 and 5.24, respectively) and multiple partners in the past month (OR = 1.71 and 2.92) and the past year (OR = 1.35 and 1.97). CONCLUSION: The ICVI method appears to reduce bias but requires further evaluation to assess viability and effect in alternative settings.

102. **Hendrickx, K., E. Lodewijckx, et al.** (2002). "Sexual behaviour of second generation Moroccan immigrants balancing between traditional attitudes and safe sex." Patient Educ Couns **47**(2): 89-94.

Young Moroccan Islamic immigrants are balancing the challenges of modern society and the influences of their cultural and social backgrounds. Prevention and information programs need insights into their knowledge, attitudes and behaviour concerning choice of partner, sexuality, contraception, STD and AIDS prevention. In a qualitative research project, Moroccan adolescents were invited to focus groups. The results show the specific influence of family, religion and tradition, the importance of virginity at marriage for girls, and the "almost evidence" of premarital coitus for boys. These adolescents have limited knowledge of contraceptives, STD and AIDS. Some boys pretend to perform safe sex in certain "unfixed" circumstances but show no concern about the possible risks for future virgin spouses. Most of the girls do not consider safe sex before or after marriage. There is a taboo on homosexuality.

103. **Huygens, P., E. Kajura, et al.** (1996). "Rethinking methods for the study of sexual behaviour." Soc Sci Med **42**(2): 221-31.

During the past five years, researchers from the Medical Research Council and Uganda Virus Research Institute (MRC/UVRI) Programme on AIDS have studied sexual behaviour to better understand the risk and the spread of HIV infection in a rural Ugandan community. This paper aims at a reflective critique of the application of various methods of studying sexual behaviour in a series of six studies within the programme. The objectives of these various studies have been different: ranging from the natural history of HIV-infection to marital instability to household coping. This variety of foci has led to multiple research strategies. Three methodological factors influencing the research and the results were identified: the research model; the meanings of research questions; and personal factors affecting the interview relationship. Although the impact of these factors could not be entirely eliminated, precautions could be taken to diminish these biases. Comparing data obtained through different methods proved useful not only as a validity test but also as a mean to more deeply interpret the data according to culture, linguistics and society. Lessons learned during this piece of work include the importance to the quality of data by inviting local communities to participate in the research process; broadening the field of sexuality

from a health-oriented model to reach an anthropological perspective; considering the influence of research organization on the context in which sexual behaviour takes place as a part of the study objectives and promoting an inter-disciplinary dialogue overcoming dogma and prejudices.

104. **Izugbara, C. O.** (2002). "Cultural constraints to anthropological research on matters of sexual health." Sexual Health Matters **3**(1): 16-19.

105. **Kane, T. T., R. De Buysscher, et al.** (1993). "Sexual activity, family life education, and contraceptive practice among young adults in Banjul, The Gambia." Stud Fam Plann **24**(1): 50-61.

This report presents results from a 1986-87 two-stage probability sample survey of 2,507 young men and women aged 14-24 living in the Greater Banjul region of The Gambia. Although premarital sexual activity was common and began at an early age, lack of knowledge and limited access to modern contraceptives were obstacles to the use of family planning. Of all ever sexually active single persons, only 21 percent of the young women and 7 percent of the young men had practiced contraception at the time of first intercourse. Almost half of the sexually active young adults had ever used contraceptives, with oral contraceptives and condoms being the methods most widely known and used. Results of logistic regression analyses show that attendance at family life education lectures in school had significant positive relationships to both knowledge and use of contraceptives among the young people surveyed. The study presents encouraging evidence that acceptance of modern contraceptive use is beginning to take hold among young people in urban Banjul.

106. **Nyanzi Stella, N. B., Kalina Bessie, Pool Robert** (2004). "Mobilty, sexual networks and exchange among bodabodamen in southwest Uganda." Culture, Health and Sexuality **6**(3): 239-254.

In order to examine the sexual behaviour of a highly mobile social group, qualitative data and quantitative data were elicited from 212 private motorbike taxi-men, locally called bodabodamen, from two study sites in Masaka, Uganda. Selection criteria were availabilty and willingness to participate in the study. Research techniques employed were a questionnaire, focus group discussions, in-depth interviews and case studies. findings indicate that bodabodamen are a highly mobile group who engage in frequent seasonal rural-urban migration. Consequent to this, boadbodamen have a wide network of both occasional and regular sexual partnerships. Both serial and concurrent multiple partnerships are with adults, youths, widows, students, sugar-mummies, barmaids, commercial sex-workers, tailors. Exchange plays a significant role in sexual negotiations but the act of giving to a sexual partner is ambivalent in its social intepretation. Since bodabodamen have regular access to cash, they have higher bargaining power for sex. Implications for HIV/AIDS prevention are discussed.

107. **Osagbemi, M. O.** Sexual Behavior of Urban Street Children in Northern Nigeria:Implication for Promoting Knowledge of AIDS/STDs and Responsible Sexual Behavior., Agency for Children in Crisis(AFChiC).

Children who earn their living totally or partially in the street are exposed to different types of sexual coercion, the risk of HIV/AIDS and STDs, and other reproductive health problems, which they are poorly eqiupped to cope with.

108. **World Health Organization, D. o. R. H. a. R.** (2002). Sexual Health, World Health Organization. **2003**.

This article discusses the importance of economic, social, political, and cultural factors in sexual health, the importance of recognizing gender roles and power structures in providing services which promote sexual health, and the importance of sexual rights in promoting sexual health. It provides working definitions of sex, sexuality, sexual health, and sexual rights, and highlights the fact that the concept of sexual rights is rooted in existing human rights documents, treaties, consensus documents at the international level, as well as many national laws.

SEXUAL RIGHTS

109. **Gruskin, S.** (2000). "The conceptual and practical implications of reproductive and sexual rights: how far have we come?" Health and Human Rights **4**(2): 1-6.

Gruskin briefly outlines the place of sexual and reproductive rights within the larger international human rights framework, and discusses the development, both conceptually and programmatically, of these in the wake of the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995. She calls for an assessment of both the conceptualization of sexual and reproductive rights and the programmatic implementation in the 5 years after these international conferences.

110. **Khaxis, E.** (2001). "Sexual rights are human rights." SIECUS Reports **29**(5): 20.

The text of this speech, which was given at the Rally for Democracy and Human Rights in Windhoek, Namibia, outlines the ways in which discrimination based on sexuality and sexual orientation has been used to discourage women's political expression and activism. Khaxis highlights the interconnectedness of human rights, including sexual rights. Her concept of sexuality is not static, but rather as practice and experience. She clearly outlines what she means when talking about sexual rights, and also introduces and defines what she calls the ethic of diversity, which deals with difference with respect and acceptance.

111. **Klugman, B.** (2000). "Sexual rights in Southern Africa: a Beijing discourse or a strategic necessity?" Health and Human Rights **4**(2): 144-173.

IWG Annotation: Using Southern Africa as a case study, Klugman examines the contested meanings of the term "sexual rights" and the ways these meanings are negotiated at the national and international level. In her discussion of Southern Africa, she focuses specifically on HIV/AIDS, since the gendered risks of HIV infection in Southern Africa have led in many instances to the inclusion of gender equality and sexual rights in the language of the South African Development Community (SADC) policies and the information, education, and communication materials from its member states. Klugman also discusses the disjuncture between policy and local reality or practice. Because the concepts of gender equality and sexual rights were already being discussed and incorporated into national discourse and policy in Southern Africa, most member states of the SADC were supportive of the inclusion of the term "sexual rights" in the Programme of Action at the 1995 Fourth World Conference on Women in Beijing, although Klugman stresses that the use of the term has contested meanings.

112. **Merali, I.** (2000). "Advancing women's reproductive and sexual health rights: using the

International Human Rights system." Development in Practice **10**(5): 609-624.

Merali discusses the use of IHR treaties in promoting and protecting women's reproductive and sexual health. She does not discuss sexual rights specifically, but rather includes sexual health under reproductive rights. She does acknowledge the importance of addressing the rights of marginalized groups of women or areas where groups of women might experience discrimination or stigma, including sexual orientation. Additionally, she places reproductive rights within a broader human rights framework, highlighting the interrelationship between economic, political, and sociocultural rights. For example, in order to protect and fulfill women's right to access to accurate information about contraception, it is necessary to address access to and quality of education and literacy issues for women and girls. Merali offers concrete examples of the application of different human rights instruments to call attention to states' obligations to address women's rights and more specifically, women's health issues. She also discusses the importance of collaboration between NGOs and the human rights monitoring bodies to accurately examine women's position and states' progress in fulfilling these obligations.

113. **Miller, A. M.** (2000). "Sexual but not reproductive: exploring the junction and disjunction of sexual and reproductive rights." Health and Human Rights **4**(2): 68-109.

Miller provides a history of sexual and reproductive rights, a discussion of the different ways in which key terms have been used, an exploration of the relationship between sexual and reproductive rights, and a brief discussion of relevant social science research on the social construction of sexuality. She discusses the ways in which claims to sexual rights and to reproductive rights have been made using human rights treaties and documents in the past, contrasting both the strengths and weaknesses of two rights-based approaches used to make these claims, a violations-based approach and a sexual-health based approach. She makes the argument for the importance of developing sexual rights as distinct from, rather than as a subset of, reproductive rights, highlighting the ways in which the approach which treats sexuality as a subset of reproduction erases non-reproductive sexual activity, and often overlooks the gendered experiences of different groups, such as men, young people, and post-menopausal women. At the same time, she places sexual rights within the broader human rights framework, recognizing the interrelatedness between different sets of rights.

114. **Ochieng, R. O.** (2003). "Supporting Women and Girls' Sexual and Reproductive Health and Rights: The Ugandan Experience." Development **46**(2): 38-44.

Ruth Ojiambo Ochieng provides an analysis of the sexual and reproductive health status and rights of women and girls in Uganda. She outlines some of the factors that have exacerbated the situation, and highlights best practices by women's organization and partnerships which complement government initiatives to improve the sexual and reproductive health and rights of women and girls in Uganda.

115. **Petchesky, R.** "Sexual Rights." Sex, Gender and Power.

"Sexual Rights" is the newest kid on the block in international debates about the meaning and practices of human rights, especially women's human rights. That such a concept, and lively discussions about it have finally surfaced in large international forums - in spite of or because of the pervasive climate of resurgent fundamentalism in the world. - surely in itself marks a historic achievement that feminist, and gay and lesbian, movements should proudly claim. Yet at this stage the concept is far from clear, not only among its staunch opponents but also among many advocates. it may be that "sexual rights" has become both a progressive wedge, opening up new space in the human rights lexicon for acknowledgement of diverse sexualities and their legitimate need for expression: and a kind of code that, like "reproductive rights" means different things to different speakers, depending on power positions, sexual orientation, gender, nationality and so

on. Moreover, the risks, ambiguities, and potential misunderstandings of trying to negotiate sexuality through the arcane channels of international human rights procedures are troublesome. when it comes to sex, a chasm still separates the local and the global.

116. **Petchesky, R.** (2000). "Rights and needs: rethinking the connections in debates over reproductive and sexual rights." Health and Human Rights **4**(2): 17-29.

IWG Annotation: Petchesky offers a critique of the "pro-family" position and other frameworks which are rooted in the assumption of a dichotomous distinction between "needs" and "rights". She offers a brief history of the development of this dichotomy and its impact on development aid and policy. She makes the argument that this distinction between needs and rights is false, that rights are in fact the codification of needs, and that this implies a responsibility on the state's part to provide the means for these rights to be attained. Further, she makes the argument that needs and rights are interconnected, different rights- economic, social, cultural, political, and civil- are interdependent, so prioritizing rights is not possible or useful. She supports this argument with clear, grounded examples, such as by discussing how reproductive rights are connected to rights to clean water and uncrowded living conditions.

117. **Petchesky, R.** (2000). "Human rights, reproductive and sexual health and economic justice- why they are indivisible." Reproductive Health Matters **8**(15).

IWG Annotation: Petchesky discusses the success that NGOs and grass roots activists have had in working to include health, education, environmental protection, social development and gender equality on the international human rights agenda. She argues that despite these hard-won successes at the level of discourse, a fragmentation remains among international organizations, national policy makers, and local women's movement groups which separates women's issues into single issues, such as violence, reproductive rights, sexuality, without examining the ways in which these issues intersect, as well as the ways in which they are linked to broader civil, political, economic, social and cultural rights. She argues for the importance of an integrative approach to human rights and health. Petchesky then offers concrete examples of the critical importance for an integrated approach. She discusses research conducted locally in Kerala, Andhra Pradesh, and Tamil Nadu, India which highlights the importance of these intersections between different domains of rights. She also discusses the ways in which global trade policy impacts health on the local level, and argues that this integrated approach would hold international economic organizations such as the WTO, as well as governments, accountable for the impact of their economic policies and programs. While recognizing the importance of international and national policy, Petchesky uses additional local examples from India to illustrate the importance of linking health, human rights, and social justice through community organizing and grassroots support.

118. **Richardson, S. L.** (1997). Sexual minorites deserve equal rights. Bellingham Herald. Bellingham.

IWG Annotation: This letter calls for equal rights for sexual minorities, arguing that the Constitution guarantees equal treatment for all citizens, which does not necessarily mean sanctioning their beliefs or lifestyles. The author argues that the Constitution protects rights for identities and practices which could be considered lifestyle choices without endorsing those choices, giving religious freedom as an example.

119. **Shalev, C.** (2000). "Rights to sexual and reproductive health: the ICDP and the Convention on the Elimination of All Forms of Discrimination Against Women." Health and Human Rights **4**(2): 38-66.

IWG Annotation: Shalev offers a concrete discussion of the specific rights related to reproductive rights, discusses case studies of violations of these rights to illustrate how using the mechanism of human rights treaties and conventions works, and reviews key human rights concepts. She notes the important paradigm shift in Cairo and Beijing from one of "population

control" to a rights-based framework, including sexual and reproductive health, and recognizing the relationship between gender equality and women's health (including sexual and reproductive health). She identifies and summarizes the rights outlined in the ICDP Programme of Action as important to reproductive rights, which were drawn from international human rights treaties and consensus documents. Using reports submitted to the CEDAW committee, she examines concrete examples of systematic violations of women's sexual and reproductive rights, which illustrate patterns of gender discrimination.

SEXUAL VIOLENCE

120. **Ajuwon, A. J., I. Akin-Jimoh, et al.** (2001). "Perceptions of sexual coercion: learning from young people in Ibadan, Nigeria." Reprod Health Matters **9**(17): 128-36.

This study explored the problem of sexual coercion from the perspectives of 77 young people aged 14-21 in Ibadan, Nigeria, the behaviours they perceive to be sexually coercive and the contexts in which these occur through four narrative workshops. Participants were drawn from two secondary schools and 15 apprentice workshops. All four groups identified similar coercive behaviours and developed narratives of the events that typically lead up to them. Behaviours included rape, unwanted touching, incest, assault, verbal abuse, threats, unwanted kissing; forced exposure to pornographic films, use of drugs for sedation and traditional charms for seduction, and insistence on abortion if unwanted pregnancy occurs. Men were typically the perpetrators and young women the victims. Perpetrators included acquaintances, boyfriends, neighbours, parents and relatives. All the narratives revealed the inability of young people to communicate effectively with each other and resolve differences. The results suggest the need for life-skills training that facilitates communication, seeks to redress gender power imbalances, teaches alternatives to coercion as a means of resolving conflict over sexual relations and respect for sexual and reproductive rights, and provides victims with information on appropriate services, support and referral.

121. **Human Rights Watch** (2001). Scared at school: sexual violence against girls in South African schools: Background, Human Rights Watch.

This document examines the impact of gender-based violence in South African schools. It begins with a discussion of the history of school violence and apartheid, including the discriminatory educational policies enacted by the South African government and the student response to these policies and to the larger system. The authors argue that school violence presents a significant challenge to the government as it attempts to address the systemic injustices entrenched under apartheid, and as it tries to improve access to and quality of education. The report then discusses the problem of sexual violence in South African society generally, and specifically at violence against girls. This includes a discussion of the impact that the myth that sex with a virgin can cure HIV/AIDS may be having on violence against girls, as well as the impact of the recent increase in virginity testing in schools. There is a detailed discussion of national statistics on rates of rape and other forms of violence, as well as a discussion of the limitations of some of these statistics. The authors also discuss some of the attitudes toward violence against women and girls among young men and women, drawing on a large study of youth in Johannesburg. Finally, given this history and social context, the authors discuss violence in school, the impact that the high prevalence of school violence has on youth, and the impact specifically on young women and girls.

122. **Worku, A. and M. Addisie** (2002). "Sexual violence among female high school students in Debark, north west Ethiopia." East Afr Med J **79**(2): 96-9.

OBJECTIVES: To assess the prevalence, outcome and awareness of sexual violence among high school female students. DESIGN: A school-based cross-sectional survey. SETTING: Debark Town, north-west Ethiopia. SUBJECTS: Two hundred and sixteen female high school students, grade 9-11 were included for the quantitative study. For the qualitative data, 16 individuals for the focus group discussion (10 well-recognised female figures in the town and six high school students) and head of the police department for in-depth interview were enrolled. RESULTS: Sixty two per cent of the respondents had heard of sexual violence committed on young females. Sexual violence was reported by 65.3% of the respondents. The prevalence of performed and attempted rape were 8.8% and 11.5%, respectively. The age range of performed rape victims was between 12 and 21 years. Of the 19 (8.8%) who reported rape being performed on them, unwanted pregnancy, suicide attempt, vaginal discharge and abortion were the consequences in 21%, 15.8%, 10.5% and 5.3%, respectively. CONCLUSION: Sexual violence is a major public health problem with high rates of underreporting. Sex education should be given on a regular basis and policy making bodies and the police be well aware of this high magnitude and take strong measures to reduce it.

REPRODUCTIVE HEALTH

123. **Achieng Ngwana, A. A.-O.** (1996). Adolescent Reproductive Health Rights In Sub-Saharan Africa. Washington, D.C, CEDPA.

This paper argues that sub-saharan African governments should bring their laws and attitudes in line with international instruments regarding adolescent reproductive health rights and provide adolescents access to reproductive health services. It demonstrates that adolescent sexual activity has increased, is widespread, and is having devastating effects on the health an economic prospects of youth as well as on development expectations for the region. In the authors view, access to family planning services should be combined with education emphasizing the seriuos consequences of unprotected sexual activity and the responsibilities of parenthood.

124. **Alene G.D., W. J. G., Grosskurth H.** (2004). "Adolescent reproductive health and awareness of HIV among rural high school students, North Western Ethopia." AIDS Care **16**(1): 57-68.

Ethiopia is faced with an increasing problem from HIV infection, and the vulnerability of adolscents is a key concern. There is little information on the knowledge, attitudes and practices of this age group with respect to HIV, sexually transmitted diseases and preventive measures. We conducted a cross-sectional study among 260 students from two rural high schools in North Western Ethiopia. We found that although the general awareness of HIV was high, correct knowledge of the virus and its mode of transmission was shown in only 44% of adolescent girls. Knowledge of HIV and condoms was lower among students whose parents were farmers, significant so among girls ($p = 0.02$). Use of condoms

among sexually active single male students (49%) was insufficient but was higher than among adolescents in many other African settings. Knowledge of STDs was generally low: 82% of adolescents males and 37% of adolescents females had some awareness of STDs. Almost 20% of sexually active males in the study had previously experienced an STD, almost all of whom had visited a commercial sex worker. Targeted interventions are warranted among adolescents and sex workers in Ethiopia complemented by STD treatment services

125. **Correa, S.** (1997). "From reproductive health to sexual rights: achievements and future challenges." Reproductive Health Matters **5**(10): 107-111.

In this article, Correa provides an analysis of the changes in discourse around sexuality and reproduction. She begins with a discussion of the origins and relationships- both the overlaps and the contradictions- between the terms reproductive health, reproductive rights, sexual health and sexual rights. This includes a discussion of the ways in which each of these terms moves between local activist and international discourse and within human rights discourse. She also discusses the conflicting interpretations of these terms within different contexts. Correa then discusses the status and meanings of these terms within an agenda for social and political transformation, arguing that the sexual and reproductive health and rights agenda has been formulated to transform the spheres where sexual and reproductive needs are defined, the domains in which gender power relations are played out, and subjective views of women's bodies and reproduction. Finally, she focuses on new ways of thinking about, and disentangling analyses of sexuality and gender. She critically examines the social science literature on gender and sexuality, calling for further movement in developing an understanding of systems of sexuality and gender as distinct, but related, arguing that this is crucial for movement forward around sexual rights and sexual emancipation, which would make visible women's agency and pleasure.

126. **Dixon-Mueller, R.** (1993). "The Sexuality Connection in Reproductive Health." Stud Fam Plann **24**(5): 269-282.

Sexuality and power relations based on gender are relevant to researchers, policy makers and service providers in the reproductive health field, because they underlie virtually all of the behaviors and conditions that their programs address. Yet, a review of conventional treatments in the demographic and family planning literature reveals that, when they consider these topics at all, researchers typically adopt narrow definitions of sexual behavior and focus almost exclusively on risks of pregnacy and disease. This article proposes an analytic framework as a guide to researchers and family planning providers. It relates four dimensions of sexuality to reproductive health outcomes and concludes that family planning policies and programs should address a broader spectrum of sexual behavior and meanings, consider questions of sexual enjoyment as well as risk, and confront ideologies of male entitlement that threaten women's sexual and reproductive rights and health.

127. **Hamdani, S.** "Female Adolescent Rites and the Reproductive Health of Young Women in Morogoro, Tanzania." 165-181.

128. **L.Kiapi-Iwa, G. J. H.** (2004). "The Sexual and reproductive health of young people in Adjumani district, Uganda: qualitative study of the role of formal, informal and traditional health providers." AIDS Care **16**(3): 339-347.

This qualitative study of young people and health care workers in Adjumani, northern Uganda, found that young people are generally very knowledgeable about STD spread and prevention as well as methods for prevention of pregnancy. Health workers are the most important category of people providing information on sexual and reproductive health (SRH) for young people. However, many health workers are conservative with regard to adolescent sexuality. There is a

lack of training in and guidelines for working with adolescents. This along with adequate access to SRH services for young people, accounts for the failure to adequately deal with young people's problems. Physical, social, psychological and economic factors create barriers to service accessibility. Socio-economic, religious and cultural factors affect sexual behaviour and outcomes in Adjumani district, making some young people vulnerable, particularly young women. In an effort to find alternative services that meet their needs better, young people visit informal and traditional health care providers despite having to pay for these services. The confidentiality and privacy that they offer could be a lesson for formal health care providers. Further training and integration of traditional health care providers is essential as they already play a major part in SRH service delivery to young people

129. **Nare, C., K. Katz, et al.** (1997). "Adolescents' access to reproductive health and family planning services in Dakar (Senegal)." Afr J Reprod Health **1**(2): 15-25.

This paper analyses the issue of adolescents' access to family planning services and information on reproductive health. The data used in this paper are a part of a broader study conducted in 1995 in Dakar (Senegal) by the Committee for Studies on Women, Family and Environment in Africa (COSWFEVA/CEFFEVA) and Family Health International. The findings present information on adolescents' perceptions of premarital sexual activity and contraceptive use and the different types of barriers to access to family planning, using data obtained primarily from focus group discussions with adolescents 16 to 20 years old and a mystery client study. In this approach, 12 of the adolescents participating in the focus group discussions visited clinics as clients and requested contraceptive methods or information. The results indicate that adolescents did not approve of premarital sexual relations, were less likely to approve of contraceptive use by adolescents than by married men and women, and felt embarrassed to go to the services. They were also disappointed by the providers' reception and response to their needs. The content of the counselling offered by the providers was moralistic, encouraging girls to abstain from having sexual intercourse until marriage. The discussions of the findings related adolescents' and providers' attitudes to the socio-cultural context in which adolescent sexuality takes place. In this context, sexuality is closely linked to marriage and childbearing, which affects the impact of classical programs on adolescent health. Alternative solutions such as the life skills development approach could be promoted in order to reach both in-school and out-of-school adolescents.

130. **Turmen, T.** (2000). "Reproductive rights: how to move forward?" Health and Human Rights **4**(2): 31-36.

IWG Annotation: Turmen places reproductive rights within the broader framework of sexual rights and outlines how reproductive rights are an important component of human rights. He also recognizes the social, economic, political, and cultural context which impact women's reproductive health. Although reproductive rights have begun to be addressed and recognized as a bundle of rights drawn from existing human rights instruments, he argues that in order to move forward, it is necessary to develop concrete legal mechanisms to hold states accountable for promoting and protecting reproductive rights.

VIOLENCE AGAINST WOMEN/ FEMALE GENITAL CUTTING

131. **Almroth, L., V. Almroth-Berggren, et al.** (2001). "A community based study on the change of practice of female genital mutilation in a Sudanese village." Int J Gynaecol Obstet **74**(2): 179-85.

OBJECTIVE: To investigate the practice of female genital mutilation (FGM), among young and old parents. METHODS: One hundred and twenty young parents and grandparents in a rural area in central Sudan were randomly selected for interviews carried out according to structured questionnaires with open answer possibilities. RESULTS: All female respondents had undergone FGM. Of the young respondents, 44% had decided not to let their daughters undergo FGM. Young fathers were more involved in the decision process than previously known, especially when decisions were taken not to perform FGM. Tradition and social pressure were the main motives for performing FGM. Sexuality was an important aspect, mentioned both as motives for and against FGM. Religious belief and education level significantly affected to what extent FGM was practiced. CONCLUSION: This is the first community based study of FGM indicating a significant shift in practice between generations, young parents starting to question the value of FGM.

132. **Briggs, L. A.** (2002). "Male and female viewpoints on female circumcision in Ekpeye, Rivers State, Nigeria." Afr J Reprod Health **6**(3): 44-52.

One hundred and ninety five male and female volunteers across the social strata were interviewed using structured questionnaire. Data were analysed using frequency tables. The study revealed that 74.7% of female respondents were circumcised. They believe that the practice would help prevent sexual promiscuity, curb sexual desires and that it is a custom they cannot do without. Most of the men would not marry an uncircumcised female, while a substantial number of the respondents would like to circumcise their daughters. Community effort to eradicate the practice is very minimal. Based on the findings, it is suggested that communities where female genital mutilation (FGM) is practiced as a social norm should be involved in eradication campaigns with support from national and international organisations.

133. **Coker L. Ann, R. L. D.** (1998). "Violence Against Women in Sierra Leone:Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse." African Journal of Reproductive Health **2**(1): 61-72.

Violence against women is a significant public health problem which impacts women, and children. Little is known about the frequency or correlates of violence againt women in Africa. In this cross-sectional study, we found that 66.7% of 144 women surveyed in a study of AIDS knowledge,attitude, and behaviours, report being beaten by an intimate male partner and 50.7% report having ever been forced to have sexual intercourse;76.6% of women report either forced sex or intimate partner violence. Circumcised women were most likely to report intimate partner violence and forced sexual intercourse. To improve the health of women worldwide, violence against women must be addressed.

134. **Deane, T.** (2003). "Violence against Women and Children in South Africa." Codicillus(2): 14-23.

South Africa reportedly has one of the most highest rates of violence against women in the world. A 1996 comparison of South African crime ratios with those in over a hundred other countries revealed South Africa as the leader in the incidence of murder, rape, robbery and violent theft. In

1998, three out of ten women surveyed in the southern metropolitan region of johannesburg reported that they had been victims of sexual violence in the previous year.

135. **Dewhirst, P.** (1998). "Frozen emotions: women's experience of violence and trauma in El Salvador, Kenya and Rwanda." Development Update **2**(2).

In the last two decades, many countries in sub-saharan Africa-including our own-have experienced war and conflict, with the devastating consequences of loss of life, economic destruction and legacies of bitterness and lingering grief that continue to distort social life. But as societies emerging from conflict try to come to terms with their pasts, the way in which gender inequality is amplified by war and violence is often overlooked, and the fact that men and women experience violence in radically different ways forgotten. The failure of societies emerging from war to recognize"frozen emotions" and other consequences for women and girls who have survived violence is yet another index of gender inequality.

136. **Ebong, R. D.** (1997). "Female circumcision and its health implications: a study of the Uruan Local Government Area of Akwa Ibom State, Nigeria." J R Soc Health **117**(2): 95-9.

A total of 400 subjects was randomly selected from 40 villages in the Uruan Local Government Area of Akwa Ibom State for the study. The purposes of the study were to: i. identify the 'established benefits' of female circumcision; ii. identify the health hazards that accompany the practice; and iii. create awareness among community members of the ill-effects of the practice. The study discovered a strong belief in the established benefits and poor appreciation of the health hazards of female circumcision by the participants. Recommendations were made for more efforts in public health education programmes on the ill-effects of the practice. Studies were also recommended to be conducted in other parts of the country to assess the level of awareness on the ill-effects of such an operation and the institution of educational programmes where applicable.

137. **El-Gibaly, O., B. Ibrahim, et al.** (2002). "The decline of female circumcision in Egypt: evidence and interpretation." Soc Sci Med **54**(2): 205-20.

Female circumcision is widespread in Egypt. Research suggests that the practice persists because of a belief that circumcision will moderate female sexuality, that it will assure a girl's marriagability, and that it is sanctioned by Islam. Using data from a nationally representative survey of adolescents, this paper investigates the prevalence and social correlates of circumcision among girls aged 10-19, the circumstances surrounding the procedure, and the attitudes of adolescents towards it. While the vast majority of adolescents are circumcised, a life table analysis indicates that girls today are at least 10 percentage points less likely to undergo female circumcision than were their mothers. Circumcision may have begun to decline prior to the time when the current cohort of girls were at risk; however, the data hint at a temporal association between the decline and the 1994 International Conference on Population and Development (ICPD) in Cairo, a time when the campaign against circumcision gained momentum. Over half of circumcised girls reported that the procedure was performed by a physician or nurse rather than a traditional practitioner. This represents a substantial increase over rates of "medicalized" circumcision found among earlier cohorts of Egyptian women. Even among circumcised girls, support for the practice is by no means universal, with 14 percent saying they think the procedure is unnecessary and a further 28 percent expressing ambivalence. A multivariate analysis indicates that girls who have been or are currently in school, who live in urban governorates, and who are older are more likely to believe that circumcision is not obligatory. When the analysis includes

boys as well as uncircumcised girls, a large gender gap emerges, with boys considerably more supportive of the practice than are their female counterparts.

138. **Heise L. Lori, P. J., Germain Adrienne** (1994). Violence Against Women. The Hidden Health burden. World Bank Dicussion Papers. W. Bank. Washington D.C, World Bank.

Violence against women has recently been acknowledged as a human rights concern with a profound impact on the physical and mental well-being of those affected by it,but it has recieved little attention as a public health issue. The World Bank recognizes that much more needs to be known about the health consequences of gender violence, as well as their broader socioeconomic effects on development. This paper pulls together all the information available on the scope of the problem and the lessons to be learned from developing countries regarding how violence can be addressed through programmatic interventions

139. **Jewkes, R., J. Levin, et al.** (2002). "Rape of girls in South Africa." Lancet **359**(9303): 319-20.

Child rape violates human rights and causes immediate and long-term health problems for the child. In the 1998 South Africa Demographic and Health Survey, we assessed frequency of rape in a nationally representative study of 11735 women aged 15-49 years. 153 (1.6%, 95% CI 1.2-1.9%) of these women had been raped (forced or persuaded to have sex against their will) before the age of 15 years. Our results show that younger women were significantly more likely to report rape than older women ($p<0.0001$). The largest group of perpetrators (33%) were school teachers. Our findings suggest that child rape is becoming more common, and lend support to qualitative research of sexual harassment of female students in schools in Africa.

140. **Mackie, G.** (2003). "Female genital cutting: a harmless practice?" Med Anthropol Q **17**(2): 135-58.

A recent article in Medical Anthropology Quarterly (Obermeyer 1999) argues that the "facts" about the "harmful effects" of female genital cutting (FGC) are "not sufficiently supported by the evidence" (p. 79). The article suggests three further hypotheses, among others: (1) FGC may be of minimal harm because the more educated continue the practice just as much as the less educated; (2) FGC may be of minimal harm because it is so widespread and persistent; (3) FGC may be of minimal harm because the supposed link between the clitoris and female sexual pleasure is a social construction rather than a physiological reality. I challenge these hypotheses. I say that by appropriate standards of evaluation, FGC is harmful. Finally, I submit that most FGC is a proper matter of concern because it is the irreversible reduction of a human capacity in the absence of meaningful consent.

141. **N.Toubia** (1994). "Female Genital Multilation and the responsibilty of reproductive health professionals." Int J Gynaecol Obstet **46**(2): 127-135.

According to a report by Dr A.H. Taba, regional director of the World Health Organization, Eastern Mediterranean region, female circumcision (FC) was recorded as early as the fifth century B.C by Herodotus and practised among the Phoenicans, Hittites and Ethiopians. Other reports suggest that female circumcisions have been practiced in many civilizations in every continent over the years. A variety of these operations are still practised today, mostly in Africa and in sporadic areas of Asia. Historically, genital surgeries were used in Europe and America to treat psycho-social disorders, and today there are reports of a variety of cosmetic labial operations performed at the request of women for non-medical indications, usually because they or their partners think their labia are ugly. Despite the widespread practice of non-medically indicated

genital surgeries, consistent performance of female circumcision on large numbers of children is known to occur mainly in Africa. This paper will concentrate on female circumcision in Africa. It will reflect on the psycho-sexual consequences of female circumcision, and discuss medico-legal and health service measures to combat these dangerous and unnecessary practices.

142. **Nadia Wassef, A. M.** (1999). Investigating Masculinties and Female Genital Mutilation in Egypt.
FGM is prevalent among 97% of ever-married Egyptian women. 82% support the practice for the following reasons. good tradition, required by religion, cleanliness, better marriage prospects, greater pleasure of husband, preservation of virginity, and preservation of adultery. These reasons are based on a large number of assumptions on the part of the women about what men want and expect of a wife. Since men have never been asked before, we have no way of knowing the validity of these assumptions. The limited endeavours in this vain show that there is a great deal of miscommunication between men and women on these issues. This study investigates men's perceptions of their masculinity, their sexuality, and female sexuality from a wide focus. The aim of this research is to gauge what men know and how they feel about these issues so that we can build on men's knowledge and experience to target them and elicit their support in the struggle against FGM.

143. **Reports, P.** (1999). Ending Violence Against Women. Maryland, Center for Health and Gender Equity.
Around the world at least one woman in every three has been beaten,coerced into sex, or otherwise abused in her lifetime. Most often the abuser is a member of her own family. Increasingly, gender-based violence is recognized as a major public health concern and a violation of human rights.

144. **Sakala, F.** Violence Against Women in Southern Africa**:** 27-65.
Violence against women has been acknowledged to be prevalent in Southern Africa. However not, violence in all forms is seen as a crime in many countries. Several discussions held on this topic so far have indicated the need to address this widely spread societal problems. TRUNC

145. **Swiss, S., P. J. Jennings, et al.** (1998). "Violence against women during the Liberian civil conflict." Jama **279**(8): 625-9.
CONTEXT: Civilians were often the casualties of fighting during the recent Liberian civil conflict. Liberian health care workers played a crucial role in documenting violence against women by soldiers and fighters during the war. OBJECTIVE: To document women's experiences of violence, including rape and sexual coercion, from a soldier or fighter during 5 years of the Liberian civil war from 1989 through 1994. DESIGN: Interview and survey. SETTING: High schools, markets, displaced persons camps, and urban communities in Monrovia, Liberia, in 1994. PARTICIPANTS: A random sample of 205 women and girls between the ages of 15 and 70 years (88% participation rate). RESULTS: One hundred (49%) of 205 participants reported experiencing at least 1 act of physical or sexual violence by a soldier or fighter. Survey participants reported being beaten, tied up, or detained in a room under armed guard (17%); strip-searched 1 or more times (32%); and raped, subjected to attempted rape, or sexually coerced (15%). Women who were accused of belonging to a particular ethnic group or fighting faction or who were forced to cook for a soldier or fighter were at increased risk for physical and sexual

violence. Of the 106 women and girls accused of belonging to an ethnic group or faction, 65 (61%) reported that they were beaten, locked up, strip-searched, or subjected to attempted rape, compared with 27 (27%) of the 99 women who were not accused (P< or =.02, .07, .001, and .06, respectively). Women and girls who were forced to cook for a soldier or fighter were more likely to report experiencing rape, attempted rape, or sexual coercion than those who were not forced to cook (55% vs 10%; P< or =.001, .06, and .001, respectively). Young women (those younger than 25 years) were more likely than women 25 years or older to report experiencing attempted rape and sexual coercion (18% vs 4%, P=.02 and .04, respectively). CONCLUSIONS: This collaborative research allowed Liberian women to document wartime violence against women in their own communities and to develop a unique program to address violence against women in Liberia.

146. **Toubia, N.** (1995). Violence - subtle and not so subtle - understanding women's reproductive and sexual rights in Africa. Women's Global Network for Reproductive Rights. **30:** 29-30.

Women face double forms of violence in the realm of sexuality and reproductive health. They face the threat of direct bodily violence both from strangers and within their own homes. They are at high risk and largely unnecessary, risk of HIV infection and other sexually transmitted diseases, of unwanted or unplanned pregnancy, and of unsafe abortion - not because of lack of scientific or medical knowledge about methods of prevention - but due to violation of women's basic rights as human beings. Denial of reproductive rights and access to reproductive health services and information acts as an insidious and pervasive form of violence, with significant consequences on their lives. The African woman faces sexual and reproductive violence in monolithic form since practices and values attributed to the power of tradition act as an effective oppressors, silencers, and most tragically eliminators of women's true voices and desires, not only in the public sphere but in their own hearts and minds.

147. **Toubia N.F, S. E. H.** (2003). "Female Genital Multilation: have we made progress?" International Journal of Gynecology and Obstetrics **82**: 251-261.

Interest curtailing the practices of female genital multilation (FGM) has increased in the past 20 years. Although the political and legal environment towards the practice is more hostile, this awareness has yet to translate itself to measurable changes in prevalence. At local level activities are shifting from a clinical, health risk, model to an understanding of the phenomenon in its social context.Under patriarchial structures of social control of sexuality and fertility, women and girls are the primary social group to suffer from as well as perpetuate the practice of FGM. With appropriate investment in psychological and economic empowerment, women are also the most likely group to resist the practice.

148. **Vetten, L.** (1998). "Geography and sexual violence: mapping rape in Johannesburg." Development Update **2**(2 (The Right to Be: Sexuality and Sexual Rights in Southern Africa)).

This article discusses preliminary findings of the Rape Surveillance Project in Johannesburg. The author presents patterns and trends in the incidence of rape, which show that most women know their rapists and that nearly half of rapes are committed in private spaces, such as the home of either the rapist or the survivor. Vetten then discusses the physical environment and timing of the rapes which occur in public or semi-public spaces. Most rapes that occurred outside of private spaces took place in isolated, poorly lit areas, or in semi-public areas during times when there is

less police or security surveillance. She makes the argument that urban planning and an increase in police surveillance in these high risk areas during the times when most rapes occur could prevent a large number of rapes. She further argues for further research and prevention strategies to address the large number of rapes which occur in people's homes.