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Promoting Safer Sex Through Pleasure: Lessons from 15 countries

WENDY KNERR AND ANNE PHILPOTT

ABSTRACT *The pursuit of pleasure is one of the primary reasons people have sex; and sex is the most common way people contract HIV worldwide. Yet information about how to have (or deliver) pleasurable sex and stay healthy are largely missing from health resources and HIV prevention campaigns. Wendy Knerr and Anne Philpott explore how 'erotophobia' in the health and development sectors is hindering effective safer sex promotion, and highlight best practices from The Global Mapping of Pleasure, 2nd Edition, a collection of case studies on pleasure and safer sex communication from countries and contexts around the world.*

KEYWORDS *erotophobia; eroticization; sex; empowerment; condom; HIV prevention*

Introduction

People have sex for many reasons, for example: love and affection, conformity, recognition, power, stress reduction (Browning *et al.*, 2000), for reproduction, as part of a social contract such as marriage, or to earn a living. However, sexual pleasure remains a highly significant, if not primary, motivating factor for sexual behaviour (Pinkerton *et al.*, 2003; Rye and Meaney, 2007; WAS, 2008). Since HIV is spread mainly through sexual transmission (Over and Piot, 1993; WHO, 2003; Boyce *et al.*, 2007),[1] efforts to prevent HIV need to consider the role that sexual pleasure and desire play in sexual behaviour (WAS, 2008).

In the past, pleasure and eroticization[2] have been elements of grass-roots-level HIV interventions – for example at the beginning of the HIV epidemic in programmes designed by and aimed at men who have sex with men in some high-income countries (Patton, 1989). But this has rarely been the case among other risk groups, in large-scale or state-sponsored programmes, or in the context of international development. Safer sex promotion campaigns and research have been and continue to be overwhelmingly negative, focusing on fear, risk, disease and the negative outcomes of sex (Singhal, 2003; Ingham, 2005; Philpott *et al.*, 2006).

The result is a gap between people's sexual desires and behaviours, and accessible information about how to act on those desires in a healthy way. The health and HIV prevention sectors have an opportunity to fill the gap with information about safer sex

which reflects people's real sex lives and desires, and the pleasure industry and media have the opportunity to portray pleasurable safer sex as the norm. For this to happen, however, those of us in the health world must examine the erotophobia[3] that plagues much of our work; and the wider society must examine the widespread resistance against depicting safer sex in erotic media.

Research has demonstrated that eroticizing safer sex can be a more effective way of changing behaviour and knowledge, although this research has been undertaken in limited contexts – mainly with university students in North America (Scott-Sheldon and Johnson, 2006). Clearly, more research is needed (Knerr *et al.*, 2008), but this should not stop those of us in the health and development sectors from exploring why organizations that aim to improve sexual health avoid the issue of sexual pleasure in designing programmes. And it should prompt us to ask: if 'sex sells' everything from toothpaste to cars, why are we not mobilizing the power of sex and desire to promote safer sex as a force for good?

To jump-start this exploration, we can learn from the ways that people *are* using the power of pleasure and eroticism to promote safer sex and well-being. *The Global Mapping of Pleasure, 2nd Edition* (http://www.thepleasureproject.org/section6/) was developed with this in mind. It is a collection of 47 case studies of individuals and organizations around the world that use pleasure and eroticism to promote safer sex. The case studies give examples from six continents and many countries, and for many target groups, of how safer sex and sex education can be promoted in a positive way by considering the role of pleasure and desire.

It was first published in 2004 with the support of CARE International/CARE Cambodia, as a training tool for sexual health educators in Cambodia. In 2008 The Pleasure Project updated and expanded it with support and funding from the Realising Rights Research Programme Consortium.[4] It was compiled through face-to-face, telephone and email interviews with key contacts, or from online sources, conference proceedings and personal observations, by a team of researchers based in Australia, India, the UK and the USA.

The case studies highlight organizations or projects which

- promote safer-sex practices;
- have primary messages (e.g. promotional materials, packaging, web pages, documents, etc.) that treat sex/safer sex in a positive or empowering way and avoid focusing on disease or negative outcomes of sex;
- eroticize safer sex; and
- are practical, real-world examples of tools and methods for eroticizing safer sex (rather than hypothetical, theoretical or conceptual examples of eroticizing safer sex).

What does the Global Mapping tell us?

At the outset, we identified issues to explore during the course of the research, which formed the basis of our interview questions. The following are some of the answers we found, highlighting themes and commonalities, and, in some cases, the need for further exploration.

How do practitioners motivate safer sex through pleasure, and how do we 'get our pitch right' for marketing condoms as pleasure enhancement tools?

People and organizations have motivated safer sex through pleasure by having a deep understanding of their target audience and uncovering what is (or is not) sexy and erotic for that audience. This was often achieved through surveys and focus groups (e.g. the work of SAATHII with men who have sex with men, and men who sell sex, in West Bengal, India; and the Victorian AIDS Council's website for gay men in Australia). In some cases, what was sexually pleasurable was considered common knowledge; in others, the first step was to open up dialogue and help people to become more comfortable talking about sex and what they find pleasurable. Through this process practitioners have uncovered what their target audience defines as sexy – or in the case of selling sex, what clients find sexy – which forms the basis for pleasure-focused interventions (e.g. the work of St James Infirmary in the USA, which discusses

pleasure with sex workers through its telephone helpline, and Empowerment Concepts, which did sexy marriage preparation counselling with the Catholic church in Mozambique).

Some practitioners (e.g. The Pleasure Project, and The Sambhavana Trust, with its 'economics of pleasure' workshops for male sex workers) designed pleasure-focused and eroticization interventions by documenting the ideas and experiences of the groups they work with and sharing those ideas with other groups through workshops and learning materials. Other groups (e.g. Making Sex Work Safe workshops in Asia and the Pacific) created an environment where workshop participants could teach each other.

How does 'erotophobia' in the AIDS world affect the ability to encourage safer sex? Why has pleasure been ignored in discussions of safer sex and prevention?

These are questions we asked many of the interviewees to get a sense of the challenges they face in pursuing what could be seen as an unorthodox or taboo way of promoting safer sex. For example, when Jasmir Thakur of the Sambhavana Trust, India, was asked if the HIV world is erotophobic, his response was: '110 per cent – they just miss obvious opportunities, like when a person gets a negative HIV result, this is an ideal opportunity to counsel about pleasure and safer sex – but they don't … .'

Other people said creating an effective resource or intervention requires getting specific about the sex their target audience is having – or wishes to have – and about how to have that sex safely. This means providing detailed information about 'how to do it', often using language more commonly used with sexual partners rather than words from the medical or health promotion world, which treads on taboo territory in most cultures and contexts. This was particularly relevant in the interviews with organizations that work with sex workers (e.g. St James Infirmary; Making Sex Work Safe workshops in Asia and the Pacific; X: Talk Project, UK), and with men who have sex with men (e.g. Terrence Higgins Trust (THT) Hard Cell website, UK). This could reflect stigma related to discussing homosexuality and sex work in most cultures, along with a wide range of other factors. It is also worth noting that the discourse on HIV prevention, family planning and safer sex has emerged primarily from the biomedical world, where the idea of sex for pleasure has rarely been discussed.

Has pleasure been used as a tool for empowerment, especially for women? And can the sexual health sector promote women's right to pleasure as an HIV prevention tactic and means for empowerment?

Many respondents indicated that by eroticizing safer sex they aimed, at least in part, to empower people to be able to negotiate safer sex. Dorothy Aken' Ova of INCRESE in Nigeria, however, sees empowerment as key to her work. She commented: 'If this delicate, taboo thing – sexual pleasure – could be negotiated by women, than almost anything can be negotiated'. Aken' Ova and others believe that enabling women to pursue their own pleasure, and making women's pleasure a priority, can empower women in other areas of their lives. In projects where sex workers are given training to better enable them to provide pleasure to their clients while lowering health risks, this involves improving their existing skills through, for example, language training or condom usage skills to enhance client recall. The aim is economic and social empowerment (e.g. the Institute of International Social Development, UK; People's Health Organisation Kama Sutra education and The Sambhavana Trust, India; and X:Talk Project, UK).

What are some of the personal, institutional and funding barriers to inclusion of pleasure and eroticism in campaigns and projects?

Issues around eroticism and sex are often the subject of controversy, and applying eroticism to safer sex and sexual health is no exception. Among the respondents who discussed barriers to this work, challenges were noted both from external forces and within organizations. For example, a few respondents noted that sex educators

and counsellors may have personal nervousness or resistance to discussing some forms of eroticism, desire and sex (e.g. INCRESE, Nigeria, and The Sambhavana Trust, India). External challenges were mentioned more often. For example, Hindustan Latex Limited's (HLL) vibrating condom, Crezendo, was banned in one state in India because it was considered a sex toy in the guise of a condom (http://marketingpractice.blogspot.com/2007/08/crezendo-passport-to-republic-of.html). Work with and for men who have sex with men in India also encountered major challenges since anal sex is regularly interpreted as illegal (e.g. SAATHII, and Naz Foundation). UK erotic film director Anna Span explained the difficulties experienced by porn actors with using condoms on set, and with marketing and selling porn films that feature what is considered 'too many' condoms by distributors. THT in the UK, which created the Hard Cell website for safer same-sex bondage, discipline, sadism and masochism (BDSM), discussed the fact that 'pressure' groups, which often have religious affiliations, constantly monitor its publications, 'looking for something to get "scandalized" over' and to publicly lobby against THT's work, although this was not only related to projects with an erotic element. THT also said that the mainstream press has caused problems in the past for agencies doing supposedly 'controversial' sexual health promotion for gay men. 'A lot of people won't understand why we're doing it, including a lot of gay men who may not approve', said Richard Scholey from THT. Some country offices of social marketing company DKT International mentioned that they tread carefully to avoid censorship of or backlash against campaigns by avoiding promoting products through certain mainstream media (e.g. they have avoided television advertising in Indonesia). On the other hand, negative press was noted by DKT and another social marketing organization, HLL, as a positive, in that it generated publicity for their products.

In contrast, Sensoa in Belgium, with its 'Good Lovers' and 'Talk about sex!' campaigns for young people, expected a backlash, but there was none, partly because they made the health intentions of their provocative campaign very clear from the outset. And Ngozi Iwere of the Community Life Project (CLP) in Nigeria, which works with couples in a faith-based setting, said, 'There has been no resistance within the churches because you can find a lot of things within the church to support pleasure in marriage… The success of this work is the whole package – it succeeds because it is in the broader framework of relationships'.

How do sexual health counsellors and educators get people talking about sex and pleasure?

The Pleasure Project's experience training counsellors to become more comfortable discussing sexual issues is echoed in many of the examples from this research. Our trainings with sexual health counsellors from CARE Cambodia and the UK's Positively Women (which works with and for HIV-positive women), as well as St James Infirmary's experience of counselling sex workers in the USA, indicate that creating a safe and non-judgmental space is an essential first step. The CARE Cambodia training and the work of CLP in Nigeria highlight the importance respondents put on discovering what beneficiaries really want to know – in Cambodia, we found they wanted more basic information about sexual response, while CLP's experience was that men wanted more than just HIV information; they wanted to know about sex, drugs and, especially, impotency, which was cited as a motivation for many extramarital sexual relationships.

Some respondents said that educators and counsellors can start a discussion about sex and pleasure by giving advice on how to increase the pleasure for one's partners (e.g. The Sambhavana Trust, Hindustan Latex Family Planning Promotion Trust's Velvet female condom campaign and TARSHI, in India). Understanding whether participants would prefer intimate discussions to take place in either single-gender groups or with mixed groups was key for Empowerment Concepts in its work with faith-based communities in Mozambique. And the need to engage men in discussions and activities related to sexuality, safer sex and pleasure was particularly noted by INCRESE and CLP in Nigeria.

Simply asking the right questions was a notable factor in the work of St James Infirmary, where asking sex workers the novel question 'What do you enjoy about your work?' opened up conversations about how to do their jobs while practising safer sex. Finally, putting safer sex and pleasure into the wider context of life and relationships is a crucial factor in some work, particularly with couples and faith-based communities (e.g. CLP and Empowerment Concepts), but also with men who have sex with men (Naz Foundation, India).

Next steps on the pleasure path

Throughout this research, the level of creativity and depth of thought that sex educators and programmers use to connect desire with safer sex – often in small or sparsely funded programmes, and in conservative environments where discussing sex at all is highly taboo – is remarkable. *The Global Mapping of Pleasure* reflects the pioneering spirit and brave efforts of these organizations, which are blazing a trail for sex-positive work around the world.

It is now crucial to follow up this research by building a more comprehensive evidence base for sex-positive and pleasure-focused safer-sex work. We must identify where and with whom pleasure is an effective tool to promote safer sex, and scale up erotic sex-positive programmes so they reach more people and begin to reduce the ill health and adverse consequences of unsafe sex worldwide. The Pleasure Project will publish a report in 2008 (Knerr *et al.*, 2008) which aims to increase understanding of the existing research related to pleasure promotion and eroticization of safer sex, and to examine the contexts in which pleasure promotion may be effective or ineffective, and to what degree, as a basis for further research.

Notes

1 HIV is transmitted through: unprotected penetrative (vaginal or anal) and oral sex with an infected person; blood transfusion with contaminated blood; by using contaminated syringes, needles or other sharp instruments; from an infected mother to her child during pregnancy, childbirth and breastfeeding (UNAIDS Fast Facts about HIV, (http://data.unaids.org/pub/BaseDocument/2008/20080501_fastfacts_prevention_en.pdf, accessed 26 May 2008).
2 According to Scott-Sheldon and Johnson (2006): 'Eroticization was defined as any sexually arousing, exciting, or pleasurable material that was used to promote safe sexual behaviour'.
3 Erotophobia is a psychology term that describes sexuality on a personality scale. Erotophobes score high on the end of the scale characterized by expressions of guilt and fear about sex. Erotophobes are less likely to talk about sex, have more negative reactions to sexually explicit material, and have sex less frequently and with fewer partners over time. In contrast, erotophiles score high on the opposite end of the scale. Erotophilia is characterized by expressing less guilt about sex, talking about sex more openly, and holding more positive attitudes toward sexually explicit material.
4 Realising Rights (www.realising-rights.org) is a Research Programme Consortium led by the Institute for Development Studies (IDS). It is funded by the UK Department for International Development (DFID); however the views expressed do not necessarily reflect those of DFID.

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