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Dimensions and Manifestations of Sexual Risk Taking Behaviours in the Era of STIs and HIV/AIDS in South Africa

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ABSTRACT Importantly, the global community especially under the auspices of WHO and UNAIDS relentlessly continue to mount strong emphasis for individuals and communities to consider controlling or reducing the effects of sexual risk taking behaviours in an endeavour to reduce, mitigate or altogether annihilate the pinching and horrendous effects of HIV/AIDS , STIs and other commensurate behavioural based social vices. This paper aims to explore, debate and discuss various dimensions and manifestations of sexual risk taking behaviours driving the state of HIV/AIDS and STIs in South Africa. It has used a review of literature methodology. The paper has identified homosexualism, heterosexualism, bisexualism as inclinations that continue to influence HIV/AIDS/STI infections with homosexuallism and bisexualism putting individuals at a more risk than heterosexualism. Importantly, being a transgender, a gay, or a lesbian also constitute serious sexual risk taking phenomena. The paper recommends adopting abstinence, both primary and secondary, in tandem with adopting indigenous ways of maintaining chastity such as virginity testing as possible measures to mitigate the effects of HIV/AIDS

INTRODUCTION

In many different settings of different countries in the globe, the phenomenon of risk taking behaviors has been pinned and adequately documented to be contributing to the spread of HIV epidemic (Barnett and Whiteside 2006; Treatment Action Campaign 2007; Ramphele 2008). Although HIV/AIDS is a global phenomenon that appears to affect countries' socio-cultural-political- economic profiles, empirical findings reveals that about 70 to 80 percent of the global HIV/AIDS pandemic is found in sub Saharan countries with the country of South Africa being the country that plays host to the highest number of people living with HIV/AIDS (Ramphele 2008). Although there are various sexual orientations that facilitate HIV/AIDS infections, further research indicates that 90 percent of the global HIV/AIDS infections are driven by penile-vaginal heterosexual transmission (Phillips et al. 2007).

Perhaps why HIV/AIDS has remained an important disease that all the countries need to work hard to eliminate is because it kills fast (Barnett and Whiteside 2006). This is especially if the infected are not accessed with the life elongating anti retroviral drugs (ARVs). For example, a cross sectional study conducted in the rural households of Limpopo Province in South Africa revealed that about 24.3 percent of the households were classified as affected by the HIV/AIDS pandemic (Oni et al. 2002). Further to that, the highest prevalence of HIV/AIDS was found in Seshego area recording a prevalence of 34 percent; while the relative lowest was found in Tshakhuma that registered a prevalence of 11.11 percent (Oni et al. 2002). Noting that Limpopo is one of the poorer provinces in the country, the issue of HIV/AIDS needs urgent attention because this disease might be the cause of the economic crisis of the province. The research validation of an inextricable relationship between poverty and HIV/AIDS prevalence is also a critical dimension that needs to be taken care of if formidable and sustainable measures to meaningfully curb HIV/AIDS are to be put in place in South Africa (Kang'ethe and Chikono 2014; Oni et al. 2002).

Perhaps more research and robust interventions need to be embarked on to discourage or reduce sexual risk taking behaviours if South Africa is to turn around its HIV/AIDS profile that has painted a bleak picture in the country (Kang'ethe and Chikono 2014). This is because some of its nine provinces appear to be in-

creasingly pulled down under the weight of the epidemic, with Kwazulu Natal leading the pack followed by Mpumalanga and Limpopo (South African National AIDS Council (SANAC) 2007). Since poverty is increasingly becoming a huge concern coupled with the revelation that there exists a positive correlationship between it and HIV/AIDS prevalence, more work to identify the drivers of the sex risk taking behaviours driving HIV/AIDS need to be explored with the aim of annihilating them altogether (Kang'ethe and Chikono 2014).

This paper defines risk taking behaviors as those behaviors that put people vulnerable to contracting HIV/AIDS. This includes but not limited to having sexual intercourse with a casual acquaintance, having multiple sexual partners, inconsistent condom use, and use of illicit drugs such as intravenous drugs.

Problem Statement

As HIV/AIDS continue to take toll in South Africa, it is becoming necessary to explore and diagnose all the possible driving factors of the epidemic, especially of sexual risk taking behaviours (Barnett and Whiteside 2006; Treatment Action Campaign 2007). This is because 90 percent of the HIV/AIDS in South Africa just like in many other countries of the developing world takes place through sexual encounters. It is pertinent that all the dynamics surrounding different sexual orientations are succinctly explained and their possible risk factors associated with each one are understood. This is to possibly enable individuals to easily internalize, own and respond to the prevention messages and therefore present a formidable force to ward off HIV/AIDS and other sexually transmitted diseases. These researchers believe that owning and understanding sexual risk taking factors is the entry point to annihilating HIV/AIDS.

METHODOLOGY

This paper has used a review of literature methodology to bring out different kinds of sexual orientations and the magnitude of risk associated with each. The paper has used different journals especially of reproductive sexual health, books, and richly borrowed from these researchers experiential and intuitive wisdom.

OBSERVATIONS AND DISCUSSION

Dimensions of Sexual Risk Taking Behaviours

Homosexualism (Gayism and Lesbiansm)

Although global communities are increasingly coming into terms in understanding homosexualism in forms of gays and lesbians, or men who have sex with other men through anal sexual encounter; and women who have sex with women, usually through vagina-vagina ejaculation, there are still many unanswered questions especially from the heterosexuals who believe that authentic sexual exchange can only take place between a man and a woman through penile-vaginal sexual exchange (Barret-Grant et al. 2001). However, it is good to suggest that perhaps many religious groupings of the world subscribe to heterosexualism and therefore many people in the world are heterosexuals. Otherwise, reality continues to dawn on many homosexuals that anal sexual intercourse makes the players more vulnerable to HIV/AIDS and other STIs than heterosexualism. Perhaps some people not adequately exposed to issues of sexuality outside heterosexualism may pose questions such as why anal sexual intercourse leaves the sexual players more vulnerable to STI and HIV/AIDS. The answer is that anal sexual intercourse suffers from increased wear and tear, for one, because the anal tissues are weak as they are biologically meant to facilitate the process of peristalsis and removal of waste from the body. Secondly, increased wear and tear results from the fact that anal walls do not secrete any lubrication fluid like the vaginal tissues. Therefore, there are no mechanisms to abate the state of sexual friction. This results in possible ulceration of the anal walls and possibly the penile glans and the foreskin. It is explained that a lack of such a biological process of secreting lubrication fluid during anal intercourse explains the fact that anus is not an organ or a tissue through which sex should take place. Sex is therefore imposed into it and therefore damages the walls unduly (Lane et al. 2011). Subjectively, and in these researchers contention, it is the human nature that has negated the rule of nature and taken advantage of the fact that anus offers an opening just like the vagina. The fact that sex belongs, or is meant to be facilitated through the vagina naturally explains the fact that vagi-

nal walls secrete vaginal fluids which the body produces naturally for the sake of lubrication and making the sexual encounter a natural and an enjoyable process. Vagina as opposed to the anus is adapted to handling and accommodating sex because sex is naturally a business of penile-vaginal interplay. According to Semple et al. (2004), gays are at high risk of contracting HIV infection because friction during anal sex make the anal walls to yield to ulcers and perforations that allows the virus to easily get into the bloodstream.

In South Africa, perhaps the increasing prevalence of homosexualism and the general population's awareness of the existence of the phenomenon may have been made possible by the fact that all forms of sexual orientation are condoned by law (Lane et al. 2011; Barret-Grant et al. 2001). However, the homosexuals in South Africa just in many corners of the world continue to face the challenge of stigma and discrimination (Barret-Grant et al. 2001). This is because many people who are heterosexuals feel that the practice is abnormal, unnatural, while those viewing the practice from strict religious lenses say that the practice is ungodly and purely satanic (Byamugisha et al. 2002). This stigma and discrimination has made this community to distance themselves from the general populace or operate clandestinely. This means that the prevention tools they may need may not be avialbale in any local health centre. This may hugely makes them have unprotected sexual encounters. This heightens their vulnerability to HIV/AIDS (Lane et al. 2011; Barret-Grant et al. 2001). In the same vein, lesbians, though not as common as the gays face the same challenge of stigma and discrimination and therefore operate clandestinely.

According to Semple et al. (2002), about 45 percent of newly HIV cases are reported to be from the gays , or among men who have sex with other men. The prevalence of HIV/AIDS and any other sexually transmitted infections among the gays is associated with high risk taking behaviors such as poor and inconsistent use of condoms; and also use of illicit drugs (Meade et al. 2012). Perhaps the fact that many countries have outlawe homosexualism could explain why many homosexuals do not get the opportunity to use the prevention protective tools such as the *anal dams*. An Anal dam is the condom that is used for anal sexual intercourse. Even in countries where the law condones various forms of sexual inclination, usually communities and the health service delivery personnel may be reluctant to accommodate the homosexuals. This is because it is possible that many clinics and hospitals, though they have the traditional condoms for heterosexiual sexual intercourse do not usually have anal dams.

It is believed that lesbians do not have the condoms that they can use for sexual intercomse Realistically, lesbians are able to secrete vaginal fluid to one another and thereby open the duo to the risk of viral and STI infections.

Intravenous Drug Use (IDU)

According to Kang'ethe and Rhakudu (2010: 40), a drug is any substance that changes the chemical balance of an individual, or anything to which an individual may become addicted to, for example, alcohol, tobacco, cough mixture, and pain killers. While some drugs are important in that they have a curative value, some are dangerous and have negative effects on a person's temperaments, emotions, way of thinking and perceptions. This is why their use is outlawed in many countries of the globe. Intravenous drugs are the ones that people take intravenously, that is the drugs are introduced into the blood system through injecting the veins, usually in the hands (Semple et al. 2004). Evidence holds that the use of illicit drugs generally is associated with risk taking behaviors such as casual sex, multiple sexual partners and poor condom use. Moreover, Semple et al. (2004) further indicate that intravenous drugs increase the desire for sexual intercouse, whether vaginal or anal, or a combination of both as practised by the bisexuals. Therefore, the chance of practising safe sex is very slim. Perhaps what aggravates the risk for the intravenous drug users is the fact that they share the nendles to inject the substence in their veins. This therefore put them at high risk of contracting HIV/AIDS. In the state of being drugged, this presents an opportunity for them to angage in sexual activities without any form of protection. However, intravenous drug users are not confirned only in homosexual relationship, but are also applicable in heterosexuals relationship. Another issue that is related to sexual risk taking behavior is the use of methamphetamine. This is a stimulant that increases sexual desire, energy, and feelings of euphoria among other physiological effects (Meade et al.

2012). In these authors' contention, methamphetamine is usually used by men who have sex with other men, or gays. Evidence holds that there is an increased risk of HIV infection and sexual risk taking behavior after the use of methamphetamine (Meade et al. 2012). A number of researchers seem to agree that once the individuals involved in drugs are highly stimulated, this presents an opportunity to disregard the importance of condoms in any sexual encounter. Meade et al. (2012) opines that gays' relationship is classified as more violent. For that reason, chances to negotiate for safer sex might be very low. Perhaps this explains why many scholars have documented that inconsistent condom use among this population is escalating. To this end, empirical research findings indicate that sexual risk behavior registered at 4 percent in 2000 and increased to 34 percent in 2010 (Meade et al. 2012).

Bisexualism

Bisexualism is generally defined as sexual expression that contains elements of both heterosexualism and homosexualism behavior. Studies indicate that bisexualism population worsens the more accepted ways of healthy heterosexuality and healthy homosexuality (Lane et al. 2011). This is probably because while either the homosexuals or heterosexuals subscribe to a particular sexual orientation, and therefore seeks to be recognized or validated as a bona fide group, the bisexuals negate each group's equation and claim. Bisexuals are individuals who practice both the penile-vaginal sexual intercourse, as well as anal sexual intercourse. Therefore, they could be more vulnerable to infections because as one practices anal intercourse with a male partner and at the same time practice penile-vaginal intercourse with another female individual, one transfers the risk of anal intercourse to the partner one engages in vaginal intercourse with. This implies that there are possibilities that bisexuals practice sex with different individuals. Perhaps this is why some researchers indicate that bisexuals in South Africa are at greater risk of contracting STIs and HIV than even the gay community (Thoreson 2008). Unfortunately, unlike the case of the gays, there is dearth of literature pertaining to the bisexuals' risk to infection. It is perhaps to this end that Beyrer et al. (2010) give empirical evidence that there is a lack of discourses in the field of bisexual population. Not many studies have been conducted to understand bisexualism and the risk associated with STIs and HIV infection. Nevertheless, bisexual men have been documented to display a high rate of unprotected sex with their female partners and therefore heightens the incidences of infections (Kelly et al. 2002). For example, international studies conducted in some areas of United States of America indicate that, up to half of the women with HIV/AIDS contracted their disease due to unprotected sex with a bisexual man (Kelly et al. 2002).

Transgender

Clements-Nolle et al. (2001) define transgender as a term that is used to describe individuals who have a persistent and distressing discomfort with their assigned gender. These authors postulate that such individuals were born with one biological sex, but ultimately wish to live their lives and to belong to a different gender. The issue of transgender has put many countries in a state of dilemma as their constitutions have not had the provisions of transgender, or give power to allow people of one gender to move to the other gender. However, medical operations have made it possible for people to acquire or develop certain characteristics and traits to conform to their discirable gender. Research indicates that transgender individuals experience social discrimination that includes being denied employment opportunities. This places them at a risk of embarking in behaviors that may expose them to HIV/AIDS (Clements-Nolle et al. 2001). To this end, a score of researchers indicate that the prevalence of HIV/AIDS among transgender population ranges from 11 percent to 78 percent (Nemoto et al. 2004). Information from various sources suggest that male to female transgender individuals are at high risk of contracting HIV/AIDS compared to female to male transgender individuals (Garofalo et al. 2006; Nemoto et al. 2004; Kenagy 2002). These researchers are of the view that male to female transgender individuals fully practice anal intercourse while female to male transgender person are more likely to use sex toys. Therefore, anal sex in male to female transgender individuals is what makes this population to be more vulnerable to the HIV/AIDS pandemic (Semple et al. 2004).

There appears to be a serious gap in research pertaining to how the two aspects of transgender contribute to sexual risk taking behaviours. While various researchers have documented the vulnerability to STIs and HIV/AIDS of male to female transgender population, little information is provided on the risk of HIV/AIDS among female to male transgender population. Given that there is a lack of attention paid to female to male transgenders' risk to HIV infection, this has led to a false assumption that female to male transgender population are at lower risk for HIV infection. To this end, Kenagy and Hsieh (2005) indicate that female to male transgender population may be at risk for HIV infection due to lack of information about transgender state of sexuality.

Heterosexualism (Vaginal Intercourse and Oral Sex)

Vaginal sexual intercourse has been well documented by various scholars worldwide as the pertinent cause of the spread of STIs and HIV/AIDS pandemic (Madise et al. 2007; Semple et al. 2004; Morojele et al. 2010). In South Africa, there is evidence of unduly sexual freedom of even to the teenagers, making the prevalence of HIV/AIDS epidemic to take immense toll to young people as young as 15 years (Barnett and Whiteside 2006). Given that the majority of South African citizens are youth, it is worrisome that the economy might be immensely affected by increased toll of HIV/AIDS among the youth. This simply means that the national HIV prevention strategies must target the youth for the purpose of ameliorating the state of the HIV/AIDS campaign (South African National AIDS Council 2007). Recent statistics indicate that about 12.6 percent of teenagers have initiated sexual intercourse before the age of 14 years old (Balfour et al. 2013). Moreover, other researchers indicate that adolescents are less frequently likely to use protection during their first intercourse. This, therefore, might put them at risk of contracting STIs and HIV/AIDS, more especially the adolescents who are likely to date elderly men. These scholars think that there is increased failure of the family and community social structures to socialize the children, more so the adolescents to observe the sexual mores and norms that have traditionally been held by most African communities as interventions to ensure good, ethical and morally upright citizens (Kang'ethe 2014a). Also, these researchers feel that blaming the wind and states of globalization, modernization, civilization, westernization and eurocentrism as factors that are tearing apart family and community bonds is not fair. Individuals and communities in South Africa as in many other regions of the continent where sexual freedom is increasingly not being resisted should take responsibility and work towards inculcating cultural values to the children so that they may avoid earlier sexual debut until that time they are ready to get married (Kang'ethe 2014a; Kang'ethe and Rhakudu 2010). This may sound harsh to some, but if some societies such as those of Somalia and Ethiopia and Eriteria have upheld their cultural ways of maintaining chastity, ethics and morality, then other societies in South Africa should borrow a leaf and undergo a paradigm shift to have their youths maintain sexual chastity (Wodenmicael 2009; Kang'ethe 2014a).

Perhaps it is good to explain why younger women are at a higher risk of STI and HIV/AIDS more than the adults. At a younger age, the girls' sexual organs are not mature enough to be penetrated. In the event that such girls engage in sexual overture, the vaginal walls are easily ruptured by the penis. This results in ulceration, or increased wear and tear of the vaginal tissues. This forms opening through which the virus can easily get into the bloodstream and therefore cause HIV infection. Perhaps it is also important to mention some factors possibly driving the epidemic. There is increased evidence in South Africa that some young South Africans are being driven by socioeconomic status of their families to indulge in sexual risk behaviors (Barnett and Whiteside 2006). To this end, Benatar (2008) indicates that adolescents from poor economic backgrounds are likely to indulge themselves in sexual risk taking behaviors in an attempt to meet their basic necessities of life such as food and shelter. Then, adolescents from this social environment are more likely to experience less power to negotiate for safer sexual practices. The situation, therefore, increases their chances of engaging in unprotected sex and thereby heightening chances of contracting STIs and HIV/AIDS.

Oral Sex as a Risk Factor

Furthermore, various sources postulate that another sexual risk behavior which is currently documented as contributing to the spread of

HIV/AIDS in heterosexual relationship is the engagement in oral sex (Halpern-Felsher et al. 2005). Generally, oral sex can be defined as a sexual activity aimed to stimulate sexual feelings of individuals using the mouth. This involves sucking using lips and tongues of the other sexual partners' body parts, whether the mouth, tongue, sexual organs etc (Halpern-Felsher et al. 2005). Studies indicate that in oral sex, there is increased risk of contracting several STDs including HIV, syphilis, and gonorrhea. However, studies by Prinstein et al. (2003), as well those of Remez (2000) indicate that the risk of passing on STIs in oral sex is not as high compared to unprotected vaginal intercourse or anal intercourse. In oral sex, the risks depend on a lot of different things, including the number of partners that an individual engages in, and also one's gender. With regard to male gender engaging in a heterosexual sexual encounter, one might be more prone to contract STIs through oral sex. This is because in a female vagina, STIs are more likely to hide as compared to the male penis.

Factors to Mitigate the Effects of Sexual Risk Taking Behaviours

Incontrovertibly, sexual risk taking behaviors are increasingly having negative health implications among many South Africans (Barnett and Whiteside 2006). This calls for robust and sterling interventions to mitigate these behaviours if chances of reducing HIV/AIDS and STIs are to be reduced. This is because there are indicators that people continue to be infected because of inappropriate strategies, misinformation, ignorance, and general lack of information disseminations on these strategies. Gravely, the prevalence of myths surrounding sexuality in South African context continue to incur the HIV/AIDS prevention severe blows and costs (Jackson 2002; Kang'ethe and Xabendlini 2014). This is because people do the wrong things because of the falsified and mythical interpretation of sexual issues and events on the ground. This paper, therefore, puts an emphasis on the following as the approaches to mitigate and weaken the sexual risk taking behaviours that result in increased incidence of HIV/AIDS and STIs.

Embracing Abstentions (Both Primary and Secondary)

There is concrete evidence that sexual activities play major contribution in the spread of HIV/AIDS through risk taking behaviors among young South Africans. It is therefore pivotal to consider and enforce other national strategies that aim to prevent STI and HIV/AIDS infections. To this end, these researchers opine that encouraging abstentions among South African youths will bring a paradigm shift in the sphere of HIV/AIDS incidences. Abstinence is the state of staying away from sexual activities (Kang'ethe and Rhakudu 2010). We have primary and secondary states of abstinence. Primary abstinence is the state in which a person has never engaged in sexual activities, while secondary abstinence is the state in which a person has to adopt abstinence though he/she once engaged in sexual activities. Abstinence, therefore, if adhered to will assist in mitigating the incidences of STIs and HIV/AIDS among the South Africans. This is because more than 90 percent cases of STIs and HIV/AIDS infections are transmitted heterosexually (Phillips et al. 2007). However, it is easier said than it is possible to effectuate a process. This means that South African communities need to own and embrace the culture of abstinence that they once perpetuated. Infact, most African societies had the culture of observing sexual mores and sexual taboos that prevented the young to engage in any act of sexual overture until one is ready to take a husband or a life partner. Although the wind of globalization, colonialization, westernization, modernization, eurocentrism and civilization may have contributed to eroding most of the cherishable African values (Kang'ethe 2014a), these researchers do not overly accept this scapegoat and are therefore urging the South African communities to undergo a paradigm shift in ideologies and ways of life to ensure that they nurture and socialize their children to keep away from sexual overtures until they are mature enough to take their life partners. South African Societies and communities need to reposition themselves to embrace and own the culture of abstinence, both primary and secondary. If this can be achieved, this is a foolproof intervention to turn away the tide of STI and HIV/AIDS infections in South Africa (SANAC 2007).

Virginity Testing

Eclectic literature sources depict that HIV/AIDS prevalence is assuming an upward curve among the teenagers and youth in South Africa

(Barnett and Whiteside 2006). Therefore, national strategies should focus more in youth to lower chances or mitigate their rate of infections. Perhaps going back to the indigenous ways of maintaining chastity can be a novel way of mitigating the effects of STIs and HIV/AIDS (Kang'ethe 2014b). This brings virginity testing as one such indigenous methods of maintain sexual chastity. This method, also called *reed dance* has been practiced in Kwa-zulu Natal Province of South Africa, but due to forces of international human rights and the fact that communities were not deeply committed to maintain it the way some communities such as Xholsas have maintained male circumcision, it died away. The international human rights advocates and lobbyists through some human rights NGOs in the country have been in arms against the practice forcing the government to succumb to their ideals and therefore made the practice to die. However, there has been a few voices that are bringing the culture to life. These researchers fully support the resuscitation of this practice to keep young girls virgin. They consider such an approach a panacea practice that should be mainstreamed to all the communities, not only in South Africa, but also in all the countries of Africa. It's high time that the proponents supporting the practice in tandem with these researchers know that they are within their cultural rights to bring it back to existence (Kang'ethe 2014b; Afolayan 2004). These researchers also feel it is time to positively use cultures to be instrumental in the fight against various social vices that continue to bedevil African countries such as South Africa (Kang'ethe 2014a).

CONCLUSION

These researchers consider analyzing, making a deep anatomy of various sexual risk taking behaviours and therefore prompting debates and discourses surrounding them, a desirable phenomenon in this era of HIV/AIDS. This is because despite increased education on risk taking behaviours, more and more people continue to succumb to STIs and HIV/AIDS. It is perhaps that the fueling factors embedded in these sexual risk taking factors have not been adequately understood especially in South Africa where HIV/AIDS poses to threaten the economy of the country. This is because the country has the highest number of people living with HIV/AIDS globally. It is therefore pertinent that information on sexual risk taking behaviours is adequately shared, and different sexual risk taking behaviours are discussed and debated with the aim of making the readers have a succinct account of how various risk taking behaviours contribute to the quagmire of HIV/AIDS and STIs.

RECOMMENDATIONS

- Use cultures as a platform of achieving morally and ethically acceptable behaviours.
- Fund and support all the interventions that support zero tolerance to teenage and adolescent sexual engagements.
- Parents and communities to take their nurturance responsibility seriously to teach the young and the youth the importance of sexual chastity and the dangers of early sexual debut.

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