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**The Pleasure Project**
P.O. Box 1502
Oxford OX4 9ED UK
+44 (0)7962 545 160
info@thepleasureproject.org
www.thepleasureproject.org



**The Pleasure Project** (www.thepleasureproject.org) is an international education and advocacy organization working to eroticize safer sex. It builds bridges between the health sector and the sex world, and helps to develop the evidence base for a sex-positive approach to safer sex. It promotes sexual health and prevention of sexually transmitted infections, including HIV, by encouraging sex education with an emphasis on 'good sex', and by focusing on one of the primary reasons people have sex –- the pursuit of pleasure.

The Pleasure Project provides training, consultancy, research and publications for sexual health counsellors, NGOs and others who want to take a more sex-positive approach to their work, and it helps erotic media producers to incorporate sexy safer sex into porn films and other media. The Pleasure Project was started in 2004 at the International AIDS Conference in Bangkok and since then has provided condom consultancy for erotic films and pleasure proficiency training for sex educators, and has mastered the art of erotic condom demonstration.

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- BRAC University (Bangladesh) with partners in the South Asia region
- Centre for Gender Studies and Advocacy at the University of Ghana (Ghana) with partners in West Africa
- The Interdisciplinary Women's Studies Nucleus at the Federal University of Bahia (Brazil) with partners in Latin America
- Social Research Centre at the American University in Cairo (Egypt) with partners in the Middle East
- Institute of Development Studies (UK) (coordinating organization)
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**Pathways of Women's Empowerment RPC**
Institute of Development Studies at the University of Sussex
Brighton, BN1 9RE UK
+44 (0)1273 678490
pathways@ids.ac.uk

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# Everything you wanted to know about pleasurable safer sex but were afraid to ask.

## Twenty questions on sex, pleasure and health

Wendy Knerr and Anne Philpott

the pleasure project®

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**Design by Marten Sims // marten@martensims.com**

# Contents



## Limitations (or, "We did our best")

This review came from an original evidence review of women's empowerment and sexuality. It is based on the available and admittedly limited research that exists on safer sex, sexuality and pleasure (see Question 20 for more information on our methods). As a result, some topics are not represented as equitably or prominently in this publication as we would have liked. For example there has been severely limited research on the sexuality, pleasure and safety of lesbians and transgendered people, thus these groups (and issues related to diverse sexual identities in general) do not feature strongly in this publication. In addition, because most research on sexual health and sex education (and on many psychology topics) has taken place in high-income countries, particularly the United States, there are significant and troubling geographical and contextual biases in the understanding of sexuality and pleasure, which are inevitably reflected in this publication. While we acknowledge these limitations, we hope this document can enable practitioners to enhance their sexuality education and sexual health programmes and activities, while giving researchers, funders and programmes evidence and encouragement to consider increasing their focus on sex and pleasure for people of all sexual identities and in all settings and contexts.



# Why do people have sex?

**Quick and dirty answer: People have sex for many reasons, and sexual pleasure is primary among them.**

> "Pleasure is arguably, if not definitively, the single most powerful motivating factor for sexual behaviour."
>
> – World Association for Sexual Health (WAS), 2008

**Sexual activity can be consensual or forced, pleasurable or not. It can involve one person, two people or many people, of any gender, and it can serve a wide variety of needs.** People have sex for many reasons: love and affection, bonding, conformity, recognition, power, stress reduction (Browning et al., 2000), for reproduction, as part of a social contract such as marriage, in response to pressure or coercion, recreation or play (Rye, 2007), or to earn a living.

However, sexual pleasure remains a highly significant, if not primary, motivating factor for sexual behaviour (World Association for Sexual Health (WAS), 2008; Rye and Meaney, 2007; Pinkerton et al., 2003). Since HIV is spread mainly through sexual transmission (e.g., WHO, 2003; Over and Piot, 1993; Boyce et al., 2007) , efforts to prevent HIV need to consider the role that sexual pleasure and desire play in sexual behaviour (WAS, 2008).

# 2 Is sex rational?

**Quick and dirty answer:**
It can be, but that depends on what you mean by 'rational'. Decision making is influenced by desire, biology and other needs, and sometimes even unsafe sex can be a very rational choice.

**The psychology literature includes various studies on how people make decisions about sex and safer sex, and how this might influence risk-taking behaviour.** The actual psychological processes which lead to risk-taking behaviour are not well-understood, especially when it comes to sex (Janssen and Bancroft, in press). However, there are indications that the great majority of HIV prevention interventions, which largely focus on risks rather than benefits of sex and safer sex, are missing the mark (Albarracin, 2003).

Many biomedical interventions aim to improve knowledge and awareness of health risks as a way to reduce risk behaviours. This is based on the assumption that individuals weigh the pros and cons of a sexual act and consider the potential consequences (often referred to as 'rational' decision making). Various studies, however, argue that this is a 'rationalist fallacy' – decisions about risk-taking, particularly with regard to sex 'in the heat of the moment', are rarely made in a conscious or 'rational' frame of mind (Boyce et al., 2007). While interventions based on so-called 'rational' decision making have been shown to be effective in increasing people's health knowledge and improving their attitudes to safer sex, they do not necessarily increase safer-sex practices (Albarracin et al., 2003).

In 'Putting sexuality (back) into HIV/AIDS', Boyce et al. (2007) point to inappropriate approaches to sexuality and rational models of sexual behaviour as key reasons for the failure of HIV prevention efforts. Interventions which seek only to increase people's knowledge about health risks are unlikely to be effective, they say, because sexual behaviour is motivated not simply by health, but also by desire (Boyce et al., 2007). A study of young people in Vietnam reinforces this, concluding that:

> "[s]exuality is perceived in direct opposition to everyday modes of consciousness and to the capacities for rational planning and self-control which youth normally consider themselves to possess" (Gammeltoft, 2002, p490)."

This is not to say that young people do not exercise control over their sexuality, but rather that the process of sexual decision making is not as simple as an assessment of possible consequences. Can a person be 'turned on' and still make rational decisions? In interviews in Zimbabwe, Masavaure (2008) found that the young women were not impulsive, but rational and totally aware of the risks of HIV, which they had been living under the threat of all their lives. These women considered their options and yet still chose to have pleasurable sexual experiences, even when there may have been risks involved.

The notion of 'rationality' ignores the many other motivators for unsafe sex and unhealthy behaviour, which may, in fact, be very 'rational'. For example, if suggesting condom use to a partner could lead to violence, peer pressure or other negative outcomes, the decision not to demand condom use could, in fact, be interpreted as a highly 'rational' decision. Clearly, more research is needed in this area, and it is crucial to look at other factors that may affect sexual decision

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making, such as gender, culture, pleasure and desire, which will be addressed in subsequent chapters.

Taking a broader approach, Scott-Sheldon et al. (2006) looked at impulsive psychological processes involved with decisions to use or not use a condom. They tested this through free-listing research – recording the simple, quick associations with condoms that come to people's minds – with groups of heterosexual men and women and gay men. They found that nearly half of the immediate thoughts about condoms related to sexual or sensual factors, while under a quarter concerned protection, and even fewer specifically concerned pregnancy prevention or disease. They suggested that these quick associations may be better predictors of condom use than neutral attitudes and intentions.

They are careful to point out, however, that a major limitation is the fact that condoms are largely seen as decreasing sexual pleasure (Fisher, 1984, in Scott-Sheldon et al., 2006).

Warr (2001) notes that, "young women's commitment to popular forms of romantic love place a high value on sexual exclusivity, trust and surrender." Romantic love may not always be rational and it may reinforce gender norms which do not act in support of safe sex. Complying with a romantic view of relationships – where trust and surrender are paramount – may mean that you stop or do not use condoms as a sign of your commitment, trust and love (Escabi et al., 2004; Kamya et al., 2002; Foss et al., 2004; Salazar et al., 2002). Warr acknowledges that the romantic narrative may at times put women at risk, she argues that:

> "[r]omance gives meaning and impetus to sex that should be acknowledged in safe sex education. It is necessary to consider the possibilities of women's interest in romance to avoid an unintended effect of safe sex promotion in further denigrating and marginalizing the concerns and experiences of women. The meanings of romance are not fixed and immutable, and we need to think about how it can be represented to reflect different sets of concerns as well as more diverse fields of desire and pleasure."

So while the form romance currently takes in many cultures seems to discourage safer sex, this is not necessarily an intricate characteristic of romance, but rather one set of meanings that it has acquired.

"Romance gives meaning and impetus to sex that should be acknowledged in safe sex education. It is necessary to consider the possibilities of women's interest in romance to avoid an unintended effect of safe sex promotion in further denigrating and marginalizing the concerns and experiences of women."

– Warr, 2001

**1.** HIV is transmitted though: 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).

# What is sexual pleasure?

**Quick and dirty answer:**
**There are as many definitions of sexual pleasure as there are people in the world – it is personal and individual, and can be culturally or socially defined. Understanding this diversity is crucial for pleasure-focused HIV prevention.**

**Sexual pleasure, like sex, is difficult to define. It can involve orgasm, but does not have to; and it is influenced by an unlimited range of factors.** In many cultures, satisfying sexual activity is defined in relation to what gives men pleasure (Marcus, 1993; Gordon and Lewis, 2005), and there has been disproportionate focus on the idea that 'sexual pleasure equals orgasm'. Overall, the public health sector has dealt with the concept of sex – or more specifically sexual activity – largely in the context of penis-in-vagina penetration for the purpose of procreation, or penis in anus or mouth, while ignoring the wide range of other activities that people find sexual or stimulating.

What is clear is that sexual pleasure is not always directly linked to arousal or orgasm. For instance, Senegalese women who had undergone clitoridectomy reported that they experienced pleasure during sex, suggesting that pleasure is not just something biological (Dellenborg, 2004). Cross-cultural research has found that sexual pleasure has been defined by women as involving factors as diverse as marital harmony (George, 1998) and men's contribution to household tasks and expenditure, as well as by the absence of gender-based violence (Welbourne, 2006). Sexual pleasure can also be associated with safety, for example, when the use of condoms creates a more relaxed, less stressful sexual experience (Jolly, 2007; Becker, 1997).

Some researchers are quick to assume that many sexual acts do not involved pleasure at all, particularly where sex is a weapon of war, and also where sex is exchanged for money or other commodities (Boyce et al., 2007). However, the latter can be disputed as pleasure is often (if not always) relevant in the context of sex work, since part of a sex worker's job is to provide sexual pleasure. In addition, some people who receive money or other commodities in exchange for sex report enjoyment or pleasure from the work or transaction, such as sex workers (e.g., Hazra, 2006, discusses this in relation to male sex workers in India) and young women who have relationships with 'sugar daddies', such as those in the Gambia interviewed by Nyanzi (2004).

While the diverse ways that people define sexual pleasure is under-researched and under-reported, it is clear that cultural notions of what constitutes sex and what is pleasurable have massive implications for effective HIV prevention, and prevention work must open up a dialogue about how the regulation of sexual pleasure is understood in different cultures (Gordon and Lewis, 2005). Some groups in Uganda, such as the Baganda or Busoga, emphasize both male and female pleasure and practise sexual activities other than penetration. In contrast, other groups such as the Acholi and Lugbara, focus almost exclusively on penetration and 'rough' sex, which has an increased risk of HIV transmission (Marcus, 1993). Some cultures have a preference for penis 'enhancements', penis cutting or insertion of objects into the penis, which are done with the intention of enhancing sexual pleasure (Yuntadilok et al., 2002; Hull and Budiharsana, 2001). Beliefs about pleasure and sexual fluids can also influence safer-sex practices, such as the preference for dry vaginas in some cultures (Gordon and Lewis, 2005), which can increase risk of infection.

While it is difficult – and perhaps ill-advised – to try to formulate a single definition of 'sexual pleasure', it is important to consider conceptions of sexual pleasure if we are to have pleasure-focused HIV prevention. Efforts to use pleasure and desire as motivators for safer sexual behaviour require an understanding of sexual pleasure crafted in a way that makes it useful in research and programmes – in other words, there is a need to 'operationalize' notions of pleasure.

# What shapes sexual pleasure?

**Quick and dirty answer:**
Society, culture, peers, gender, class, past experiences and lots of other factors shape a person's notion of pleasure. People may experience pleasure from things that are socially or culturally acceptable (e.g., sex in marriage), and/or from things that are not (i.e., taboos).

**While there are different views on what shapes sexuality and notions of sexual pleasure, it is widely accept that society plays some role (Dowsett, 2003), including a role in controlling and regulating sexuality and pleasure (Gordon and Lewis, 2005).** In recent years a number of authors have highlighted the crucial importance not only of society, but of culture, context, gender and other macro-social elements on sexual decision making and aspects of sexuality, particularly in the context of HIV prevention (for example, see Gammeltoft, 2002; Boyce et al., 2007; Dowsett, 2003; IDS, 2006).

Safer-sex and HIV prevention work thus needs to take account of how pleasure is constructed, as well as the diversity in how pleasure is experienced by individuals in different contexts (Gordon and Lewis, 2005).

However, sexual pleasure in the context of research and study is neither simple nor straightforward, especially across cultures (Boyce, 2007). The great majority of randomized control trials and other research into the links between pleasure and safer sex have taken place in a narrow range of countries and cultures, such as the USA, and mostly in a narrow range of populations, such as among university students. Yet culture and context are crucial for designing effective and appropriate HIV prevention interventions (Boyce, 2007).

Anthropological research has emphasized the ways and degree to which a person internalizes cultural messages about sex and sexuality, and how this has profound effects on the way a person experiences sexual pleasure (Rye, 2007; Boyce, 2007). In addition, some anthropologists and ethnographers have found that conceptions of both pleasure and health can differ conceptually as well as linguistically (Boyce, 2007). In other words, some languages may not have a word for concepts that researchers and others from the 'west' think is fundamental to human experience.

Yet it should not be assumed that people experience sex, sexuality or sexual pleasure based solely on



> **"Safer-sex and HIV prevention work needs to take account of how pleasure is constructed, as well as the diversity in how pleasure is experienced by individuals in different contexts."**
>
> – Gordon and Lewis, 2005

what is culturally sanctioned – the opposite is often true. Sex and sexuality are strongly influenced by social norms, which define various attitudes, behaviours and activities as either 'acceptable' or 'taboo' (Rye, 2007). The source of sexual pleasure for some people might be condemned as harmful or violent by mainstream culture (Hazra, 2006) – for example, in the case of sadomasochism, bondage and domination. Pleasure can be about power (Cornwall, 2006); and Singhal (2003) cites the work of anthropologist Richard Parker in Brazil, on erotic experiences which undermine public norms in private places. He suggests this notion of the social and cultural construction of eroticism could explain the reasons that:

> "A happily married man, with a steady home life and children, visits commercial sex workers. Within four walls, a sex worker may perform a range of sexual acts that a 'proper' wife would shun" (p23)."

On the other hand, some women report that if they get too excited during sex, their husbands ask why they are acting like prostitutes, according to a study in Nigeria (Akenova 2008). In other words, different sexual behaviours are accepted and expected according to gender and type of relationship. This has profound implications for how we conceptualize pleasure in sexual health programmes.

# Are societies sex-negative... or sex-obsessed?

**Quick and dirty answer:**
**Negativity about sex is found in most cultures and institutions (e.g., religions), but this often exists alongside an obsession with the pleasures and importance of sex (e.g., in the media, among peers), though often among a select group (e.g., passive women, and people who are married, young, and heterosexual).**

**“While negativity about sex is found in many cultures, there is a concurrent obsession with the pleasures of sex.”**

Many cultures generally consider sex to be a destructive or dangerous force, and religious institutions often characterize sex as negative. Foucault talked about the punitive social framework in which sex is enacted, both formally and informally (Foucault, 1978). Christian tradition, for example, sees sex as inherently sinful and genitalia as an inferior part of the body (Rubin, 1984). Consensual sexual acts – including homosexual sex and adultery – are grounds for punishment (such as stoning), imprisonment or even death in countries such as Iran, Uganda and Saudi Arabia (see, e.g., Mir Hosseini, 2010; Alsop, 2009).

The negative treatment of sex and sexuality can be seen in hierarchical systems which categorize sex acts based on their assigned social or cultural value, for example: monogamous married heterosexual sex is highly valued or permissible, solitary sex is more taboo, and the behaviour of sex workers, transvestites and promiscuous single women are at the lower end of the continuum. This categorization has been sanctioned in medicine and psychiatry, where sexual differences, such as homosexuality, have been classified as ‘abnormal’ or pathological (Rubin, 1984) until recently (and still are in some countries).

While this negativity about sex is found in many cultures, there is a concurrent obsession with the pleasures of sex. This can be seen, for example, in pornography, women’s magazines, popular culture, marriage songs, and marriage preparation rituals. While this obsession may be with sexual pleasure that occurs in the context of narrow gender roles (e.g., submissive woman, dominant man, or women as objects), it still suggests that the cultural and religious negativity related to sex exists alongside a glorification of sex and sexual pleasure.

# What do women want and feel?

**Quick and dirty answer:**

**There has been very little research into what women find pleasurable. When women do report on their own pleasure, it is sometimes ignored because it doesn't fit the stereotype of women as passive victims of sex.**



**Conceptualizing sex, sexual pleasure and safer sex for the purposes of public health interventions is an ongoing challenge that has to account for a wide range of factors, not least of which are gender and power relations.** Ignoring gender issues can lead to wasting resources on ineffective prevention programmes (Population Council, 2001), and could also have detrimental effects on individuals.

The common gender norm of women as passive and ignorant makes it difficult for women to be informed about sex, sexuality and safer sex (Rao Gupta, 2000). In many cultures and contexts, women are at risk of violence or other negative consequences if they are seen to 'enjoy sex too much', because this brings into question their virginity or fidelity (ICW, 2004). Women who have sex with women are less visible in discussions of HIV risk and sexual health, partly because women to women sex carries almost no risk of HIV but also they hidden due to stigma, and the myths that women cannot find sexual satisfaction with other women. The focus on ignorance and virginity as 'feminine' increases risks of HIV infection, as it keeps women uninformed about sexual health, and this is often compounded by erroneous beliefs and myths about sex, such as that men can be cured of HIV infection by having sex with a virgin (Rao Gupta, 2000).

There is evidence that where a woman's or girl's virginity is valued, she may practice non-vaginal sex, such as anal sex, which, without condoms or lubricant, can place her at increased risk for HIV (Rao Gupta, 2000). And where motherhood is highly valued, it may be difficult or impossible for a woman to negotiate safer sex, such as barrier methods or non-penetrative sex. This is further complicated by the common belief that women only have sex for procreation while men 'need' sexual release (Goldstein, 1993). Finally, women may stay in relationships which do not meet their desires for many reasons, such as economic dependency, stigma around divorce, or lack of security for single women. However, it should be noted that, in many parts of the global South, there are examples of women finding pleasure in a range of relationships (Tamale, 2005; Ilkkaracan and Seral, 2000).

Ethnographic field work carried out among 153 married girls aged 15–19 in a Dhaka slum in

**"Where a woman's or girl's virginity is valued, she may practice non-vaginal sex, such as anal sex, which, without condoms or lubricant, can place her at increased risk for HIV."**

– Rao Gupta, 2000

Bangladesh found that more than half (53%) reported having 'love' marriages (i.e., not arranged marriages). While a majority described husbands pressuring them to have sex, a minority did report mutually pleasurable sexual relations with husbands. They also recognized that being young and attractive can translate into economic power (albeit temporarily). One declared:

> "My husband is older than me. His first wife has big saggy breasts and because she is older he does not like her any more, and that is why he has married again. It does not matter that I am his second wife; I have much more pull over him and he has more affection for me ... he can never, ever say no to me! He gives me two-thirds of his income, but he gives her so much less!' (Faiz Rashid, 2006, p74).

In a different region, Isatou Touray provides a perspective of older first wives in the Gambia, reporting that they face 'forced retirement from sex' after menopause if their husbands marry younger women. They are left unsatisfied, but unable to leave the marriage or seek sex elsewhere due to social and economic constraints (Touray, 2006).

Masvaure (2008) interviewed female students at a Zimbabwean university, and concluded they shape their sexual lives round their own sexual pleasure. She challenges researchers and others to pay attention to these 'sex as pleasure' conceptions of young African women, and suggests that these types of stories may seem rare because they do not fit with the women-as-victims views held by most people. She describes the female students in her study as "active lust seekers" and points out that their experiences show how prevention programmes are out of touch with the real lives of young African women.

> “We must challenge gender norms, and start an informed discussion about cultural beliefs surrounding male sexuality, including performance and pleasure, or else condom use will remain difficult and a potential source of anger and frustration for men.”
>
> – Jill Lewis, 2006

# What about men?

Quick and dirty answer:
Ignoring men’s real needs and desires is detrimental to (men’s and women’s) health and can render safer-sex messages ineffective. Beliefs about masculinity (e.g., what ‘real men’ should do) can hinder safer sex practices, or can be used to promote safer sex.

**The assumption that women are victims and men are predators means that men’s needs and interests and the pressures they face in relation to sex and sexuality are often dismissed or ignored.** Men are expected to ‘know’ how to have sex (UNAIDS, 2000; Rao Gupta, 2000) and, in most cases, how to give sexual pleasure to women. Yet the pressure to ‘just know’ prevents young men from seeking out information about sex and sexual health and from admitting they do not know. This often leaves them to experiment with sex at a young age, in potentially unsafe ways, as proof of their masculinity (UNAIDS, 1999. 2000).

According to Rao Gupta (2000), beliefs and myths about masculinity challenge many aspects of safer-sex programming; for example, the belief that men need a wide variety of sexual partners and are dominant over women by nature, or the stigma associated with same-sex sexual relations. Invulnerability is also a common masculine expectation, which stands in opposition to the need to protect oneself. Overall, men’s desire is generally assumed to be a threat to women, and women are expected to resist it.

Some researchers have concluded that using condoms, which are perceived to reduce men’s sexual pleasure, and practising non-penetrative sex as safer sex can be threats to masculine identity, and therefore difficult to promote (Flood, 2003). In the same way that women are assumed to be victims or not actively engaged in creating their sexual cultures and pursuing sex and sexual pleasure, HIV research and safer-sex interventions often assume what men do or do not find pleasurable, and this assumption can be used to argue against condom use (Lewis, 2006). For example, recent research in Brazil found that men’s and boys’ complaints about a reduction in sexual pleasure when using condoms were largely related to a deeper anxiety with sexual performance – namely the fear of losing their erection when putting the condom on (Population Council, 2001). So it was not condoms per se that were the problem – it was the perceived or real expectation that they had to ‘keep it up’ at all costs.

Research in Kalemie, Congo, found that men in some communities believed they had to regularly inject sperm into women’s bodies to avoid going insane; and work in Monrovia found that some men believed women could not experience sexual pleasure without the men ejaculating into them (Lewis, 2006). As a long-term strategy, some researchers recommend challenging gender norms and starting an informed discussion about cultural beliefs surrounding male sexuality, including performance and pleasure, or else condom use will remain difficult and a potential source of anger and frustration for men.

However, there may also be scope for working within existing gender norms as a short-term route to condom promotion, without condoning harmful practices or gender stereotypes. For more information about this, see **Question 17: which techniques work to eroticise safer sex?**

# What is safer sex?

Image by Sikander
sikanderstudio@yahoo.com

**Quick and dirty answer:**
**Doing what feels good, and doing it safely. However, the 'official' definition varies according to culture, context, the media, and moral and religious forces, as well as science.**

> **"The definition of safer sex can be influenced by cultures and contexts but also by political and moral or religious forces, often to the detriment of people's health."**
> – Cindy Patton, 1989

**'Safer sex' is not a simple concept to define. According to Patton (1989)**

> "...the safer sex message is about sexual practice and is quite simple. It was eloquently stated by a gay man with AIDS who is a safer sex educator: 'Whatever you want to do, you can probably do it safely.' …But the public AIDS discourse equates condoms and/or celibacy with safer sex, ignoring the wider range of safe sex practices" (p241).

What is clear is that there is no standard meaning of safer sex, and this is problematic.

> "The inability to decide specifically what is safe and unsafe has prevented many groups from recommending what is safe in broad terms. … This mixed message leaves people confused about what is unsafe and gives an underlying impression that everything is equally unsafe" (Patton, 1989, pp239–40).

The meaning of safer sex can vary by country; for example, research in the 1980s showed that in the UK, HIV prevention focused on risk reduction, while in the USA prevention was aimed at the seemingly unattainable goal of risk elimination. The latter exaggerated danger and expected too much, thereby putting people at increased risk of HIV (Moore, 1997). Moore describes the approach in countries such as the USA and UK as "differentiated risk", which involves a spectrum of risk. This ranges from very low-risk activities, such as sensual massage, hugging, cuddling and snuggling; to possibly safe practices such as French kissing and anal intercourse with latex condoms; to possibly unsafe practices such as oral sex without a latex barrier (especially during menstruation). Finally the spectrum includes unsafe practices such as anal intercourse without a condom and sharing needles or blood while piercing or injecting drugs. The categories of 'possibly safe' and 'possibly unsafe' are constantly being reformulated (Moore, 1997).

The focus on condoms as the optimum safer-sex practice to prevent HIV has been widely criticized, because it implies that penis-in-vagina sex is the only 'real' sex (Bezemer, 1992). It also tends to focus attention on male pleasure, while non-penetrative (and often safer) forms of sex are considered 'foreplay' – only a preliminary act before the 'real' sex happens (Maxwell and Boyle, 1995). This is despite the fact that most women report not achieving orgasm through penetrative sex (Maxwell and Boyle, 1995; Bezemer, 1992). Thus, despite the fact that many non-penetrative sexual activities can involve less risk of HIV than many penetrative activities, the notion that 'sex equals penetration' makes promoting non-penetrative sex difficult (Maxwell and Boyle, 1995). It should be noted, though, that penetration-as-pleasure is not exclusively the domain of men: many women also view penetration as an important expression of intimacy, as a means to become pregnant, which is an important status marker in many societies (Maxwell and Boyle, 1995), and as a pleasurable activity in its own right.

In the USA, the focus of HIV prevention and sex education on abstinence and the dangers of sex was found to lead young people to practise oral sex, which they did not consider 'real sex', but which has lower risk for STIs and unwanted pregnancy (Hopkins Tanne, 2005). Abramson and Pinkerton (2002) suggest that gay men more easily embraced safer sex because they knew that sex is not just about penetration, thus they practise a wider range of sexual activities and behaviours (some of which could have been lower-risk than penetration). However, over the past ten years, 'bare-backing' or condom-less anal sex has become more common in some gay male communities, for reasons such as 'condom fatigue', the feeling of relative safety when both partners are HIV-positive, and the belief or feeling that it is more intimate or a greater thrill than sex with condoms (Pozlife, 2006)

The definition of safer sex can be influenced by cultures and contexts but also by political and moral or religious forces, often to the detriment of people's health (Patton, 1989). For example, the US government's ABC policy emphasized abstinence over other forms of sexual practice and suggested it is the only definite way to avoid HIV. This, explains Pisani (2008), is an example of "how religious dogma crushes our efforts to translate good data into good HIV prevention." According to Patton (1989):

> "[Safer sex] is not a moral category to sweep up sexual practices with which we feel uncomfortable for other reasons. Gay sex can be safer. S/M can be safer. Anonymous sex can be safer. Bisexual sex can be safer. Monogamy in itself is not safer, and, though a valid option for any number of reasons, carries its own dangers – spouse abuse and all the traditional hazards of 'marriage'." (p244).

# How do people make decisions about safer sex?

**Quick and dirty answer:**
**Research does not support the idea that people (especially young people) are unaware of the risks of unsafe sex. People are known to choose unsafe sex because they perceive it to offer more benefits (e.g., pleasure, social acceptance, pregnancy) than safer sex.**

**There is a common belief that young people are not aware of the risks of unsafe sex, and therefore we need to put a lot of effort into increasing their knowledge about the risks.** However, research does not necessarily support this. For example, a US study found that the majority of young people could identify many of the health risks involved with having sex, using a condom and not using a condom; but this did not translate into positive attitudes about safer sex (Widdice et al., 2006). Participants identified various risks of using condoms – primarily the risk of decreased pleasure. When asked about the benefits of not using a condom, the most common response was increased pleasure. Widdice and the other study authors concluded that researchers and others who want to increase safer sex practices should widen the focus to include psychosocial benefits, such as peace of mind, in addition to discussing risks (2006). Another study found that adolescents were more motivated by their beliefs about the perceived benefits of risky behaviours than the costs or dangers (Parsons et al., 2000).

A study among gay and bisexual men indicated that attitudes and intentions related to high-risk sexual behaviour are trumped by the perceived pleasure or reward of these activities, otherwise known as the 'reinforcement value'. The men practised unsafe sex because it was perceived to have a higher reinforcement value – in other words, it promised more physical pleasure and intimacy with a partner – while there was a lack of reinforcement value (benefits) associated with safer sex. The authors concluded that prevention approaches need to include the reinforcement value – in other words, the benefits – of safer sex (Kelly and Kalichman, 1998).

There are also wider social and cultural factors that influence these decisions. For example the belief that condoms are only used with 'unsafe' partners, prostitutes or casual sexual partners, but using one with a regular partner indicates a lack of trust.

> "Women would regard it as an offense if their male mates intended to use condoms with them, since they claimed to be 'clean' women. For gay/bisexually identified men, who report a more frequent use of condoms, lack of use is justified as a result of a more intimate relationship, or as related to power imbalances" (Salazar et al., 2002, p1).

Sex work adds new layers of complexity to our understanding of decision making with regard to safer sex. Even when sex workers and others who trade sex are aware of the risks of unsafe sex, they may not always be able to practise safer sex. For example, in many places the simple act of carrying condoms can be construed as evidence that a person is a sex worker, which invites police harassment or arrest. And when a client is unwilling to use a condom, it is not a matter of making a 'safer sex' decision for people who rely on sex work for their livelihoods (Jayasree, 2004).

Where sex takes place can also be a factor. When it takes place outside or in empty buildings (especially where certain types of sex are illegal or stigmatized, such as gay sex), condoms or lubricants may not be available or easily used. And where sex workers or others, such as men who have sex with men, fear discovery by the police, the need to have sex quickly often precludes the use of condoms (Jayasree, 2004). The lack of safe spaces for men to have sex with men can lead to the practice of quick and unprotected sex, yet it must also be recognized that sex in public places can be highly erotic and therefore not always seen as undesirable, even if it does make safer sex more difficult to practise (Jolly, 2007).



# Are safer sex campaigns too sex negative?

**Quick and dirty answer:**
**In short, yes; but there have been good examples of sex-positive campaigning (e.g., gay men's prevention efforts in the early years of AIDS) and efforts to shift the focus to pleasure (e.g., The Pleasure Project).**

**Pleasure and eroticization have been elements of grassroots-level HIV interventions for decades. At the beginning of the HIV epidemic, organizations focused on prevention among men who have sex with men integrated erotic safer sex concepts into many of their prevention efforts (Patton, 1989).** Non-governmental organizations, such as the International Planned Parenthood Federation (IPPF) (Cardinal et. al., 2009), the HIV/AIDS Alliance (http://blog.aidsalliance.org/2011/05/ microbicides-and-safer-and-pleasurable-sex/) and The Pleasure Project (www.thepleasureproject.org) have made strides in promoting sex-positive approaches in recent years.

However, in large-scale or state-sponsored programmes, in the context of international development, and with risk groups other than men who have sex with men, safer sex promotion campaigns and research continue to be overwhelmingly negative, focusing on fear, risk, disease and the negative outcomes of sex (Singhal, 2003; Philpott et al., 2006; Ingham, 2005). In fact, the pursuit of sexual pleasure, when mentioned, has even been characterized as destructive (WAS, 2008) or as a major contributor to the spread of HIV, and therefore something to be controlled or suppressed (e.g. BBC News, 2004; Freitas et al., 2002). In some cases, the AIDS pandemic has created an opportunity for more open discussion of sex, sexuality, sexual behaviour, safer sex and other ordinarily taboo issues in many settings (e.g. Laurance, 2008; Johnson, 2005). However, public health discourse and campaigns still tend to ignore sexual pleasure and desire, or to focus largely on negative aspects of sex and sexuality (Pigg, 1999; Gosine, 2005).

There is a growing body of literature that emphasizes the need for the public health discourse to incorporate sexuality, rather than just sexual activity and reproduction, as a key element of programmes and policy. This is particularly the case with respect to how sexuality intersects with human rights. According to the World Association for Sexual Health:

> "Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors" (2008).

(For an overview of sexuality in public health, development and human rights, see IDS, 2006).

**"Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction."**

– World Association for Sexual Health, 2008

# 11 Who says there's not enough pleasure in sex education and safer sex promotion?

**Quick and dirty answer:**
**Research on sex and sexuality has highlighted the lack of pleasure for decades, and more recently they have been joined by organizations such as the World Association for Sexual Health. Abstinence-only education, in particular, has been widely discredited.**

**In 1988, psychologist Michelle Fine criticized the anti-sex approach taken within sexuality education in the United States, stating that this approach let down the most vulnerable people and potentially inhibited the sexual development of young people in general.** In 2006, Fine revisited this subject and found that not much had changed for the better: young women in particular, as well as ethnic minorities and gay, lesbian, bisexual and transgender youth, are still being ill-served or even inhibited by sexuality education legislation and programming (Fine and McClelland, 2006).

More recently, rigorous reviews of programmes promoting abstinence-only education have been discredited (e.g., Underhill, et. a., 2007) and even linked to harmful outcomes (such as unsafe sex) (www.guttmacher.org/pubs/gpr/12/1/gpr120106.html).



> "The public health research community has largely failed to explore the factors that contribute to optimal sexual functioning for women or the ways in which sexual pleasure-seeking … influence women's risk for unintended pregnancy and disease."
> – Higgins and Hirsch, 2007

In the area of reproductive health, there have been calls for a broader definition of sexuality to be incorporated into reproductive health, where women are included as sexual beings who can consider pleasure in their reproductive choices (Dixon-Mueller, 1993). When two researchers (Higgins and Hirsch, 2007) revisited this assertion 14 years after it was originally made, they found that the threats and limitations to women's sexual behaviour had been well documented. However, they also found that:

> "the public health research community has largely failed to explore the factors that contribute to optimal sexual functioning for women or the ways in which sexual pleasure-seeking … influence women's risk for unintended pregnancy and disease" (Higgins and Hirsch 2007a, p133).

Moreover, there is very little information about how contraception affects sexual enjoyment and functioning, especially for women (Higgins and Hirsch, 2007b), even though research indicates that the acceptance of contraception is influenced by how sex feels when using a particular method (Higgins and Hirsch, 2007a).

In terms of male methods, the emphasis has been on negative aspects of condom use (Moore and Helzner, 1997). For example, there have been many studies on what men do not like about condoms, and informational pieces about condoms have perpetuated the belief that condoms reduce male pleasure. On the other hand, anecdotal evidence that some young men find that condoms enable them to maintain an erection longer have been largely ignored. (Some commercial condom companies have seized on this in recent years by introducing condoms treated with an anaesthetic gel preparation; for example, see http://www.freepatentsonline.com/7086403.html.)

A 1996 article in the British Medical Journal describes how a public health authority in the UK objected to a mainstream (private sector) campaign advertising travel holidays to people aged 18–30. The health authority claimed that the campaign promoted the belief that sex is risk free. In response, the agency launched its own campaign using what it describes as "banality rather than carnality" to get across the message that sex is not risk free (Mendelsohn and Chambers, 1996). This example highlights the interesting contrast between the private sector's use of 'sex' to sell products and services, and the public health sector's primary focus on risk to promote safer sex.

In one instance, an HIV risk prevention programme among gay men in the 1980s had positive results when including a sex-positive, erotic component as a sex education tool (Quadland, in Kolata, 1987). However, according to some observers, "intolerance of homosexually explicit materials" in the USA in the late 1980s meant that the highly effective video could not be made available to other researchers or programmers (Marlatt, 1998).

# What are the effects of sex-negative public health campaigns?

**Quick and dirty answer:**
**There's no evidence that sex-negative approaches work better than sex-positive approaches, and in fact negative messages about sex and sexuality can sometimes undermine, rather than promote, safer sex.**

While safer-sex practices have increased in some contexts and populations (though the long-term or widespread impact of this is debatable) (Rosser et. al., 2002), there have been disappointing results even after years of campaigning and education. This is particularly true with regard to the use of male condoms (Population Council, 2005; Parsons et al., 2000; Pisani 2008) and especially among steady and married couples (Foss, 2004).

People give many reasons for not using condoms, such as: inability to get condoms; misconceptions about their effectiveness; inability to negotiate condom use; reduced spontaneity; and the association of condoms with illness, casual sex and stigmatized behaviours (Steiner et al., 2006; Conley and Collins, 2005). In addition, studies repeatedly show that an actual or perceived reduction in pleasure is a major reason people do not use male condoms (e.g. Niang, 2002; Scott-Sheldon, 2006; Pinkerton et al., 2003). In fact, condom campaigns emphasizing disease and risk have, in some cases, led to the condom becoming a symbol of death and disease (Abramson and Pinkerton, 2002) instead of health.

Condom use is not the only practice that has been undermined by sex-negative messages. A study from India showed that social condemnation of masturbation – fuelled by the belief that men are weakened when they 'waste' semen by ejaculating outside a woman's body – prompted some young men to satisfy their sexual desires by visiting sex workers or having male-to-male penetrative sex instead. This put them at much higher risk for infections (Deepak Charitable Trust, 2002, in Ingham, 2005).

The emphasis on risk and the omission of pleasure from public health has broad impacts beyond the individual level. It stereotypes men as predators and women as victims, and fails to recognize the existence of transgender people and diverse sexualities (Jolly, 2007). It also limits, or indeed silences, the examination of alternative means of giving and receiving pleasure outside of heterosexual penetrative sex, such as mutual masturbation (Ingham, 2005). The lack of sex-positive messages in relation to women and women's pleasure can lead to the perception that women are not sexual beings, which can influence their abilities to decline sex that they don't want or don't find pleasurable (Holland et al., 1992).

While the omission of pleasure has such a potentially limiting effect on sexual health, its inclusion opens up salient opportunities, not least the improved effectiveness of sexual health campaigns. On a policy level, the acceptance and therefore inclusion of pleasure within sexual health could facilitate "a broader discussion of sexuality rights, and a recognition of the agency and abilities of people from the Third World to make choices about their own lives" (Gosine, 2005, p.13). This can create a more representative view of the many factors that influence sexual choices, and therefore more realistic programmes which reflect people's real sexual lives and relationships (ibid.).

There is anecdotal evidence from a range of countries, cultures and contexts that safer sex, including condom use, can be eroticized and made pleasurable (Knerr and Philpott, 2008; Abramson and Pinkerton, 2002). Indeed, researchers and sexual health practitioners have been calling for a more pleasure-focused approach to safer sex and HIV prevention in part so that audiences will be more receptive to safer sex messages and recognize them as relevant to their own sex lives (see Banerjee et al., 2002; Calsyn et al., 2002; Chann et al., 2004; Ntahompagaze, 2002; Widdice et al., 2006; Population Council, 2005; Abramson and Pinkerton, 2002).

The author of a 2008 study of young women in Zimbabwe suggests that "young women are not only at risk of HIV infection in contexts of danger (e.g., such as when they are coerced into having sex), but also in contexts of pleasure," thus, public health practitioners should be programming for pleasure (Masvawure, 2008, p32). Others are calling for a greater recognition of the role of sex and sexuality in HIV, arguing that the limited conceptualization of sexuality is a major barrier to prevention (Boyce et al., 2007; Jolly, 2007).

In acceptability trials of the female condom (Philpott, 2003; Hapugalle, 2002; HLFPPT, 2004; Telles Dias et al., 2006) and vaginal microbicides (Whitehead, 2008; Montgomery, 2008; Sserwadda Luwugge, 2008) both male and female participants have reported increased sexual pleasure, or no loss of sexual pleasure, when using these technologies, and this has led to their increased acceptance and use. Finally, health organizations such as the World Health Organization (World Health Organization, 2004) and the World Association for Sexual Health (WAS, 2008) now recognize sexual pleasure as a key component of sexual health.

# Do positive attitudes to sex correspond to positive attitudes to safer sex?

**Quick and dirty answer:**
**Yes – the more positive people are about sex and sexuality (and their right or ability to experience sexual pleasure), the more confident they seem to be about practicing safer sex.**

> **“People with a positive view of their own sexuality are more likely to protect themselves than those less comfortable with their sexuality.”**
> – Higgins and Hirsch, 2007

A 1988 review of research from Canada, Hong Kong, India, Israel, and the USA found that people with positive (‘erotophilic’) attitudes to sex and sexually explicit materials were more likely to use contraception consistently than people who were characterized as sex-negative (‘erotophobic’) (Fisher et al., 1988). In other words, people with a positive view of sex and sexuality are more likely to protect themselves than those who are less comfortable.

A study in the 1970s and 1980s found that college-aged American women with more positive attitudes towards sexuality were more consistent users of contraception, while those reporting feelings of guilt related to sex and sexuality were less likely to use contraception effectively or at all (Gerrard, 1982). A similar result with regard to condom usage was found among men who have sex with men. Rosser et al. (2000) found a reduction in internalized ‘homo-negativity’ (or homophobia) in the group receiving a sex-positive intervention; this group had greater acceptance of their own sexuality, and greater consistent condom use at 12 months than the control group. And a 2006 study found a positive association between a woman’s belief that she is entitled to sexual pleasure, and her confidence in both discussing and knowing how to use condoms (Horne and Zimmer-Gembeck, 2006).

A detailed study with teenage girls in the USA found that those with a more positive view of sexuality were more assertive, and knowing what it felt like to want sex meant that some girls could more easily say no to unwanted sex (Tolman, 2005).

Despite this evidence that attitudes about sex and sexuality influence safer-sex practices, few evaluations of sex education and HIV prevention interventions consider the qualitative aspects of people’s sexual experiences, such as how willingly people engage in sex and whether they experience pleasure (Robinson et al., 2002; Cherry et al., 2005; Haberland, 2007).

# Can eroticizing safer sex improve people's attitudes towards safer sex?

**Quick and dirty answer:**
**Yes – things like erotic safer-sex films and stories have been associated with better attitudes about safer sex, including condom use.**

> "Adolescents do not have a clear script for sexual behaviour that includes the discussion or placement of a contraceptive ... **Failure to integrate information with sensation occurs because contraceptive information is presented out of the context (or discussion) of sexual activity."**
>
> – K. B. Kyes, 1990

In 1990, researchers found that showing a three-minute film featuring a sexually explicit demonstration of condom use and advice for incorporating condoms into foreplay was associated with substantial increases in positive attitudes to condoms and the perception of them as pleasurable among young heterosexual men and women in the USA (Kyes, 1990). This effect was significant relative to the control group and the placebo group (those who received no instructions), and there was no significant difference in response by gender. This study was testing the use of 'sexual scripts', which are said to govern people's behaviour, and it concluded that sexually-explicit instruction may be effective because otherwise "adolescents do not have a clear script for sexual behaviour that includes the discussion or placement of a contraceptive." (Kyes, 1990, p297). "[F]ailure to integrate information with sensation occurs because contraceptive information is presented out of the context (or discussion) of sexual activity," (ibid, p298).

The study did not, however, show measurable behavioural change. This could be explained by methodological factors, such as how behaviour change was measured: study participants were given vouchers to redeem for condoms at locations on campus, and the rate of voucher redemption was used to measure behaviour change. However, it is plausible that some participants could have felt embarrassed to redeem their vouchers on campus and could have purchased condoms elsewhere. Alternatively, the short duration of the film (three minutes) may not have been long enough to produce an immediate change in behaviour; there may have been a need to include additional sexual health information along with the film; or the study may have ended before measurable behaviour change took place (Kyes, 1990).

In another study, reading erotic stories that feature condoms had a positive impact on men's – but not women's – attitudes towards condoms (Kyes, 1990). The authors concluded that erotic representations can have positive effects on the attitudes of both men and women, but the effect may vary according to the type of representation.

A study among heterosexual couples in the USA found that presenting erotic instruction with condoms significantly enhanced attitudes to condoms compared to control groups. Heterosexual couples were given either: condoms with instructions on how to incorporate them into foreplay; condoms only; or no condoms or instruction. Based on pre- and post-tests, only the couples who received erotic instruction showed significantly enhanced attitudes to condoms after two weeks (Tanner and Pollack, 1988).

A study comparing frequent condom users to those who use condoms infrequently found two key differences: condom users were more likely to believe in their ability to continue using condoms even in the face of barriers (a quality known as 'action maintenance'), and they believed that condoms would interfere less with their pleasure than did their non-using counterparts (Conley and Collins, 2005). This study shows that the correlation can work the other way – not only do people with positive attitudes use condoms more frequently, but also, frequent condom users tend to have more positive beliefs about safe sex.

Finally, Cohen et al. (1991) cite various studies showing that the ability to eroticize condoms is an important predictor of sexual attitudes and, in some cases, behaviour. (Other predictors include the availability of condoms, experience and knowledge of condom use, acceptance of condoms by one's sexual partner, and whether the sexual partner is casual or regular, or an injecting drug user.)

A 2008 study compared Dutch and American teenagers, and found that American girls felt a lack of control over their sexual experiences, whereas Dutch teenagers usually described their sexual experiences as being wanted, mutually decided and enjoyable. Dutch teenagers have higher rates of contraceptive use and lower rates of unwanted pregnancy, abortion and STIs than their American peers (Schalet, 2008). This is significant because the Dutch teens were likely to have received comprehensive sexuality education, with a focus on relationship skills that foster mutually consensual, pleasurable and responsible sex. Their American peers are unlikely to have received comprehensive sexuality education, and more likely to have been exposed to sex education focused on risks and dangers.

Another study found that sexuality education programmes for young people which focus on risks and negative outcomes of sexual activity, and which deny pleasure or desire, are prone to "putting off adolescents rather than capturing their attention" (Nyanzi, 2004, in WAS, 2008, p13).

“The study concluded that eroticizing safer sex leads to more risk-preventive attitudes, which in turn facilitates less risky sexual behaviour and an increase in condom use.”



# Can eroticizing safer sex lead people to practice safer sex?

**Quick and dirty answer:**
**Yes – erotic safer-sex videos, posters, stories, and instruction have all been found to have a positive effect on safer-sex behaviours (but a lot more research is needed!).**

A 2006 meta-analysis by Scott-Sheldon and Johnson is the most rigorous piece of evidence to date showing the positive effects of eroticizing safer sex on behaviour. The authors reviewed 21 studies of safer-sex promotion or HIV prevention interventions, all of which included an erotic component, specifically:

- a visual erotic component, such as a video, erotic poster or brochure (61%);
- an activity, such as creating erotic ways to use condoms or have safer sex, or writing a sexual fantasy (43%); and
- reading erotic short stories (20%).

One-fifth of the interventions used more than one method of eroticizing safer sex, and just under one-third provided condoms to participants. The studies placed varying degrees of emphasis on the erotic component (from 7.5% to 100%). All of them were either randomized control trials (the ‘gold standard’ for research) or had a quasi-experimental design with an adequate control group. They showed that participants reduced their risky behaviours compared to control participants and at post-test in six key areas:

- HIV-related knowledge;
- attitudes towards condoms;
- reported condom use;
- communication with sexual partners;
- overall behavioural risk; and
- reported decrease in the number of sexual partners.

The study concluded that eroticizing safer sex leads to more risk-preventive attitudes, which in turn facilitates less risky sexual behaviour and an increase in condom use.

The 21 studies were primarily done in North America, with one in New Zealand and one in Brazil, at universities and schools, and participants were mostly Caucasian men in their early twenties. None of the studies took place in sub-Saharan Africa or in countries with high HIV prevalence. Twenty per cent (20%) of the studies sampled men who have sex with men, and the researchers found that interventions that included an eroticization component improved male condom use for anal sex. Another important finding from this research is that eroticizing safer sex did not appear to influence the frequency of sex, which confirms other research showing that the availability of condoms does not increase sexual activity (Scott-Sheldon and Johnson, 2006).

Scott-Sheldon and Johnson note that the limited evidence for erotic safer-sex interventions makes it difficult to determine whether eroticization or eroticization in addition to another intervention (such as communication skills) is the best recipe for reducing sexual risk. Nonetheless, they feel their study is robust enough to provide reliable evidence that including an eroticization component is an improvement over other interventions. In addition, they cite evidence that including pleasurable or sexual imagery in an intervention could motivate participation in the intervention (Scott-Sheldon and Johnson, 2005). This may be supported by studies done by marketing researchers showing that sexual appeals are more attention-grabbing and more likely to pique interest in a topic than non-sexual appeals, and people are more likely to remember information communicated through such appeals (Richert, 2003).

The Gay Men's Health Crisis study (1987) also showed positive effects of eroticization on behaviour. It found that an intervention which included the visual presentation of sexually explicit safer-sex guidelines resulted in lower rates of risky sex two months after the intervention among men who have sex with men. The study, which involved more than 600 gay or bisexual men, found that visual – as opposed to verbal and written – presentation of affirmative, erotically appealing material was the most effective among the following four HIV prevention interventions:

> **"Sexual appeals are more attention-grabbing and more likely to pique interest in a topic than non-sexual appeals, and people are more likely to remember information communicated through such appeals."**
>
> – Richert, 2003

- informational sessions describing AIDS and the transmission of HIV;
- a 'visual menu' of sexually explicit videos and slides, which presented safer sexual behaviour in an affirmative, erotically appealing manner;
- a didactic presentation (without the audiovisual materials) presented in an affirmative, erotically appealing manner; and
- distribution of printed safer-sex guidelines.

According to one of the lead researchers:

> "The film consisted of three vignettes and showed, for example, two men going on a date and talking about safer sex, and then showed one man putting on a condom for oral sex. It also showed a man with AIDS and his lover talking and touching each other and engaging in mutual masturbation but avoiding oral or anal intercourse," (Quadland, in Kolata, 1987, p1).

Compared to control groups, the group that viewed the erotic videos and slides was less likely to be engaging in risky sex three months after the intervention. The authors concluded that the erotic programme including sexually explicit visuals was most effective in helping men to adopt low-risk or no-risk sexual behaviour; and although many of the men continued to have unsafe sex, they reduced by nearly one-third the number of times they had intercourse without condoms (Quadland et al., 1987, in Kelly and Kalichman, 1995; Marlatt, 1998). In an article about the study, which appeared in the New York Times, the study authors reported that "the [written] safe sex guidelines were ineffective: some men who received them gave up sex completely for a time, but did not change their sexual behavior when they resumed having relations" (Quadland, in Kolata, 1987, p2).

Finally, a brief (20-minute) intervention focused on showing people how to use condoms and incorporating positive and erotic messages about condoms reduced the recurrence of STIs among men (Cohen et al., 1991). The approach did not lead to a reduction in STIs among women, however, and the authors urged caution with brief interventions among women, as they may not be sufficient for teaching women with communication skills needed to facilitate negotiation of safer sex. (For more insight on this issue, see Kelly, St. Lawrence and Brasfield, 1989, in Kelly and Kalichman, 1995.)

> **"While there has been relatively little research into safer-sex or HIV prevention interventions which incorporate an erotic component, those that have been done show that this approach improves attitudes and intentions related to safer sex and, most importantly, increases safer sexual practices and/or reduces risky sexual behaviour compared to non-erotic approaches."**
>
> – Richert, 2003

While there has been relatively little research into safer-sex or HIV prevention interventions which incorporate an erotic component, those that have been done show that this approach improves attitudes and intentions related to safer sex and, most importantly, increases safer sexual practices and/or reduces risky sexual behaviour compared to non-erotic approaches. This is in stark contrast with non-erotic approaches, which impart basic information about HIV, emphasize risks related to HIV, or play on pressures and fears related to HIV, and which did not increase condom use and in some cases had a negative correlation with condom use (Albarracin et al., 2003). The interventions did lead to an increase in people's knowledge about HIV and condom use, and made modest changes in people's attitudes and intentions related to condom use, but this did not translate into behaviour change.

To date, few studies have analysed the causal link between erotic safer-sex interventions and safer-sex behaviour change, and most studies have been with populations in higher-income countries and among student populations. We now need randomized control trials in low-income settings and settings where there is a high level of risk-taking behaviour. In addition, there needs to be a greater analysis of how men and women differ in terms of erotic interventions.

> **"…just telling people to use condoms is like telling someone to use a saddle to ride a horse – there's a lot more to both safe sex and horse riding!" – A sex worker in Mongolia, personal testimony told to Cheryl Overs.**
>
> – Knerr and Philpott, 2008

# What are safer sex skills and why are they important?

**Quick and dirty answer:**
**Practicing sexy safer-sex is not necessarily innate or natural for most people – it's something people learn through instruction and practice. Safer sexual skills can increase the likelihood that people will practice safer sex (and enjoy it!).**

The focus on disease avoidance in safer-sex interventions and research has left a crucial area relatively unexplored: the need for sexual skills and the ways in which skills influence the practice of safer sex. The widespread assumption is that sex is something natural and automatic, especially for men (in a similar way that giving birth and breastfeeding, for example, are thought to be 'natural' and 'automatic' for women). Yet evidence shows that safer sex becomes more comfortable and pleasurable with practice and through learning safer-sex skills.

The few studies undertaken in the area of sexual skill as it relates to safer sex show that people become more comfortable and satisfied, and often experience more pleasure, the more they use a safer-sex technology, such as male and female condoms (Kelly, 1989; UNAIDS and WHO, 2000). Ross (1992) cites evidence that men who have gained 'condom skills' have more positive attitudes towards condoms. Conversely, in Bangladesh, Khan (2004) found that, behind the explanation that 'condoms reduce pleasure', is a fear of incompetence and lack of skill when using condoms.

In a study of men who have sex with men, which asked participants to rate certain behaviours on a pleasure scale, it was found that safer-sex behaviours were more pleasurable six months after an intervention than immediately after the intervention (Kelly, St. Lawrence and Brasfield, 1989, in Kelly and Kalichman, 1995). At six months, those participants still practising safer sexual behaviours reported these to be more pleasurable than unsafe activities. The authors concluded that safer-sex interventions need to be long enough and engaging enough to maintain change until this transition occurs.

In studies with sex workers, participants found it easier to use a safer-sex technology on subsequent occasions, as they gained experience with the method, compared to their first time (Moore, 1997a). This was particularly true with the female condom: sex workers said they experienced more pleasure and less discomfort after using it several times; and female condom acceptability trials, in a variety of settings, found that users were more comfortable using the female condom after they had tried it on several occasions (WHO and UNAIDS, 2000). The same appears to be true for the male condom, as discussed by Khan (2004), but this type of scrutiny has not been applied to the male condom, perhaps because it is not a new technology.

# How do you eroticise safer sex?

**Quick and dirty answer:**
**Rub the inner ring of a female condom on her clit. Tell your man his penis is thicker and better with a condom. Put your latex glove on with a good 'SNAP!'. Talk to a sex worker about what gives him or her pleasure. And that's just the tip of the erotic iceberg...**

According to Abramson and Pinkerton (2002), making condoms part of foreplay could have a major bearing on how people perceive condom use and even on the level of pleasure people experience during sex. This requires a degree of creativity in practising safer sex and using safer-sex technologies. For example, in the early part of the AIDS epidemic, some gay men 'reshaped' the pursuit of anonymous sex by establishing 'jack-off' clubs and through the eroticization of safer-sex techniques (Greenberg, 1995). 'Jack-off' clubs were events where men could come together to masturbate or provide hand stimulation to each other, sometimes while viewing pornography, but with the explicit intention of not engaging in penetrative sex. Moore (1997) describes a group of sex workers from San Francisco who have become "extremely sophisticated in their innovations and expressions of eroticism and use of safer sex technologies" (p434). They use latex gloves for fisting and cunnilingus, and 'snap' the gloves on as they get dressed for sex. Abramson and Pinkerton (2002) also describe innovations developed by sex workers – they cite evidence that skilled sex workers can hide a rolled-up condom in their cheek and then secretly slip it onto a customer while performing oral sex.

> **"Moore describes a group of sex workers from San Francisco who have become "extremely sophisticated in their innovations and expressions of eroticism and use of safer sex technologies". They use latex gloves for fisting and cunnilingus, and 'snap' the gloves on as they get dressed for sex."**
>
> – Knerr and Philpott, 2008

Despite the widespread belief that male condoms decrease intimacy by forming a barrier between partners, they have been used as tools to increase intimacy and pleasure. For example, a pilot project in three family-planning clinics in Brazil, Honduras and Jamaica trained counsellors to discuss condoms from the viewpoint of sexuality rather than just contraception (Becker et al., 1997). One of the clinic's female clients described how she persuaded her husband to use condoms by saying that his penis was "thicker and more pleasurable [with a condom]" (ibid, p26).

Female condoms have a strong record of being used erotically. For example, there is anecdotal evidence that female sex workers in some countries have charged men more money to have sex with a female condom than without, by talking about the female condom as if it is a new sex toy (Hapugalle, 2002, or telling clients 'it only makes noise when men are good" (Prasad, personal communication, Philpott, 2006). By allowing clients to insert the female condom into their vagina, and presenting this as a pleasurable and intimate act, they are breaking a major taboo against men looking at or having intimate contact with female genitalia. Among some transsexual men who have sex with men in India, the female condom is used to emphasize their femininity to male partners and for anal sex by the receptive partner (Hapugalle, 2002). Other users report enjoying the friction of the outer and inner rings as they have penetrative sex (Philpott, Knerr and Boyden, 2006; Hapugalle, 2002). In India during acceptability trials of the female condom, women were reporting having orgasms for the first time as they inserted the condom into themselves, as the rings and lubrication made insertion a pleasurable experience (Philpott, Knerr and Boyden, 2006). In Senegal female condoms were promoted with erotic beads and as a condom for men with larger penises (SWAA, personal communication) and in Ghana and Zimbabwe men were promoting the female condom to their male friends through discussion of how the inner ring of the female condom creates pleasure as it rubs on the penis (Philpott 2006.).

There are also examples of sexy safer-sex skills which do not involve condoms. For instance, some heterosexual men derive pleasure from "cumming

> **"One of the clinic's female clients described how she persuaded her husband to use condoms by saying that his penis was thicker and more pleasurable with a condom."**
>
> – Becker et al., 1997

all over" a woman's body rather than ejaculating in her vagina or anus (Flood, 2003). While withdrawal before ejaculation is not considered a 'safe' sexual practice per se, there is evidence that 'cumming' outside the vagina or anus does reduce the likelihood of HIV transmission (Richters, 1994). Heterosexual pornography already eroticizes ejaculation on, rather than in, a woman's body in the so-called 'money shot' or 'cum shot' and in the 'facials' genre, which is devoted to the practice of showing men ejaculating onto women's faces. Thus, the addition of safer-sex elements to these representations could make them useful in HIV prevention campaigns (Flood, 2003). While these observations provide insight into how existing pleasure constructs could be used to enhance prevention messages, they should be considered within the context of women's desires as well, for example, through research into women's feelings about men ejaculating in or on their bodies.

> **"In India during acceptability trials of the female condom, women were reporting having orgasms for the first time as they inserted the condom into themselves, as the rings and lubrication made insertion a pleasurable experience."**
>
> – Philpott, Knerr and Boyden, 2006



Furthermore, a study with men in Turkey found that the common practice of early penis withdrawal during sexual intercourse was due to participants' beliefs that it increased their partners' pleasure. Many of the participants said they got the idea for this type of withdrawal from porn films, where ejaculation was taking place outside the vagina, and that this led them to believe withdrawal could be a method of contraception (Ortayli et al., 2005).

Condoms can also be promoted as a tool for prolonging erection and delaying ejaculation, particularly among young men (Flood, 2003; Khan, 2004). According to Khan (2004), condoms which prolong intercourse could become "the choice of the sexually skilled man". Others point out the difficulties of this approach, recommending that condom education should be honest about the potential for condoms to reduce sensation and about the fact that most men experience erection loss at one time or another, and encourage young men to practise using condoms while masturbating (Flood, 2003). As previously stated, some commercial condom companies have seized on the idea of prolonging erection using condoms by introducing condoms treated with an anaesthetic gel preparation; for example, see www.freepatentsonline.com/7086403.html.; www.durexhcp.co.uk/products/condoms/)

In some cases, safer-sex interventions have led to eroticization of a method while also opening up opportunities to discuss pleasure and desire. For example, in Kenya, women introduced to the female condom through a research project were eager to use the method, able to discuss taboo issues such as desire and pleasure in the context of the project, and were initiating sexual encounters with their partners by inserting the device hours before intercourse, as a sign that they wanted to have sex (Ankrah and Attika, 1997). Therefore, the effect of introducing the female condom to participants was not only safer sex, but also a degree of empowerment and sexual agency.

Knerr and Philpott (2008), in *The Global Mapping of Pleasure, 2nd Edition*, describe 47 programmatic and media examples of how safer sex has been eroticized in a wide range of cultures and contexts. For example, they describe the Samabhavana Trust's work with male sex workers in India. When the men reported that having regular, consistent clients provided more economic stability, the Trust emphasized that "you are being paid to pleasure a client … do it well, and he or she will call you back … satisfy him – kiss, perform foreplay, use your tongue, do oral sex, ask them how they feel... " The Trust described this as "pleasure with economics". Hazra (2006) recommends a similar approach among male sex workers and masseurs in India, with a focus on improving the health and safety of both the workers and their clients.

The St. James Infirmary (SJI) provides counselling to sex workers in San Francisco, with a twist:

> "In its counselling sessions, SJI asks sex workers: "What do you like about the work you do? What gives you pleasure?" With this as a springboard, sex workers are encouraged to talk about all aspects of their work – what they like and don't like, what they are willing to do and what they aren't willing to do. This kind of discussion with qualified counsellors can then lead to conversations about how to do the work they do in the safest way possible." (Knerr and Philpott 2008, p68)

Other examples include work with faith-based communities in Nigeria and Mozambique, where non-governmental organizations worked to increase the experience of pleasurable sex among married couples. The aim was to improve sex in marriage so that men, in particular, were less likely to seek out other sexual partners, thereby reducing a major risk factor for STIs.

> **"In Kenya, women introduced to the female condom were initiating sexual encounters with their partners by inserting the device hours before intercourse, as a sign that they wanted to have sex ... it gave them a degree of empowerment and sexual agency."**
>
> – Ankrah and Attika, 1997

# How can we teach people (or how do they learn) about sexy safer-sex?

Still from the erotic film *Modern Loving* by UK filmmaker Anna Span featuring hetrosexual couples practicing safe sex

**Quick and dirty answer:**
**By finding out how people in different cultures, countries, contexts, age and gender groups learn about sex and sexuality. Consider porn and romance, for example, as potential (and enticing) means through which to communicate safer sex skills.**

**While it's obvious safer-sex skills can be taught through ordinary sex education programmes and campaigns, it is important to consider more provocative modes of communication, too.** This includes pornography and romance, and talking to 'experts' who already know how to eroticize safer sex; such as sex workers and gay men.

Many people learn about sex through porn (Warr, 2001), thus porn could be an important medium for communicating about safer sex. Examples of this include films by UK filmmaker Anna Span and the instructional series for heterosexual couples *Modern Loving*, both of which feature actors and actresses using male and female condoms and lube as part of sex play (Knerr and Philpott, 2008). Many porn films show men ejaculating outside a woman's vagina or anus, which some men say is a motivation for them to practice coital withdrawal as a form of contraception (e.g., this was the case among men in Turkey according to Ortayli et al. (2005)). While withdrawal is not a completely reliable form of contraception, it is a form of risk reduction and helps us think through how to present risk reducing practises.

Sex workers in the USA have also reported learning how to hone their skills from more experienced women and from the media, such as pornographic films. (Notably, some of them also report contacting health institutions, such as the Centers for Disease Control (CDC), to check on the safety of particular sexual practices as a way to continually update their knowledge. This has subsequently provided new information to the CDC about the variety of new behaviours being practised (Moore, 1997).

In another example, gay-porn filmmaker Chi Chi La Rue taught people about the dangers of anal sex without condoms (a.k.a. 'barebacking') in gay porn films by creating sexually explicit short films on the internet, with voiceover messages against 'barebacking' (Knerr and Philpott, 2008).

> **"We must also get creative about other modes for delivering information about safer-sex skills – such as through pornography and romance, and by looking to 'experts' who already know how to eroticize safer sex."**

While porn is a common medium for learning about sex, some people suggest that using it to communicate safer-sex skills could be counterproductive if other aspects of the genre reinforce harmful gender stereotypes or promote violence (Flood, 2003; Wilton, 1994, in Warr, 2001). However, according to Warr, the "most useful starting point for effective safer sex strategies is to consider how desire is currently most pleasurably elaborated" for a particular group (2001, p243). She goes on to point out that romance, as it is understood in the context of some women's desire, could also be a useful site for safer-sex promotion.

Some critics argue that "young women's commitment to popular forms of romantic love place high value on sexual exclusivity, trust, and surrender" (Warr, 2001, p243), which are all concepts that tend to reduce condom use, since people are less likely to use condoms with steady partners as a sign of trust in the other person (Escabi et al., 2004; Kamya et al., 2002; Foss et al., 2004; Salazar et al., 2002). But there are compelling arguments to be made for offering safer-sex education which is relevant to young women's experiences, while also working to transform gender norms which disadvantage women. While it must be acknowledged that the romantic narrative may at times put women at risk, it can also be argued that:

> "[r]omance gives meaning and impetus to sex that should be acknowledged in safe sex education. It is necessary to consider the possibilities of women's interest in romance to avoid an unintended effect of safe sex promotion in further denigrating and marginalizing the concerns and experiences of women. The meanings of romance are not fixed and immutable, and we need to think about how it can be represented to reflect different sets of concerns as well as more diverse fields of desire and pleasure." (Warr, 2001, p251)

Thus, while the form romance currently takes in many cultures seems to discourage safer sex, this is not necessarily an intricate characteristic of romance, but rather one set of meanings that it has acquired.

HIV prevention strategies should (ideally) aim to support long-term social change in relation to gender norms which disadvantage women. Yet "the balance between short-term, pragmatically motivated approaches and the long-term aim of fundamental social change is a complex and contested one" (Flood, 2003, pp15-16).

> "…Given that 'good lover' narratives involve men's production of women's sexual pleasure, men's understanding of the conditions necessary for this pleasure could be broadened to include women's sense of prophylactic safety: 'How can she have an orgasm when she's worrying about getting a disease?'" (Flood, 2003, p14).

**"Singhal argues that communication interventions for HIV prevention should view culture as an ally, reconstruct cultural rites, employ culturally resonant narratives, and create a culture-based pedagogy of HIV prevention."**

Efforts to use pornography to deliver safer-sex information have been shown to be effective, particularly among men (Kyes, Brown and Pollack, 1991; Quadland et al., 1987, in Kelly and Kalichman, 1995; Marlatt, 1998).To this end, Singhal (2003) argues that communication interventions for HIV prevention should view culture as an ally, reconstruct cultural rites, employ culturally resonant narratives, and create a culture-based pedagogy of HIV prevention. This is in line with the argument for safer-sex interventions that involve participatory processes aligned with concepts of sex and pleasure in each culture and context (Gordon and Lewis, 2006). While some may see existing health beliefs as barriers, that culture can be seen as a strength, with elements that may support HIV and AIDS prevention (Singhal, 2003).

Equally important is to use narratives and modes of communication that resonate within a culture or context, rather than trying to use the scientific or rational approach to health communication common in 'western' contexts. This could include oral communication methods, for example, which are more prominent as a way of learning in many parts of the world (Singhal, 2003). With regard to women, in particular, the challenge "is to work with women's own ways of communicating about sex, from riddles to songs to games, and to draw on local practices in culturally sensitive ways, rather than assuming that they are always problematic or ignoring their existence" (Tamale, 2006, as cited in Cornwall, 2006, pp281–2).

Most cultures have existing constructs that are potentially beneficial for safer-sex programmes, if only the people running the programmes were aware of them. An example is the Ugandan tradition of the ssenga, through which girls are taught by their older female relatives, especially aunts, about sexuality, menstruation and marriage, among other things (Tamale, 2006). Muyinda,et al. (2003) conducted an HIV education effort based on the ssenga model. They trained several women within the community about sexual health, HIV and contraception. These women then returned to their communities, where they were seen and used as a resource. They used



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– Singhal, 2003

a term and context that was familiar to the target community:

> "[t]he ssenga model is built on the premise that sexuality is influenced by tradition and that behaviour change should be initiated within the context of existing cultural systems. The approach emphasized community participation, utilization of local knowledge and skills and the accessibility of ssengas as woman teachers. Community participation increased the flexibility of the initiative and its responsiveness to local conditions," (Muyinda et al., 2003, p165)

This is just one example of how an existing institution can be used, but not abused, to further sexual health.

Sometimes, pre-existing norms can be easier to work with than the models promoted by sex education programmes. For instance, Gosine (2005) points out the surprise that some western gay and lesbian activists express when they learn about "the complex and fluid notions of sexual identity in South Asia, Africa, Latin America and elsewhere…" He says, "there are all kinds of indigenous words to describe all kinds of arrangements. There is no universal system of sexual organisation, no definitive set of traditions, no single vocabulary. And so, in strategising around sexual rights in development, the cues must come from the ground, from the people who live and appreciate the particularities of their unique cultural contexts" (Gosine, 2005, p22).

Finally, Singhal (2003) notes that what is often missing from intervention programmes is a consideration of the social construction of 'love', which involves risk-taking, trusting and giving – all elements that can contribute to unsafe sex. Prevention programmes which teach about 'love', such as comprehensive 'sex and relationship' education programmes or faith-based programmes which promote marriage, in fact are promoting some elements of love while turning away others.

**"There is no universal system of sexual organisation, no definitive set of traditions, no single vocabulary. And so, in strategising around sexual rights in development, the cues must come from the ground, from the people who live and appreciate the particularities of their unique cultural contexts."**

– Gosine, 2005

# What do we recommend?

**Quick and dirty answer:**
**More and better research in more places, with more diverse groups of people. More culturally relevant messages, with more pleasure and sex, and less talk of fear, risk and disease. Talking to people who know a lot about (pleasurable) sex (i.e., sex workers).**

**There is good evidence that incorporating pleasure into safer-sex and HIV prevention programmes is a relatively unexplored but promising approach to promoting safer sex. In light of this, we offer the following recommendations:**

1 **More research to establish causal links.** There is an urgent need for more research into the impact of pleasure and eroticism on the effectiveness of safer-sex and HIV prevention interventions. This should involve developing new interventions that use an erotic and/or pleasure component, and evaluating new and existing programmes of this type, such as some of those cited in *The Global Mapping of Pleasure, 2nd Edition* (Knerr and Philpott, 2008). It is particularly important that studies examine the causal relationships between eroticization and behaviour change: comparing erotic safer-sex interventions with non-erotic safer-sex interventions will help to provide more conclusive evidence of impact.

2 **Existing erotic intervention studies that show causal links must be adapted to wider contexts.** Studies showing a link between eroticizing safer sex and behaviour change need to be adapted for higher-risk contexts, particularly settings in Africa, Asia and Latin America, and groups most vulnerable to HIV. This review cites some of the key studies that demonstrate these links; Scott-Sheldon and Johnson (2006), in particular, analysed a range of studies and demonstrated causality. Unfortunately, most of those interventions took place in very limited contexts, and adaptation of these successful studies to higher-risk contexts is vital.

3 **Research interventions must be developed with an understanding of how gender and culture influence sex, sexual pleasure and safer sex.** The implications of gender and culture on concepts and experiences of sex, sexual pleasure and safer sex must be at the core of pleasure-oriented and erotic interventions. This is essential for understanding the subjective nature of sex, pleasure and safer sex, and for identifying the groups most responsive to erotic safer-sex interventions. We must ask: 'How is pleasure defined in this setting?' and 'How are sex and pleasure experienced?' This could also incorporate notions of love, which are often missing in safer-sex promotion.

“The implications of gender and culture on concepts and experiences of sex, sexual pleasure and safer sex must be at the core of pleasure-oriented and erotic interventions. This is essential for understanding the subjective nature of sex, pleasure and safer sex, and for identifying the groups most responsive to erotic safer-sex interventions.”

4 **Collaboration across disciplines is recommended for effective intervention design.** Developing pleasure-oriented programmes requires in-depth understanding of how sex and pleasure are experienced, defined and understood in different contexts, and a much broader understanding of the practice of, purposes for and motivations behind sexual behaviour. There is a wealth of knowledge about these subjects coming from non-biomedical disciplines, such as anthropology, psychology, sexology, communications and marketing, which can bolster public health investigations of sexual pleasure as a motivator for behaviour change.

In addition, there is also a strong argument for collaborating with researchers who are developing and investigating new safer-sex technologies, such as microbicides. Microbicide research has revealed the erotic potential of this technology, which could dovetail nicely with erotic safer-sex research.

5 Shift the focus of safer-sex and HIV prevention interventions from disease, risk and AIDS to enhancement of pleasure, sexual skill and eroticism. This requires more than just the inclusion of a minor erotic element in a broader sexual health or sex education programme. It should: involve interventions which help subjects to develop sexual self-confidence, skills and definitions beyond 'sex as penetration'; challenge gender roles and assumptions that may disempower people, particularly women, when it comes to sex and safer sex; and support the notion of sex and sexuality as forces for good, rather than vectors of disease.

This will require those who do safer-sex research and programmes – researchers, implementers, designers, evaluators, and funders – to think about sex in a realistic, non-judgemental way, and to come to terms with personal obstacles which may have a negative effect on their work to promote pleasurable or sex-positive safer sex.

6 Test alternative modes of delivering safer-sex information and develop new allies. Research and programmes should test communication methods for delivery of safer-sex messages, and consider alternative and popular modes of communication, such as pornography and romance. Research should ask: Where do target populations learn about sex? Can we promote safer sex through erotic films? If so, in which countries and contexts? Are sex education films more effective than safer-sex porn in reducing risk behaviour?

In addition, key populations, such as groups and organizations of sex workers and gay men, can often know how to motivate safer sex in positive ways, and should be seen as allies and agents of change in efforts to promote safer sex aimed at a range of audiences. Practising safer sex requires skills and confidence, as well as creativity, which can sometimes best be learned from those who already know how to make safer sex sexy.

# Where did we get our answers from? (i.e.what was our methodology?)

**Quick and dirty answer:**
**We conducted a basic literature review, using standard online databases for scientific articles, as well as gray literature sources.**

20.

> “We have included all of the research, commentaries and interventions that we were able to identify and access which linked safer sex with pleasure or eroticism. Research that focused on successful safer-sex practitioners and examples of the eroticization of technologies for safer sex are also included.”

**We searched the scientific literature, including conference presentations, publications of national and international organizations, and lay media.**

We searched records on PubMed, Medline, ScienceDirect and the Google search engine until February 2008, using combined search terms that included the word ‘pleasure’, for example, ‘pleasure and sexual health’, ‘pleasure and reproductive health’, and ‘pleasure and condoms’. We searched Eldis, Intute, Global Development Network, Siyanda and Population Council up to April 2008, using the search terms ‘pleasure’, ‘condom’ and ‘erotic’. And we searched the abstract database for international AIDS conferences from 2001–2007 using the search terms ‘pleasure’ and ‘erotic’. We also requested relevant articles and studies from professional contacts and from the reference list of our previously published article in The Lancet (Philpott et al., 2006). As a parallel process, we researched data for the publication The Global Mapping of Pleasure, 2nd Edition, a directory of 47 case studies of people, organizations and programmes that eroticize safer sex, which brought up research and grey literature relevant to this literature review.

We have included all of the research, commentaries and interventions that we were able to identify and access which linked safer sex with pleasure or eroticism. Research that focused on successful safer-sex practitioners and examples of the eroticization of technologies for safer sex are also included, as is some grey literature.

The authors recognize that this report may not represent the entire evidence base on safer sex and pleasure/eroticism,,and look forward to any oversights or new materials being brought to our attention. We recognise that within a limited research field the evidence on queer sexualities (besides men having sex with men) is even more limited and this review struggles within this limitation. For the most part, studies in which pleasure was noted as a reason for not engaging in safer sex are not considered, for while these studies make up part of the rationale for undertaking this work, pleasure as a barrier to practising safer sex is well documented.

2. http://www.thepleasureproject.org./section10/

# References


Abramson, PR and Pinkerton, SD (2002) With Pleasure: Thoughts on the nature of human sexuality, New York: Oxford University Press, 2002.

Adelman, MB (1992) 'Sustaining passion: Eroticism and safe-sex talk', Archives of Sexual Behavior, 21; 5.

Ahmadu, F (2000) 'Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision', in Bettina Shell-Duncan and Ylva Hernlund (eds) (2001) Female 'Circumcision' in Africa: Culture, Controversy, and Change, Boulder: Lynne Rienner Publishers.

Akenova, D, (2008), 'Sexual Pleasure and Safer Sex: The Under-explored Synergy' in ID21 Insights 75, November 2008, 'Rethinking Sexuality and Policy', http://www.id21.org/insights/insights75/index.html

Albarracin, D, McNatt, PS, Klein, CTF, Ho, R.M., et al. (2003) 'Persuasive communication change actions: Analysis of behavioural and cognitive impact in HIV prevention', Health Psychology, 22: 166–177.

Albarracin, D, McNatt, PS, Williams, WR, et al. (2000) 'Structure of Outcome Beliefs in Condom Use', Health Psychology, 19;5: 458–468.

Alsop, Z (2009) 'Uganda's Anti-Gay Bill: Inspired by the U.S.', Time, Dec 10. New York: Time Warner. http://www.time.com/time/printout/0,8816,1946645,00.html.

Ankrah, E and Attika, S (1997) 'Adopting the female condom in Kenya and Brazil: perspectives of women and men. A synthesis', Arlington Virginia: Family Health International FHI, AIDS control and Prevention Project (AIDSCAP), Women's initiative, 47. http://www.fhi.org/NR/rdonlyres/e4ehzynbvhvawf34u5zpwsrtum2rxtyu2xdrncbvo4wvmwrp5fq25mubx5cjc5cshbod6gytogn3db/femalecondomkenyabrazil.pdf

Arhihenbuwa, CO (1999) 'Of culture and multiverse: Renouncing "the universal truth" in health', Journal of Health Education, 30(5): 297–273.

Baker, SA, Beadnell, B, Stoner, S, et al (2003) 'Skills training versus health education to prevent STDs/HIV in heterosexual women: A randomised controlled trial utilizing biological outcomes,' AIDS education Prev, 15: 1–14. http://goliath.ecnext.com/coms2/gi_0199-3139891/Baker-S-A-Beadnell-B.html

Banerjee, A, et al. (2006) 'Prevalence of unprotected anal sex and use of condoms and lubricants among men who have sex with men (MSM) in Andhra Pradesh, India' [abstract] XVI International AIDS Conference, 13–18 August 2006, Toronto, Canada, abstract no: CDC1024.

BBC News (2004), 'Promiscuity "fuelling HIV spread"', BBC News Online, 8 Apr. http://news.bbc.co.uk/1/hi/health/3610487.stm

Becker J and E. Leitman (1997) 'Introducing sexuality within family planning: The experience of the HIV/STD prevention projects from Latin America and the Caribbean', Quality/Calidad/Qualite No 8, New York: Population Council.

Boyce, P, Huang Soo Lee, M, Jenkins, C, et al. (2007) 'Putting sexuality (back) into HIV/AIDS: Issues, theory and practice', Global Public Health, 2;1: 1–34.

Browning, JR, Hatfield, E, Kessler, D, and Levine, T (2000) 'Sexual motives, gender and sexual behaviour', Archives of Sexual Behavior, 29: 135–153.

Calsyn, DA, et al. (2002) 'Beliefs about condom use differ for men and women injection drug users' [abstract] XIV International AIDS Conference, 7–12 July 2002, Barcelona, Spain, abstract no: WePeD6320.

Cardinal, M, Braeken, D, Shand, T, Drew, AM and Watson, K (2009) 'From evidence to action: Advocating for comprehensive sexuality education.' London: IPPF. http://www.ippf.org/NR/rdonlyres/FB127CA3-4315-4959-BF99-F23BAB9F5AB4/0/SexEdAdvocacy.pdf

Cecil, H, Perry, M, Seal, D, et al. (1998) 'The Female Condom: what we have learned thus far', AIDS Behaviour, 2:241–55.

Chann, B, et al. (2004) 'Targeting HIV/AIDS risk behavior in Cambodia: results from a national KAP survey' [abstract] XV International AIDS Conference, 11–16 July 2004, Bangkok, Thailand, abstract no: ThPeE8204.

Cheng, YM (2002) 'Study on Acceptability of Female Condom among Sex Workers in China' [abstract] XIV International AIDS Conference, 7–12 July 2002, Barcelona, Spain, abstract no: WePeD6412.

Cherry, T, Robinson, BE, Scheltema, K (2005) 'Risky sexual behavior in low-income African American women: The impact of sexual health variables', The Journal of Sex Research, 40.

Coggins, C, Blanchard, K, and Friedland, B (2000) 'Men's attitudes towards a potential vaginal microbicide in Zimbabwe, Mexico and the USA,' Reproductive Health Matters, 8;15: 132–141.

Cohen, DA, Dent, C, MacKinnon, D and Hahn, G (1992) 'Condoms for Men, no women: Results of brief promotion programs', Sexually Transmitted Disease, 19: 245-251.

Conley, TD and Collins, BE (2005) 'Differences between condom users and condom nonusers in their multidimensional condoms attitudes', Journal of Applied Social Psychology, 35: 603–20.

Cornwall, A and Jolly S (ed), (2006) 'Sexuality Matters', IDS Bulletin, 37;5, Brighton: Institute for Development StudiesCornwall, A (2006) 'Development's Marginalisation of Sexuality: Report of an IDS Workshop,' Gender & Development, 14;2. http://www.ids.ac.uk/UserFiles/File/participation_team/cornwall.pdf

Darden, C (2006) 'Promoting Condoms in Brazil to Men Who Have Sex with Men', Reproductive Health Matters, 14;28:63–67.

Deepak Charitable Trust (2002) 'Perspectives on culturally-based concepts of male semen loss: A key to prevention of STIs/HIV', Vadodara, Gujurat, Deepak Charitable Trust, in Ingham, 2005.

Dellenborg, L (2004) 'A reflection on the cultural meanings of female circumcision, Experiences from fieldwork in Casamance, Southern Senegal', in Arnfred, S.(ed.) Re-thinking Sexualities in Africa. Uppsala, Sweden: Nordic Africa Institute.

Dowsett GW (2003) 'Some considerations on sexuality and gender in the context of AIDS', Reproductive Health Matters, 11: 21–9.

Escabi, A, et al. (2004) 'Safer sex: Decision making and stability in heterosexual couples' [abstract] XV International AIDS Conference, 11–16 July 2004, Bangkok, Thailand, abstract no: D12910.

Faiz Rashid, S, (2006), 'Small Powers, Little Choice: Contextualising Reproductive and Sexual Rights in Slums in Bangladesh, in Cornwall, A and Jolly S (ed), (2006) 'Sexuality Matters', IDS Bulletin, 37;5, Brighton: Institute for Development Studies

Fine, M (1988) 'Sexuality, schooling and adolescent females; missing discourse of desire,' Harvard Education Review, 58;1: 29–53.

Fine, M and McClelland, SI (2006) 'Sexuality education and desire: Still missing after all these years', Harvard Educational Review; Fall 2006; 76;3: 297.

Fisher, W A, Byrne, D, White, LA, et al. (1988) 'Erotophobia-Erotophilia as a dimension of personality', The Journal of Sex Research, 25: 123–151.

Fisher, WA (1984) 'Predicting contraceptive behavior among university men: The role of emotions and behavioral intentions'. Journal of Applied Social Psychology, 14: 104–123.

Flood, M (2003) 'Addressing the sexual cultures of heterosexual men: Key strategies in involving men and boys in HIV/AIDS prevention', United Nations Division for the Advancement of Women (DAW) in collaboration with International Labour Organization, Joint United Nations Programmes on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), Expert Group Meeting on 'The role of men and boys in achieving gender equality' 21–24 October 2003, Brasilia, Brazil. http://www.un.org/womenwatch/daw/egm/men-boys2003/EP6-Flood.pdf

Fort, S (2006) 'Fatal Error, Bush's global AIDS plan ignores reality and endangers women's lives', Ms Magazine, Fall. www.msmagazine.com/fall2006/fatalerror.asp.

Foss, AM, Watts, CH, Vickerman, P, and Heise, L (2004) 'Condoms and prevention of HIV - Are essential and effective, but additional methods are also needed', British Medical Journal, 329;7459:185. http://www.bmj.com/cgi/content/full/329/7459/185

Foucault, M (1978) The History of Sexuality, New York: Pantheon.

Freitas, MIF, et al. (2002) 'Teenagers representations about AIDS' [abstract] XIV International AIDS Conference, 7–12 July 2002, Barcelona, Spain, abstract no: MoPeD3635.

Fried, ST, Hildebrant, M and Thomas, R (2006) 'In Sharp Focus at the International AIDS Conference 2006,' Open Society Institute (OSI)/SHARP, 4;18.

Gammeltoft, T (2002) 'Seeking trust and transcendence: sexual risk-taking among Vietnamese youth', Social Science & Medicine, 55;3: 483–496.

García, SG and Goldman, L (2004) 'Understanding successful condom use in the Dominican Republic', Frontiers Final Report, Washington, DC: Population Council.

Garcia, SG, Yam, EA and Firestone, M (2006) '"No party hat, no party": Successful condom use in sex work in Mexico and the Dominican Republic', Reproductive Health Matters, 14;28: 53–62.

George, A (1998) 'Differential perspectives of men and women in Mumbai, India on sexual relations and negotiations within marriage', Reproductive Health Matters, 6;12: 87–96.

Gerrard, M (1982) 'Sex, sex guilt, and contraceptive use', Journal of Personality and social psychology, 14: 104–123.

Goldstein, D (1993) 'AIDS and women in Brazil: The emerging problem', Social Science and Medicine, 39.

Gordon, G and Lewis, J (2006) 'Terms of contact and touching change: Investigating pleasure in an HIV epidemic', Sexuality Matters, IDS Bulletin, 37;5: 110–116.

Gosine, A (2005) 'Sex for pleasure, rights to participation, and alternatives to AIDS: Placing sexual minorities and/or dissidents in development', IDS Working Paper 228.

Greenberg, DF (1995) 'The pleasures of homosexuality', in Abramson, PR and Pinkerton, SD (1995) Sexual Nature, Sexual Culture, Chicago: University of Chicago Press.

Haberland, N and Rogow, D (2007) 'Sexuality and HIV education: Time for a paradigm shift', Promoting healthy, safe, and productive transitions to adulthood, Brief no 22, New York: Population Council. http://www.popcouncil.org/pdfs/TABriefs/PGY_Brief22_SexEducation.pdf

Hapugalle, K (2002) 'Acceptability of the female condom among street based commercial sex workers in Colombo, Sri Lanka', Report by Community Development Services, supported by UNAIDS. Colombo, Sri Lanka: CDS.

Hazra, A (2006) 'Enhancing Sensuality for Safer Sex among Men in India', IDS Bulletin, 37;5.

Higgins, J A and Hirsch, JS (2007a) 'The pleasure deficit: Revisiting the "sexuality connection" in reproductive health', International Family Planning Perspectives, 33;3: 133–139.

Higgins, JA and Hirsch, JS (2007b) 'Pleasure and power: Incorporating sexuality, agency, and inequality into research on contraceptive use', American Journal of Public Health, 98;10: 1803–13.

HLFPPT (Hindustan Latex Limited Family Planning Trust) (2004) 'The Female Condom: The Indian Experience'. http://www.femalehealth.com/pdf/HLFPPTResearchbrochure.pdf

Holland, J, Ramazanoglu, C, Scott, S, et al. (1992) 'Risk, power and possibility of pleasure: young women and safer sex,' AIDS Care, 4:273–83.

Hopkins Tanne, J (2005) 'US teenagers think oral sex isn't real sex', News Roundup, British Medical Journal, 330: 865. http://www.bmj.com/cgi/content/full/330/7496/865?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=pleasure+and+safer+sex&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT

Horne, S and Zimmer-Gembeck, M (2006) 'The female sexual subjectivity inventory: Development and validation of a multidimensional inventory for late adolescents and emerging adults', Psychology of Women Quarterly, 30: 125–8.

Hull, TH and Budiharsana, M (2001) 'Male circumcision and penis enhancement in Southeast Asia: Matters of pain and pleasure', Reproductive Health Matters, 9;18.

ICW (International Community of Women Living with HIV) (2004) 'HIV positive young women', ICW Vision Paper 1, London: ICW.

Ilkkaracan and Seral, 2000, 'Sexual Pleasure as a Women's Human Right: Experiences from a Grassroots Training Program in Turkey', Women and Sexuality in Muslim Societies, Istanbul: Women for Women's Human Rights

Impett, EA, Schooler, D and Tolman, D (2006) 'To be seen and not heard: Femininity ideology and adolescent girls' sexual health', Archives of Sexual Behavior, 35;2: 129–142.

Ingham, R (2005) 'We didn't cover that at school': Education against pleasure or education for pleasure?', Sex Education, 5;4: 375–388.

IDS (2006) 'Sexuality Matters', IDS Bulletin, 37;5, Brighton: Institute for Development Studies.

Janssen, E and Bancroft, J (in press) 'Mood, arousal, and sexual risk-taking', current research, Kinsey Institute. http://www.kinseyinstitute.org/research/mood_risk.html

Jayasree, AK (2004) 'Searching for justice for body and self in a coercive environment: Sex work in Kerala, India', Reproductive Health Matters, 12;23: 58–67.

Johnson, G (2005) 'Out of the HIV closet: As more islanders speak out, change is occurring', Pacific magazine online, http://www.pacificmagazine.net/issue/2005/07/01/out-of-the-hiv-closet

Jolly, S (2007) 'Why the development industry should get over its obsession with bad sex and start to think about pleasure', IDS Working Papers 283, Brighton, UK: IDS.

Jolly, S and Ilkkaracan, P (2006) 'Gender and Sexuality Overview Report', BRIDGE Cutting Edge Pack, Brighton, UK: IDS.

Kamya, M, et al. (2002) 'Condom use increasing among men in Kampala, Uganda, but substantial risk continues' [abstract] XIV International AIDS Conference, 7–12 July 2002, Barcelona, Spain, abstract no: WePeC616.

Kelly, JA and Kalichman, SC (1995) 'Increased attention to human sexuality can improve HIV-AIDS prevention efforts: Key research issues and directions', Journal of Consulting and Clinic Psychology, 63: 907–18.

Kelly, JA and Kalichman, SC (1998) 'Reinforcement value of unsafe sex as a predictor of condom use and continued HIV/AIDS risk behavior among gay and bisexual men', Health Psychology, 17;4: 328–335.

Kelly, JA, St. Lawrence, JS, Brasfield, TL, et al (1990) 'Psychological factors that predict AIDS high-risk and AIDS precautionary behaviour', Journal of Consulting and Clinical Psychology, 58: 117–120.

Khan, SI, Hudson-Rodd, N, Saggers, S, et al. (2004) 'Safer sex or pleasurable sex? Rethinking condom use in the AIDS era', Sex Health, 1;4:217–25.

Knerr, W and Philpott, A (2008) The Global Mapping of Pleasure: A directory of organizations, media and people who eroticize safer sex, 2nd Edition, Oxford/Delhi: The Pleasure Project/Taking Action for Sexual Health. http://www.thepleasureproject.org/content/File/Global%20Mapping%20of%20Pleasure_2nd%20Ed_lo%20res(1).pdf

Kyes, K B, Brown, I S and Pollack, R H (1991) 'The effect of exposure to a condom script on attitudes toward condoms', Journal of Psychology and Human Sexuality, 4;1: 21–36.

Kyes, KB (1990) 'The effect of a safer sex film as mediated by erotophobia and gender on attitudes to condoms', The Journal of Sex Research, 27: 297–303.

Laurance, J (2008) 'Health check: "Aid opened up the discussion of sex"', The Independent, 3 November. http://findarticles.com/p/articles/mi_qn4158/is_20041130/ai_n12823215

Lewis, J (2006) ‘Condom interventions and sperm management challenges’, presented at: Condoms: An International Workshop, 21–3 June 2006, Meeting Report, International HIV/AIDS Alliance and Reproductive Health Matters.

Luwugge, H (2008) ‘Adherence to gel and condom use among women participants in a phase III microbicide trial of PRO2000/5 in rural SW Uganda’ [abstract] Microbicides 2008 Conference, 24–27 February 2008, New Delhi, India, abstract no: 329.

Marcus, R (1993) ‘Gender and HIV/AIDS in Sub-Saharan Africa: The cases of Uganda and Malawi’, BRIDGE Report no 13, Brighton, UK: IDS. http://www.bridge.ids.ac.uk//bridge/cf/searchres.cfm

Marlatt, GA (1998) Harm Reduction: Pragmatic Strategies for Managing High-risk Behaviors, New York: Guilford Press.

Masvawure, TB (2008) “‘Low-risk youth?’: Students, campus life and HIV at a Zimbabwean university”, Unpublished doctoral thesis, Pretoria: University of Pretoria.

Maxwell, C and Boyle, M (1995) ‘Risky heterosexual practice among women over 30: Gender power and long term relationships’, AIDS Care, 7;3: 277–93.

Mcfadden, P (2003) ‘Sexual pleasure as feminist choice’, Feminist Africa, 2, African Gender Institute.

Mendelsohn, R and Chambers, J (1996) ‘A victory for safe sex’, British Medical Journal, 312: 714–5. http://bmj.bmjjournals.com/cgi/content/full/312/7032/714

Mir Hosseini, Z (2010) ‘Criminalizing Sexuality: Zina Laws as Violence Against Women

in Muslim Contexts. Policy Briefing,’ Violence is not our culture. Istanbul: VNC. http://www.wluml.org/sites/wluml.org/files/SKSW%20Policy%20Briefing%20Series_Criminalising%20Sexuality_Mir_Hosseini.pdf

Montgomery, C (2008) ‘Pleasure and prevention: African women’s voices on microbicide gel’ [abstract] Microbicides 2008 Conference, 24–27 February 2008, New Delhi, India, abstract no: CP39-405.

Moore, K and Helzner, JF (1997) ‘What’s sex got to do with it? Challenges for incorporating sexuality into family planning programs’, New York: Population Council. http://www.popcouncil.org/pdfs/whatssex.pdf

Moore, L J (1997b) ‘It’s like you use pots and pans to cook. It’s the tool”: The technologies of safer sex’, Science Technology Human Values, 22: 434–471.

Moore, LJ (1997a) “‘I was just learning the ropes”: Becoming a practitioner of safer sex’, Applied Behavioural Science Review, 5;1: 41–57.

Muyinda, H, Nakuya, J, Pool, R and Whitworth, J (2003) ‘Harnessing the senga institution of adolescent sex education for the control of HIV and STDs in rural Uganda’, AIDS Care, 15;2: 159–167.

Niang, CI, Diagne, M, Niang, Y, et al. (2002) ‘Meeting the sexual health needs of men who have sex with men in Senegal’, Institute of Environmental Sciences, Cheikh Anta Diop University, Senegal National AIDS Control Council (CNLS) and Horizons Program, New York: Population Council.

Ntahompagaze, T (2002) ‘Using and access to condoms for sex workers in Bujumbura township’[abstract] XVI International AIDS Conference, 13–18 August 2006, Toronto, Canada, abstract no: CDC1687.

Nyanzi, S (2004) ‘Porno, peers and pleasure: Pertinent sources of sexuality education for adolescents in Sub-Saharan Africa’, Sexuality in Africa Magazine, 1;2: 13–4.

O’Leary, A (Ed.) (2002) Beyond Condoms: Alternative approaches to HIV prevention, New York: Kluwer Academic/Plenum Publishers.

Oomman, N (1998) ‘Fear & Desire, Pain & Pleasure, There is more to the study of female sexuality than documenting partners and practices,’ adapted for ICPD at 10 publication, from ‘Sexuality: Not just a reproductive health matter’, Reproductive Health Matters, 6;12: 10–12.

Oriel, J (2005) ‘Sexual pleasure as a human right: Harmful or helpful to women in the context of HIV/AIDS’, Women’s Studies International Forum, 28;5: 392–404.

Ortayli, N, Bulut, A, Ozugurlu, M and Cokar, M (2005) ‘Why withdrawal? Why not withdrawal? Men’s perspectives’, Reproductive Health Matters, 13;25.

Ott, MA, Millstein, SG, Ofner, S and Halpern-Felsher, BL (2006) ‘Greater expectations: Adolescents’ positive motivations for sex’, Perspectives on Sexual and Reproductive Health, 38;2.

Over, M and Piot, P (1993) ‘HIV infection and sexually transmitted diseases’, in: Jamison, DT, Mosley, WH, Measham, AR and Bobadilla, JL (Eds.) (1993) Disease control priorities in developing countries, New York: Oxford University Press.

Parsons, JT, Halkitis, PN, Bimbi, D, and Borkowski, T (2003) ‘Perceptions of the benefits and costs associated with condom use and unprotected sex among late adolescent college students’, Journal of Adolescence, 23;4: 377–91.

Patton, C (1989) ‘Resistance and the erotic’, in Aggleton, P, Hart, G and Davies, P (Eds.) (1989) AIDS: Social Representations, Social Practices, New York: Falmer, 42–56.

Perloff, RM (2001) Persuading people to have safer sex: applications of social science to the AIDS crisis, Mahwah, N.J.: Lawrence Erlbaum Associates.

Philpott, A (2003) ‘Eroticising the female condom, how to increase usage’, presentation at the 13th International Conference on AIDS and STIs in Africa, September 2003, Nairobi, Kenya, reference no: 350823.

Philpott, A, Knerr, W and Boydell, V ‘Pleasure and prevention: When good sex is safer sex, Reproductive Health Matters, 14;28: 23–31.

Philpott, A, Knerr, W and Maher, D (2006) ‘Promoting protection and pleasure: Amplifying the effectiveness of barriers against sexually transmitted infections and pregnancy’, Lancet, 368;1: 2028–31.

Prasad, Cheswera , Needs Serving Society , Andrah Pradesh, from ‘The Female Condom in India” 2008 Hindustan Latex Limited

Pigg, SL (1999) ‘Translating AIDS awareness messages into South Asian contexts’, Re/Productions (2), as referenced in Cornwall, A and Jolly, S (2006) ‘Introduction’, Sexuality Matters, IDS Bulletin, 37;5: 1–11.

Pinkerton, SD, Cecil, H, Bogart, LM and Abramson, PR (2003) ‘The pleasures of sex: An empirical investigation’, Cognition and Emotion, 17: 341–353.

Pisani, E (2008) The Wisdom of Whores: Bureaucrats, brothels and the business of AIDS, London: Granta.

Population Council (2001) ‘Power in sexual relationships, An opening dialogue among reproductive health professionals’, New York: Population Council, 18. http://www.popcouncil.org/pdfs/power.pdf

Population Council (2005) ‘Dominican Republic and Mexico: Promote condom use by emphasizing personal benefits’, Summary no. 50, Washington: Population Council. http://www. popcouncil.org/frontiers/orsummaries/ors50.html

Pozlife, 2006, http://pozlife.wordpress.com/2006/09/02/riding-barebacktrends-in-unsafe-sex-practices-and-its-impact-on-the-community/ accessed June 2012

Quadland, M (1987) ‘Erotic Films in AIDS study cut risky behavior’, in Kolata, G (1987) ‘Erotic films in AIDS study cut risky behavior’, New York Times, 3 November, 37. http://query.nytimes.com/gst/fullpage.html?res=9B0DE1D81739F930A35752C1A961948260 Also, see: Quadland, M, Shattls, W, Schuman, R, et al. (1987) ‘The 800 men project: A report on the design, implementation, and evaluation of an AIDS prevention and education program’, New York: Gay Men’s Health Crisis, and D’Emaro, JE, Quadland, MC, et al. (1988) ‘The ‘800 Men’ project: a systematic evaluation of AIDS prevention programs demonstrating the efficacy of erotic, sexually explicit safer sex education on gay and bisexual men at risk of AIDS’, IV International Conference on AIDS, Abstract no. 8086, Stockholm, Sweden. http://www.doh.wa.gov/cfh/HIV_AIDs/Prev_Edu/effective_interventions.htm

Rao Gupta, G (2000) ‘Gender, sexuality, and HIV/AIDS: The what, the why, and the how’, Plenary Address, XIIIth International AIDS Conference, Durban, South Africa, 12 July 2000.

Rao Gupta, G, Whelan, D and Allendorf, K (2003) ‘Integrating gender into HIV/AIDS programmes, A review paper’, World Health Organization. http://www.genderandaids.org/downloads/events/Integrating%20Gender.pdf



Ray, S, Gumbo, N and Mbizvo, M (1996) ‘Local voices: What some Harare men say about preparation for sex’, Reproductive Health Matters, 4;7: 34–45.

Reichart, T (2001) ‘The effects of sexual social marketing appeals on cognitive processing and persuasion’, Journal of Advertising, 30:13–27.

Reichert, T (2003) ‘Sex in advertising research: A review of content, effects and functions of sexual information in consumer adverting’, Annual Review of Sex Research, 13: 241–272.

Richters, J (1994) ‘Coitus interruptus: Could it reduce the risk of HIV transmission?’ Reproductive Health Matters, 2;3: 105–7.

Robinson, BE, Bockting, WO, Rosser, BRS, et al. (2002) ‘The Sexual Health Model: Application of a sexological approach to HIV prevention’, Health Education Research, Theory and Practice, 17;1: 43–57.

Rosser, BRS, Bockting, WO, Rugg, DL, et al. (2002) ‘A randomized controlled intervention trial of a sexual health approach to long-term HIV risk reduction for men who have sex with men: Effects of the intervention on unsafe sexual behaviour’, AIDS Education and Prevention, 14; Supplement A: 59–71.

Rubin, G (1993) ‘Thinking sex: Notes for a radical theory of the politics of sexuality’, in Vance, C (Ed.) (1993) Pleasure and Danger: Exploring Female Sexuality, New York: Harper Collins.

Rye, BJ and Meaney, GJ (2007) ‘The pursuit of sexual pleasure’, Sexuality & Culture, 11;1: 28–51. http://www.springerlink.com/content/c584r2521271567t/

Salazar, X.S.L, et al. (2002) ‘Diversity in barriers to condom use in relation to gender, sexuality and power in Peru’, Poster Exhibition: The XIV International AIDS Conference: Abstract no. WePeE6490. http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102254359.html

Sanderson, CA and Yopyk, DJA (2007) ‘Improving condom use intentions and behavior by changing perceived partner norms: An evaluation of condom promotion videos for college students’, Health Psychology, 26;4: 481–7.

Schalet, A (in press) Raging hormones, regulated love: Adolescent sexuality and the constitution of the modern individual in the United States and the Netherlands’, Chicago: University of Chicago Press.

Schalet, A (unknown year), ‘Adolescent sexuality viewed through two different cultural lenses’, Sexual Health eBook, Vol. 3, chapter 15, www.sexualhealth.com, http://www.sexualhealth.com/ebooks_intro/3/15/Adolescent-Sexuality

Scott-Sheldon, LAJ and Johnson, BT (2005) ‘Eroticizing creates safer sex: A research synthesis’, Journal of Primary Prevention, 27: 619–640.

Scott-Sheldon, LAJ, Marsh, KL, Johnson, BT and Glasford, DE (2006) ‘Condoms + pleasure = safer sex? A missing addend in the safer sex message’, AIDS Care, 18;7: 750–4.

Shireen, J, Jejeebhoy, SJ and Sebastian, MP (2003) ‘Actions that protect: Promoting sexual and reproductive health and choice among young people in India’, South and Southeast Asia, Regional Working Papers, No 18, New Delhi: Population Council. http://www.popcouncil.org/pdfs/wp/seasia/seawp18.pdf

Singhal, A (2003) ‘Focusing on the forest, not just the tree: Cultural strategies for combating AIDS’, MICA Communications Review, 1;1: 21–8. http://utminers.utep.edu/asinghal/Articles%20and%20Chapters/singhal_forest_tree.pdf

Soanes, C and Stevenson, A (Eds.) (2006) Concise Oxford English Dictionary, Eleventh Edition, Revised. Oxford: Oxford University Press.

Steiner, MJ, Hylton-Kong, T, Figueroa, JP, et al. (2006) ‘Does a choice of condoms impact sexually transmitted infection incidence? A randomized, controlled trial’, Sex Transm Dis 33: 31–5.

SWAA 2006, Society for AIDS in Africa, Senegal personal communication 2006.

Tamale, S (2005) ‘Eroticism, sensuality and “women’s secrets” among the Baganda: A critical analysis, traditional institutions as a tool for women’s empowerment’, Feminist Africa, 5: 9–36. http://www.feministafrica.org/uploads/File/Issue%205/FA5_feature_article_1.pdf

Tanner, WM and Pollack, RH (1988) ‘The effect of condom use and erotic instructions on attitudes towards condoms’, The Journal of Sex Research, 25: 537–541.

Teixeira, AMB, et al. (2004) ‘Sexuality and its representations in the behaviour of drug users (DU) in Pelotas, RS, Brazil’ [abstract] XV International AIDS Conference, 11–16 July 2004, Bangkok, Thailand, abstract no: WePeD6316.

Telles Dias PR, Souto K, Page-Shafer K. (2006) ‘Long-term female condom use among vulnerable populations in Brazil’. AIDS and Behavior, 10:567–75.

Touray, I, (2006), ‘Sexuality and Women’s Sexual Rights in the Gambia’ , in Cornwall, A and Jolly S (ed), (2006) ‘Sexuality Matters’, IDS Bulletin, 37;5, Brighton: Institute for Development Studies

Tolman, D (2005) Dilemmas of Desire: Teenage Girls Talk about Sexuality. Cambridge, MA: Harvard University Press.

UNAIDS (1999) ‘Sex and youth: Contextual factors affecting risk for HIV/AIDS, A comparative analysis of multi-site studies in developing countries’, Geneva: UNAIDS. http://library.unesco-iicba.org/English/HIV_AIDS/cdrom%20materials/PDFfiles/99sandy1.pdf

UNAIDS/WHO (2004) AIDS epidemic Report 2004, www.unaids.org

Underhill, K., Operario, D. & Montgomery, P. (2007) Systematic Review of Abstinence-Plus HIV Prevention Programs in High-Income Countries. Plos [Public Library of Science] Medicine, 18th September 2007.

UNICEF/Myanmar and Population Council/Thailand (2000) ‘A participatory evaluation of the life-skills training programme in Myanmar’, UNICEF/Myanmar and Population Council/Thailand. http://www.popcouncil.org/pdfs/lifeskillsfinal.pdf

Warr, D J (2001) ‘The importance of love and understanding: Speculation on romance in safe sex health promotion’, Women’s Studies International Forum, 24;2: 241–252.

Welbourne, A (2006) ‘Man hunt intimacy: Man clean bathroom’: Women, sexual pleasure, gender violence and HIV’, IDS Bulletin, 37;5: 123–6.

Whitehead, S (2008) ‘Will microbicides feel good as well as preventing HIV? Maximising pleasure and protection’ [abstract] Microbicides 2008 Conference, 24–27 February 2008, New Delhi, India.

WHO (2003) ‘Unsafe sex is the main mode of HIV transmission’, in the Bulletin of the World Health Organization, 81;4: 311.

WHO and UNAIDS (2000) The Female Condom: A Guide for Planning and Programming, Geneva: WHO and UNAIDS.

Widdice, LE, Cornell, JL, Liang, W and Halpern-Felsher, BL (2006) ‘Having sex and condom use: Potential risks and benefits reported by young, sexually inexperienced adolescents’, Journal of Adolescent Health, 39;4: 588–595. http://departments.oxy.edu/docdel/Articles/5466.pdf

Wilton, T (1994) ‘Feminism and the erotics of health promotion’, in Doyal, L, Naidoo, J and Wilton, T (Eds.) 1994) AIDS: Setting a feminist agenda London: Taylor & Francis, 80–94.

Woodsong, C and Alleman, P (2008) ‘Sexual pleasure, gender power and microbicide acceptability in Zimbabwe and Malawi’, forthcoming in AIDS Education and Prevention, 20;2: 169–185.

Woodsong, C, Alleman, P, Phiri, M., et al. (2008) ‘Multiple perspectives on acceptability of microbicides in the HPTN035 clinical trial sites in Lilongwe and Harare’, poster presented at Microbicides 2008 conference, Delhi, India.

World Association for Sexual Health (WAS) (2008) ‘Sexual Health for the Millennium, A declaration and Technical Document’, Mexico City: WAS.

World Health Organization (WHO) (2004) ‘Sexual health – a new focus for WHO’, Progress in reproductive health research, 67. http://www.who.int/reproductive-health/hrp/progress/67.pdf

Yuntadilok, N, et al. (2002) ‘Gaps between risk perception and risk behaviors: Implications for HIV prevention among Thai [abstract] XV International AIDS Conference, 11–16 July 2004, Bangkok, Thailand, abstract no: WEPE0609.