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Zoe Duby<sup>a b</sup> & Christopher Colvin<sup>a</sup>

<sup>a</sup> School of Public Health and Family Medicine, University of Cape Town

<sup>b</sup> Desmond Tutu HIV Foundation

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## Conceptualizations of Heterosexual Anal Sex and HIV Risk in Five East African Communities

Zoe Duby

*School of Public Health and Family Medicine, University of Cape Town  
and Desmond Tutu HIV Foundation*

Christopher Colvin

*School of Public Health and Family Medicine, University of Cape Town*

*Heterosexual anal sex is underresearched and little understood, particularly in the African context. Existing prevalence data indicate that heterosexual anal sex is a widespread practice, yet little is known about the way in which it is conceptualized and understood. Describing findings from qualitative research conducted in Kenya, Tanzania, and Uganda, we shed light on conceptualizations of heterosexual anal sex and its relation to human immunodeficiency virus (HIV). These findings suggest that penile-anal sex is practiced by men and women in Africa for a range of reasons, including virginity maintenance, contraception, fulfillment of male pleasure, relationship security, menstruation, in the presence of vaginal complications, financial gain, fidelity, and prestige. Despite anal sex being the most efficient way to transmit HIV sexually, there is widespread lack of knowledge about its risks. These findings describe the ways in which anal sex is conceptualized in five East African communities, highlighting how penile-anal intercourse is often not considered “sex” and how the omission of anal sex in safe-sex messaging is interpreted as meaning that anal sex is safe. In light of its frequency and risks, greater attention must be paid to heterosexual anal sex in Africa to ensure a comprehensive approach to HIV prevention.*

Research on the sexual transmission of human immunodeficiency virus (HIV) consistently finds unprotected anal intercourse to be a highly predictive risk factor for seroconversion (Baggaley, White, & Boily, 2010). Receptive anal sex has been shown to be a predictor for HIV among women, with higher HIV prevalence among women who report anal sex than those who do not (Karim & Ramjee, 1998; Gross et al., 2000). Individuals who engage in heterosexual anal sex are also more likely to engage in other risk behaviors such as unprotected sex, alcohol and substance use, trading sex, and having multiple concurrent sexual partners (Baldwin & Baldwin, 2000; Gross et al., 2000; Ibanez, Kurtz, Surratt, & Inciardi, 2010; Kalichman, Simbayi, Cain, & Jooste, 2009). With the high risk of transmitting HIV through anal sex being established knowledge in

the scientific community, recent years have seen a rise in research relating to anal sex. However, few studies conducted in Africa have anal sex as the primary focus, and the majority of existing data on anal sex pertains to men who have sex with men (MSM) rather than heterosexual men and women (Ibanez et al., 2010; Misegades, Page-Shafer, Halperin, & McFarland, 2001).

Some of the reasons anal sex is practiced have to do with conceptualizations and definitions of “sex,” virginity, abstinence, and fidelity. There is a complex interaction between the notion of virginity and the practice of anal sex, demonstrated by the ways in which virginity and abstinence are defined and enacted. For many young women virginity maintenance is a motivating factor for the practice of anal sex, particularly where a girl’s worth as a bride is dependent on her virginity, verified by the discovery of an unruptured hymen during virginity testing inspections (Scorgie, 2002).

People also engage in anal sex for a range of practical reasons: Anal sex is used as an alternative form of penetrative sex during menses (Makhubele & Parker, 2008; Ndinda, Chimbwete, McGrath, & Pool, 2008; Tucker, Krishna, Prabhakar, Panyam, & Anand, 2012), avoiding embarrassment and the messiness of blood,

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Correspondence should be addressed to Zoe Duby, P. O. Box 13801, Mowbray, 7705, Cape Town, South Africa. E-mail: zoe.duby@hiv-research.org.za

particularly in communities where menstrual blood is seen as a polluting substance that men must not come into contact with (Gausset, 2002). Anal sex is also used as a form of contraception, or to avoid the discomfort of vaginal sex during the late stages of pregnancy or in the presence of vaginal sexually transmitted infections (STIs; Exner et al., 2008). Female circumcision may also be a motivating factor for anal sex, either to increase pleasure in a woman who has had a clitoridectomy or in the case of vaginal complications related to infibulation (Brady, 1999; Lightfoot-Klein, 1989).

The risks of anal sex are underestimated by the majority of sexually active heterosexuals (Baldwin & Baldwin, 2000), and reported rates of condom use are universally lower for heterosexual anal intercourse than for vaginal intercourse (Exner et al., 2008; Melby, 2007; Misegades et al., 2001). Mounting evidence suggests that, despite the focus on penile-vaginal sex, heterosexual penile-anal intercourse may in fact be responsible for a significant burden of HIV among heterosexual men and women (Misegades et al., 2001). Although literature on anal sex in Africa is increasing, there is still much that needs to be explored. Gaining a deeper understanding of the ways in which anal sex is defined and enacted in African contexts and why people engage in it—as well as how it is understood in relation to HIV transmission—could have a great impact on HIV prevention.

The African heterosexual HIV epidemic has been framed as primarily driven by penile-vaginal sex, downplaying alternative explanations and other sexual transmission vectors (Fonck et al., 2001; Undie, Crichton, & Zulu, 2007). Although there has been increasing recognition of and attention paid to HIV transmission through anal sex between MSM in Africa, anal sex between men and women is still underrecognized, and in some cases its existence is even denied (Brody & Potterat, 2003). Anal sex has been excluded from public health service provision to the general population; the majority of national guidelines for STI screening, treatment, and management in Africa do not include syndromic guidelines or routine examination for anal STIs (Moys & Khumalo, 2004; World Health Organization [WHO], 2003). Despite unprotected anal sex being the most efficient way of transmitting HIV sexually, HIV-prevention messages targeted at the general heterosexual population fail to recognize the importance of anal sex as an HIV transmission vector and continue to emphasize penile-vaginal sexual transmission; anal sex tends to be referred to only in materials specifically targeting MSM, these materials themselves being scarce across Africa (Baggaley et al., 2010; Sawyer, Howard, Brewster-Jordan, Gavin, & Sherman, 2007). Globally there has been a lack of awareness and sensitivity in the public health sphere toward any sexual behavior that lies outside the normative conception of “sex” as penile-vaginal penetrative intercourse (Baggaley et al., 2010;

**Table 1.** *Heterosexual Anal Sex Prevalence Data From Africa*

Population	Location	Percentage Engaging in AI	Reporting Period	Reference
University students Men and women	South Africa	8% male & female students	Past 12 months	HEAIDS, 2009
	South Africa	14% ( $n = 360/2,593$ ) males 10% ( $n = 172/1,818$ ) females	Past 3 months	Kalichman, Simbayi, Cain, & Jooste, 2009
Youth aged 15–24 General population	South Africa	5.5% of males & 5.3% of females	Ever	Lane, Pettifor, Pascoe, Fiamma, & Rees, 2006
	Rural KZN, South Africa	20% (men & women)	Ever	Karim, 2003
FSWs Adolescents aged 10–19	South Africa	43% had with clients ( $n = 62/145$ )	While selling sex	Karim & Ramjee, 1998
	Tanzania	7.5% (male & female); ( $n = 66/885$ ): 8.5% of males; 5.4% of females	Ever	Kazaura & Masatu, 2009
FSWs	Kenya	37% ( $n = 74/200$ )	Ever	Priddy et al., 2011
FSWs	Meru, Kenya	40.8% ( $n = 60/147$ )	Ever	Schwandt et al., 2006
HIV-positive FSWs Sexually active school adolescents	Nairobi, Kenya	16% ( $n = 161$ )	Ever	Fonck et al., 2001
	Nigeria	15.2% ( $n = 197$ )	Ever	Morhason-Bello et al., 2008
Women	Mombasa, Kenya	18% ( $n = 64$ )	Past 3 months	Grijsen et al., 2008
University students	Northern Nigeria	12.1% (male & female) ( $n = 17/300$ )	Ever	Kabir, Iliyasu, Abubakar, & Kabir, 2004
Primary school children	Tanzania	9% as first sexual act (male & female)	As first sexual act	Matasha et al., 1998

*Note.* AI = anal intercourse; FSWs = female sex workers.

Dixon-Mueller, 2009); this has particularly been the case in Africa (Lorway, 2006).

The studies cited in Table 1 indicate that heterosexual anal sex is a widely practiced behavior in Africa. The majority of the studies in the table refer to the proportion of the population that reported “ever having” anal sex; existing research has paid little attention to the frequency of anal sex practice, the context in which anal sex takes place, how it is conceptualized, and the implications that these factors have on sexual decision making and HIV risk mitigation (Štulhofer & Ajduković, 2011). By presenting data from qualitative research conducted in five communities in Kenya, Tanzania, and Uganda, we examine how heterosexual anal sex fits into local models and conceptualizations of sex, specifically looking at the reasons why people engage in anal sex. Drawing on existing literature in the interpretation of the findings, we describe how heterosexual anal sex is conceptualized and understood in five East African communities, highlighting the misunderstandings around HIV risk and unprotected anal sex and the implications these have on sexual behavior and HIV programming in Africa.

**Method**

This article presents findings from qualitative research conducted as part of a regional East African HIV program’s evaluation activities. The aim of the research was to examine community perceptions of various risk behaviors, including anal sex, with the intention of redesigning strategic HIV communication tools and programs. The international research ethics review board for the organization under which the program functioned approved the study protocol. The program’s HIV education and outreach activities function through “project clusters”: target populations consisting respectively of male long-distance truck drivers, female sex workers (FSWs), fishermen, youth, health workers, community opinion leaders, and other adult community members. Sampling of respondents was purposive, based on demographic profiles and involvement in the project clusters.

Data collection took place in May 2010 across five sites: Mlolongo and Salgaa in Kenya; Malaba and Mbuya in Uganda; and the port of Dar es Salaam in Tanzania. A total of 369 respondents took part in this study: 164 women and 205 men. Of these, 315 respondents took part in 40 focus group discussions (FGDs), with between 5 and 12 respondents in each group. FGDs were single sex and grouped according to respondents’ ages and categorization into one of the following categories (congruent with project clusters): male or female youth, male or female adult community members, FSWs, male truck drivers, male fishermen, and male or female health workers. A total of 54 individual in-depth interviews (IDIs) were conducted; IDI respondents included

**Table 2.** *Data Collection Sample*

Population Group	Kenya		Uganda				Tanzania			
	Mlolongo		Salgaa		Malaba		Dar es Salaam			
	M	F	M	F	M	F	M	F		
Community members	7	8	11	11	9	2	10	10	13	12
Health workers	7	11	8	9	9	9	8	16	9	1
Youth	9	8	10	8	11	10	1	8	13	9
Community opinion leaders	2	0	2	0	1	0	2	0	1	1
Sex workers	0	7	0	9	0	0	0	7	0	8
Truck drivers	11	0	6	0	16	0	6	0	11	0
Fishermen	0	0	0	0	0	0	0	0	12	0
Totals										
IDIs: 54 (31 M; 23 F)	6	6	7	4	6	5	5	5	7	3
FGDs: 315 (174 M; 141 F)	30	28	30	33	40	16	22	36	52	28
<b>Total: 369 (205 M; 164 F)</b>	<b>36</b>	<b>34</b>	<b>37</b>	<b>37</b>	<b>46</b>	<b>21</b>	<b>27</b>	<b>41</b>	<b>59</b>	<b>31</b>

IDIs = in-depth interviews; FGDs = focus group discussions.

health workers, youth and adult community members, and religious and community leaders. Informed consent was obtained from all respondents for their participation and for the audio recording of interviews (see Table 2).

Each FGD and IDI was conducted by a facilitator and a note taker fluent in English and Swahili. Interviews were conducted in a combination of Swahili and English for the reason that the study sites were along transport corridor (trucking) routes with highly transient populations, among whom English and Swahili are the commonly spoken languages. IDIs and FGDs followed semistructured interview guides covering topics related to knowledge, attitude, perceptions, and practice around anal sex, sex, virginity, abstinence, and safe sex, as well as alcohol use and other risk behaviors. Different interviewers conducted the research in the three different countries, but all used the same topic guide.

Audio recordings of the FGDs and IDIs were transcribed verbatim, with any identifying information omitted from transcripts. Original transcripts were in a mixture of English and Swahili, so all transcripts were translated into English. Data analysis of the transcriptions was done using a word-processing program; initial coding was done by the lead researcher and collaboratively confirmed by the larger research team. Analysis of the data followed a process of iterative thematic analysis in which emergent themes are identified, contrasted, and compared within the data. Themes represent patterns of responses or meaning within the qualitative data set, where the quantity of occurrences of a theme is not as important as the nature of the theme itself (Braun & Clarke, 2006). Content analysis of the data followed five phases of thematic analysis: The first phase is total immersion in the transcript data, with data read in its entirety; the second phase involves coding the

data; in the third phase codes are arranged into key themes and subthemes; in the fourth phase the themes are streamlined, deleting or merging themes where appropriate; in the final phase themes are verified and refined. After identifying patterns and themes in the data, emerging conclusions were verified through discussion with the broader research team. Ongoing collaboration with Swahili speakers throughout the analysis process ensured that meanings and interpretations emerging from the data were consistent across the languages.

## Results

This section presents data from FGDs and IDIs; data are organized into the three main themes that emerged from the analysis process. The first of these themes relates to the taboos and silences that surround anal sex. The second theme encompasses motivations for anal sex and is broken down into a number of subthemes including anal sex practice for the purpose of maintaining virginity, as a means of contraception, during menstruation, or in the case of vaginal complications; motivations for anal sex in the context of sex work includes the higher financial benefit of anal sex; women may be motivated to engage in anal sex to ensure security in a relationship or because their bodies are viewed as male property; male pleasure is an important motivating factor for anal sex, with the relative tightness and dryness of the anus as compared to the vagina cited as incentives for anal sex. The third theme addresses understandings of anal sex in terms of HIV transmission.

### Theme 1: Anal Sex Taboo

The first theme emerging from the data relates to the silences and taboos surrounding anal sex behavior. According to study respondents any discussion of anal sex leads to embarrassment and discomfort so people generally avoid the topic: “People shy away from that [topic of anal sex]...they don’t talk about that...it’s like a taboo” (Male youth, FGD, Kenya). People are reluctant to openly disclose their own anal sex practice to health care providers, alluding to it only in indirect ways, as one Kenyan health worker described: “Anal sex is very silent, though we know it is happening, very few people come out clearly to let you know... some of these ladies [FSWs]...they could tell you okay, they ‘had both routes’ with their clients...[but they don’t] come in the open to say ‘I had anal sex’” (Male health worker, IDI, Kenya). According to some respondents, health workers may berate a client for having anal sex: “You find many fear anal sex, because...when a lady gets pregnant and goes to deliver, the doctor can tell if she was having anal sex, and thus scolds her” (Female health worker, FGD, Kenya). If spoken about, anal sex is referred to using metaphorical or vague language

such as “through the back door” (Male health worker, FGD, Kenya), “in the back” (Female youth, FGD, Uganda), or as one young man from Kenya put it: “You can also fuck a chick on the back” (Male youth, FGD, Kenya). Although many respondents spoke about people in their own communities practicing anal sex, some expressed the view that it is only outsiders who practice anal sex:

Respondent 1: It is the Tanzanians, Kenyans, Somalis, and Arabs... They love using the anus.

Respondent 2: It is the Whites... They initiated that act.

Respondent 3: It is usually those Indians. They like it so much. (FSWs, FGD, Uganda)

### Theme 2: Motivations for Anal Sex

*Virginity.* Respondents were asked about the ways in which they understood and defined “virginity.” The majority of study respondents closely associated virginity with the vagina, both semantically and symbolically. Respondents from across the sites articulated the view that if a woman has been penetrated anally but has never been penetrated vaginally she remains a “virgin”: “A girl will still be a virgin if she has only had anal sex, because virginity is only located in the vagina and not in the anus” (Male truck driver, FGD, Tanzania). Likewise, male virginity is also associated with the vagina: “If a boy has never penetrated into a vagina, then definitely he is a virgin” (Male youth, FGD, Kenya). The English terms *vagina* and *virgin* were understood by some respondents to be the same word, with their pronunciation of the two words being very similar. In the understanding that the two words are very similar, or that the word *virgin* originates from the word *vagina*, *virginity* is understood by some people to refer directly to the vagina, with a number of respondents using the term *virginal sex*. “The word *virgin* comes from the word *vagina*. For somebody whereby they have not penetrated through the vagina, the vagina is still intact, they have only penetrated through the anus...the girl is a virgin” (Male health worker, FGD, Uganda).

The association between virginity and the vagina is not only semantic but also biological, with the hymen (a thin mucous membrane layer in the vagina) regarded as the marker of female virginity. A woman who has had anal sex only and whose hymen is intact is considered a virgin: “When the vaginal membrane is not broken the girl remains a virgin...when a man goes with this girl on the anus...the girl qualifies to remain a virgin” (Male health worker, FGD, Uganda). Female virginity was highly valued by respondents across the study sites: “It is a sign of glory for a man who marries a virgin girl; it adds respect to him” (Male community member, FGD, Tanzania). Some respondents alluded to the

assumption that a “virgin” whose hymen is intact will be HIV negative, as she will be seen to have never had “sex”; one Kenyan respondent shared a story about his neighbor who “married a real virgin...then she started showing symptoms of HIV. When she was questioned...she started crying, saying she was...advised to only have anal sex so that she would still maintain her virginity and respect during marriage” (Male truck driver, FGD, Kenya). Premarital anal sex is used to maintain virginity while attaining sexual satisfaction: “Ladies have anal sex to preserve her vagina for the man who is going to marry her, to preserve virginity and at the same time satisfy herself sexually” (Male youth, FGD, Kenya). This suggests that anal sex is seen as a socially sanctioned form of premarital intimate behavior to sate the sexual appetite. However, the definition of virginity was not standard; even within a single focus group varying definitions were given:

- Interviewer: If a young girl has never had vaginal sex but she has had anal sex, is she still a virgin?
- Respondent 1: That girl is not a virgin because she has had sex.
- Respondent 2: I would also say she is not a virgin because she has already inserted a penis into her body and she has already received sperms.
- Respondent 3: She is not a virgin because by being a virgin you will have not had any form of sexual intercourse—whether you use a vagina or anus you cease to be a virgin.
- Respondent 4: I would say that this girl is a virgin because if you took her for a vaginal test, it will show that she is still intact and a virgin.
- Respondent 5: That girl is not a virgin because she has relaxed her muscles [and been] penetrated by the penis.
- Respondent 6: That girl is still a virgin...she can be called a virgin until they break her hymen and she bleeds. (Female health workers, FGD, Uganda)

*Anal sex as contraception.* Besides virginity, respondents said that anal sex is also practiced as a method of contraception, particularly by women from communities that prohibit the use of contraceptives, such as the example of Islamic women given by a Kenyan respondent: “Muslims are not allowed to use contraceptives, so it forces the woman to have sex with her anus so as not to get babies year in year out” (Male truck driver, FGD, Kenya). It was suggested that for young women wishing to avoid pregnancy but still wanting to be sexually active, anal sex provides an alternative form of sex during a woman’s fertile phase without fear of conception: “When a woman has unsafe days, there are those who do not want to be patient” (Female health worker,

FGD, Kenya). Anal sex as contraception was described by one respondent as particularly useful for young women who want to have sex but also remain in school: “Schoolgirls discover that behind [in the anus] they cannot get pregnant...they will continue schooling and there will be no quarrel with the parents since they are not pregnant” (Male health worker, FGD, Kenya).

A number of female respondents stated that FSWs, particularly those without economic support from their partners, engage in anal sex to ensure an income while at the same time safeguarding against unwanted pregnancy. One FSW respondent described anal sex as a means of avoiding the risk of single parenthood: “I normally use anal sex to avoid pregnancy, because I’m not sure who will take the burden for a coming child. That’s why I prefer to play anal sex to avoid this problem. So I tell him vagina I don’t want; because of pregnancy, I need anus” (FSW, FGD, Tanzania).

*Anal sex for money.* Sex worker respondents reported that clients pay more for anal sex than for vaginal sex, with unprotected anal sex garnering even higher payment, meaning that economically or socially vulnerable sex workers or those dependent on substances are more likely to offer unprotected anal intercourse to clients, being more driven by financial incentives than their less vulnerable and more financially secure coworkers. One female respondent described the decision-making process involved: “When you compare the amount of money he was going to offer you without using anus with [the money] he offers you if he uses anus, you will realize that it is little. So you are compelled to offer him sexual intercourse through anus” (Female youth, FGD, Uganda). The reason clients pay more for anal sex may be because the anus is regarded as more “exclusive” than the vagina. Some clients of sex workers prefer the anus because they perceive it to receive less client traffic and therefore consider it cleaner: “Some feel disgusted by the front since many people use it; they think the anus is not used by others” (FSW, FGD, Uganda). One male respondent claimed that he demands anal sex if he finds a sex worker to be unclean: “When she removes the clothes and opens the legs, she has a terrible smell. Such a girl I tell her to turn behind, and I fuck her in the anus because I can’t lose my money, but she’s dirty” (Male truck driver, FGD, Uganda). Some respondents expressed the sentiment that anal sex is only practiced by “loose” women, so men go to sex workers for anal sex as it is not deemed appropriate to have anal sex with their wives. This view is summed up succinctly in the phrase: “Front is for wife and anal is for prostitute” (Female youth, FGD, Kenya). Both FSW and male respondents expressed the view that the paying client of a sex worker is entitled to demand whatever type of sex he wants. This quote from a Ugandan man illustrates the power dynamics in this kind of financial transaction: “When someone

has given you money...whatever [he] wants to do with you, he is fulfilling the use of his money—whether he puts [his penis] in your anus instead of the vagina or puts it in your nose or in your mouth, it is none of your business as long as he has fulfilled his desire” (Male community member, IDI, Uganda). Demonstrating the power of money, some FSW respondents articulated an attitude of indifference to the type of sex their clients request, financial gain being the key motivator: “We sex workers are only after money; that is all we want. So whether you do it from the back or in front, as long as you pay me” (FSW, FGD, Uganda).

*When vaginal sex is not appropriate or possible.* A number of respondents cited reasons relating to vaginal complications as motivations for anal sex. One example was women electing to have anal sex on occasions when infections make vaginal sex too painful, but it is still necessary to provide sex to her male partner: “The vagina might have a boil and is painful and the man still wants the act [sex] so you have to do the other, anal” (Female youth, IDI, Kenya). Respondents also suggested that anal sex is considered a viable form of penetrative sex during the late stages of pregnancy, when vaginal sex becomes uncomfortable for the female partner. One young Kenyan woman echoed the sentiment that respectable married women should practice only vaginal sex, except when pregnancy makes this physically difficult: “When you’re married you stick to vaginal unless you are pregnant...You can’t do normal [sex] because the stomach is huge” (Female youth, IDI, Kenya). Respondents suggested that anal sex is used by women to appease their male partners when the women are unable to have vaginal sex. For example, a woman who has recently given birth vaginally and finds vaginal sex painful may offer her husband anal sex to satisfy his sexual needs so that he does not seek sex outside the marriage: “If a woman has just given birth and the husband wants to have sex with her...in the fear of the man to go and get other women outside...she will let him use anal” (Male youth, IDI, Uganda). Some respondents said that anal sex may be necessary for women who have undergone female circumcision: “They cut out the clitoris using a sharp knife, hence the vagina loses all feelings. Her feelings are only aroused when you get the penis and put it in the anus... She never feels anything until you fuck her in the anus” (Male truck driver, FGD, Uganda). Anal sex also provides an alternative to vaginal sex when a woman is menstruating. According to some respondents, the male partner may demand anal sex during his female partner’s menstruation: “When you have periods, the man wants to use you, and he says if the front [vagina] has periods, behind [anus] there are no periods” (Female health worker, FGD, Kenya). Women might also offer anal sex to their male partners during menstruation to ensure he does not seek sex outside the

relationship, which may put her at risk of STIs: “If your husband cannot sleep without having sex and you are having your periods, you will reason that instead of leaving your husband to find another woman to have sex with, and you know there are infections, you would rather give him anal sex so that he stays with you in the house” (Female health worker, FGD, Kenya).

*Anal sex for male pleasure.* As noted, anal sex is used by women for practical reasons: to ensure their male partners’ sexual satisfaction and fidelity when the women are unable to have vaginal sex, illustrating the primacy of male sexual needs. This notion of women’s sexual compliance was articulated by female respondents across the sites; women are unable to refuse their male partners anal sex if they request it because it is a woman’s duty to provide for her male sex partner’s pleasure: “If your partner insists that he wants the anus, then you have no choice because he has to get pleasure” (Female health worker, IDI, Kenya). Female respondents expressed the sentiment that a man’s ownership of his female partner’s body entitles him to have sex with her in whatever manner he wishes: “He says all places are his, so wherever he wants he uses” (Female youth, IDI, Uganda). This is seen as especially the case in situations where a bride-price has been paid: “The fact that they paid dowry—they feel they have a right to have sex with [their wives] however and whenever they feel like” (Female health worker, FGD, Uganda). According to both male and female respondents, if a woman fails to provide the type of sex that her male partner desires, she faces the risk of rejection. Thus women comply with their male partners’ requests for anal sex as a means of ensuring security in the relationship: “girls do that because they want to avoid the boyfriend from leaving, so she allows anal sex to prevent him chucking her” (Male youth, IDI, Uganda).

Male respondents across the study sites claimed that anal sex is more pleasurable for men than vaginal sex due to the tighter sensation around the penis enabling them to ejaculate faster: “The anus makes it sweeter because it holds the penis tight, making it faster to release [ejaculate]” (Male youth, FGD, Kenya). Faster ejaculation through anal sex was also viewed as beneficial by sex workers, enabling them to see more clients in a night: “[I] like to practice anal sex because it takes short time for men to ejaculate, thus I can go to look for another client” (FSW, FGD, Tanzania). Some male respondents said that vaginal sex ceases to be enjoyable when the vagina stretches, which in their view happens if a woman has been highly sexually active. In these cases of perceived vaginal stretching, anal sex is preferable as the anus remains tight: “The woman’s part, a vagina, which is normally used by men...it is loose and enlarged... the only part that cannot get loose easily, that has firm grip... that is the back door [anus]” (Male health worker, FGD, Kenya). In addition to the

vagina's perceived looseness, some male respondents expressed a dislike of the naturally produced lubricating fluid in the vagina, asserting that being naturally drier, anal sex is more pleasurable: "Vaginal becomes tasteless when fluid increases and when the place loosens; even if you use different styles one cannot be satisfied, In that case people prefer to have anal sex" (Male fisherman, FGD, Tanzania). In contrast to evidence from the United States showing men's preference for vaginal wetness (Tanner et al., 2009), evidence suggests that many African men prefer unlubricated "dry sex" with increased friction, demonstrated by the existence of vaginal drying practices that are prevalent in many parts of Africa, including Kenya (Fonck et al., 2001; Schwandt, Morris, Ferguson, Ngugi, & Moses, 2006), Zambia (Mbikusita-Lewanika, Stephen, & Thomas, 2009), and Zimbabwe (Braunstein & Van de Wijgert, 2005).

The looseness of a woman's vagina was also regarded by male respondents as evidence of a woman's infidelity. This means that a woman engaging in extramarital sex may choose to have anal sex so that her vagina remains "tight" and her husband will be unable to detect her infidelity: "Some married women think that if they cheat with the normal way, using vaginal sex, their men will know that they are fornicating, so they use anal sex . . . the vagina will expand if they were cheating, so they prefer in extramarital sex to do anal sex" (Female youth, FGD, Kenya). For similar reasons men may choose to have anal sex with extramarital partners so that they do not feel guilty: "They decide to use the anus, which will make them feel like they are not cheating since they haven't used the vagina . . . to them that will mean that they are not cheating on their wives. Some people think that cheating on someone is by having vaginal sex, so they use the anus so as not to feel guilty" (Female health worker, FGD, Uganda).

*Anal sex for adventure and novelty.* Some respondents described anal sex as a normal part of their sexual repertoire. One young Kenyan woman described the progression from oral sex as foreplay, leading to vaginal sex, culminating in anal sex: "Anal sex combines with vaginal, because you start with oral then you continue with vaginal, then you complete with anal. . . . People begin with oral to bring up the body to that mood . . . maybe the vagina is not feeling, then move to anal" (Female youth, IDI, Kenya). Several women articulated that women are able to enjoy anal sex once they get used to it, after which they may start to prefer anal sex to vaginal sex: "Once a woman does anal, she gets used to it and she loves it. There are women who feel itchy in the anus, therefore her release comes when penis penetrates it" (Female health worker, FGD, Kenya). One respondent suggested that a woman may choose anal sex if her male partner has a small penis: "[If] the man's penis is small and does not satisfy her, they use the anus so she can be satisfied" (Female health worker,

FGD, Uganda). The sentiment was expressed by some respondents that having anal sex earns a man respect and is a sign of his sexual fortitude and prowess, whereas vaginal sex, being more common, does not garner the same respect: "They don't appreciate vaginal sex much because everyone has vaginal sex. But when he goes in for anal, that's when he shows his strength" (Female youth, IDI, Uganda).

The monotony of "normal sex" was cited by respondents in this study as a reason to engage in anal sex. In addition, the use of drugs and alcohol and the influence of Western pornography were cited as motivating factors for anal sex practice. Pornography has also been blamed for encouraging or inducing anal sex practice by respondents from other studies in Kenya (Njue, Voeten, & Remes, 2011) and South Africa (Ndinda et al., 2008); it is argued that pornography and substance use may have an effect on increasing prevalence of anal sex behavior through normalizing and eroticizing "nonnormative" sexual acts, decreasing inhibition, and encouraging experimentation (Njue et al., 2011; Štulhofer & Ajduković, 2011; Tucker et al., 2012).

### Theme 3: Conceptualizations of HIV Risk and Anal Sex

In addition to examining motivating factors for anal sex behavior, respondents were also asked questions relating to their knowledge of HIV and STI transmission through anal sex. Across all study sites emerged the misperception that the anus harbors no STIs whereas the vagina does. Due to the belief that "it is the vagina that has HIV" (Female health worker, IDI, Uganda), many respondents considered vaginal sex to be far riskier than anal sex, and as a result "they prefer anal sex, thinking they will prevent contracting diseases" (Male community member, IDI, Kenya). The belief also exists that because the anus is perceived to be "more exclusive" and is used by fewer people than the vagina, as discussed earlier, it is considered to be a safer option: "Some do it [anal sex] with an assumption that HIV can be gotten from the other side [vagina] because that is where so many go" (Male community member, IDI, Kenya). Relating to the vagina being considered riskier than the anus, respondents voiced the belief that HIV is harbored only in vaginal fluid and therefore the anus, being "dry," is safe from infectious bodily fluids: "The virus is in the vaginal fluid, so they find it safer to divert to the rectum" (Female health worker, IDI, Uganda). Due to the misperception that HIV cannot be transmitted through anal sex, some respondents said that condoms are not considered necessary for anal sex: "When they do it anally they don't use a CD [condom], but in vaginal they must use CD because in vaginal they can get infected" (Female youth, IDI, Kenya). In addition to the evidently poor knowledge regarding condom use for anal sex, respondents also demonstrated

poor knowledge regarding appropriate lubricants for anal sex. Petroleum jelly (e.g., Vaseline) was mentioned by a number of respondents as a lubricant commonly used for anal sex and reportedly believed to have protective properties: “If you know that you are going to have sex with a man, you smear Vaseline down in your private parts . . . and then you cannot get infected” (Female community member, IDI, Uganda).

Respondents reported that HIV programs and prevention activities in their communities do not mention or address anal sex, saying they were aware of safe-sex messaging relating only to the risks of “normal sex”: “The only programs that are around deal with one common type of sex; they have never dealt with anal sex . . . they only talk about vaginal sex” (Female youth, IDI, Kenya). This was regarded as an explanation for the belief that anal sex is safe: “What people preach out there, it’s just vaginal sex, not information on anal . . . it’s just about normal sex . . . so somebody somewhere thinks, ‘If I do it this other way, then I will not get HIV’” (Female youth, IDI, Kenya).

### Discussion

The first theme emerging from the data addresses taboos relating to anal sexual practice. Anal sex was regarded as “not proper,” something that should not be discussed, resulting in an unwillingness to disclose anal sex to health workers; similar perceptions have been found in Zimbabwe (Mavhu, Langhaug, Manyonga, Power, & Cowan, 2008) and South Africa (Ndinda et al., 2008). Framed by social and cultural norms that have shaped conceptualizations of sex and public health programming, and compounded by taboo, anal sex is often not conceptualized as being “sex” at all. In some African languages, the avoidance of explicit terms and use of metaphors mean that anal sex is often confused with vaginal penetration “from behind” (Priddy et al., 2011).

The taboos around anal sex are linked to the knowledge gaps around the risks of HIV transmission through anal sex, as covered by the third key theme emerging from the data analysis. Due to poor knowledge regarding the relative risks of anal sex versus vaginal sex, and the belief that vaginal fluid is the only bodily fluid that harbors HIV, some people practice anal sex as a form of “safe sex.” Lorway (2006) encountered similar beliefs in Namibia, where male respondents believed that anal sex with another man was safe as the anus is dry and free from infectious bodily fluids.

Knowledge relating to the safe and correct use of condoms and lubricants for anal sex is poor in many African contexts, among both MSM and heterosexually active men and women (Lorway, 2006), and studies have shown that various lubricating products are used for anal sex, including body lotions and baby oil, cooking

oil, petroleum jelly, and motor oil, all of which contain mineral oils or other substances that degrade latex condoms (Exner et al., 2008; Lorway, 2006; Priddy et al., 2011). Incorrect lubricant use may be one of the factors contributing to the fact that the chances of condom breakage during anal sex are higher than for vaginal sex (Silverman & Gross, 1997). The findings from this study are congruent with a number of studies from across the world in indicating that the risks of anal sex are underestimated by the majority of sexually active heterosexuals, and reported rates of condom use are universally lower for heterosexual anal intercourse than for heterosexual vaginal intercourse (Baldwin & Baldwin, 2000; Lorway, 2006; Maynard, Carballo-Diéguez, Ventuneac, Exner, & Mayer, 2009; Misegades et al., 2001; Priddy et al., 2011). These misconceptions around the risks of anal sex highlight the dearth of information on the sexual transmission of HIV through any other vector than penile-vaginal penetrative sex and the need for information materials addressing HIV transmission through “other sex.”

The widespread taboos surrounding anal sex mean that health interventions addressing anal sex will be complicated to deliver and possibly face resistance from both community members and health service providers. One way to address these challenges may be to emphasize the HIV risks of anal sex; highlighting the biological risk factors and the knowledge gaps around protective anal sex behaviors may be one way to circumvent the taboos. These kinds of tactics are not uncommon in HIV prevention, where the threat of HIV has surmounted barriers caused by social norms against talking about sex more generally.

Beyond taboos and education gaps are a range of other important factors to take into account. The second theme emerging from the data highlighted a wider range of reasons that men and women engage in anal sex. Implications for HIV prevention also lie in the language and terminology around sex; the complexity and contextuality of notions of virginity are demonstrated by this and other studies (Peterson & Muehlenhard, 2007; Scorgie, 2002; Trotter & Alderson, 2007). In the same way that “sex” is construed as being penile-vaginal sex only, “virginity” often refers only to “vaginal virginity,” which means that a girl who has had penile-anal penetrative sex but has never had penile-vaginal penetrative sex is considered a virgin and therefore assumed to be HIV negative. Definitions of *sex*, *virginity*, and *abstinence* have implications for sexual decision making; with the idea that neither oral nor anal sex constitutes sex or a loss of virginity, young people under societal pressure to maintain their “virginity” are more likely to engage in nonvaginal sexual behaviors, either oral-genital or ano-genital (Dixon-Mueller, 2009; Peterson & Muehlenhard, 2007). In an era of HIV-prevention programs advocating delayed sexual initiation and abstinence, the social pressure to

remain a virgin contributes to young people's risk of infection by acting as a barrier to their adoption of preventive behaviors and encouraging alternative nonvaginal sexual practices (Baldwin & Baldwin, 2000; Cherie & Berhane, 2012; Exner et al., 2008; Sawyer et al., 2007; Trotter & Alderson, 2007).

In addition to being practiced to prevent HIV infection or to maintain virginity, anal sex is also used as a form of contraception, particularly by school-age young women and by sex workers (Exner et al., 2008; Maynard et al., 2009; Tucker et al., 2012). The public health implications of this are substantial, in that the fear of unwanted pregnancy trumps the fear of HIV infection, meaning that unprotected anal sex is considered a "safer" and more sensible option than unprotected vaginal sex.

Aside from practical reasons for engaging in anal sex, such as HIV prevention, contraception, menstruation, virginity maintenance, and vaginal complications, anal sex is also practiced for more complex and symbolic reasons related to the conceptualizations of sex. Sexual relationship and power dynamics play a role in decision making around anal sex and sex more generally. Many women express concern that they face rejection if they fail to provide their partners with the type of sex they desire. Provision for and accommodation of a male partner's sexual needs enhances security within a relationship, especially in cultures where women's subordination to men is reflected in the attitude that women's sexual pleasure is less important than that of men (McFadden, 2003; Njue et al., 2011). The subordination of female sexuality is a cultural norm in many parts of Africa, and male pleasure is accorded prime importance during sex (Lightfoot-Klein, 1989; Undie et al., 2007). McFadden (2003, p. 1) explained how this "systematic suppression of women's sexual and erotic inclinations is maintained through vigilant cultural surveillance." As a result of cultural norms and popular media, women perceive it to be their moral obligation and responsibility to fulfill and satisfy a male sexual partner's desires in what has been termed "sexual compliance" (Katz & Tirone, 2009). Many women find anal sex uncomfortable or painful, especially when insufficient lubrication is used, when scared or tense, when it is forced, or when there has been "inadequate anal preparation (anal foreplay)" (Štulhofer & Ajduković, 2011, p. 354); despite this discomfort, due to female sexual compliance, many women feel obliged to provide anal sex to their male partners, believing it to be more pleasurable for him (Maynard et al., 2009). Congruent with McFadden's theory, the findings of this study also suggest that women's bodies are often treated as male "property," and a man is entitled to do what he pleases with his female partner's body; this may be especially the case in cultures where men pay a bride-price for their wives. In juxtaposition to these theories, however, is the idea that female "anal sexuality" is underrecognized, and women's pleasure from anal sex is also a motivating

factor for the behavior. As expressed by respondents in this and other studies, some women do enjoy anal sex, with some even finding anal sex preferable to vaginal sex (Duby, 2009; Melby, 2007).

### Limitations, Implications, and Future Research

The limitations of this study are founded in its initial scope as a programmatic evaluation activity designed to inform a localized HIV intervention in East Africa. Recruitment for the study was done through the program; thus, the sample may have overrepresented individuals more likely to engage in HIV-prevention activities, and there may have been an element of social desirability bias if respondents were eager to please project staff. The communities in which the study was conducted, although relatively geographically disparate, all shared the common characteristic of being located along major trucking routes, which may not be representative of other settings. Due to the taboo nature of anal sex, it is likely that respondents may have felt uncomfortable discussing the topic, especially in the focus group environment. Some respondents may have been reluctant to disclose their own anal sex behavior due to concern about the anonymity and confidentiality of the research process (Mavhu et al., 2008). However, because the study set out to explore conceptualizations of anal sex, disclosure of personal anal sex practice by respondents was not necessary.

The use of thematic analysis may be perceived to be a limitation due to the variations in interpretation of data enabled by its flexibility, and that the findings from this type of analysis tend to be descriptive rather than interpretive. Using qualitative methods such as these is an appropriate way to acquire descriptive data on conceptualizations of anal sex; to get a sense of the distribution of beliefs and practices around anal sex and the ways in which beliefs affect practices more specifically would require more in-depth qualitative and quantitative research.

Understanding the reasons why people engage in anal sex is critical for health care policymakers and practitioners to ensure a comprehensive approach to sexual health. In many ways, these findings point to the fact that anal sex is very much like other sexual practices, in that it is shaped by gender norms (such as seeing women as property and men's pleasure as paramount), cultural beliefs (especially regarding definitions of virginity and expressed preferences for dry sex), and pragmatic concerns (contraception, menstruation, or vaginal complications). Important too are concerns about economic and relationship security that shape sexual choices, both within the context of sex work and personal relationships. These factors, however, do not represent a simple explanation that can be used to address or understand anal sex practices; it is not possible to simply reduce these complex factors to a few key elements or predict their effects.

Because of the powerful taboos that operate with respect to anal sex, it may be that the factors identified in this study are not factors that people speak about with one another or are even conscious of themselves. Any intervention aiming to reduce HIV transmission requires a multipronged approach that equips people with the information necessary to enable them to make informed decisions within this complex context, and equips health care providers with the knowledge and skills necessary to provide comprehensive sexual health services. While certainly not perfect, health care providers in many countries have come a long way since the early days of the HIV epidemic in providing more objective, accurate, and less judgemental information about sexual health. To do so in Africa requires a better understanding of conceptualizations and behaviors surrounding anal sex.

The gaps in knowledge around anal sex and HIV risk illustrated in this study highlight the need for the inclusion of anal sex into all levels of HIV prevention, such as the incorporation of anal sex and anal STIs into IEC (information, education, and communication) materials, condom promotion activities, health worker training, research tools, and assessment tools for collecting patient sexual histories, as well as STI screening, diagnosis, and treatment guidelines. Efforts should be made to increase the availability and marketing of male and female condoms and sex-appropriate lubricants for anal sex in Africa. Biomedical HIV-prevention research also needs to take heed of anal sex practice; during clinical trials of intravaginal HIV-prevention products, any practice of anal sex by trial participants could mask vaginal product efficacy (Priddy et al., 2011). Even now microbicide research in Africa focuses on developing vaginal microbicides for women, and rectal microbicide research in Africa is thus far limited to MSM. To develop effective and acceptable microbicides, both vaginal and rectal, it is critical to understand factors likely to influence product formulation and use, such as vaginal and anal cleansing practices, condom and lubricating practices, as well as the situations in which anal sex occurs (Exner et al., 2008).

## Conclusions

Despite the taboos and silences that surround this sexual behavior, anal sex continues to be practiced by men and women in Africa. Reasons for its practice are various and complex; some may be a result of the lack of information about anal sex and HIV. It is important to gain an understanding of the practices that surround anal sex to design appropriate and contextually relevant HIV interventions.

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