

Dramatizing Gender Stereotypes and Violence within the Context of Hiv/Aids in Kenya

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Abstract

Gender based violence is key among other factors in fanning the spread of the HIV/AIDS pandemic. Focusing on inequitable power relations, the lack of power to negotiate with the male partners, low economic status and inaccessibility to health care information puts women and girls at a much higher risk of contracting HIV/AIDS. This paper looks at the ways in which violence is dramatized based on the existing (mis)conceptions and misunderstandings of gender roles and sexuality within the HIV/AIDS discourse in Kenya based on a reading of the television program *Siri*. We argue that the persisting spread of HIV/AIDS could be partly blamed on the damaging expectations from the society and the gender and sexuality stereotypes that put both men and women at greater risks of contracting and further transmitting HIV/AIDS. The media has however been on the forefront in providing vital health care information on reproductive health, particularly on HIV/AIDS as well as providing forums which people can dialogue on a range of issues related to HIV/AIDS.

Key words: Gender stereotypes, violence, HIV/AIDS, Education-entertainment.

Introduction

The HIV pandemic confronting sub-Saharan Africa has raised concerns about the role that sexuality and sexual behavior play in public health, (Marcia 2011: 2). There is ongoing evidence that gender roles and relations and more specifically the process by which masculinities and femininities are socially constructed and enacted are important in determining an individual's vulnerability to HIV infection (Gupta 2000). Violence against women is still perceived as an important feature of masculinity (Blanc 2001). Gender based violence is key among other factors in fanning the spread of the HIV/AIDS pandemic. Focusing on inequitable power relations, the lack of power to negotiate with male partners, low economic status and inaccessibility to health care information puts women and girls at a much higher risk of contracting HIV/AIDS. This paper examines the ways in which violence is narrated based on the existing notions of gender and sexuality within the HIV/AIDS discourse. We argue that the persisting spread of HIV/AIDS could be blamed on the damaging expectations from the society and the gender and sexuality stereotypes that put both men and women at greater risks of contracting and further transmitting HIV/AIDS. Gender norms, beliefs and stereotypes including particular notions of masculinity have important implications for male sexual behavior which consequently leads to risky sexual behaviors.

The media has however been on the forefront in providing vital health care information on reproductive health as well as providing forums through which people can dialogue on a range of issues related to HIV/AIDS including demystifying some of the harmful traditional notions of masculinity and femininity that are at the core of the HIV/AIDS discourse. One such successful strategy is through the use of television dramas which purposely design their programmes with the aim of entertaining while at the same time educating audiences on difficult to talk about matters such as HIV/AIDS prevention and care, (Singhal and Rogers 2003; (Tuft 2005). Such a genre has the ability to articulate debate, engage and involve people in the stories of the drama which resonate with the everyday lives of many people. This paper is based on the reading of episodes of a Kenyan television drama *Siri*² whose major concern is to use the Entertainment-Education (E-E) strategy to demystify traditional and popular misunderstandings of masculinity and femininity in a bid to curb the continued spread of the HIV/AIDS menace. The paper underscores the role that the programme plays in helping unpack the concepts of gender and sexuality within the HIV/AIDS discourse while providing valuable information in an effort to break the existing cycle of destructive knowledge(s) that contribute to further transmission of HIV/AIDS.

²Siri is a Swahili word for secret. According to the producers of the TV drama, the word has a dual meaning. It means both confidentiality and enlightenment, indicating that there are many secrets that people keep that need to be told out and enlighten people on their effects. See www.aphia2kenya.org.

HIV/AIDS is the second most common cause of death globally. In 2009, 1.8 million deaths were HIV related and by the end of the year 2010, 34 million people were living with HIV. The Joint United Programme on HIV/AIDS (UNAIDS) estimates that 60 million people have so far been infected with HIV since the pandemic began in the late 1970s. By far, the greatest proportion (over 70 percent) of people living with HIV/AIDS is found in sub-Saharan Africa where they number 28.1 million³. According to the UNAIDS 2010 report, an estimated 1.5 million people in Kenya are living with HIV/AIDS. The first identified case of HIV in Kenya was recorded in 1986. Since then the HIV infection rates have been growing at alarming rates. According to the Kenya Aids Indicator Survey (Survey 2008) report 2007, the prevalence rates in 2007 were higher than it was in 2003⁴ in rural Kenya with a higher proportion of women aged between (15-64) being infected, (KAIS 2008: 14). Also in the report, there is an indication that rural Kenya (mostly Nyanza and Rift Valley) is home to 70% of all HIV infected adults.

Given the above estimates, it is imperative to note then that HIV/AIDS has become one of Africa's great challenges. In the early days of the spread of the epidemic, HIV/AIDS was seen only as a health problem but is now increasingly recognized as a development problem reversing many of the hard won development gains. The perceived impact of HIV/AIDS has shifted from one of a disease affecting individuals to a disease which potentially affects the development of the affected nations. Considering the nature of the damage that the pandemic has had on the nation, intervention strategies aimed at curbing the menace are worth noting. One such measure is the role that the mass media is playing in helping the populace understand and do away with some of the harmful traditional beliefs and conceptions that have been instrumental in fuelling the spread of the HIV/AIDS pandemic.

Narratives of gender stereotypes and violence within the context of HIV/AIDS in *Siri*

Gender has been defined as the cultural differentiation of male from female. Gender and sexuality are however significant factors in the transmission of HIV/AIDS. Gender stereotypes which include the prescriptive beliefs about how men and women should behave are arguably on the fore front in fanning the spread of the HIV pandemic. Of great importance in this study is how violence in the representation of masculinity has been instrumental in understanding the pattern of HIV infection among men and women. Discourses on HIV/AIDS now reflect an increased acknowledgment of the role that gender and sexuality play in fuelling the pandemic (Gupta 2000; Ogenga 2006). Different traditional conceptions of being either a man or a woman all of which are socially and culturally constructed have been responsible for the continued spread of HIV/AIDS. To effectively address the intersection between HIV/AIDS, gender and sexuality requires that interventions should at the very least not reinforce damaging gender and sexual stereotypes (Gupta 2000). It is with this background that we trace how *Siri* as a health communication programme endeavors to challenge some of the existing cultural beliefs that breed fertile grounds for the spread of HIV/AIDS. Such a television drama allows for the introduction of a variety of issues, myths and misconceptions and challenge people to engage in discussions that influence positive behavior changes.

Siri is relatively new television drama in Kenya. Set in a tea plantation off Nairobi, it is based on a rural setting and targets a similarly rural and the peri-urban audience. *Siri* was launched in February 2009. Funded and supported by United States Agency for International Development (USAID) and Population Services International (PSI) Kenya, the programme uses popular culture to empower women to make informed reproductive health choices for themselves and their families with the support of the men in their lives. *Siri* also seeks to target the men to support the women in their lives in matters related to reproductive health⁵.

Siri focuses on the universe of women engaging in sharing their secrets and getting enlightened so that they can make informed choices regarding their reproductive health. *Siri* also represents the predicaments that women have kept as secrets that have been detrimental to their health and at the same time it envisions the enlightenment that would set them free from bondage. The drama keenly follows the lives of women as they go about their day to day activities with secrets harbored in their hearts. It further seeks to challenge some of the existing cultural conceptions that have exposed both men and women to HIV/AIDS.

Our reading of the episodes of *Siri* is premised on the benefits of the health belief model (HBM) whose major assumption is that in order for people to engage in healthy behaviors, they need to be aware of the risks and realize

³See: <http://aids.oneworld.net/guide/front.shtml>.

⁴From the survey, the prevalence rate for females in 2003 was 8.7% and 4.6% in males while in 2007 the rates were 9.2% in females and 5.8% in males (KAIS report, 2008:15)

⁵See <http://www.citizenstv.co.ke/shows/pivot/entry.php?id=16>. The TV drama focus on areas that have traditionally been believed to be belonging to women, for instance, advising men to accompany their wives for their pre-natal and post-natal clinic visits as one way of supporting them.

that the benefits of behavior change outweigh potential barriers. According to the health belief model, knowledge will bring change. Knowledge is brought to the target audience through an educational approach (Andresen 1995). In incorporating vital health messages in the programme, it is hoped that some concepts held by the society and that have been (mis)understood will be unpack in a bid to curb the HIV/AIDS pandemic.

Focusing on educating the audience members on the subject of HIV/AIDS and its related issues through the use of familiar characters and narratives that they audience can identify with, *Siri* hopes to underscore the severity of some of the beliefs and practices that have for a long time contributed to the continued spread of HIV. The programme focuses on the demystifying mystery of going through a HIV test and the fear of testing positive by underscoring the benefits of one knowing his /her HIV status and the effects of ignorance on this subject. Through the microcosm of the family, *Siri* hopes to dissolve some aspects including how men and women relate within the family, the politics of power and at the same time providing vital reproductive health information with regard to how all these aspects relate to the spread of HIV/AIDS.

According to UNAIDS, in Sub-Saharan Africa, a higher proportion of AIDS related deaths were among women than in any other region. Notably, the major route of HIV transmission in this region is heterosexual (Hunter 2005). It is thus imperative to consider the nature of the relationships that both men and women get into considering the societal expectations on both men and women and the HIV/AIDS discourse. Concepts of masculinity and femininity become useful instruments in looking at men, women and their gender experiences in the context of HIV/AIDS. Connell in (Kometsi 2004) suggest the importance of looking at how men and women lead gendered lives as an entry point into what the concept of masculinity means. Masculinity represents not just an idea in the head, or a personality identity. It is also extended in the world and merged in organized social relations (Gupta 2000). The understanding of masculinities and femininities as key concepts in the study of gender and its relationship to HIV is of great importance.

Studies on men and masculinities in Sub-Saharan Africa have identified socialization as key in determining male risk-taking behaviors; they have also shown how socialization defines female vulnerability to harmful sexual outcomes including HIV infection, (Barker and Ricardo 2005). Traditional notions of masculinity refer to a set of values, practices and self-perception which include characteristics such as head of house hold, competitiveness, physical and sexual violence that are culturally endorsed and internalized standards of how men behave in a particular setting (Bowleg, Michelle Teti et al. 2011). Men represent 95% of all violence committed in the world today (Macia, Maharaj et al. 2011). Hence violence appears to be gender specific and tied to masculinity and the male role. Violence is woven into a masculine regime of control that suppresses the female and puts her in a subordinate position. The male regime relies on the man being physically superior. Violence is an expression of a societal condition that the men are superior and women inferior.

Arguably, the social stereotypical construction of what it means to be a man and a woman has perhaps encouraged the negative perception on certain roles that both men and women play with regard to the HIV/AIDS pandemic. In the TV drama the family is the site where these notions are exercised. In a particular episode which focuses on a family where the husband Jamal is a military man and Hamida, a former housewife, we read how *Siri* endeavors to dissolve some of the traditional practices that would put the lives of the characters at the risk of contracting HIV/AIDS.

Typically, men are seen as being responsible for the productive activities outside the home (Gupta 2000). In this case, Hamida must remain at home while Jamal goes away for close to ten years apparently on a government operation mission. When Jamal returns he expects to be treated the same way, like the husband that he was before he left. On arriving home, he remarks that: *Sasanimerudinamaishalazimayataendeleakamahapoawali. Mimi nimumewakonanimrudinyumbanikwamkewangu.* (I have come back home and life must go on as it used to. I am your husband and have come back to my wife). Hamida thinks differently. Ten years is such a long time to simply accept Jamal back to her life.

In general, there is a strong agreement cross-culturally on stereotypes of both men and women. Men are seen as active, assertive and strong whereas women are seen nurturing, loving and caring (Best and Williams 2001). Linked to this is the interaction between social class, sex and power. As a middle class male in the society, Jamal has more power over his wife, Hamida and as the society expects, she should submit to his husband. Contrarily, in this TV drama, and in this specific episode, the woman is more aggressive and displays some degree of power over Jamal in challenging his thoughts about their relationship.

There is a perception that the HIV/AIDS pandemic is driven by men and women are seen as the recipients of the disease (Ogenga 2006). This is a recognition that it is men who spread the epidemic to the women given the fact that

men have some power in sexual relationships. Stereotypes and societal expectations such as it is normative for men to have sex with multiple women concurrently for instance is a reason for Hamida to protest against Jamal's demands. It is with this knowledge that Hamida must take precaution. For her, Jamal is forgotten because she believes that he must have been with another woman/women considering the long period of separation. Hamida: *Mimi nilikusahauwewekabisa. Yangunaweweyalikwisha. Hatuwezikuwamkenamumetena.* (I already forgot everything about you. Whatever was between us is over. We cannot be husband and wife again). For Jamal, Hamida has no right to contest because culturally he is allowed to be away for as long as he desires and when he comes back he should be accepted. Jamal: *Mila nadesturizetuzaniruhusukurudikwangu* (Our tradition and practice allow me to come back to my home). Through Jamal, we see the violent and irresponsible image of male machoism that puts the lives of both partners at a risk of HIV/AIDS infection.

In *Siri* the social construction of femininity could be argued to be responsible for the spread of the pandemic among ignorant women or rather wives. Traditionally, a woman should be submissive to her husband. *Siri* in this particular episode challenges the culture that dictates that a 'good' woman should remain silent, be passive and unknowledgeable in matters of sex by giving the woman the voice and opportunity to contest this notion. Hamida displays some knowledge of her rights and insists on separation. She says: *'mimisinahajanawetena. Maishayanguyamekuwashwarihatabilawewe, kwahiyonendazako. Usifikirikuniambukiza* (I really don't think I need you in my life anymore. My life has been fine even without you, so please just leave me alone, do not think you will infect me). Existing norms on the other hand expect men to be knowledgeable. This culturally constitutes part of the identity of a man.

Traditionally women are socialized in to being submissive and accepting the dominant role of men. (Kometsi 2004). While women are relegated to the position of subjects in the society; the woman in this particular episode is empowered and has access to life skills. This consequently gives her the opportunity to participate in decision making within the family context. This is seen in the manner in which Hamida decides not to welcome Jamal back and in moving away from their home to settle in a different place and to become an independent woman. Notions that emphasize that men should dominate over women as a characteristic of malehood (UNAIDS 1999) is thus challenged through Hamida. Hamida's intellectual independence and power is seen in the way she insists that if they have to get back together, they must first know their HIV status.

Dominant notions of masculinity, of being a 'real man' limit men from acknowledging health risks and accessing care (Abiom 2009). Men for instance fear that they would lose their social status and dignity if they went for HIV/AIDS testing most especially if they do not trust themselves and eventually tested positive (Ogenga 2006). Also being infected with HIV could mean that men lose their physical strength due to the severity of becoming sick. Jamal cannot go for a HIV test. The idea of being sick would emasculate Jamal, that is how he resorts to other ways of asserting his power should Hamida insist on them doing a HIV test. This fear acts as a major setback in the fight against the pandemic.

With sex being central to the self-imaging of men as 'real men', women who insist on their men testing their HIV status and practicing safe sex might be seen as posing a great challenge to their position as men (Ogenga 2006). Accepting to go for a HIV test is perceived by Jamal as a risk for fear of rejection, separation or even divorce in the event that the results turn out to be positive. In a consoling conversation that Jamal had with his friend, a man must not admit to being tested, most especially if it is a demand from his wife. He tells him: *mwanamumelazima awe mwanamume* (a man must be a man) implying that he must display his masculine power and say no to his wife's demands.

Traditional gender role socialization promotes different views and values about sex for men and women (Campbell 1995). *Siri* hopes to challenge the 'traditional sexual scripts that still endorse male assertiveness and control and female passivity' (O'Sullivan, Harrison et al. 2007). Traditionally men are encouraged to be the aggressor and violent partner in all sexual encounters. Men are also trained to see sex as a conquest which becomes an indicator of manliness. Contrarily, women are socialized to become submissive and passive recipients even in violent relationships.

In this specific episode of *Siri*, the anxieties that attend discourses of knowing one's HIV/AIDS status lead to sexual violence. By virtue of the fact that Jamal is the man in the relationship and as per the dictates of the society, he has power over the woman. Jamal refuses to do an HIV/AIDS test and forcefully moves in to Hamida's house. This is in a bid to reinstate his status as the man and husband.

Jamal furthermore engages in forceful sex with Hamida. In their clearly defined roles, women are depicted as possessions of males and of a society as a whole in which they are expected to submit and be subordinate. In the

Kenyan society, sexual violence within marriage is always met with silence and regarded as a private affair. The traditional belief that rape within marriage is non-existent is part of the ideology that women do not exist in their own rights. In endorsing the view that they are a societal property and that the owners' (men) can do as they wish with the women is one that increases the vulnerability of the women to HIV infection. The endorsement of this ideology in the context of the HIV pandemic has dangerous consequences.

Gender dynamics in intimate partner relationships are often characterized by poor sexual communication and negotiation between the partners involved (Marcia 2011:2). Due to the traditional definition of women as societal entities and because Jamal by virtue of being a man has more physical power, Hamida cannot negotiate with Jamal who resorts to physical abuse against Hamida for refusing to consent to have sex with him. Rape is seen as a manifestation of Jamal's need to aggressively dominate and maintain power over Hamida. In this context, rape is seen as a consequence of attitudes toward women that are intimately intertwined throughout the culture. Hamida fights back and saves herself. Through Hamida's reaction towards Jamal, the male sexual aggression which is perceived by the society as natural is contested. She champions the fact that it is wrong for the society to socialize people in to the assumption that women should consider themselves weak, submissive and nurturant (Zastrow and Ashman-Kirst 2004). We read Jamal's actions and use of force as being motivated by his desire to enhance his status as a man, a desire that stems from the fact that being manly is characterized by the use of violence. Rape is envisioned as a way of expressing power. Further, (Mankayi 2008) notes that the *violent* use of women's bodies for purposes of sexual pleasure is an important part of manhood and male sexuality.

Violence in this case is a result of the gendered relations of power in sexual relationships that reflects the pre-existing social and cultural disparities between men and women. In the context of HIV/AIDS, the implications are more adverse among the women who are traditionally regarded as less powerful and therefore more vulnerable. While this is true of most African contexts, the attempt by *Siri* to contest this notion is in a bid to avert the effects of the HIV pandemic by re-scripting some of the traditional conceptions of gender.

Notably, some of these inequalities which legitimize the ideologies of masculinities and femininities make it seem natural that men take responsibility for decision making, take the lead in looking for opportunities for economic and personal advancement while women are left to fend for themselves. In another episode, a family man Tom contemplates leaving behind his expecting wife to go to the city without her knowledge. His male friend tells him: *achakulet downwanaume, mkewakosilazimaajueunaenda Nairobi* (Stop letting men down, your wife should not know that you are leaving for Nairobi) (Episode 5).

In another episode that dramatizes the clash between modernity and tradition, the extent of psychological violence that women go through is played in a situation where a pregnant woman is denied the chance to seek antenatal care (ANC) and delivery at the hospital as per the tradition's demands given that she is infected with HIV. Wilmina is told: *Wilmina, wajuadinyetuhakuruhusukwendahospitalini, mbonaunatakakumkeramola?* (You know our religion dictates that we do not go to hospital at any time, why do you want to provoke God?) She says: *Lakinimumewangu, mbonansiendeilinimuokoehuyumwanawetutu, huna utu?* (Can't I go please, in order to save this one child? You don't feel this baby?). While this was her first pregnancy that she carried to term albeit with a lot of complications, her inability to make decisions makes her lose her child due to child birth complications. Wilmina has had two miscarriages due to being denied access to health care during pregnancy and because she has to heed what religion and tradition dictate she has had to suffer the psychological pain of losing three children. Violence is here qualified as ensuing from the larger male identity project that views women as being incapable of making decisions even those that matter most to their lives.

There is an acknowledgement that regardless of race, ethnicity and nationality, there is a masculine ideology that men should have sex with multiple women, (Swartz, Feyler et al. 2008). Considering this era of the HIV pandemic, the unequal power in sexual relations relegates women to a susceptible state to an extent of being infected with the virus. In an episode in *Siri*, a faithful wife seeks treatment after testing HIV positive from being infected by her husband who has three other mistresses. While it is 'manly' to have multiple partners, it is unacceptable for the women. This particular episode dramatizes the vulnerability of women to HIV through men's risky sexual behaviors. We consider this as a form of violence against women which is a product of the social construction of masculinity that condones male dominance over women.

In a related episode, a woman advises her friend who is fed up with her straying husband that she should be 'nice and sweet' to him. She tells her: *kuwamtulivu, usimuulizemumewakuleanakotoka, hivyondivyowanaumewanataka* (Just remain calm, be good to him. Don't ask him where he has been, that's what men want (Episode 2). While it is an endorsement by the society that men are free to 'stray' for as long as they want as dramatized in this episode, the

underlying implications for such behavior within the era of HIV are worth worrying about. From this episode, the differential perception of 'freedom' defines the contemporary woman's level of awareness of HIV infection conduits. Further, *Siri* attempts to demonstrate how gendered power reflects a culture of brutality against women. Sexual networking seems to express a construction of male identity through a collection of serial or concurrent sexual partners (Hunter 2005). While men tend to blame women for sexually enticing them such perceptions suggest the extent to which gender stereotypes are deeply entrenched in the minds of men (Marcia 2011:9). In another episode of a family setting, a pregnant woman must go for a HIV test to protect her health and the baby's while her husband who is involved in extra-marital affairs declines to go for the test. After being convinced by a friend to do the test, it turns out that the man is HIV positive, a situation which would have affected both the health of the mother and the baby. The situation dramatizes how the society assents through its endorsement of some 'manly' behaviors that are detrimental to the health of both the mother and the baby. All these practices are endorsed by the community as behaviors that define manhood and we argue that they have been very instrumental factors in the spread of the HIV/AIDS pandemic. Masculinity here qualifies violence as a tool for exercising power over the less powerful partner. The male identity project that justifies violence towards women establishes women as powerless and inferior.

Conclusion

This paper argued that *Siri* does not stop at critiquing stereotypical conceptions of masculinity and femininity but that it also provides valuable information to audiences about how to confront such situations to prevent HIV infection. Through the reproduction of HIV/AIDS narratives that audiences can identify with and the use of characters that they are familiar with, the TV drama *Siri* hopes to raise consciousness about some of the harmful traditional conceptions of gender that fan the spread of HIV. Within the HIV/AIDS discourse, such stereotypical attitudes, beliefs and expectations of 'real men and women' that qualify the use of violence against women to display male power and status should be interrogated in a bid to help alleviate the HIV/AIDS pandemic given the indications that gender role ideologies and sexual risks have been a core focus of much of the HIV prevention theory and research.

The paper looked at the contribution of the entertainment industry through the TV drama *Siri* in trying to demystify some of the harmful traditional conceptions and misunderstandings of what it means to be a man and a woman in the Kenyan society and how they could have contributed to the continued spread of HIV/AIDS. Focusing on what the audience members are familiar with, the programme presents the adverse effects of these conceptions and provides safe alternatives that can be embraced to help reduce the effects of HIV/AIDS by for instance differentially empowering men and women with relevant knowledge on HIV/AIDS. The paper underscored the role of *Siri* in dramatizing gender stereotypes within the context of HIV/AIDS while highlighting the possible implications in the spread of the HIV pandemic.

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