

The Realities of 'Choice' in Africa: Implications for Sexuality, Vulnerability, and HIV/AIDS

Plenary Address and Panel Discussion: 'Choice, Sexuality, Vulnerability, and HIV/AIDS'

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For the last couple of weeks, as I've thought about what I wanted to talk about today, I've been fixated on the term 'choice' and the ways in which this phenomenon plays out in many of our African contexts. The very word, for me, immediately invokes questions which a conference such as this one provides the space for us to consider. First question: What are the realities of 'choice' in African settings and how do these realities shape sexualities, vulnerability, and the HIV/AIDS pandemic on the continent?

I was browsing through the conference agenda and I noticed that a key slogan of this conference is the following empowering phrase: *'My Sexuality, My Choice, My Right'* – and since the phrase is italicized, I read it with an emphasis on the word *'my.'* Despite the liberating effect that these words undoubtedly have, in considering them, I was confronted by a series of questions: To what extent is choice an individualistic and linear phenomenon in African contexts? What do we gain by making the assumption that it is? What do we lose by addressing the possibility that it might not be?

If we talk about 'choice' without considering how this concept is embedded in (and, thus, informed by) perceptions of 'culture', prescriptions by religion, economic realities, the realities of stigma and discrimination, and the legitimized censoring of sexual and reproductive health information, for instance, how much 'choice' are we really offering to prospective rights-holders? Are we merely holding forth an ephemeral concept?

I'm convinced that, in many African settings, when we employ this term, we are rarely talking about a singular choice. More often than not, we're grappling with a multiplicity of choices and players/stakeholders – some of whom (or of which) prevail today, others of which may prevail

tomorrow. A key question therefore seems to be: In each instance in which choice emerges as an issue, *whose* choice prevails; *how*; and *why*? And what are the implications of these dynamics for sexuality/sexualities, vulnerability, and HIV/AIDS?

To explore this issue, I could introduce any number of topics that intersect with the broad topic of 'choice, sexuality, vulnerability, and HIV/AIDS.' I could talk about young people living with HIV and the ways in which their choices are constrained and their sexuality is forcibly shaped by censoring much-needed sexual and reproductive health information, or by prescribing what sexuality should mean for them. I could focus, for instance, on people living with disabilities. I could talk about coercive sex and the utter lack of choice. With the allotted time, however, it is impossible to touch on every imaginable issue. I am therefore limiting myself to just one concrete, vivid scenario to illustrate these points further. The scenario centers on married couples. There was a time when married people were seen as being among the least interesting research 'subjects.' Those days are gone. As we now know, marriage is no longer necessarily a sanctuary of sexual safety (Glynn et al., 2003; PAI, 2008). Given the reticence toward the use of condoms within (as opposed to outside) marriage (Chimbiri, 2007), marital sex in Africa is now increasingly acknowledged as amounting to risky sex.

In the last 3 months or so, I have become acquainted (either directly or indirectly) with five heterosexual women in the city that I work in, all of whom are either currently married or were once married to men who have sex with men. Most decided to dissolve the union once they became aware of this reality. One is currently in the process of deciding what to do next – whether to leave or stay. From my perspective as a qualitative researcher, an 'n' (i.e., sample size) of 1 is as 'significant' as an 'n' of 5 or 500. As a qualitative researcher, I was struck and intrigued by the common themes that emerged from the stories of these women. They were all initially pleased and, indeed, relieved, to observe that their partners seemed to have little interest in other women because that gave them the impression that they had 'married well,' choosing committed men to spend the rest of their lives with. Secondly, they were all

similarly concerned, puzzled, and hurt by their husbands' lack of sexual desire – which they later came to realize was a lack of sexual desire for them as women. Thirdly and most strikingly, most of them were proactive about employing carefully-crafted strategies for enhancing their husbands' sexual desire. Their stories were strikingly similar – to the extent that several of these women picked out the same exotic location, took their husbands on a trip there, armed with sexy negligee, and on a mission to get their sexual needs met. The efforts of each of these women failed miserably. In one instance, the woman was shunned and accused by her spouse of being hypersexual. Ironically, she was a newly-wed and had only had sex twice in that year. In another instance, the woman's spouse was so repulsed by the idea of having sexual relations with his wife that he vomited.

The question is: Who is exercising choice in a scenario such as this? Is it the men in this example, who had their sexual liaisons with other men on the side (and were therefore being 'true', in a sense, to their sexual orientation), but at the same time sought out marriage partners of the opposite sex, perhaps to fulfill societal/familial obligations? Is it the women, who chose these men as life partners – women who, for the most part, chose to leave their husbands, even though a dissolved union is not what any of them really wanted? This is an example that demonstrates that our choices are often informed by many factors other than ourselves or what we truly desire.

As I'm sure we can appreciate, 'choice' – though it has been an important buzz word for a long time, once unpacked, can be seen as a much more complex concept that its simple name suggests. As a poignant example of how choice and sexuality are intertwined with vulnerability, one of these women – the one that is yet to make up her mind about what to do about her situation – is now most likely HIV-positive. Incidentally, all of the men in this true story happen to be living with HIV, although none of their wives were privy to this critical piece of information.

How much choice do we have if we can only be our authentic selves in a clandestine fashion? How much choice do any of us really have when we lack relevant information? The lack of knowledge,

which translates into lack of true/informed choice, gives rise to vulnerability, and plays a major role in fuelling the HIV pandemic.

I, personally, love the liberty that informed choice can afford. I'm all for choice provided it is allowed to develop in a stigma and discrimination-free environment, and in an environment replete with comprehensive sexual and reproductive health information. I'm all for choice provided it refers to careful and considerate choices – because without care, consideration, and responsibility, *my* choice can mean *your* vulnerability.

In the words of Rosalind Petchesky, 'We all share a sexuality with its capacity for erotic pleasure, fantasy, exploration, creation, and procreation, as well as danger and abuse. We all share a body, with its capacity for health and wellbeing as well as disease, deterioration, violation and death' (Petchesky, 2005, cited in Jolly, in press). And, might I add: we all share a choice. This is why information and knowledge, openness and honesty/truth are so critical. Information and knowledge make room for true choice to exist. Openness turns shame and secrecy on their heads and makes room for honesty, thus ensuring that true choice thrives. In our presentations during this conference, therefore, I look forward to learning, to gaining information and knowledge from all of you, to being inspired by our openness and truthfulness as a group, in order to move this continent closer to the achievement of sexual health and rights.

Thank you.

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