

# Images of sexuality and HIV/AIDS in Sub-Saharan Africa

## Voices of Ghanaian young people

 Georgina Yaa Oduro

### Introduction

The effect of HIV/AIDS on the health and socio-economic development of Africa is well acknowledged. The disease is identified as the fourth biggest killer of people (UNAIDS, 2005). Although a little more than one-tenth of the world's population lives in Africa, the continent is host to the highest number of infected people (64 per cent). Most poignant in Africa's HIV/AIDS story is that the majority of those affected by the epidemic are women (17.6 million), children under 15 (2.2 million) and young adults aged 15 to 24 (10 million) (UNAIDS Epidemic Update 2004). Writers such as Lear (1995), Tonks (1996), Klein (1992), Holly (1989), Allen (1999) and Pattman and Chege (2003) agree that the stage of adolescence is associated with emotional desires.

In Ghana, the disease is generally reported to be slowing down. The national prevalence rate as at 2007 was 1.9 per cent (National Surveillance Report, 2007); yet a marginal increase has been noted

among the 15–24-year-olds. From 2.4 per cent in 2006, the prevalence increased to 2.6 per cent in 2007 in this age group (ibid.). This has raised alarm in the country, causing the Ghana AIDS Commission to conclude that the disease carries a 'feminine and youthful face'. Research has established that young people are found to be vulnerable to HIV/AIDS because adolescence is the period when sexual orientations and identifications form and sexual explorations begin (Tonks, 1996). In African societies where public discourse about sex is culturally frowned upon and where young people are discouraged from talking about sex, understanding how the youth perceive the HIV/AIDS phenomenon and their sexuality is necessary to facilitate the impact of HIV/AIDS educational programmes. In this paper, I present preliminary findings of my PhD study that seek to utilise the voices of young Ghanaians to explore their own knowledge and constructions of the HIV/AIDS disease and how they are reflected in their sexual practices and identities.

The study, which involved 80 Ghanaian in-school and out-of-school young people (both males and females) aged between 14 and 19, was carried out through a qualitative research design with a focus on feminist phenomenology. Five different data collection methods (focus group discussions, interviews, drawings, essays and stories) were used to explore how young people themselves perceive the HIV/AIDS disease, the meanings they make of the numerous educational programmes they encounter, and how their sexuality and practices reflect their knowledge of the HIV/AIDS disease.



*Drawing 1. One young person's view of the AIDS disease*

### Emerging images and voices of young people

Prior to my fieldwork, I had been influenced by the generally held belief that the cultural values upheld by Ghanaians restrict young people from talking about their sexual behaviour (Awusabo-Asare et al., 2004; Adomako-Ampofo, 2006). Yet experience from my study suggests strongly that when a non-threatening atmosphere is created for the youth, when enough rapport is built with them, and when trust as well as confidence is established with them, they feel encouraged to voice their feelings on sexuality and their knowledge of the HIV/AIDS disease. Below are some of the young people's drawings and thoughts on sexuality and HIV/AIDS, and as I look at them now, one question that springs to mind, which I find critical to parents, teachers, social workers and the Ministry of Education, is: 'How well do we, as Ghanaian adults, know and understand our young people in matters of sexuality and HIV/AIDS?'

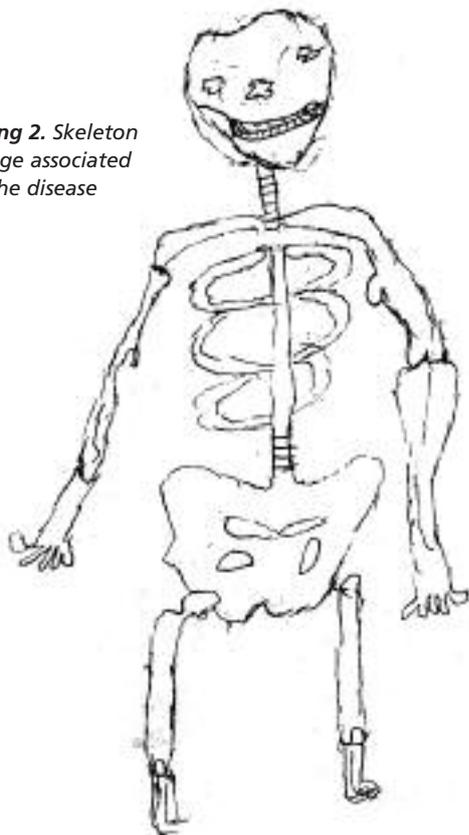
### Young people's perceptions of HIV/AIDS

Young people were asked to draw and discuss how they see the HIV/AIDS disease. The most common images were those of people with spots and rashes all over their bodies, as well as emaciated, skeleton-like people (see sample drawings).

Drawing 1 depicts someone who is infected with the AIDS virus and who is remorseful and calling on God. Below are drawings of a human skeleton and a bedridden patient. All the images show the person at the terminal stage of the disease.

Drawing 4 shows images of condoms and syringes – all items associated with the HIV/AIDS disease. The primary source of infection in Ghana is sexual intercourse, as represented by a condom, and yet the condom can also be associated with protection. The role of educational bodies is represented by an informational van, while the role of syringes in the HIV/AIDS phenomenon seems to be understood. Drawing 5 depicts the HIV virus that causes the AIDS disease, and the manifestation of the disease through rashes. The drawing further projects the gendered nature of HIV/AIDS in Ghana as it shows a female with the disease. It is, however, not surprising that the feminine nature of the disease in Ghana is presented here since literature suggests that the first record of the disease was associated with female prostitutes returning from neighbouring Ivory Coast (Agadzi, 1989; Radstake, 2000). Also revealing is the knowledge of the role of the HIV virus in the AIDS menace, since the virus cannot be seen by the naked eyes.

**Drawing 2.** Skeleton as image associated with the disease

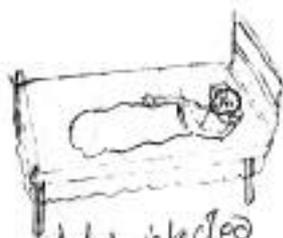


### Worry over sexual relations: pregnancy not HIV/AIDS

During focus group discussions and individual interviews, the gendered nature of condom responsibility in young people's sexual relationships was prominent. While sex was acknowledged by the young people as being a joint affair between boys and girls, boys expected girls to take responsibility for initiating condom use with the explanation that girls are more prone to pregnancy and are more likely to suffer the consequences of pregnancy. On the question of risks associated with sexually transmitted diseases (STDs) and AIDS, most young people were of the view that AIDS only affects a certain category of people, such as prostitutes and those engaged in multiple sexual relations. A common trend in their worries of engaging in a sexual act was the fear of becoming pregnant rather than contracting AIDS. This is exemplified by comments such as:

*Personally, I never think of AIDS or STDs when I plan to have sex with a girl ... my only worry is not to make someone's daughter pregnant. Impregnating the girl is my headache and not the STD. (boy, 17)*

*I recognise that AIDS is a problem, but how many people are infected with AIDS in this community? But a number of young girls are pregnant with no husbands and are struggling to look after themselves and their babies, so pregnancy is my problem not HIV/AIDS. (girl, 16)*



**Drawing 3.** Bedridden patients

*A boy injected with HIV/AIDS  
He is not strong and grown (aged)  
So he can't walk.*



*A girl injected with HIV/AIDS  
This girl is so slim and he can't walk*

*Oh madam, my problem is to ensure that I don't become pregnant, that is why I think it is necessary for young people like me to use condoms. Pregnancy shows very fast but AIDS will take years to show, that is why I always ask my boyfriend to use it. But he answers me that 'toffee cannot be eaten in its wrapper'. (girl, 15)*

From the voices quoted above, it is obvious that the young people in my study were more worried and afraid of pregnancy than of contracting HIV/AIDS when having sexual relations. The majority of them attributed the fear of pregnancy to the fact that pregnancy has immediate effects on their lives while AIDS takes years to manifest. If these notions are true among young people across Ghana and in Sub-Saharan Africa, then this has implications for the HIV/AIDS educational programmes because sex is the common denominator for pregnancy, AIDS and STDs.

**Precautions against HIV/AIDS**

When asked to express their views on the ways in which young people could avoid contracting the HIV/AIDS disease, the following strong voices of peer caution emerged. Firstly, the girls:

*Some girls do not want to use condom, they want plain banana (referring to the male sex organ). Please and please use condoms so that you will not get HIV/AIDS. (girl, 14)*

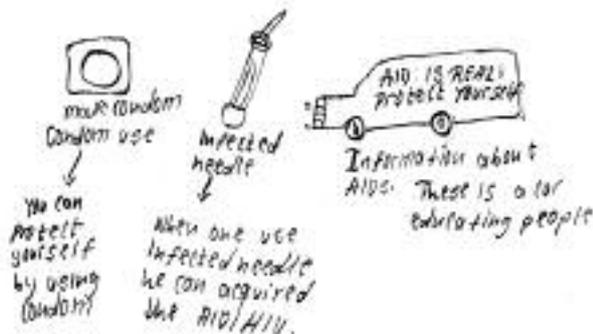
*If you are a girl and boys say to you that he loves you, please don't give yourself to the boys ... If you give yourself to the boys they will use you. So protect what God has given you. Be careful – AIDS is not a good disease. (girl, 17)*

*Even if you trust the man, don't give yourself to the man. The man will sleep with you and then say goodbye to you. (girl, 15)*

In contrast to the girls, who directed their caution at themselves, the boys were concerned with what they considered to be tempting and indecent dress by the girls. The quote below illustrates the common caution given by the boys:

*If you are a girl don't show your mangos (referring to the breasts) to boys and tempt them. Dress properly so that they don't eat you (the expression 'to eat you' simply means to have sex with girls). (boy, 15)*

The above quotes suggest that young people do have underlying concerns, worries and uncertainties as they channel their way to adulthood, especially in their sexual identity formation and practices in this era of HIV/AIDS.



**Drawing 4.** Image of condom, syringe and informational/educational van

**Implication for policy**

The fact that the young people in my study expressed more worry and fear about the possibility of getting pregnant than contracting HIV/AIDS raises questions about the content effects of HIV/AIDS educational programmes on Ghanaian youth. The voices of young people should be given prominence when reviewing the Sexuality and HIV/AIDS curriculum in schools. This is because unless young people are taught how their sexual behaviour can affect their health, the threat of contracting HIV/AIDS will continue to undermine the country's development agenda.

Teachers must also be encouraged to be confident in teaching sexuality, since young people find topics around sexuality and HIV/AIDS interesting and illuminating. With the gradual disappearance of puberty rites and sex education in the traditional setting, young people are looking to their school and other social institutions like the church to take over that role and to teach them fully how to understand their own bodies and sexual identities and relate these to their behaviour and sexual practices in an era of HIV/AIDS.

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**Drawing 5.** Drawing of a virus and infected girl with rashes all over her body

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**GEORGINA YAA ODURO**, a citizen of Ghana, is a PhD student of the Faculty of Education, University of Cambridge (UK), researching the topic 'Gender relations, sexuality and HIV/AIDS education: a study of Ghanaian youth cultures'. Prior to engaging in the sensitive research domain of Sexuality and HIV/AIDS Education, she worked with the University of Cape Coast, Ghana, as an Assistant Registrar. She holds an MA in Human Resources Management from Westminster University. Her research interests include Gender and Sexuality, Youth Cultures and Occupational Health and Safety.

