

“Safe Sex Talk:” Negotiating Safe Sex Practices in Heterosexual Relationships

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Abstract

HIV and AIDS has become a gendered phenomenon, infecting more women than men, in sub-Saharan Africa, where heterosexual sex is the main mode of transmission. The complex interplay between power and gender is crucial for understanding who has control over when, where, and how sex takes place in heterosexual relationships. This study explores research participants' interpretations of cultural norms of gender, sexuality and power in scripted HIV prevention safe sex practice messages to determine if they shape individual behaviors in safe sex negotiation. Data is from 5 focus group discussions (n= 28) and in-depth interviews (n=7) involving men and women, conducted in Accra, Ghana. Data was transcribed and themes and patterns were identified. The analysis identified contradictions clouded participants' expectations (intentions) and actual sexual practices. Participants expect male sexual power and female submissiveness, yet present accounts of females actively engaging in sexual negotiations. Participants were more receptive to condom use than abstinence; specifically, the former allows access to male power while the latter controls male sexual pursuit. Yet, participants describe condom use as unpredictable and contradictory. Gendered sexual expectations, intentions and actual experiences described in this study are much more complex and require further attention. HIV interventions in Africa must pay attention to nuances in realistic accounts of heterosexual encounters to decipher complexities in the safe sex negotiation process.

Key Words: Gender, Safe sex, HIV and AIDS, Africa, and Ghana

1.Introduction

Clearly, HIV and AIDS has become a gendered phenomenon, infecting and affecting more women than men, especially in sub-Saharan Africa, where heterosexual sex is the main mode of transmission (Akeroyd, 2004; Magadi, 2011; Mindry et al., 2011; Nattrass, 2008; Quinn and Overbaugh, 2005; Schoepf, 1988; UNAIDS, 2010). According to recent UNAIDS (2012) statistics, about 34.0 million people worldwide were living with HIV at the end of 2011. Sub-Saharan Africa remains mostly affected with 69% of people living with HIV worldwide (UNAIDS, 2012). In 2010, reports showed that for every 10 men infected with HIV in sub-Saharan Africa 13 women become infected. In 2010 the African continent was host to more than two-thirds (76%) of the global female HIV-positive population (UNAIDS, 2010). Also, Magadi (2011) established through her multi-African country study that on average, women in sub-Saharan Africa have 60% higher risk of HIV infection than their male counterparts. While females have greater biological susceptibility to HIV infection (Quinn and Overbaugh, 2005), the difference in HIV infection can be attributed to culturally constructed notions of gender, power and sexuality that create gendered vulnerabilities for further transmissions (Gupta, 2000; Mill and Anarfi, 2002; Mindry et al., 2011; Nattrass, 2008; Orubuloye et. al, 1993; Pettifor et. al., 2004; Sorrell and Raffaelli, 2005).

The complex interplay between power, sexuality, and gender is crucial to our understanding of who has control over when, where, and how sex takes place in a given heterosexual relationship (Gupta, 2000; Pettifor et. al, 2004; Seal and Ehrhardt, 2003; Stewart, 1991). There is a broad international literature which has contributed to the understanding of gendered positions in heterosexual relationships. Research in many cultures demonstrate a complementary/oppositional status framework that structures heterosexual encounters and also defines the control a man or woman may have in the determination of sexual interactions (Devries and Free, 2010; Holland et. al, 1990; Jewkes and Morrell, 2011; Stewart, 1999). Acknowledging the multiplicity of femininities, many authors refer to a profound positioning of women as powerless, passive, and vulnerable receptacles of men's sexual passions (Akyerod, 2004; Gupta, 2000; Holland et. al.,

1990; Jewkes and Morrell, 2011; Stewart, 1999). Women's control over the progress and content of sex in a heterosexual relationship is quite limited due to the sexually passive and submissive role they assume (Holland et al., 1990). Alternatively, heterosexual male or hegemonic masculinity is often associated with cultural authority, leadership, and sexual aggression (Connell, 2000; Courtney, 2000; Noar, 2008; Seal and Ehrhardt, 2003). Therefore, men are allowed to control sexual encounters with or without the exertion of pressure, since male superiority is often assumed. (Holland et al., 1990)

Extent to which gendered sexual norms create vulnerabilities for further HIV transmissions, especially in sub-Saharan Africa, has been increasingly explored. Several studies examine the vulnerable position of African women and their in/ability to negotiate safe sex (Akeroyd, 2004; Awusabo-Asare et al., 1993; Mill and Anarfi, 2002; Orubuloye et al., 1993; Susser and Stein, 2000). In Ghana, for instance, Awusabo-Asare, Anarfi and Agyeman (1993) observed that some women have limited control over their sexuality. They also found that these women were unable to use a male partner's promiscuous behavior as an excuse to refuse sex, since male fidelity is not an expected cultural norm. In Nigeria, Orubuloye, Caldwell and Caldwell (1993) also reported that Yoruba women have a considerable ability to refuse sex when they know their partners are infected with an STD. However, this can only be done for a limited time since need to preserve the relationship forces women to give in. Cultural norms which largely tolerate male promiscuity but limit female sexual resistance to infidelity render a woman's ability to successfully negotiate safe sex practices somewhat unpredictable.

Safe sex practices, based on the "ABC" principles of delayed sexual debut (Abstinence), reduced numbers of sexual partners (Be faithful), and use of barriers to viral infection (Condoms), are commonly advocated through HIV prevention messages (Akeroyd, 2004; Lau and Muula, 2004; Poku, 2002; GAC, 2005; Kordortous, 2000). Effective negotiation of safe sex practices includes a partner's ability to not only communicate the intention to either use condom or abstain to a partner, but also the other partner's reaction to such a proposal (Kordourtous, 2000). Although effective, the popular "ABC" safe sex approach has been widely examined for its applicability in different contexts. Within health communication literature, several scholars critique this prevention paradigm for being individualistic and exclusively emphasizing protection of self and not others (Airhihenbuwa, et al., 2000; Melkote, et al., 2000; Tufte, 2005). Also, the "ABC" safe sex practices are critiqued for assuming a simple linear relationship between individual knowledge and action, but disregarding variations in political, socioeconomic and cultural contexts (Airhihenbuwa et al., 2000; Melkote et al., 2000; Tufte, 2005). In this regard, the African woman's ability to effectively negotiate condom use, faithfulness, or abstinence has been questioned, given that the cultural context offers them limited sexual abilities in heterosexual relationships (Akeroyd, 2004; Orubuloye et al., 1993; Susser and Stein, 2000).

Highlighting applicability of the "ABC" safe sex practice in diverse socio-cultural contexts is warranted. However, it is also necessary to examine how individuals interpret cultural notions of gender, sexuality, and power scripted in safe sex practice messages. This can be done only if HIV prevention safe sex practice messages are seen as cultural texts. For decades, scholars have argued that dominant HIV and AIDS discourses are value laden scripts that produce and reproduce norms and categories of people (Brijnath, 2007; Garcoin, 2011; Hart 2000; Lupton, 1995; Treichler, 1994). Cultural studies scholars critique mainstream AIDS discourses for operating upon existing ideologies to construct the disease either as a homosexual affliction, an African disease, an affliction of IV drug users, or disease of prostitutes (Austin, 1990; Kistenberg, 2003; Lupton, 1994; Lupton, 1999; Treichler, 1999; Watney, 1987). With a similar viewpoint, this paper argues that HIV safe sex practice messages rely upon, and reiterate cultural norms of power, sexuality, and gender. Consequently, interpretations of these cultural norms can shape individual behaviors in the negotiation of safe sex practice. Although studies examine gendered socio-cultural norms that inhibit the practice of safe sex (Holland et al., 1990; Shefer and Foster, 2001) little is known about how individuals read gendered sexual norms scripted in HIV safe sex messages, and if indeed they adhere to, or challenge these norms.

This study uses participant's interpretation of selected safe sex practice HIV prevention messages to explore men's and women's understanding of scripted gendered heterosexual norms. It explores if sexual norms enacted in safe sex messages are adhered to or challenged. In Africa, where HIV is gendered, studying how reproduced cultural notions of gender, sexuality, and power shape and constrain individual behaviors in safe sex practice negotiations has implications for future development of effective HIV prevention interventions. This paper draws from a larger qualitative research project that examined the meaning-making of HIV and AIDS campaign messages in Ghana (Dako-Gyeke, 2009).

2. Research Methods

2.1 Study Setting

Qualitative research, involving focus group discussions, in-depth and key informant interviews, observations, and document review, was undertaken in 2007 and 2008. These were all conducted in Accra Metropolitan Area, the core urban area within a larger region known as Greater Accra. Greater Accra region is the prime administrative, educational, industrial, and commercial center in Ghana. The region hosts approximately 16% (pop. 3,909,764 million) of the entire population of Ghana (GSS, 2011). The region also reported a 2.6 % HIV prevalence rate in 2010 (NACP, 2011).

Greater Accra region is the most urbanized and developed province with ready access to medical facilities. In addition, it is known to not only embody the nation's economic trends but it also epitomizes social and cultural transformations in the entire country. The contemporary nature of the region is very relevant to this study on HIV and AIDS, a disease commonly described as a modern-day epidemic. Accra Metropolitan Area is known to have a large circulation of HIV prevention messages a key location where the two-phase HIV and AIDS National Strategic Framework (2001-2010) was executed (GAC, 2005). The "ABC" HIV prevention principle (Abstinence, Be faithful and Condom use) was also a major component of the National Strategic Framework implemented in Ghana (GAC, 2005).

2.2 Participants and Procedures

Focus group discussions (n=28), in-depth interviews (n=7) and key informant interviews (n=4) were conducted. In addition, several participant observations, direct observations, as well as document review were conducted. Four single-sex focus group discussions (14 females, 14 males, aged 18-45), one mixed-sex focus group discussion (n=7, aged 18-35) were conducted. In-depth interviews of 3 females and 4 males were also conducted. Participants were recruited from homes and local meeting points in the city of Accra. All participants had at least high school education. Participants and international key informants were identified through prior work on HIV prevention research in Ghana. Key informants included male (n=3) and female senior-level officers from four key HIV and AIDS stakeholder organizations in Ghana (Ghana AIDS Commission, Ghana Social Marketing Foundation, CARE International, and West African AIDS Foundation).

Following ethical procedures approved by the Human Subject Review Board at Bowling Green State University, USA. The purpose of the study was explained to all research participants. Participants were their involvement in the study was completely voluntary, and that their answers would remain confidential. All participants gave informed consent for study participation. Interviews and focus group discussions were all conducted in English language and lasted between 75 and 120 minutes. English language was used for all the interviews and focus group discussions due to the fact that HIV prevention messages used for this study were all in English. All interviews and focus group discussions were audio taped. Also, journals of detailed personal reflections, descriptions and accounts of experiences were kept. All data from interviews and focus group discussions were transcribed and listened to over and over again. After this, a system that allowed for the identification of topics, themes, comparable episodes and patterns in participants' stories and experiences was adopted. These were reviewed repeatedly to be able to sort the topics and themes into larger subdivisions.

2.3 Interview and Focus Group Discussion Protocol

Interviews and focus group discussion protocols consisted of open-ended questions. All questions related to participants' interpretation of selected HIV and AIDS prevention messages, understanding of HIV and AIDS as a disease, as well as personal experiences with the disease. During interviews and discussions, participants were showed selected posters, radio and TV commercial messages on HIV prevention that have been circulated in the Ghanaian media. All HIV and AIDS communication materials (n=26) used in this study were collected from five stakeholder organizations in Ghana - Ghana AIDS Commission (GAC), Ghana Social Marketing Foundation International (GSMF), Ghana Sustainable Change Project (GSCP), Ghana Education Service, and Lintax, Ghana. Materials included HIV prevention radio messages (n=3), TV messages (n=8) and posters (n=15). Radio messages were played on a CD player for all participants to hear; also, TV commercials were played on a DVD player for participants to see. The posters, which were printed on 10 x 12 inch paper and laminated, were displayed either on tables or/and walls for participants' easy viewing. Themes presented in this paper directly relate to three HIV prevention television commercials narrated below. All three commercials show the negotiation of safe sex practice between heterosexual partners, albeit differently.

2.4 Narration of HIV Prevention Television Commercial Messages

This paper focuses specifically on participants' interpretation of three HIV and AIDS television advertisements messages- "Boys Night Out," "Sorry, no Sex," and "In the Dark".

2.4.1 Boys' Night Out

The scene opens with three young men busily preparing for a night out. In the background music is softly playing. Then the following conversation begins.

Young man 1: I will chill tonight, (Slipping his shirt on)
Young man 2: I am with you, brother (Brushing his hair)
Young man 3: Ok, guys... I have got the love thing, (Hands a packet of condoms to each friend)
Young man 1: What? Condoms? No way, I am no undercover lover.
Young man 3: But you paaaaa, look, it is not about what you wear, it is about how you mmmmmmm
(wiggles his waist to the admiration of the others)
Young man 2: Oh yeah!
Young man 3: As for me I dey fear AIDS papa. So anytime I dey walk if this thing no dey my body I no dey venture self.
Young man 1: Look at what they are saying
Young man 2: But the girls sometimes complain.
Young man 3: They say what?
Youngman 2: That it is not the same.
Young man 3: As for me I tell them say if it is not on, then it is definitely not in.
The scene ends with the three young men giving a high five to endorse condom use. Then a voice-over comes in saying, "Stop AIDS, love life."

(Source: Lintax, Ghana and GSMF, International)

2.4.2 Sorry, No Sex

The scene opens with a young man and a young woman standing at a gate. Followed by the conversation:

Young Woman: I will see you tomorrow, OK?
Young Man: OK. (Proceeds to hug the Young Woman, attempting to stroke the Young Woman's bottom. The Young Woman brushes his hands off trying to move)
Young Man: (Interrupts) Ehhh! But do you still love me?
Young Woman: Of course, since we started moving together two years ago.
Young Man: But if you do then why can't we...?
Young Woman: Look, just because I don't want to have sex with you does not mean I don't love you. Do you understand?
Young Man: I do
Young Woman: Are you sure?
Young Man: Yes, I think we can wait.
(Young man and Young Woman hug to end the scene. Voice-over: "Stop AIDS, love life")

(Source: Lintax, Ghana and GSMF, International)

2.4.3 In the Dark

The scene opens in the dark. Man and woman walks pass the camera. Their images disappear in the dark. They enter a building and lights go off. The two start to moan. Then the following conversation follows.

Man: Do we have to...

(Woman walks out of the room)

Man: No wait, please, please, please.

Woman: What is it?

Man: I will wear the love thing, I will wear the condom.

Woman: You will wear the condom?

Man: Yes, I will.

Woman: You will (smiling.)

(They move away from the camera with hands around each other's neck. Voice- over: "Stop AIDS, love life.")

(Source: Lintax Ghana and GSMF, International)

3. Results

Four major themes that emerged from participants' interpretation of these three safe sex HIV prevention messages ("Boys' Night Out," "Sorry, no Sex," and "In the Dark") are presented in this paper. All themes are relevant to gender, sexuality, power and vulnerabilities in the negotiation of safe sex practices in heterosexual interactions.

3.1 Masculine Sexuality versus Female Vulnerability

Cultural notions of gender, sexuality and power governed participants' interpretation of scripted safe sex practice HIV prevention messages. Across focus group discussions and interviews, participants expected males to exhibit high sexual drive, aggression and control. Male participants spoke of sex not only as a prominent reason for men to be in a relationship, but also as a symbol of love. Men actively pursued sex and their ability to have several sexual encounters is valued and endorsed. These normative perceptions were typified by the following statements from male participants:

For us [men] the mentality of being in a relationship is all about sex...to be honest with you. (Male, single-sex FGD)

...to be in a relationship you just want to be kpa kpa kpa (quick, quick, quick) and that is it. (Male, single-sex FGD)

Guys, anytime.... they get a girl they will go and inform their friends to come and peep for them to know what they are doing. (Male, mixed-sex FGD)

When I was in senior high school I had these friends who all the time wanted to set a record in terms of the number of girls he has been sleeping with...and they will be betting on it. (Male, IDI)

In contrast to this image of a sexually powerful male, women are expected to succumb. Women are portrayed as vulnerable entities males set out to conquer. Also, male participants spoke of women more as sexualized objects. In addition, men generally perceive sex and women as something they need to dominate. Women's expected passivity and sexual objectification are evident in the following male responses:

...guys, like to show off with the kind of women they have conquered. (Male IDI)

Men, they will like to come out to say that yes I have put this one [woman] down and I have put that one down. (Male, IDI)

...a man will do this [sex] just to show that he is a warrior when it comes to womanizing. (Male, IDI)

3.2 Safe Sex and Cultural Norm Compliance

Notions of male sexual domination and female compliance drive participants' expectations of safe sex practice negotiations in heterosexual relationships. Who initiates safe sex practice, the type of safe sex practice suggested, and how the proposed safe sex practice gets accepted or rejected must all conform to extant cultural norms governing heterosexual relationships. In this context, the female's ability to initiate safe sex practice is highly diminished and questioned. Also, it is important that the safe sex practice proposed conform to sexual norms of both partners, since deviations from these norms have consequences. These perceptions largely directed male and female participants'

attitude toward “abstinence” as a safe sex practice and also their interpretation of the proposal initiated by the female. Both male and female participants had negative reactions after watching a female initiate abstinence in “Sorry no sex” HIV prevention message:

...maybe when the lady says let us wait for sometime the man will take it to mean that you don't love me or something (Male, single-sex FGD)

The girl's initiative in the commercial is too artificial [not real], no guy can be convinced to do that. (Female, mixed-sex FGD)

When a lady says that... a guy will shun the relationship all together and go for another girl and it is the same mentality and it will continue. (Male, single-sex FGD)

The lady's suggestion for abstinence can break up a relationship...if a girl does that then the guy will avoid her. (Male, single-sex FGD)

I don't believe in abstinence because as human beings we have some sexual instinct in us. (Male, single-sex FGD)

...I think abstinence doesn't work. (Male, IDI)

3.3 Female Agency and Sexual Politics

Female participants, to a large extent, agreed with notions of male power, dominance and aggression in relation to sexual behavior. Although these are perceived as normative, both female and male participants acknowledge instances where these norms are challenged. After watching “Sorry, no Sex” HIV prevention message, both male and female participants indicated that females can assert agency, by playing on men's fear of unwanted pregnancy. Participants realize that men are sometimes forced to succumb and become obedient to the female partners wish. In line with a possible power shift female participants made statements that challenge the notion of a totally dominant male sexual power:

Although males want to have fun all the time, they are also scared of the consequence [pregnancy]. (Female, single-sex FGD)

..... you know men are the ones who are afraid of sex. (Female, single-sex FGD)

Men are afraid, therefore, they always have condoms on them... but still they think the ladies are ignorant. (Female, mixed-sex FGD)

Instances where women assert themselves were confirmed by male participants, as well. Females sometimes use their reproductive cycle as excuses to avoid sex. Although male participants agree these are just excuses, they are forced to give in. For some male participants, the immediate risk of being trapped in a marriage due to unwanted pregnancy was much more apparent than fear of HIV and AIDS. The fear of unwanted pregnancy can threaten the male position of cultural authority and power to allow females to assert themselves. Male participants gave accounts of personal experiences that indicated how female partners sometimes subvert their male power:

I am going through a similar experience. The girls will tell you that they are in their menses, or say when they have sex they might get pregnant or something like that. They are just not ready for that [sex]. (Male, single-sex FGD)

...that is another way they use to avoid sex. Or they might say they are about to have their menses...maybe they are not ready, but it is just an excuse to avoid it. (Male, single-sex FGD)

When they say that they might get pregnant you will understand because you don't also want to be a parent. So you just agree. (Male, single-sex FGD)

Sometimes you are concerned more about pregnancy than AIDS, because the person you are going out with may not be the one you want to spend the rest of your life with as your wife. So if the person comes to say they are pregnant then it will create a problem for you. (Male, IDI)

3.4 Contradictions in Condom Use Negotiation

HIV prevention messages that focused on male condom use by heterosexual partners included *In the Dark* and *Boys' Night Out* TV commercials. After watching these, participants acknowledged condom use as a safe sex practice that

needs to be negotiated. Unlike “abstinence,” male participants were more receptive to condom use, partly because it does not limit their ability to express the normative male sexual prowess. Also the presentation of male sexual motivation performed in *Boys Night Out* is very consistent with traditional masculinity. Participants believe you use condom as a precaution “if you don’t want to get infected.” However, whether the use of condoms can be successfully negotiated in any given sexual encounter, cannot be guaranteed.

The following conversation evidences the unpredictability and contradictions in negotiation of condom use. Participants gave instances where condom use can also be questioned as a relationship prolongs. It is obvious that the decision to use or not use condoms can be influenced by friends. The following extract from an in-depth interview with a male participant illustrates these contradictions:

I: ...so, do you have anything else to say about condom use?

P: ...when we talked about condoms something was triggered in my mind. I don’t think people have been using the condom consistently. I don’t think somebody will go for a new girl and will use condom continuously for six months.

I: Why?

P: Maybe when the person goes for a new girlfriend the girl may have some virus but I don’t think the guy who has gone for the girl will stay with her for year and continue to use condom for the whole year. May be he will use condoms for the first one month but after that he will not use [it] anymore.

I: Why do you say that?

P: I am talking from my personal experience. Because when I am talking with some of my friends I bring this issue up asking them if they can use condom for one year with a lady and they say after a few months you stop... after I said that then they were like yes after you have used that [condoms] for may be one month the following month you may think that now the girl has been coming to my place and she is my girlfriend so now I can put the condom aside.

This conversation shows how condom use sometimes conflicts with issues of trust and commitment in a relationship. Also, sometimes there are other intimate motivations that guide decision to use or not use condoms rather just the notion of protection. Based on these intimate sexual motivations, considerable pressure can be exerted on either partner by either partner. Evidently, there are also instances where women negotiate the non-use of condoms:

I: Why do you say that?

P: ...also, sometimes you want to go extra and see something for yourself and you will ask yourself why do I have to use condom anymore?

I: What do the girls say?

P: Some of the girls also complain. After you have used condom for the first one month they will question why. They will ask why you still want to use condom on them. They say, “what do you think of me? Do you see me as a bad person or what?”

4. Discussion

There is increased attention on gendered vulnerabilities in sub-Saharan Africa, given the high heterosexual HIV transmissions. In this study, research participants’ interpretation of safe sex practice messages were used to explore gendered sexual norms and how they shape and constrain behaviors in safe sex negotiations. Thematic analyses of focus group discussions and in-depth interviews exposes culturally appropriate gendered sexual behaviors. Participants expect heterosexual males to pursue sex, exhibit high sexual drive, and dominate sexual interactions. Alternatively, females are described as sexual objects to be pursued and conquered. In this reality, females succumb and offer sex as a symbol of love. This expectation is consistent with masculinity research that emphasizes a hegemonic view of male sexual assertiveness and control over heterosexual relationships (Courtenay, 2000; Deveries and Free, 2000). Similarly, feminist researchers identify conventions of an active, pleasure seeking, embodied masculine sexuality against a disembodied female who is expected to let sex ‘happen,’ trust to love and make men happy. (Holland et. al, 1998). In her study of gender socialization in Ghana, Adomako-Ampofo’s (2001) observes a similar pattern where male virility, strength, authority, power and leadership is encouraged against female obedience and submissiveness.

Deviations from conventional heterosexual norms are often discouraged. Participants rejected “abstinence” as a safe sex practice partly because a female’s ability to deny a male partner sex deviates from the cultural norm of who is

expected to have control over when, where, and how sex takes place in a given heterosexual relationship. A female's suggestion of "abstinence" appears to directly threaten men's power to define the nature of the relationship (Holland et al., 1998). It challenges male control over sex, regulates male pursuit of sex, and silences the exhibition of the "natural" high male sexual instinct. Participants' endorsement of conventional sexual norms and resistance to deviations from these norms clearly indicates the negotiation of not just sex, but also power. This observation has been confirmed in previous studies (Holland et al., 1990; Holland et al., 1998; Stewart, 1991). Scholars have increasingly identified heterosexual interactions as a central site for reinforcement and reproduction of male dominance (Holland et al., 1998; Shefer and Foster, 2001; Stewart, 1991).

Male sexual dominance dictates that men demonstrate sexual knowledge and experience, while female passivity suggests women remain uninformed about sexual matters. (Holland et al., 1990; Holland et al., 1998; Adomako-Ampofo, 2001; Devries and Free, 2010) This unequal positioning defines safe sex negotiation as a process between a sexually unknowing female and a sexually knowing male (Holland et al., 1990; Holland et al., 1998; Adomako-Ampofo, 2001; Devries and Free, 2010). Unfortunately, the expected female ignorance disenfranchises and denies women the opportunities to display their knowledge of sexual information and actively negotiate for safe sex (Adomako-Ampofo, 2001). On the other hand, the expected male sexual knowledge makes them reluctant to admit any knowledge deficiency (Adomako-Ampofo, 2001). In the context of high heterosexual HIV transmissions in Africa it is crucial for us to acknowledge that both expectations create gendered vulnerabilities for men and women.

Although hegemonic male power is endorsed, isolated accounts of challenge could be identified in participants' utterances. Accounts of how females use reproductive cycle as excuses to avoid sex evidence defiance to male power. It shows how women play on men's fear of unwanted pregnancy to assert themselves and destabilize male power. Conventional masculinity dictates male control. However, male power can diffuse in the light of their fear of unwanted pregnancy. Examples of female assertiveness challenge ideological notions that separate women as sexual agents from women as sexual objects. (Holland et al., 1990; Holland et al. 1998) They are, however, consistent with observations of both hegemonic and alternative behaviors among females (Devries and Free, 2010). For example, Devries and Free (2010) observed in their study of Aboriginal Canadian young people that women were not always at the mercy of their male partners' sexual desires. Women are sometimes powerful and important actors in sexual relationships. It is important to mention here that in the context of vulnerabilities for heterosexual HIV transmission, isolated accounts of female assertiveness reported in this study demonstrate only a limited sense of agency. How far females can effectively use excuses as a sustainable safe sex negotiation strategy in long term relationships must be considered.

Compared to "abstinence" participants were more receptive to condom use, as a safe sex practice. This is partly due to the fact that condom use allows men to access sexual power while still providing protection against unwanted pregnancies and HIV transmission. Despite its usefulness, participants' draw attention to the unpredictability of condom use, as well as contradictions in use. Accounts suggest individuals do not always use condoms although they are expected to, or might have had the intention. This discrepancy is due to the fact that both males and females could either exert pressure or experience pressure to use or not to use condom. In this situation females actively participate in the sexual negotiations. Usually, we would expect females to be concerned about sexual health and endorse condom use. Nonetheless, Holland et al. (1998) in their study observe women's repeated failure to use condoms, despite their expressed intention to practice safer sex. Inherent contradictory pressures operational in sexual encounters makes it difficult for a partner to ensure the consistent use of condom, especially as relationships progress and trust develops. (Manuel, 2005)

In this study, research participants' interpretation of selected HIV prevention safe sex practice messages were analysed to present a unique look at gender, power and vulnerabilities in the negotiation of safe sex. Despite the fact that participants were purposively selected for this study, it is important to caution that as a qualitative research a full range of views may not be reflected here. Therefore, it will be difficult to generalize the results of this study. Also, the context of focus group discussions may not be the best method to explore sensitive issues such as sex, sexuality and power. The public nature of focus group discussions might have hindered participants from openly expressing unpopular views. Regardless of these limitations, this study is useful for guiding the development of future HIV interventions in Africa. It provides insights into contradictions in gendered expectations and intentions and actual sexual practices.

5. Conclusion

In conclusion, this study confirms the pervasive notion of male sexual power, although in practice this may not always be the case. Females are sometimes important actors in the negotiation of safe sex. Comparatively, condom use as a safe

sex practice was generally endorsed more than abstinence. Mostly, there were concerns about how abstinence controls sexual pursuit and threaten male power. Alternatively, condom use allows access to male power while offering protection. Although preferred, condom use is unpredictable and contradictory and shows possible power shifts between partners. Undoubtedly, individuals pay attention to sexual norms when interpreting safe sex practice messages. Cultural norms are considered relevant in the negotiation of safe sex practices. However, the applicability of gendered norms to actual sexual realities and the practice of intended safe sex practices are unpredictable, given that safe sex practice decisions are impacted not only by intention and norms, but also by desires and trust. HIV interventions in Africa must pay close attention to cultural constructions of power, gender, and sexuality and yet understand how actual sexual practices may acquiesce or deviate from them. Interventions would need to get a deep understanding of actual individual sexual practices rather than broadly categorizing women's and men's experiences in an uncritical manner.

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