“Knowing ‘Her’ Status”: Sex, Gender, and Women’s Rights in HIV and AIDS
Campaigns, Lesotho

by

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Abstract

Young women in Lesotho are a high-risk group for new HIV infections despite a heavy investment in health programs for that demographic. This study investigates sexual rights discourses by both NGOs and local Basotho women to evaluate how much they align to promote women's sexual empowerment. The underlying assumption is that how women's rights are framed and incorporated into HIV campaigns reflects, and seeks to effect, certain social mores that may/may not resonate with Basotho women's own views on sexual rights, with significant implications for the success of HIV prevention efforts. A critical discourse analysis of interviews and focus group data is used to conclude that NGOs promote discourses on women's sexual rights that align with the discourses prevalent among local young women. However, both discourses reinforce cultural frames of women's sexual rights that reinforce women's sexual subservience and disempowerment, thus accounting for young women's continued vulnerability to HIV infections.

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Figure 1.1: District Map of Lesotho

Source: <http://www.golesotho.co.za/Images/Maseru-LDistrict-Map.jpg>

Chapter 1: Identifying the Problem - Gender and HIV

For many countries in the world, especially those in sub-Saharan Africa, the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is considered a gendered disease because of how much women are disproportionately affected by the disease compared to their male counterparts.¹ Not only are women more biologically susceptible to contracting the virus, HIV remains the leading cause of death among women of reproductive age (15-44).² Even though roughly 51% of all adults with HIV are women,³ the economic and social burden of HIV and AIDS is often greater in female-headed households in many societies where they are granted lower economic status and experience heavy stigma and discrimination.⁴ Many women bear a “triple jeopardy” burden of HIV as persons infected with HIV, as mothers of children, and as carers of partners, parents or orphans with AIDS.⁵

In sub-Saharan Africa, where there are 25.5 million people are living with HIV (roughly 70% of the infected global population), more than half of those people are women.⁶ Adolescent girls and young women between the ages of 15 and 24 are among the most at risk for new infections globally, and particularly on the continent where 80%

¹ The American Foundation for AIDS Research, “Statistics: Women and HIV/AIDS,” amfAR.com, <http://www.amfar.org/about-hiv-and-aids/facts-and-stats/statistics--women-and-hiv-aids/> (accessed March 12, 2017).

² Carmen Barrosso and Serra Sippel, “Sexual and Reproductive Health and Rights: Integration as a Holistic and Rights-Based Response to HIV/AIDS” *Women's Health Issues*, vol. 21, no. 6s, 2011, pp. 252, doi:10.1016/j.whi.2011.07.002.

³ Barosso and Sippel, “Sexual and Reproductive Health,” 252.

⁴ Vikas Paudel and Kedar P. Baral, “Women Living with HIV/AIDS (WLHA), Battling Stigma, Discrimination and Denial and the Role of Support Groups as a Coping Strategy: A Review of Literature,” *Reproductive health*, vol. 12, no. 1, 2015, pp. 53, doi:10.1186/s12978-015-0032-9.

⁵ Ibid.

⁶ The Joint United Nations Programme on HIV/AIDS (UNAIDS), “Fact Sheet November 2016 – Global HIV Statistics,” UNAIDS.org, http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf (accessed March 12, 2017).

of all adolescents living with HIV are located, 76% of which are female.⁷ The American Foundation for AIDS Research, (amfAR) estimates that in 2015 alone, roughly 7,500 teenagers and young women were infected with HIV each week, at a rate of two to three times that of boys in the same cohort.⁸ The numbers are also bleak for Lesotho where women between the ages of 15 and 24 years are disproportionately affected at a rate of 2 to 1, or 10.5% compared to 5.8% of young men; adolescent women are also recognized as a high risk group for new infections.⁹ Lesotho also has the third highest prevalence of HIV in the world, after Swaziland and Botswana.¹⁰

Country Background

Nestled in the eastern highlands of South Africa, the Kingdom of Lesotho, with a population size of roughly two million, is a low income country with a GDP of \$2.28 billion.¹¹ Lesotho is a small landlocked country and largely agrarian; despite only having 20 percent of arable land, 75% of the population lives in rural areas and earn livelihoods from subsistence agriculture and animal farming.¹² Manufacturing (mostly textile) accounts for the largest share of Lesotho's GDP at 17%, diamond mining and quarrying at 9%, and agriculture at 7%.¹³ Lesotho's economy is almost entirely dependent on South

⁷ The United Nations Children's Fund, "Turning the Tide Against AIDS Will Require More Concentrated Focus on Adolescents and Young People," UNICEF.org, <https://data.unicef.org/topic/hivaids/adolescents-young-people/>. Ministry of Gender, Youth, Sports and Recreation (MGYSR), *National Action Plan for Women, Girls, and HIV and AIDS*, (Maseru: Government of Lesotho, 2012), 6.

⁸ AmfAR, "Women and HIV/AIDS"; UNICEF, "Turning the Tide."

⁹ AVERT, "HIV and AIDS in Lesotho," AVERT.com, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/lesotho> (accessed March 13, 2016); National AIDS Commission, *National HIV Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho (2011/12 – 2015/16)*, [Maseru], 2011, http://www.safaid.net/files/Lesotho_National_Prevention_Strategy_2011-2016.pdf.

¹⁰ Ibid.

¹¹ The World Bank Group. "Overview (Lesotho)." WorldBank.org. <http://data.worldbank.org/country/lesotho>. (Accessed April 16, 2016).

¹² The Central Intelligence Agency, "Lesotho," in The World Factbook, last modified April 2016, <https://www.cia.gov/library/publications/the-world-factbook/geos/lt.html>.

¹³ Ibid.

Africa, its biggest trading partner and source of remittances from Basotho who migrate there to work in mines, as farm labor, or domestic workers.¹⁴ Despite a recent decline, remittances from South Africa and elsewhere constitute a significant portion of the country's wealth, so much so that in the 1990s, remittances from Basotho mine workers (in South Africa) constituted 67% of Lesotho's GDP, rendering Lesotho the second highest remittance recipient in Africa after Nigeria and ahead of larger countries like Sudan, Senegal, and Mauritius.¹⁵ In 2015, remittances to Lesotho surpassed aid payments at a ratio of 4:1 at USD\$365 million.¹⁶

Despite heavy remittances and approximately USD\$2.1 billion in development assistance over the past 15 years, poverty remains the most significant development challenge in Lesotho.¹⁷ The country ranks as the 160th richest country in the world with 57% of the population living below the national poverty line.¹⁸ The unemployment rate is 28% and felt the strongest in rural areas where a large portion of the population is also underemployed.¹⁹ The recent drought in the country, coupled with South Africa's low growth rate in the past year, inflation, and decreased government revenue perpetuate the current state of poverty.²⁰ The prevalence of HIV has affected the country's development and significantly contributed to the rate of poverty. The country's life expectancy has decreased from 60 years in 1990 to 49 years now and explains the large population of

¹⁴ Ibid.

¹⁵ Cerstin Sander, and Samuel Munzele Maimbo, "Migrant Remittances in Africa: A Regional Perspective," in *Remittances: Development Impact and Future Prospects*, eds. Samuel Munzele Maimbo and Dilip Ratha, (Washington: The World Bank, 2005), 62; 59.

¹⁶ The World Bank Group, "Lesotho: Net official development assistance received (current US\$)," WorldBank.org, <http://data.worldbank.org/indicator/DY.ODA.ODAT.CD>, (accessed April 24, 2017).

¹⁷ Ibid.

¹⁸ The Joint United Nations Programme on HIV/AIDS (UNAIDS), *Lesotho HIV Epidemic Profile*, UNAIDS.org, <http://www.unaidsrstes.org/wp-content/uploads/2015/05/UNAids-Profile-Lesotho.pdf>, (accessed March 13, 2017).

¹⁹ World Bank, "Lesotho."

²⁰ World Bank, "Lesotho."

AIDS orphans in the country, most of whom are paternal orphans (with deceased fathers).²¹ The cycle of HIV and poverty is perpetuated when orphaned and vulnerable children (OVC), particularly girls, are more susceptible to early sexual debut due to lack of parental guidance or social protection. Orphaned girls who then assume the role of caregivers or heads of households are also more likely to experience abuse, neglect, and rejection, all of which affect their ability to complete their education and make them even more susceptible to transactional sex, one of the main causes of HIV among young women.²² These dynamics are why and how HIV is a development and gendered issue, especially in Lesotho.

Research Context

In Lesotho, HIV is most prevalent among women at 27% compared to 18% for their male counterparts.²³ As discussed earlier, women between the ages of 15 and 24 years are disproportionately infected at a rate of 2 to 1, or 10.5% compared to 5.8% of young men and are considered a high risk group for new infections.²⁴ The high infection rate of HIV among adolescent women stands in contrast to the heavy international and national investment in HIV and AIDS programming and interventions targeted towards young women in the country. Between 2012 and 2014, Lesotho received USD\$784.5 million in gross Official Development Assistance from the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD-

²¹ More women are infected annually but also more women get tested and seek treatment. National AIDS Commission, *National HIV and AIDS Strategic Plan (2011/12 – 2015/16) (Revised)*, (Maseru: Government of Lesotho, 2013), 49.

²² NAC, *Revised Strategic Plan*, 49.

²³ Ministry of Health, *Global AIDS Response Progress Report 2015 – Follow-Up to the 2011 Political Declaration on HIV/AIDS Intensifying Efforts to Eliminate HIV/AIDS*. [Maseru], 2015, 2. http://www.unaids.org/sites/default/files/country/documents/LSO_narrative_report_2015.pdf.

²⁴ AVERT, “HIV and AIDS in Lesotho.” NAC, *National Prevention Strategy*, 16.

DAC).²⁵ 69% of those funds went towards health and population initiatives, most of which are geared towards promoting and enhancing women's rights within the context of HIV/AIDS programs, basic health care, and reproductive health care.²⁶ HIV programs for women and girls have consistently ranked first in terms of national HIV prevention budget allocations from 2011, growing from USD\$4.58 million to USD\$7.41 million in 2015, for a total of USD\$29.69 million over the five year period; the second most funded priority population after women is workplace programs at USD\$20 million, a significant contrast from the former.²⁷

The international and national commitment to the fight against HIV/AIDS in Lesotho has been credited for increasing women's access to education and HIV-related services and testing, even at a rate higher than that of men (even though recent data suggests that the rate of success is getting stagnant.)²⁸ According to the 2014 National District Health Survey, 92% of surveyed women and 88% of men between the ages of 15 and 49 know that using condoms consistently is a successful means of HIV prevention; 91% of women and 87% of men know that limiting the number of sexual partners to one uninfected partner is also an effective means of HIV prevention. Overall, 86% of women and 81% of men know that both using condoms and being faithful are effective means of preventing HIV infection.²⁹ Lesotho also has a 99% literacy rate among young women

²⁵ OECD-DAC, "Lesotho,"

https://public.tableau.com/views/OECD-DAC-Aid-at-a-glance-by-recipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no, (Accessed April 20, 2016).

²⁶ Yvonne A. Braun and Michael C. Dreiling, "From Developmentalism to the HIV/AIDS Crisis: The Amplification of Women's Rights in Lesotho," in the *International Feminist Journal of Politics* 12.3 (2010): 464, DOI: 10.1080/14616742.2010.513119.

²⁷ NAC, *National Prevention Strategy*, 98.

²⁸ Abby L. DiCarlo, et al, "'Men Usually Say that HIV Testing is for Women': Gender Dynamics and Perceptions of HIV Testing in Lesotho." *Culture, Health & Sexuality* 16.8 (2014): 875, <http://dx.doi.org/10.1080/13691058.2014.913812>.

²⁹ Ministry of Health, *District Health Survey 2014: Key Indicators Report*, [Maseru], 2015, 32.

that includes sexual education from the ages of 5 to 15.³⁰ While many intervention prevention programs continue to invest in increasing HIV education, this data suggests that young women's vulnerability to new HIV infections does not stem from a lack of knowledge as is often assumed, but rather stems from a lack of behavioral change and warrants an investigation into what factors inhibit behavioural change. Policy makers and development partners operating in Lesotho identified a general frustration "that increasing awareness and knowledge of HIV and AIDS in Lesotho [was] not being translated into behavior change" because of prevailing myths and perceptions about condoms and having multiple partners that proved difficult to overcome.³¹ The same participants requested behavioral change communication manuals and training material that "they viewed central to their mission," and requested that the material be culturally-relevant, community-oriented, and targeted towards specific audiences.³² This study thus positions itself in the middle of this conundrum of touted behavioral change communications against the increasing vulnerability of young educated women to new HIV infections.

HIV and Gender in Lesotho

The status of HIV amongst young women in Lesotho cannot be removed from the general status of women in the country. Historically, the Kingdom of Lesotho has been patrilineal and patriarchal, with men, fathers, elder sons, and uncles controlling the homesteads and assuming the responsibilities of providing and protecting the family.³³

³⁰ Ibid.

³¹ http://www.hivsharespace.net/system/fes/K4Health_Needs_Assessment_Lesotho_2011.pdf, 2.

³² Ibid.

³³ Anacletha Keneuoe Mots'oene, "Is Women's Increased Accessibility to Land a Path to Sustainable Development? the Case of Urban Maseru, Lesotho," *Journal of Social and Development Sciences* 5.4 (2014): 178,

Their economic and military power translated into dominance in the public sphere and decision-making processes (*khotla*) where men were expected to contribute their manpower, knowledge, and skills towards the “body politic.” Women did not participate in these processes and were relegated to the domestic sphere where they were responsible for child rearing and caregiving, but also cultivating, sowing, and maintaining the land.³⁴ Women did not have any land ownership rights in this largely agrarian environment; in fact, it was not until the Legal Capacity of Married Persons Act of 2006 that women, particularly old, widowed and unmarried women, ceased to be regarded as legal minors and able to legally own land independent of any male members or patrons.³⁵ Until the 2006 Act, women were also not legally able to access loans, use contraceptives, or have surgery without a male family member’s consent.³⁶ It has consequently only been 11 years since Lesotho women achieved full legal equality with their male counterparts. Lesotho ranks a dismal 124 out of 155 on the Gender Inequality Index on reproductive health, empowerment and economic activity indicators.³⁷

This patriarchal foundation and organization of society in Lesotho gives way to certain socio-cultural practices that leave girls and young women vulnerable to HIV. Culturally Basotho women are expected to be submissive in relationships, awarding their partners with the power to make decisions on many aspects of their relationships including sexual and reproductive health matters.³⁸ Men’s primacy when it comes to sexual matters also translates into social attitudes towards sex and how it is negotiated

(ISSN 2221-1152).

³⁴ Ibid.

³⁵ Ibid., 179.

³⁶ DiCarlo et al., “HIV Testing is for Women,” 869.

³⁷ The United Nations Development Programme, *Human Development Report 2016 – Human Development for Everyone Lesotho*, UNDP.org, http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LSO.pdf (accessed March 12, 2017), 5.

³⁸ Ministry of Gender, *Revised NAC for Women, Girls*, 11.

between partners. A 2011 survey by DiCarlo and colleagues on gender norms and sexual decision-making in Lesotho found that most men and women awarded men the “final say” over decisions related to sex including when and how it would occur because of their position as the heads of household; this dominance, especially when it came to sex, was attributed to nature and natural instincts.³⁹ The fact that women are generally not expected to openly discuss sexual issues with their partner, greatly reduces their ability to advocate for, let alone articulate, their sexual rights.⁴⁰ Other cultural practices such as *cheboliso*, where a man abducts a woman to be his prospective wife, has sex with her, therefore requiring him to marry her, considered a type of traditional elopement, places young women in rural areas (where the practice is most prevalent) at risk of infection if the partner is HIV positive.⁴¹ Wife inheritance, or *ho kenela*, where a widow is expected to marry her deceased husband’s brother, also puts women at risk of infection if the union is not consensual, there is unfaithfulness, or one of the partners is infected with HIV.⁴² *Mogopu*, the notion that a man is like a pumpkin plant that stretches everywhere and should have as many wives/sexual partners as a sign of virility also contributes to the rapid increase of HIV infections.⁴³

Such gender dynamics that award men complete power over women’s (sex) lives also contribute to sexual and gender-based violence, a significant factor in the prevalence of HIV among girls and women. According to the National AIDS Committee (NAC), sexual and gender-based violence is a common occurrence in Lesotho, and “often sanctified by cultural practices and reinforced by institutions that limit women’s rights,

³⁹ Di Carlo et al., “HIV Testing is for Women,” 874.

⁴⁰ Ibid.

⁴¹ NAC, *National Prevention Strategy*, 20.

⁴² NAC, *National Prevention Strategy*, 20.

⁴³ Research interview #2.

their decision-making power, and their recourse to protection from violence.”⁴⁴ The commonly held belief that women are not allowed to initiate sex presupposes a position of disempowerment that leaves many (young) women unable to decide or control the circumstances and conditions under which they engage in sex.⁴⁵ The NAC cites a study on sexual violence against women in Lesotho in which 61% of female respondents reported having experienced sexual violence in their lifetime; 40% of female respondents also reported having experienced coerced sex, 50% assault, and 22% rape.⁴⁶ A similar household survey from 2006 for sexually active women between the ages of 18-35 produced similar results where 25% of respondents reported having forced sex, while 13% reported experiencing an attempt of it. Most of the perpetrators were boyfriends of the respondents.⁴⁷

Sexual coercion is also common among married couples in Lesotho and is bolstered by the popularly-held belief that sex is a man’s right in marriage and that part of a woman’s wifely duties is to provide sex, even when it is against her will, especially when the refusal to do so may lead to physical violence.⁴⁸ Married women often have even less power to negotiate condom use and other sexual and reproductive health measures, leaving them more vulnerable to contracting HIV.⁴⁹ In a Lesotho study cited by Oluwo, the majority of the female respondents reported not using a condom with their husbands even when they knew he had been unfaithful for fear of being beaten or

⁴⁴ NAC, *Revised National Strategic Plan*, 38.

⁴⁵ Ministry of Health and the NAC, *Behaviour Change Communication in Lesotho: National Behaviour Change Communication Strategy 2008 – 2013*, [Maseru], 2008, <http://hivhealthclearinghouse.unesco.org/library/documents/behaviour-change-communication-lesotho-national-behaviour-change-communication>, (Accessed March 7, 2017), 16.

⁴⁶ NAC, *Revised National Strategic Plan*, 38.

⁴⁷ NAC, *Revised NSP*, 38.

⁴⁸ Dejo Olowu, "Gender Vulnerabilities, Spousal Abuse and the Incidence of HIV in Lesotho: A Case for an Integrative Rights-Based Approach," *African Journal of AIDS Research* 10.3 (2011): 236. Web.

⁴⁹ Minister of Gender, "Revised NAC for Women, Girls," 11.

abandoned.⁵⁰ Such sexual violence and problematic beliefs in men's right to coerce sex, especially when it results in unprotected sex for fear of retribution, significantly contributes to the spread of HIV.⁵¹ Women's reduced bargaining power when it comes to negotiating condom use, coupled with the perception that women who initiate sex are "sluts," further exacerbate the risk of infection.⁵²

Heterosexual sex is the predominant mode of transmission for HIV in Lesotho with concurrent sexual partnerships (CSP) accounting for a significant portion of new infections.⁵³ Young girls and women are particularly vulnerable to this mode of transmission if they are the wife, girlfriend, or mistress of a man who has other sexual partners or are one node of a large sexual network. Culturally, common proverbs like "*monna ke mokopu oa nama, mosali ke cabbage oa ipopa*" that is, "man is like a pumpkin and spreads, woman is like a cabbage and stays put," that support and "reinforce the acceptability of multiple and concurrent partnerships" for men means that those men are at very high risk of contracting HIV and quickly spreading it through their sexual network.⁵⁴ *Nyatsi* or *linyatsi*, whereby a married man maintains a mistress in "the city", while also having a wife at home, is a popular phenomenon that significantly increases the risk of HIV due to the creation and growth of large sexual networks, especially if the mistress is one of several, or has other sexual partners of her own.⁵⁵ While both men and women report having multiple concurrent partners for different reasons including sexual

⁵⁰ Olowu, "Gender Vulnerabilities," 236. Corrie Wingate, "Women and HIV AIDS," *AVERT*, last updated August 18, 2016, http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/lesotho#footnote12_i0ej86f.

⁵¹ Wingate, "Women and HIV AIDS."

⁵² Ministry of Health and the NAC, *BCC Strategy*, 12.

⁵³ *Ibid.*, 13.

⁵⁴ NAC, *National Prevention Strategy*, 20.

⁵⁵ Ministry of Health and the NAC, *BCC Strategy*, 13.

dissatisfaction, boredom, physical abuse and domestic discord,⁵⁶ the difference in the average number of sexual partners in a lifetime for women (2.7), compared to men (10.5), suggests that CSP is a largely male practice.⁵⁷

As mentioned above, the economic status of young women also makes them vulnerable to HIV/AIDS. Intergenerational sex, whereby young women engage in sexual relationships with much older men, who already have higher rates of HIV than their younger counterparts, increases their risk of contracting HIV.⁵⁸ Women in these types of relationships are at an additional risk because they tend to have very little power in their ability to negotiate safer sex, especially if the sex is transactional in exchange for money or gifts.⁵⁹ Intergenerational sex is considered by many to be “culturally entrenched” and common in Lesotho where 7.2% of young women between the ages of 15 and 19 reported having had sexual intercourse with a non-married, non-cohabitating partner who was at least ten years older than her.⁶⁰ Such relationships are further bolstered by the belief that marriage stability comes from partnering with significantly older (and perceivably more mature) men.⁶¹ Intergenerational and/or transactional sex whereby the young woman involved has a primary partner, significantly increases the risk of spreading the virus if the couple is not practicing safe sex and/or the primary partner (of either the girl or the older man) is also engaged in outside sexual relationships.⁶²

The resort to transactional sex can also be attributed to the gendered economic burden of HIV. Because of the low life expectancy and high death rate of people living

⁵⁶ Ibid., 13,

⁵⁷ Ministry of Health, *District Health Survey*, 35.

⁵⁸ Ministry of Health and the NAC, *BCC Strategy*, 12.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid., 16.

with HIV/AIDS in Lesotho, women have been forced to take on increased domestic/caregiving responsibilities from growing households due to orphans whose parents have died of AIDS and/or infected adult members in need of care.⁶³ These increased household responsibilities, many of them in the absence of husbands who have often migrated for work or are deceased, place women under economic pressure and at an added risk.⁶⁴ Studies show that impoverished women are more likely to engage in transactional sex, which increases the risk of HIV contraction by 54 percent.⁶⁵ Wives of migrant miners are also at a heightened risk of contracting HIV because of the tendency of many miners to take up “mine wives,” develop relationships with town women and local sex workers.⁶⁶ With more and more women migrating for work as a means of survival, given their increased household responsibilities and/or decreased income from unemployed/sick/deceased husbands, productive and reproductive responsibilities are increasingly falling on children and elderly people.⁶⁷ Early sexual debut of girls, at a rate three times higher than that of boys, sometimes motivated by the gains of transactional sex to pay for school fees, food, and other material goods, also contributes to the disproportionate number of young women affected by HIV and AIDS in Lesotho.⁶⁸

Additional Factors that Influence the Discourse on Women’s Sexual Rights

Despite the negative impact that HIV has had on young women’s lives, it has also been instrumental in their education and empowerment. Much of civil society working on

⁶³ Abigail Harrison, Susan E. Short, and Maletela Tuoane-Nkhasi, "Re-Focusing the Gender Lens: Caregiving Women, Family Roles and HIV/AIDS Vulnerability in Lesotho," *AIDS and Behavior* 18.3 (2014): 599. Web.

⁶⁴ *Ibid.*, 601.

⁶⁵ O'Neill Berry, Mary, et al. "Entrepreneurial Training for Girls Empowerment in Lesotho: A Process Evaluation of a Model Programme." *South African Journal of Psychology* 43.4 (2013): 446.

⁶⁶ Di Carlo et al., “Testing is for Women,” 869.

⁶⁷ O'Neill et al., “Girls Empowerment,” 369.

⁶⁸ Wingate, “Women and HIV AIDS.”

the issue of HIV has mobilized around women and lobbied for their access to health services; this has had the advantageous effect of increasing women's education and access to HIV-related services and testing, at a rate higher than that of men.⁶⁹ However, because women are perceived to have greater access to healthcare services and opportunities to get tested, the perception among many women is that HIV testing is something that women do, resulting in men taking greater sexual risks on the assumption/expectation that their female partners have been tested or should be clean.⁷⁰ This has also given rise to the perception that women are the ones who bring HIV into a relationship and are the ones responsible for managing it.⁷¹ Under social conditions that prevent a lot of women from suggesting or even using condoms with their partners, placing the responsibility of HIV testing on women, then blaming them if the virus is contracted, compounds the negative discourse on women's sexual rights in Lesotho.⁷²

Migration is yet another social phenomenon that continues to shape the discourse on women's rights in Lesotho. Lesotho is the third biggest home country of migrants in Africa, after Mali and Burkina Faso.⁷³ As mentioned earlier, most of Lesotho's migrants move to neighbouring South Africa where they work as miners, farm labour, or as domestic workers, among other jobs.⁷⁴ Remittances from South Africa have historically contributed a significant portion of the country's wealth, from 67% of Lesotho's GDP in

⁶⁹ DiCarlo et al., "Testing is for Women," 875.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Olowu, "Gender Vulnerabilities," 237.

⁷³ Cerstin Sander and Samuel Munzele Maimbo, "Migrant Remittances in Africa: A Regional Perspectives," in *Remittances: Development Impact and Future Prospects*, eds. Samuel Munzele Maimbo and Dilip Ratha. (Washington: The World Bank, 2005), 62.

⁷⁴ The Central Intelligence Agency, "Lesotho," CIA.gov, <https://www.cia.gov/library/publications/the-world-factbook/geos/lt.html>, (accessed April 12, 2016).

the 1990s to about 25% of its current GDP.⁷⁵ Historically and traditionally, Basotho men migrated to South Africa to earn a living which created an interesting dynamic for women who were left home to till the land; many of them embraced the new role as head of household despite lacking the legal and economic means to generate financial income.⁷⁶ This apartheid-sponsored spatiotemporal schism between mining migration and the rural homestead, between the domain of economic production and that of reproductive production, further entrenched gender roles in which women were valued for their reproductive, rather than income-generating potential.⁷⁷

However, since the 1990s, mining employment for Basotho men in South Africa has declined by 64%, leading to a high rate of structural unemployment and yet another shift in gender roles as women take on the responsibilities of providing for their families.⁷⁸ No longer relegated to the domestic sphere, more and more women are being forced to migrate to neighboring South Africa to work as domestic help or to neighboring towns in Lesotho to work in textile factories.⁷⁹ Factory work is increasingly appealing to women, despite lower relative pay, because it is more accessible than other formal employment, requires fewer education, and is better paid than informal labor; factory work has the added benefit of generating independent income and acting as a possible alternative to marriage, given men's high unemployment rates.⁸⁰ Migration has consequently had a positive effect on the discourse of women's roles because they are not only seen as empowered, able to earn a living independent of men, it has also

⁷⁵ Sander and Maimbo, *Remittances: Development Impact*, 73.

⁷⁶ Nicola Ansell, Seroala Tsoeub and Flora Hajdu, "Women's Changing Domestic Responsibilities in Neoliberal Africa: A Relational Time-Space Analysis of Lesotho's Garment Industry," *Gender, Place & Culture* 22.3 (2015): 368.

⁷⁷ Ansell et al., "Lesotho's Garment Industry," 367.

⁷⁸ *Ibid.*, 368.

⁷⁹ *Ibid.*, 368.

⁸⁰ *Ibid.*, 368.

strengthened their role as breadwinners and/or contributing to the economic stability of the household to relieve the pressure (from the men).⁸¹ Despite their empowering attributes, both migrants and factory workers are identified as high risk groups for HIV infection (prevalence rate of 43%), because of their higher likelihood of engaging in risky sex and/or have multiple concurrent partners while away from home.⁸² After all, HIV is more prevalent among urban employed men and women at a ratio of 2:1 and 3:2 respectively, suggesting a more complex relationship between economic vulnerability and sex.

National Responses to HIV and Gender

The government of Lesotho, through several specific ministerial programs and policies, has set out several plans and strategies that aim to address the plight of girls and young women and HIV Prevention, both directly and indirectly. Chief among these efforts has been the creation of the *National HIV and AIDS Strategic Plan 2011/12 - 2015/16* (NSP).⁸³ The Plan was created in consultation with different stakeholders in the fight against HIV including government institutions, civil society organizations, organizations representing people living with HIV and AIDS, traditional leaders and health practitioners, as well as the private sector.⁸⁴ The NSP, aimed at reducing the rate of new infections by 30% by 2015/2016, was presented as a “consolidation of Lesotho’s efforts to use evidence, focus on specific results for the national multisectoral response, [and includes] mainstreamed gender and human rights in the design, implementation,

⁸¹ Ibid., 370.

⁸² Ministry of Health, *Global AIDS Response*, 10.

⁸³ This is the current standing document at time of writing although the National AIDS Commission is currently drafting the new 2017 one.

⁸⁴ NAC, *Lesotho NSP*, 3.

monitoring, and evaluation of the response.”⁸⁵ In addressing HIV as a human rights and socio-economic (development) issue, the NSP sought to reduce new HIV infections by reducing sexual transmissions through multiple concurrent partnerships, (MCP), promoting the consistent and correct use of condoms, HIV Testing and Counselling (HTC), and working with discordant couples. More importantly within the context of gender and HIV, the NSP seeks to address “*sexual and gender based violence, social norms, and cultural practices that fuel the spread of HIV,*” and identified gender inequality, male dominated gender norms, sexual violence, transactional sex, and the age of sexual debut for young females among the social and structural drivers of the epidemic.⁸⁶ Some of the proposed interventions to address these factors included the development of alternative incomes, improving food security, and ensuring equitable access to basic necessities such as water and sanitation.⁸⁷

The creation of the *National Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic* (2011/12 - 2015/16) is in close alignment with the NSP and mirrors its objectives to reduce the number of new HIV infections by 50% by 2015.⁸⁸ Like the NSP, the Prevention Strategy recognizes the behavioral, biomedical, and structural factors that contribute to the spread of HIV, including “harmful social norms relating to gender, [SGBV], stigma, discrimination, and sexuality,” and further identifies the reduction of HIV transmission resulting from intergenerational sex, MCPs, and SGBV as first tier priorities.⁸⁹ Among the chief strategies for HIV Prevention is social and behavioral change communications (SBCC) targeted at vulnerable populations including migrants

⁸⁵ NAC, *NSP*, iii.

⁸⁶ *Ibid.*, xii; 8.

⁸⁷ *Ibid.*, xii.

⁸⁸ *Ibid.*, 13.

⁸⁹ *Ibid.*, 14.

and the youth.⁹⁰ The same sentiment is echoed in the *National Action Plan for Women, Girls and HIV and AIDS 2012 – 2017* that seeks to “address the critical role that gender relations play in sexual and reproductive life and how it affects HIV prevention,” working in tandem with the National Strategic Plan.⁹¹

Some of the stated objectives include active policy engagement and creative HIV prevention strategies, enhancing equitable access to quality health and HIV services for women and girls, increasing social protection for girl-child headed households and addressing gender injustices that perpetuate women and girls in vulnerable situations.⁹² While recognizing the cultural, socio-economic and political obstacles that keep women and girls vulnerable to HIV, the long term goals of the Action Plan are to “[improve] the resilience of women and girls and their households affected by HIV and AIDS [and reduce] susceptibility and vulnerability of women and girls to HIV infections and its impacts.” Some of the proposed strategic interventions include conducting dialogue sessions on HIV related gender injustices using different communication outlets and facilitating community education sessions on gender, human rights, gender-based violence, sexual violence and HIV and AIDS as well as developing, translating, and disseminating targeted information on HIV and AIDS and gender-based violence to commercial sex workers.⁹³

These efforts to generate community-wide discussions on women’s rights in relation to sex and HIV are of interest to this study because they reflect concerted effort, at least in writing, by the government to intervene in changing sexual rights discourses at

⁹⁰ Ibid.; NAC, *NSP*, 5.

⁹¹ Ministry of Gender, *National Action Plan for Women, Girls*, 7.

⁹² Ibid., 8.

⁹³ Ibid., 30.

the community level that are contributing to women's HIV vulnerability. More importantly, as the crux of this study, these efforts reflect the critical assumption that communities/culture drive existing discourses on gender and sexual rights but also that "communities have abilities to develop new knowledge about gender and sexual and reproductive rights. With vibrant redress structures for gender, sexual and reproductive health rights violations, susceptibilities to HIV infections among women and girls will be significantly reduced."⁹⁴

This research is important because it seeks to understand how different stakeholders have responded to the need for more effective and culturally-sensitive behavioral change communications and how those have in turn affected or influenced the discourses on young women's sexual empowerment and agency. The research also seeks to add to the existing sparse literature on the effects of gender in behavioral change communications on HIV Prevention.

Research Question and Hypothesis

This study thus seeks to identify, understand, and assess the relationship between sexual rights discourses and women's sexual agency, evaluated through behavioural change communication by asking:

- a) What discourses exist around women's sexual agency and their sexual rights?
- b) How do these discourses measure up against the girls' and women's own views and understandings of their sexual rights?
- c) Is there a difference between what they are being taught about sexual rights and how they understand their sexual rights?

⁹⁴ Ibid., 23 – 24.

- d) What explains this schism and what are its implications for the success of HIV prevention efforts?

Women's sexual rights are defined as the right to: a) respect for bodily integrity, b) choose their partner, c) decide to be sexually active or not, d) consensual sexual relations and e) pursue a satisfying, safe and pleasurable sexual life.⁹⁵

Using a critical discourse analysis framework, the researcher hypothesizes that:

- 1 NGOs promote progressive⁹⁶ discourses on sexual rights that align with the discourses prevalent among local young women. There is no schism in the discourses that could account for why adolescent women remain vulnerable when it comes to HIV Prevention.
- 2 NGOs promote progressive discourses on women's sexual rights that do not align with those prevalent among local young women thus creating a schism. This rift can be explained by cultural and/or religious frames and discourses of women's sexual rights that circumvent/override NGO discourses on sexual rights. These discourses reinforce women's sexual subordination and may account for their vulnerability when it comes to sex and HIV Prevention.
- 3 NGO discourses promote traditional⁹⁷ discourses on women's sexual rights that align with the discourses prevalent among local young women. Both discourses reinforce cultural frames of women's sexual rights that reinforce women's sexual

⁹⁵ World Health Organization, "Gender and Human Rights.," WHO.org, http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/, (accessed September 7, 2016).

⁹⁶ For lack of a better term, "progressive" sexual rights are those that align with the WHO suggestion used by the researcher and is reflective of the discussion in Chapter 2 of defining sexual rights.

⁹⁷ Discourses predicated on prevailing beliefs discussed earlier that women cannot initiate sex, discuss it, or suggest safe sex measures with their partners.

subordination that may account for young women's vulnerability when it comes to sex and HIV Prevention.

The researcher hypothesizes #2 - that NGOs promote progressive discourses on women's sexual rights that do not resonate with local women's understandings of their sexual rights because of the latter's deep-rooted patriarchal and cultural frames on women's sexuality that reinforce women's sexual subordination. This lack of empowering discourses amongst young women contribute to their vulnerability when it comes to sex and HIV Prevention.

Implications for Development, Gender Studies, and HIV Behavioral Change Communications

While HIV and AIDS are generally discussed within the domain of public health, their widespread and intersectional impact on a given population's quality of life and livelihoods make them a development challenge. This is especially evident in sub-Saharan Africa and countries like Lesotho that have a high prevalence of the disease among their youth and adult populations. Underlying this research is the desire to understand, on a more general development basis, how government and NGO interventions interact and intersect with local realities to solve a development problem. What are the implications when those interventions do not align with local sensibilities? How does that schism affect the success of the development project? The task of creating interventions that align with local demands and realities is an ongoing challenge for development practitioners, and this research seeks to contribute to that field of knowledge by using HIV Prevention strategies as an example.

Similarly, the field of Gender Studies faces the challenge of creating discourses

on women's rights and empowerment that are rooted in universal principles but also culturally relevant and capitalizing on local understandings and experiences. For example, while SGBV is a global phenomenon that requires solutions rooted in feminist theories of liberation, agency, and empowerment, those solutions must also involve local understandings of the problem and local tailoring of the solution. This research seeks to contribute to the field of Gender Studies by spotlighting the voices of the local in a plight that is universal. In this case, it is the voices of local adolescent girls and young women who articulate the problems they experience and see when it comes to sexual agency and HIV Prevention; more importantly, they articulate, in many cases, what they believe would be the appropriate solution to the problem.

While there is a significant amount of literature on how gender plays into HIV prevention, as outlined above, there is very little literature that specifically looks at how gender factors into communications about HIV, and in turn, seeks to understand what effects that may have on the success of those campaigns. This research seeks to augment the current literature to highlight how important gender considerations are in creating effective HIV prevention communications material.

Overview of Chapters

The following chapters provide a review of the current literature on HIV Prevention communications and campaigns, a description of the study design and methodology, a presentation and discussion of the findings, as well as the summary and conclusions of the research.

Chapter two provides a literature review of HIV campaigns and gender to further contextualize and situates the research problem. It explores the impact of gender on the

success of HIV campaigns and identifies the ways in which communications material can be effective in identifying public/cultural discourses on a given issue, in this case, women's rights and sexuality.

Chapter three theorizes the problem and outlines the principles of framing theory and critical discourse analysis that were used to evaluate the data. Chapter four provides a description of the study design and methodology. It describes how the research was designed, how participants were recruited, and discusses the conceptual and operational definitions of the concepts. This chapter also identifies the data analysis and hypothesis testing procedures.

Chapter five presents the research findings from the field interviews and focus groups and discusses the results, testing the hypothesis. Lastly, chapter six provides a summary of the research and its conclusions, discussing its contributions as well as limitations. The chapter concludes with recommendations for policy makers in the field as well as areas for further study.

Chapter 2: Contextualizing the Research Problem - Literature Review

This chapter reviews the current literature on HIV prevention programs and communications material, evaluating how they discuss and incorporate women, gender and issues of sexual rights. It also evaluates existing documentation from the Lesotho government and NGOs on HIV Prevention for adolescent girls and young women to identify how they incorporate gender and sexual rights discourses into their programs. As discussed earlier, the underlying assumption is that the way women's sexual rights are framed and incorporated into HIV campaigns reflects, and seeks to effect, certain social mores that may or may not resonate with their target audience depending on how closely they align with the [Basotho] women's own values and views on their sexual rights.

Defining Sexual Rights

The World Health Organization defines sexual rights as “the rights of all persons, free of coercion, discrimination, and violence, to... the highest attainable standards of sexual health, including access to sexual and reproductive health services... seek, receive and impart information related to sexuality, sexuality education... consensual marriage, [and] decide whether or not, and when to have children.” Within the context of women's sexual agency and HIV prevention, the research is concerned with the WHO's suggestion of sexual rights as the rights to: a) respect for bodily integrity, b) choose a partner, c) decide to be sexually active or not, d) consensual sexual relations and e) pursue a satisfying, safe and pleasurable sex life.⁹⁸ Although this definition of sexual rights is neither internationally recognized nor definitive,⁹⁹ it incorporates important elements of

⁹⁸ WHO, “Gender and Human Rights.”

⁹⁹ The WHO disclaims that the definition of sexual rights listed on its website does not represent an official

empowerment and agency that could be mobilized by women to protect them against any acts of violence that would otherwise render them susceptible to abuse and/or HIV infection.

The lack of a definitive conceptualization of what sexual rights are is reflective of the contradictions and controversies inherent in the concept. Unlike other rights discussions that focus on state obligations and/or social relations in the public sphere, sexuality and sexual rights can be deeply personal and reinforced (or denied) by religion, culture, science, and communities, thus rendering the concepts very political.¹⁰⁰ The concept of sexual rights was only first articulated at the 1993 World Conference on Human Rights in relation to gender where it was recognized that acts of violence against women (sexual or otherwise) impede their ability to enjoy their fundamental rights and freedoms;¹⁰¹ the intention behind this initial conceptualization was to protect women from abuses such as forced sterilization, sexual and physical abuse, and sex trafficking.¹⁰² Prior to this, there was no international or national instrument that recognized or discussed issues pertaining to sex or sexuality. Movements during that time on issues such as gay and lesbian rights, women's reproductive health, health as a human right, SGBV, and HIV and AIDS are credited for championing and popularizing the concept of sexual rights at the international stage.¹⁰³

The International Conference on Population and Development (ICPD) in Cairo in

WHO position and should not be used or quoted as WHO definitions.

¹⁰⁰ Jonathan Garcia and Richard Parker, "From Global Discourse to Local Action: The Makings of a Sexual Rights Movement?" *Horizontes Antropológicos*, vol. 12, no. 26, 2006, pp. 35, doi:10.1590/S0104-71832006000200002.

¹⁰¹ Garcia and Parker, "Sexual Rights Movement," 21.

¹⁰² Ibid., 17; Ebenezer Durojaye and Lucyline Nkatha Murungi. "The African Women's Protocol and Sexual Rights." *The International Journal of Human Rights*, 18:7-8 (2014): 883. DOI:10.1080/13642987.2014.973861

¹⁰³ Durojaye and Murungi, "African Women's Protocol," 883.

1994 was the first official articulation of sexual and reproductive health rights as “the rights of men and women to be informed and to have access to safe, effective, and affordable and acceptable methods of family planning....,” based on the premise that all people should be able to “have a satisfying and safe sex life and... have the capability to reproduce and the freedom to decide if, when, and how often to do so.”¹⁰⁴ At the ICPD was also the first time that sexual rights were viewed as “positive rights,” that is, “[enabling] the expression of sexual diversity and pleasure.”¹⁰⁵ The initial conceptualization of women’s rights at the 1993 World Conference had defined sexual rights as negative rights redressing harm or protecting them from violence, and did so in a very heteronormative manner without tying the concept to sexual diversity or sexual pleasure.¹⁰⁶ The concept of sexual (and reproductive) rights was further affirmed the following year at the 1995 Fourth World Conference on Women in Beijing where the Platform for Action advocated for sexual and reproductive rights based on “the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children... and the right to attain the highest standard of sexual and reproductive health... and the right to right to make decisions concerning reproduction free of coercion, discrimination and violence.”¹⁰⁷ While neither conference explicitly defined sexual rights and conflated the term with reproductive health rights, they are none the less credited for highlighting the right of women to decide freely on matters related to their bodies and sexuality, the underlying

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., 23.

¹⁰⁶ Ibid.

¹⁰⁷ ibid. European Institute for Gender Equality, *Beijing: An Overview of the Beijing Platform for Action*, Luxembourg: Publications Office, 2012.

principle behind this study's conceptualization of sexual rights.¹⁰⁸

Scholars like Garcia and Parker attribute the ambiguity concerning a sexual rights definition to the lack of solidarity among movements promoting very different discourses around sexual rights and the implications of those discourses for states and other actors who have vested interests in advancing particular definitions. As discussed above, the concept of sexual rights was initially paired with reproductive rights to protect women from abuse but was broadened by feminist, lesbian and gay, as well as HIV and AIDS movements to include the recognition of sexual diversity and sexual pleasure, with significant implications for religious and political actors.¹⁰⁹ The concepts of sexual diversity and sexual pleasure have been particularly polarizing among both international and local actors who conceptualize sexual rights as heteronormative and conservative, protecting women from physical or sexual harm on one hand, and others who define the concept as a freedom of sexual expression encompassing lesbian, gay, bisexual, transgender and intersex (LGBTI) identities.¹¹⁰ The rift also stems from the obligations that would be placed on the state by defining sexual rights as negative versus positive rights, especially as they pertain to protection from sexual violence and exploitation versus sexual pleasure and sexual diversity.

Whereas sexual rights were initially conceived as negative rights - to correct social harm or prevent further harm to women, they placed little obligation on the state to proactively protect sexual rights. The conceptualization of sexual rights as positive rights that include sexual diversity and sexual pleasure would not only support LGBTI

¹⁰⁸ Durojaye and Murungi, "African Women's Protocol," 883.

¹⁰⁹ Garcia and Parker, "Sexual Rights Movement," 21.

¹¹⁰ Ibid.

expressions, which would not be welcomed in some conservative states, they would also obligate the state to act in a proactive manner to protect those rights as fundamental to human integrity.¹¹¹ The concept of sexual pleasure as a right is particularly strong in feminist discourses not only as a means of gaining greater “personal authenticity” and agency, but also a means of achieving equal rights with men and achieving empowerment in a broader sense.¹¹² As Richardson posits, “it is difficult to envision what it would mean to speak of women’s rights to sexual pleasure, without at the same time recognizing rights that enable women’s control over their sexuality and reproduction.”¹¹³

Already framing these sexual “claims” in the language of “rights” ascribes a level of entitlement that the rights-bearers (women or LGBTI individuals) should be able to claim from their partners, in their communities, and from the state. This framework for defining and therefore claiming sexual rights is supported by Richardson who divides sexual rights into three sub-streams: a) seeking rights to various forms of sexual practice in personal relationships (e.g. campaigns for sexual freedom and safety); b) seeking rights through self-definition and the development of individual identities (e.g. lesbian and gay rights; female sexual autonomy campaigns); and lastly c), seeking rights within social institutions: public validation of various forms of sexual relations (e.g. interracial and same-sex marriages).¹¹⁴ These sub-streams are part of Richardson and others’ broader work on sexual citizenship that builds on the right to the free expression of sexual diversity in the public sphere, a concept that has traditionally been kept in the personal.¹¹⁵

¹¹¹ Ibid., 23.

¹¹² Diane Richardson, "Constructing Sexual Citizenship: Theorizing Sexual Rights," in *Critical Social Policy*, vol. 20, no. 1, 2000, pp. 114, doi:10.1177/026101830002000105.

¹¹³ Richardson, "Constructing Sexual Citizenship," 114.

¹¹⁴ Richardson, "Constructing Sexual Citizenship," 108.

¹¹⁵ Garcia and Parker, "Sexual Rights Movement," 22.

Richardson defines sexual citizenship in terms of the extent to which citizens can access a set of rights to sexual expression and sexual consumption and other broader accompanying rights.¹¹⁶ For sexual minorities or other groups who have otherwise marginalized, public sexual rights would include the right to marry and divorce, the right to choose sexual partners, be protected against violence, inherit property, adopt, and receive public services.¹¹⁷ The concept of sexual citizenship holds sexual diversity and gender equality as integral to reaching true citizenship and rejects the distribution of rights based on any other categories such as gender, race, ethnicity, class, religion, etc.¹¹⁸ Sexual citizenship also rejects discourses that attempt to elevate cultural rights above the rights to gender equality because any such argument not only “assumes that *any* established social order inherently just, but it also highlights the necessity of classifying sexual rights as fundamental and inalienable.”¹¹⁹

This study’s conceptualization and concern with women’s sexual rights builds from all three of Richardson’s sub-streams to envision sexual rights as claims that (young) Basotho women can/should be able to make in their personal relationships to protect themselves against violence and HIV infection. At the aggregate level, the research is also concerned with women’s own self-definition of sexual rights in relation to culture and/or religion and assessing the extent to which social institutions such as NGOs are willing to validate the existence of such rights through their HIV prevention programs and campaigns. Sexual citizenship in this context is thus about the extent to which the state and other stakeholders recognize the gendered experiences of women

¹¹⁶ Richardson, “Constructing Sexual Citizenship,” 107.

¹¹⁷ Ibid., 22

¹¹⁸ Ibid., 22.

¹¹⁹ Garcia and Parker, “Sexual Rights Movement,” 23.

when it comes to HIV and AIDS, and seek to create programs (or messages) to rectify these problems through, or regardless of, cultural forces.

Sexual Rights in Africa

Within the African context, Article 14 of the 2003 Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (to which 36 states, including Lesotho, have signed and ratified) is the only legal document that explicitly defines sexual and reproductive health rights. The Protocol affords women the rights to control their fertility through their choice of contraception, and more importantly for this research, the rights to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS; [and] the right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS, in accordance with internationally recognized standards and best practices.¹²⁰ Article 14 is widely considered progressive not only because it is the only international human rights instrument to explicitly define women's sexual rights but also because it discusses women's sexuality exclusively from reproductive health; and for scholars like Durojaye and Murungi, this distinction is taken to affirm women's rights to engage in pleasurable and safe sex, a position that they interpret to be inclusive of young and adolescent women, elderly women, lesbians, and any other women who do not wish to reproduce.¹²¹ Article 14 is also celebrated for its progressive and proactive stance on women's sexuality and HIV prevention. The Article (and its General Comment) not only affirms a woman's right to own her sexuality and act in a manner that

¹²⁰ African Union, *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa*, 11 July 2003, *AU.int*. <http://www.refworld.org/docid/3f4b139d4.html> (accessed 3 March 2017).

¹²¹ Durojaye and Murungi, "African Women's Protocol," 887.

protects herself, the Article also places responsibility on the state to ensure that women have access to sexual health information, education, and services.¹²²

Despite the progressiveness of the African Women's Protocol on sexual rights, the concept remains controversial on the continent where it intersects with matters of culture, religion, and patriarchy. For example, famed African feminist and academic, Sylvia Tamale writes about the dangers of pitting culture against women's sexual rights, especially in feminist scholarship, arguing that doing so undermines whatever potential culture holds for emancipating women in Africa.¹²³ Instead, she argues that African cultures, defined loosely as "the various ways that social business is conducted and mediated through language, symbols, rituals, and traditions," hold within them "the sustainable solutions to [African women's] oppression, exploitation, and subordination," because of their deep resonance, social legitimacy, and flexibility.¹²⁴ For her, culture is a more instrumental, effective, and appropriate medium for discourses on women's sexual agency than the top-down, rights-based approach from outside, although she sees a space for both.¹²⁵ She cites the example of Baganda women and the cultural practice of *Ssenga* (sexual initiation by the paternal aunt) that was instrumental in developing Baganda women's sexual agency, autonomy, and self-knowledge in response to the prevalence of HIV and AIDS in Uganda, despite originally being about increasing men's sexual pleasure.¹²⁶

Unlike Tamale, other scholars like Tourey argue that not all cultural practices on

¹²² Ibid., 889.

¹²³ Sylvia Tamale, "The Right to Culture and the Culture of Rights: A Critical Perspective on Women's Sexual Rights in Africa," *Feminist Legal Studies*, vol. 16, no. 1, 2008, pp. 51, doi:10.1007/s10691-007-9078-6.

¹²⁴ Tamale, "Right to Culture," 64.

¹²⁵ Ibid.

¹²⁶ Ibid.

the continent provide the space for transformation and women's sexual empowerment. She uses the example of Gambia to argue that cultural expectations of women's sexuality, when supported by religious and political frameworks, make it almost impossible for women to advocate for their sexual rights.¹²⁷ Amidst a "conservative Muslim socioreligious network" that values the boy-child over the girl, and deeply entrenched cultural practices such as polygamy, early marriage, female genital mutilation, and sexual retirement at menopause, Tourey argues that little room is left for Gambian women to challenge those cultural norms in favor of increased sexual rights, especially without knowledge of a legal framework to support them.¹²⁸ However, she does acknowledge the development of women's sexual agency through the circumventing of certain cultural practices like *nyefala tedah* ("you'd better be in bed") an aphrodisiac used by women to initiate conjugal visits with their husbands and "assert their sexual and economic status", instead of being just a means of seduction.¹²⁹ Like Tamale's example of Baganda women, Tourey's example indicated that while certain cultural practices can pose barriers to women's sexual empowerment, they can also be the means through which women are able to advocate for their sexual agency - an idea that is further explored in Chapter 4.

The relationship between sexual rights, culture, and HIV prevention in Africa cannot be removed from the continent's colonial and neocolonial history that has shaped the HIV discourse within. As discussed above, some scholars like Tamale reject the notion that African cultures are hostile to the concept of sexual rights and are contributing to the prevalence of HIV on the continent. Other scholars like Nauta elevate that

¹²⁷ Isatou Touray, "Sexuality and Women's Sexual Rights in the Gambia." IDS Bulletin, vol. 37, no. 5, 2006, pp. 77-78, doi:10.1111/j.1759-5436.2006.tb00306.x.

¹²⁸ Ibid.

¹²⁹ Tourey, "Women's Sexual Rights," 82.

argument to question HIV interventions more broadly and the extent to which the debate of culture vs. HIV prevention is based on racial stereotypes that posit Africans as “natural-born, promiscuous carriers of germs... [proclaiming] that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to lust,” as former South African president Thabo Mbeki once stated.¹³⁰ It is thus important to note that the underlying assumption of this study is **not** that Basotho culture is antithetical to sexual rights and undermining effective HIV preventions programs. Instead, culture is treated as fluid and interactive, and molded by foreign and domestic economic and political forces that may, or may not, seek to effect specific understandings of sexual rights to illustrate the complex relationship between these concepts.

Women’s Rights and Sexuality in Lesotho

The literature on women’s rights and sexuality in Lesotho is largely restricted to the domain of HIV and AIDS. Most, if not all, sources used for this research identified HIV and patriarchal practices as culprits for the poor record of women’s rights in Lesotho. Civil society has been very successful in instrumenting the HIV frame to mobilize women, the public, and the international community around women’s rights, especially during the HIV and AIDS crisis in the 1990s and mid-2000s.¹³¹ They were able to do so by linking the HIV/AIDS epidemic to existing discourses on the right to health and used that “master frame” of human rights to challenge existing laws that

¹³⁰ Wiebe Nauta, "Saving Depraved Africans in a Neoliberal Age: Critically Examining Mainstream Approaches to HIV/AIDS," in *Journal of Developing Societies*, vol. 26, no. 3, 2010, pp. 360, doi:10.1177/0169796X1002600304.

¹³¹ Yvonne A. Braun and Michael C. Dreiling, "From Developmentalism to the HIV/AIDS Crisis: The Amplification of Women’s Rights In Lesotho," *International Feminist Journal of Politics* 12.3 (2010): 465. DOI: 10.1080/14616742.2010.513119.

codified gender inequality.¹³² The momentum to do so had already been generated in the region by countries like Botswana and post-apartheid South Africa where health officials were increasingly linking socioeconomic issues such as poverty and gender inequality with vulnerability to HIV as well as its severity.¹³³ The discourse also capitalized on the national discussion that had already been generated about sexual violence to promote a gendered view of health, building on the work of several UN conferences hosted during that period that were increasingly adopting a gendered lens to analyze pressing international issues such as the environment, human rights, employment and citizenship.¹³⁴ The involvement of transnational feminist members of civil society such as Women and Law in Southern Africa had what Braun calls a “boomerang pattern” that boosted the effects of the discourse by further linking it to language and the international frame of women’s rights that had been embraced to combat patriarchy.¹³⁵

While sexual rights are not explicitly mentioned within the mobilization of women’s rights in Lesotho, the discourse on HIV and AIDS in the country consistently situates women’s rights almost exclusively within the domain of sex. All the studies cited above discussed women’s rights or the role of women in HIV and AIDS in terms of how it factored into women’s and men’s sexual behavior.¹³⁶ The Avert statistics on HIV prevalence among young women attribute the high statistics to sexual violence, early sexual debut, and lack of knowledge/education about safe sex, all factors related to sexual activities.¹³⁷ In fact, except for one article, all the academic articles on Lesotho listed HIV

¹³² Ibid, 467.

¹³³ Ibid, 469.

¹³⁴ Ibid, 467.

¹³⁵ Ibid, 467.

¹³⁶ Olowu, “Gender Vulnerabilities,” 234; Ansell et al., “Domestic Responsibilities,” 364.

¹³⁷ AVERT, “HIV and AIDS in Lesotho.”

and AIDS as one of the defining social components of life in Lesotho, and limited those social interactions to ones involving, or having influenced by, sexual activities either between married, or unmarried heterosexual couples.¹³⁸ Although this may be attributable to the researcher's selection bias, and the scope of the data evaluated is relatively small, the results across the articles consistently placed women's rights or the role of women consistently under the discourse of HIV/AIDS and within the domain of sex.

The role of sexual agency also features prominently within the literature on women's rights and HIV in Lesotho. While most of the literature assumed or argued that Lesotho women lacked sexual agency and were often victims of sexual coercion by their partners (as was discussed in Chapter 1),¹³⁹ Di Carlo and colleagues' survey as well as Braun's research present interviews and anecdotes that suggested otherwise. In terms of condom use, Di Carlo's study found that 31.7 percent of female survey participants and 27.9 percent of female focus groups reported using condom use during their last encounter.¹⁴⁰ More so, the survey found that women, like men, also engaged in multiple relationships with concurrent partners, albeit as a means of satisfying financial need, as opposed to sexual desire or migration for men.¹⁴¹ As one survey respondent put it, "Something might happen as if... you live with a partner that does not work. At times, you end up falling for someone else so as to get the money. Really money is the source of *bonyatsis* [extra partner's] occurrence."¹⁴² This type of agency that allows women to exercise their rights to decide with whom, when, and how to pursue a sex life is also very detrimental for HIV prevention efforts not only because it increases the women's

¹³⁸ Ansell et al., "Domestic Responsibilities" 364; Braun and Dreiling, "Developmentalism," 464.

¹³⁹ Olowu, "Gender Vulnerabilities," 236.

¹⁴⁰ Di Carlo et al., "Testing is for Women," 872.

¹⁴¹ Ibid., 873.

¹⁴² Di Carlo et al., "Testing is for Women," 873.

respective sexual networks and thus avenues for HIV infections, it also amounts to transactional sex, which also increases the risk of HIV infection through sexual networks.¹⁴³

Similarly, Braun discusses how the Lesotho Highlands Water Project in Katse, intended for development and trade with South Africa, has had the unintended effect of increasing prostitution among the women in the surrounding towns.¹⁴⁴ While Braun argues that the women have resorted to prostitution as a means of survival in response to structural and gender inequality, which is obviously negative, it has also had the unintended effect of challenging gender norms and the concept of Lesotho women lacking sexual agency.¹⁴⁵ While prostitution empowered women economically to earn an independent living, Braun's data shows that many of them have also resorted to prostitution because of reputed rewards and have even taken on the responsibilities of maintaining house for their "client husbands," much like their male counterparts did in mining towns, taking up "mining wives."¹⁴⁶ While Lesotho women are depicted in the literature cited above as valuing marriage and enduring physical abuse from their husbands to maintain the marriage, prostitutes in Katse have subverted that discourse so that, as one Mosotho man explained, "if a wife sees that a husband is not working she just leaves him to go to the Italians in the camp."¹⁴⁷ The sexual agency prescribed to the Katse women suggests that the manner and frames through which the discourse on women's sexual rights in Lesotho may vary according to experiences and professions.

¹⁴³ NGO interviews and Focus Group Data.

¹⁴⁴ Yvonne A. Braun, "Gender, Development, and Sex Work in Lesotho," *Equality, Diversity and Inclusion: An International Journal* 29.1 (2010): 83. Web.

¹⁴⁵ Ibid., 89.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid., 90.

For Braun and others, the sexual (and financial) agency displayed by women through strategies such as prostitution circumvent and subvert the existing discourse on women's rights that would categorize them as disempowered and allows them to reconstruct a discourse that is their own.¹⁴⁸ However, as discussed above, this type of agency to decide who, when, and why to have sex in pursuit of a "safe and pleasurable" sex life neglects the safe component because it grows sexual networks, thus increasing the risk of getting infected with HIV.

The reality of women's economic vulnerabilities in the domestic sphere underpin the literature on women's rights in Lesotho. Women's roles are consistently discussed within the context of their existing domestic roles, but with demands for enhanced financial or entrepreneurial skills as a means for their empowerment. The failure to discuss women's roles outside the domestic realm is reminiscent of the debate and distinction between Women in Development (WID) approach that attempted to engage women in exclusionary structures of development with little reference to how they reinforced certain discourses of women, and the Gender and Development (GAD) approach that challenged the underlying structures of women's engagement in the development discourse.¹⁴⁹ The same division is located within the discourse of women's sexual rights in Lesotho whereby some actors would advocate for a conceptualization of sexual rights that is shallow and keeps the current structures and patriarchal gender relations intact, whereby others would seek to identify and address the deep rooted cultural norms that perpetuate Basotho women's vulnerability to HIV.

¹⁴⁸ Ibid., 91.

¹⁴⁹ Ibid., 80.

Sexual Rights and HIV Prevention

Women's sexual rights in Lesotho are intimately linked to HIV prevention in so far as women who are empowered to advocate for their rights would be able to delay their sexual debut, pursue a pleasurable sex life free from coercion or rape, and negotiate condom use, all factors that are linked to HIV Prevention. As discussed earlier, girls who are forced into early marriage are at risk of getting HIV from their husbands who are often older and likely to have been exposed to the virus through their former or concurrent sexual partners.¹⁵⁰ Such contexts impede the girls' abilities to advocate for when, how, and with whom to have sex with, especially if they are economically dependent on their husbands/partners or have had little choice in the marriage/relationship.¹⁵¹ These power dynamics also affect women's ability to negotiate condom use, placing them at an added risk for HIV infection. A study by Pettifor, Measham, Rees and Padian on sexually experienced 15 to 24-year old women in South Africa found that women with low sexual power, measured through relationship control and recent experience of forced sex, were two times more likely to use condoms inconsistently. In fact, women who experienced forced sex were close to six times more likely to use condoms inconsistently and inconsistent condom use was significantly associated with HIV infection.¹⁵² Similar correlations have been found in studies from Botswana and Uganda that explore the relationship between relationship power and condom use.¹⁵³

¹⁵⁰ Adrienne Germain and Zonibel Woods, "Women's Sexual and Reproductive Health and Rights: A Key to Ending HIV/AIDS," *Development*, vol. 48, no. 4, 2005, pp. 57, doi:10.1057/palgrave.development.1100194.

¹⁵¹ Ibid, 57. Audrey E. Pettifor et al, "Sexual Power and HIV Risk, South Africa," *Emerging Infectious Diseases*, vol. 10, no. 11, 2004, pp. 1996..

¹⁵² Pettifor et al., "Sexual Power and HIV Risk," 1997.

¹⁵³ Ibid.

There is also ample research that directly links sexual and gender based violence to HIV risk. Jewkes, Dunkle, Nduna, and Shai's study on the relationship between gender inequity and HIV prevalence in young women (15-26 years old) from South Africa found that women who reported intimate partner violence and had low gender equity in their relationships at the study baseline were more likely to report HIV infection at the study follow up.¹⁵⁴ Women who have experienced abusive relationships are at a higher risk of getting infected by HIV either directly through rape, or indirectly by having riskier sex, more concurrent partners, engaging in transactional sex or sex work. They may also be susceptible to HIV infection by choosing more risky sexual partners, or just have less power to negotiate protection, as **Figure 2.1** illustrates.¹⁵⁵ Some of the added risk factors associated with violence against women that contribute to HIV infection include poverty, drug and alcohol use, partners with substance abuse, low education levels, low self-esteem, unemployment, and mood disorders.¹⁵⁶ Cohen, Deament, Barkan, Richardson, Young and Holman's study on domestic violence and childhood sexual abuse on HIV-infected women found many similarities between women at risk for domestic violence and women at risk for HIV infection; both were more likely to come from impoverished backgrounds, have partners with chemical addictions, and have power inequity in their relationships, among other factors.¹⁵⁷

The ability to negotiate condom use is an integral component of asserting

¹⁵⁴ Rachel K. Jewkes et al., "Intimate Partner Violence, Relationship Power Inequity, and Incidence of HIV Infection in Young Women in South Africa: A Cohort Study," *The Lancet*, vol. 376, no. 9734, 2010, pp. 41; 46, doi:10.1016/S0140-6736(10)60548-X.

¹⁵⁵ Jewkes et al., "Intimate Partner Violence," 42; Kristin L. Dunkle, et al., "Gender-Based Violence, Relationship Power, and Risk of HIV Infection in Women Attending Antenatal Clinics in South Africa," *The Lancet*, vol. 363, no. 9419, 2004, pp. 1415, doi:10.1016/S0140-6736(04)16098-4.

¹⁵⁶ Linda Manfrin-Ledet and Demetrius J. Porche, "The State of Science: Violence and HIV Infection in Women," *Journal of the Association of Nurses in AIDS Care*, vol. 14, no. 6, 2003, pp. 61, doi:10.1177/1055329003252056.

¹⁵⁷ *Ibid.*, 61.

women's sexual rights within the context of HIV prevention. As discussed above, the threat and use of violence in intimate partner relationships deters many women from discussing and using condoms with their partners.¹⁵⁸ However, not all studies on the correlation between power inequity in (heterosexual) relationships and HIV infection support the notion that women in less equitable relationships are at a higher risk of HIV infection. For example, a cross-sectional study by Jewkes, Levin, and Penn-Kekana on the topic among South African women failed to find a direct correlation between gender inequity and HIV risk. The study found that while gender roles generally played a role in women's ability to communicate about HIV preventative measures such as condom use with their partners, other intervening variables such as both partners' levels of education, the woman's confidence in the relationship, location, age difference, migration, and the woman's fidelity all influenced the partners' discussion on HIV preventative measures.¹⁵⁹ In the end, tertiary education, the woman having more than one partner in the past year, and financial abuse by the man were strongly associated with the woman's ability to advocate for condom use suggesting that the relationship between gender, power inequity, and HIV risk is more nuanced than other studies have found.¹⁶⁰ This study builds on these nuances to understand how Basotho women's own sexual agency is defined in the midst of such extenuating circumstances such as inequality, poverty, and culture, among others.

¹⁵⁸ Germain and Woods, "Reproductive Health and Rights," 58.

¹⁵⁹ Rachel K. Jewkes, Jonathan B. Levin, and Loveday A. Penn-Kekana, "Gender Inequalities, Intimate Partner Violence and HIV Preventive Practices: Findings of a South African Cross-Sectional Study," *Social Science & Medicine*, vol. 56, no. 1, 2003, pp. 130, doi:10.1016/S0277-9536(02)00012-6.

¹⁶⁰ Jewkes et al, "Gender Inequalities," 130.

Figure 2.1: Correlation between Relationship Power and HIV Infection

Figure: Pathways through which gender-based violence and gender and relationship power inequality might place women at risk of HIV infection
STIs=sexually transmitted infections.

Source: Jewkes et al., “Intimate partner violence, relationship power inequality, and incidence of HIV infection in young women in South Africa: a cohort study,” 2010.

HIV Campaigns

Although mass communication campaigns on HIV/AIDS are numerous, they can be broadly categorized into three generations: the first that focused on HIV/AIDS education to raise awareness on what the virus is, how it could be transmitted and how infection can be prevented; the second generation of campaigns, starting in the late 1980s, focused on behavioral change involving abstinence, limiting the number of sexual partners, and condom use. The third generation encompasses the first two and focuses on prevention methods, treatment, and support.¹⁶¹

¹⁶¹ Jane T. Bertrand, et al., “Systematic Review of the Effectiveness of Mass Communication Programs to Change HIV/AIDS-Related Behaviors in Developing Countries,” *Health Education Research*, vol. 21, no.

The choice to evaluate the discourse on women's sexual rights in Lesotho through HIV campaigns was made for three reasons. Firstly, mass communication campaigns are among the chief strategies adopted by health practitioners, civil societies, and governments in the fight against HIV/AIDS.¹⁶² These campaigns tend to be the preferred means of disseminating information on the virus due to their assumed high impact and low cost, especially in resource-poor countries or communities.¹⁶³ They have also been proven successful in effecting behavioral change among youth, particularly in sub-Saharan Africa.¹⁶⁴ For example, South Africa's LoveLife campaign that supplemented mass media campaigns with face-to-face interactions is credited for reducing the risk of HIV infection, decreased the number of sexual partners, and increased the use of condoms among study participants.¹⁶⁵ Similarly, several radio and television campaigns in Ghana on HIV Prevention for adolescents have been credited for delaying sexual debut among young teens, increasing personal risk perception, improving condom self-efficacy and even making condoms more accessible.¹⁶⁶

In Lesotho, community media and radio are highlighted in the National Prevention Strategy as essential mediums for promoting HIV prevention messages due to their wide

4, 2006; pp. 567, doi:10.1093/her/cyl036;

Claudia Mitchell and Ann Smith, "Changing the Picture: Youth, Gender and HIV/AIDS Prevention Campaigns in South Africa," *Canadian Woman Studies*, vol. 21, no. 2, 2001, pp. 57.

¹⁶² Seth M. Noar, Philip Palmgreen, Melissa Chabot, Nicole Dobransky and Rick S. Zimmerman, "A 10-Year Systematic Review of HIV/AIDS Mass Communication Campaigns: Have We Made Progress?" in the *Journal of Health Communication*, 14.1 (2009): 16, DOI:10.1080/10810730802592239.

¹⁶³ Minsoo Jung, Monisha Arya, and Kasisomayajula Viswanath, "Effect of Media Use on HIV/AIDS-Related Knowledge and Condom Use in Sub-Saharan Africa: A Cross-Sectional Study," in *PLoS ONE* 8.7 (2013): 2, doi:10.1371/journal.pone.0068359; Noar et al., "Systematic Review," 16; Romer et al., "Mass Media and HIV," 2158.

¹⁶⁴ Jung et al., "Effect of Media Use," 8.

¹⁶⁵ Daniel Romer et al., "Mass Media as an HIV-Prevention Strategy: Using Culturally Sensitive Messages to Reduce HIV-Associated Sexual Behavior of at-Risk African American Youth," *American Journal of Public Health*, vol. 99, no. 12, 2009, pp. 2150, doi:10.2105/AJPH.2008.155036.

¹⁶⁶ Ibid., 2150.

reach and ability to promote tailored messages to target audiences both at the national and local level.¹⁶⁷ The radio is particularly important in this context not only because of its accessibility¹⁶⁸ for much of Lesotho's population that lives in rural areas, but also because of its interactive nature that can be used for advocacy purposes - to "generate increased discussion and debate on key policy and legislative issues, and combat audience fatigue around HIV prevention issues."¹⁶⁹ In other words, radio is both affordable and flexible to allow for innovative messaging. Some of the country's key strategies in relation to the media and radio are to "engage youth groups in the development of relevant programming for radio shows, working in collaboration with Lesotho stations", and to "promote and support radio talk shows about HIV, especially with phone-in/question and answer formats."¹⁷⁰

Secondly, it has been argued that the success of public health interventions and behavioral change communications is predicated on their understanding and incorporation of culture. Airhihenbuwa's PEN-3 model that integrates cultural empowerment, identity, and relationships into health interventions has been incorporated into more than one hundred studies globally to create more effective interventions.¹⁷¹ The model is predicated on the assumptions that "all cultures have positive attributes [that] are particularly important when health promotion efforts occur outside the interventionist's own culture, and (b) family and community contexts are important

¹⁶⁷ NAC, *National Prevention Strategy*, 84.

¹⁶⁸ The is low levels of television ownership in Lesotho; supported by Jung et al., "Effect of Media Use on HIV/AIDS," 3.

¹⁶⁹ NAC, *National Prevention Strategy*, 84.

¹⁷⁰ Ibid.

¹⁷¹ CO Airhihenbuwa CO and Ford CL, Iwelunmor JI, "Why Culture Matters in Health Interventions: Lessons From HIV/AIDS Stigma and NCDs," *Health Education & Behavior*. 2014, 41:78.

determinants of health behaviours.”¹⁷² More importantly, and specifically for this research project, the model posits that the examination of the cultural context under which a health intervention is required will expose “the values and beliefs that either promote, or pose a threat to the desired health behaviours.”¹⁷³ Within the context of HIV prevention and young women, a culturally-based lens is useful for understanding the values and belief systems that keep young women vulnerable to HIV infection despite the heavy investment from government and NGOs on health interventions for that demographic. A cultural lens is also useful for understanding what sort of interventions or frames are/would be effective in curbing young women’s vulnerability.

Thirdly, and building on the arguments above, the evaluation of mass communications campaigns on HIV/AIDS are particularly useful for understanding the discourse on women’s sexual rights in each country as their campaign materials tend to reflect the deep-rooted cultural discourses, norms and biases of the society in/for which they are created.¹⁷⁴ As Johnson et al. put it:

Like any other media product, HIV/AIDS messages order, categorize, and frame reality. Consciously and unconsciously, their creators put a ‘face’ on the subject. They do so not only in superficial characteristics such as choice of words, images, sources, and style, but also in more fundamental ways such as how they articulate questions of life and death, relationships between men and women, sexuality in general, friendships, caregiving, and values such as honesty and openness. Although these representations may change as medical knowledge grows and media coverage shifts, HIV/AIDS education messages at any given point in time, give snapshot views of the culture in which they are embedded.¹⁷⁵

¹⁷² Ibid.

¹⁷³ Ibid., 79.

¹⁷⁴ Deborah Johnson, June A. Flora, and Nath Rimal, “HIV AIDS Public Service Announcements Around the World: A Descriptive Analysis,” in the *Journal of Health Communication*, 2.4 (1997): 224, doi:10.1080/108107397127563.

¹⁷⁵ Ibid.

A similar rationale was used by the Lesotho's government in its creation of the BCC strategy - to develop culturally-sensitive messages that speak to localized conditions and power structures, such as traditional chiefs and local councillors; and to create effective messages that are "aware of the specific cultural values that are at stake" when it comes to HIV prevention.¹⁷⁶ One of the stated goals of the BCC Strategy is to create "gender sensitive, culturally contextualized and creative" messaging to address context-specific HIV-gender issues such as delayed sexual debut, correct and consistent condom use and intergenerational sex for young women.¹⁷⁷ The flexibility that the Strategy awards to districts and local communities to tailor key messages to their unique demographic structures and/or challenges, suggests that one could even match the prevalence of specific cultural discourses to specific districts, although the data for that is currently unavailable.¹⁷⁸

While there is a significant amount of research on the effect of mass communication campaigns on sexual behavior, including the decisions to use condoms, very few of them look at gender as an integral component in the production, dissemination, and evaluation of said campaigns.¹⁷⁹ Studies that do look at gender have offered up mixed results on the role of gender in HIV/AIDS campaigns. For example, a 1996 study on HIV/AIDS Public Service Announcements (PSAs) from around the world found that women were often marginalized in PSAs, only appearing in one third of the 317 PSAs evaluated; 38% of those PSAs depicted women in positive roles while 9%

¹⁷⁶ Ministry of Health and NAC, *BCC Strategy*, 36.

¹⁷⁷ *Ibid.*, 23.

¹⁷⁸ *Ibid.*, 19. Specific data was unavailable at the time of the fieldwork.

¹⁷⁹ Jane T. Bertrand et al., "Systematic Review," 594.

depicted them in negative ones.¹⁸⁰ Only 29% of PSAs depicted women as taking charge and making decisions whereas 35% of the PSAs depicted women leaving sexual decision making up to men or “avoiding it altogether.”¹⁸¹ 42% of the PSAs presented women as ignorant or neutral about HIV while only 32% of them depicted women as knowledgeable.¹⁸² Only a third of the PSAs depicted women in powerful positions such as government or medical experts; more often, women were relegated to the roles of people living with HIV or the friends and family members of people living with HIV and AIDS.¹⁸³ Gavey, McPhillips, and Doherty argue that even campaigns that appear to be neutral, or seek to empower women sexually by advocating for condom use are problematic because they are predicated on assumptions of the male sex drive and coital imperative – that “men are perpetually interested in sex and that once they are sexually stimulated, they need to be satisfied by orgasm... It would thus not be right or fair for a woman to stop sex before male organism,” and therefore condom use is required.¹⁸⁴ Such assumptions privilege men’s sexual needs and in “the absence of a corresponding discourse of female desire,” are reinforcing dominant perceptions of male sexuality and women’s lack thereof.¹⁸⁵

Building on Gavey’s argument above, the role of women in HIV/AIDS campaigns can also be taken to reflect the discourse on women in that given society. Research shows that the credibility of a role model increases when his or her characteristics mirror those of the target audience (i.e. similar age or sex) and follows that the depiction of women in

¹⁸⁰ Johnson et al., “Public Service Announcements,” 230.

¹⁸¹ Ibid.

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ Gavey et al., 922.

¹⁸⁵ Ibid.

“disempowered” positions when it comes to HIV/AIDS may perpetuate a sense of disempowerment within the female audience.¹⁸⁶ Conversely, an empowered female role model in an HIV/AIDS campaign can have a positive influence on the female audience’s conceptualization of their own sexual rights. For example, a study on the 2003 Carnival Campaign by Brazil’s Ministry of Health promoting the use of condoms among adolescent girls found that a campaign featuring Brazilian female pop star Kelly Kay buying condoms was not only instrumental in normalizing the idea of women’s sexual agency in the purchase and use of condoms, it was also successful in generating discussions about AIDS in young women’s social groups.¹⁸⁷ The campaign depicts Kelly Kay walking into a pharmacy and looking for something on the shelves. Two male store clerks notice her and begin to speculate that she is looking for face cream or lipstick. Shamelessly, the pop star approaches the male store clerks and asks where she can find condoms, suggesting that the products are not readily available in the pharmacy. Shocked at her question and boldness, the clerk's show her where the condoms are.¹⁸⁸

While the campaign was successful in empowering adolescent girls, it also provided insight into the discourse on women’s sexual rights and the society in which they exist.¹⁸⁹ For example, the assumption by the males that the female character is buying face cream or lipstick, both prototypical feminine products, suggests a perception that women needs/interests are about beauty and self-preservation. The fact that the condoms were not readily available suggests that the topic of sex or condom may be

¹⁸⁶ Mauro P. Porto, “Fighting AIDS among Adolescent Women: Effects of a Public Communication Campaign in Brazil,” in the *Journal of Health Communication* 12.2 (2007): 124, doi:10.1080/10810730601150072.

¹⁸⁷ Porto, 121.

¹⁸⁸ Porto, 22.

¹⁸⁹ Porto, 22.

taboo and perhaps socially “hidden from plain sight.” The clerks’ shock at Kelly Kay’s question and attitude suggests that women’s sexual empowerment/self-efficacy in that context is not popular/common behavior. Even the choice of Kelly Key, a pop star accused of touting a “pseudo sexual freedom” selling a “perverse... way of life based on consumption and banality,” suggests a certain understanding of what frames of women’s sexuality appeal to the target audience.¹⁹⁰

Most HIV prevention campaigns for young people focus on the Abstinence, Be Faithful and Condomize (ABC) model, however not all researchers agree that the messaging is empowering for women, especially those in societies with high instances of gender-based violence.¹⁹¹ For example, Mitchell and Smith argue that the Abstinence, Be Faithful, and Condomize (ABC) model of most HIV/AIDS campaigns in Africa, particularly Southern Africa, is problematic and likely to fail because of its “ungendered naïve simplicity” in its assumption that young men and women have equal power in sexual relationships.¹⁹² The “abstinence” discourse fails to consider the “powerlessness” of young women in losing their virginity when faced with gender based violence, sexual violence and poverty (that incentivizes transactional sex).¹⁹³

Similarly, “be faithful” message fails to consider that young men are the ones more likely to have multiple sexual partners and that young women are also less likely to have a say in the faithfulness of their partners or be in a position to negotiate it.¹⁹⁴ The “condomize” messages can also be problematic for young women whose partners

¹⁹⁰ Ibid.

¹⁹¹ Germain and Woods, 57.

¹⁹² Claudia Mitchell and Ann Smith, “Changing the Picture: Youth, Gender and HIV/AIDS Prevention Campaigns in South Africa,” in *Canadian Woman Studies* 20.2 (2001): 57. Web.

¹⁹³ Ibid; Julie Cederbaum, Tamika Gilreath, and Anamika Barman-Adhikari, “Perceived Risk and Condom Use among Adolescents in Sub-Saharan Africa: A Latent Class Analysis,” *African Journal of Reproductive Health* 18.4 (2014): 27. Web.

¹⁹⁴ Ibid; Germain and Woods, “Reproductive Health and Rights,” 58.

interpret the insistence on condom use as a lack of trust in the man or infidelity on the woman's part, thereby risking physical violence.¹⁹⁵ Furthermore, a young woman carrying a condom goes against societal norms around men's power and women's submission in sexual relationships and "challenges sexual beliefs and expectations by putting at risk women's sexual reputations and men's achievement of masculinity."¹⁹⁶ This is not to say that the ABC messaging is entirely ineffective for young women. Instead, as Germain and Woods posit, for such messaging to be effective, it must be rooted on the realities of the target women's lives.¹⁹⁷ This research project assumes the same rationale by seeking to understand to what extent the ABC messages in Lesotho reflect the lives of young women for whom the messages are intended.

HIV Campaigns in Lesotho

The Lesotho National Behaviour Change Communications Strategy (hereafter BCC Strategy) for 2008 to 2013 (now outdated but still in circulation) was the government's response to the need for "uniform, consistent, gender sensitive, [culturally] contextualized and creative messages" as part of its overall HIV prevention approach.¹⁹⁸ In creating the BCC Strategy, the government, under the leadership of the Ministry of Health and Social Welfare and National AIDS Commission, recognized the need for "an aggressive implementation of an embrative prevention strategy" that was "strategic, evidence based, theory-driven, results oriented, community driven and [well-coordinated]."¹⁹⁹ The primary goal of the Strategy is to reduce the spread of HIV in

¹⁹⁵ Ibid.

¹⁹⁶ Ibid.

¹⁹⁷ Germain and Woods, "Reproductive Health and Rights," 58.

¹⁹⁸ This is the only document available on the national Behavioural Communication Strategy provided by the National AIDS Commission and stands as the outdated but working document on the subject.

¹⁹⁹ Ministry of Health and NAC, *BCC Strategy*, 1.

Lesotho through the creation of “an enabling environment for behavioural change by increasing leadership and gender equality... [as well as increasing] the adoption of safer sexual behaviour and [a] reduction in high risk behaviour,” among other goals.²⁰⁰ Youth between the ages of 10 and 24 years, as well as men and women between 24 and 49 years old are identified as priority groups most at risk of acquiring or spreading HIV.²⁰¹

In relation to gender and HIV vulnerability, the BCC Strategy seeks to engage community leaders to break gender stereotypes, correct gender imbalances, and reduce the stigma of people living with HIV; similarly, safer sex behavior will be promoted through the promotion of “fidelity in marriage, faithfulness among partners, and enhanced communication between married partners and other couples.”²⁰² The BCC Strategy proposes the creation of communications programs and skill building workshops targeting youth and older men who generally have greater bargaining power in sexual relationships.²⁰³ In fact, one of the Strategy’s guiding principles for all stakeholders is “the need to increase participation of men in HIV prevention programs, address gender relations and reduce the vulnerability of women and girls.”²⁰⁴ It notes that while previous youth prevention efforts have focused on delaying sexual debut, especially for young girls, the approach needs to be broadened to include messages about reducing the number of sexual partners and youth empowerment through life skills education.²⁰⁵

The Strategy also promises to address specific harmful “socio-cultural practices” that increase HIV such as “slut-shaming” for women who initiate sex, while also seeking to

²⁰⁰ Ibid., 5-6.

²⁰¹ Ibid., 15.

²⁰² Ibid., 6.

²⁰³ Ibid.

²⁰⁴ Ibid., 19.

²⁰⁵ Ibid., 12.

reinforce positive ones.²⁰⁶

Some of the communication challenges identified by the BCC Strategy that affect the success of communication strategies include power relations between partners surrounding HIV prevention efforts; socio-economic traditions, morality, and the perception of taboo, as well as the vulnerability and powerlessness of groups like women and children with low bargaining power and low socioeconomic status.²⁰⁷ Among the best practices for effective communication for HIV prevention were mass media campaigns that were complemented by interpersonal communication as well as carefully developed BCC strategies that would not send unintended messages that create irrational fear or inadvertently blame the target audience.²⁰⁸

While the BCC Strategy is comprehensive in identifying strategies to increase HIV knowledge and prevention through different communication methods and outlets, it also highlights a glaring omission in its strategizing—specific programming for young girls and women that highlights their sexual rights and agency. In its communication strategy for youth, the BCC notes that it will target females above 15 years old to promote correct and consistent condom use with all partners and the benefits of staying with one uninfected partner; the Strategy also notes the importance of addressing intergenerational sex, albeit without discussing how it would approach the issue.²⁰⁹ Without considering the power dynamics that surround condom negotiation for women, especially young girls in transactional or intergenerational relationships, simply promoting condom use without providing the necessary communication and

²⁰⁶ Ibid., 6.

²⁰⁷ Ibid., 17.

²⁰⁸ Ibid., 9.

²⁰⁹ Ibid., 24.

empowerment skills fails to address the underlying issues that make young women (apart from young men) a target audience in the first place. While the BCC Strategy promises to forge relationships between youths and mentors to develop their life skills, self-confidence and negotiation skills, again, there is no indication of these programs being gender specific despite the need for gender-specific messages because the problem is gendered, as will be discussed further in Chapter 4.²¹⁰

The emergence of the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Partnership with several NGOs over the past two years to reduce new HIV infections in adolescent girls and young women in Lesotho and nine other sub-Saharan countries is a promising start to women's sexual empowerment in the country. The initiative seeks to address the "more invisible and structural causes of vulnerability" and recognizes that "after 30 years of the fight against the HIV/AIDS epidemic... there is an understanding that the patterning of human sexual behaviours is deeply embedded in, and shaped by, underlying social, economic, and legal-political structures."²¹¹ The objectives of the program are to "address broader structures shaping behavioural risk and vulnerability, tailor responses to these factors influencing risk and vulnerability understood to affect their target population, and to ensure multiple factors [such as social norms, gender roles, and economic opportunities] can be addressed when needed."²¹² Some of the planned interventions include the creation of "safe spaces", financial literacy programs, and life skills training.²¹³ Despite its promising focus, there is no indication its programs will include and/or promote women's sexual rights neither is it possible to

²¹⁰ Ibid.

²¹¹ Richard Mabala, *Vulnerability of Adolescent Girls and Young Women to HIV and AIDS in Maseru and Berea Districts, Lesotho – Assessment Report*, (Maseru: Catholic Relief Services Lesotho, 2016), 6.

²¹² Ibid. 28.

²¹³ Ibid.

evaluate the effectiveness of the program because it is relatively new (approximately two years old) and only available in Maseru and Berea districts.²¹⁴

Given the current state of HIV campaigns in Lesotho and the omission then renewed focus on young women's experiences with HIV, this study seeks to identify, understand, and assess the relationship between sexual rights discourses and women's sexual agency, evaluated through behavioural change communication by asking: What discourses exist around women's sexual agency and their sexual rights? How do these discourses measure up against the girls' and women's own views and understandings of their sexual rights? Is there a difference between what they are being taught about sexual rights and how they understand their sexual rights? What explains this schism and what are its implications for the success of HIV prevention efforts?

²¹⁴ Ibid.

Chapter 3: Theoretical Framework

Framing theory and Critical Discourse Analysis are used as the theoretical frameworks to analyze the following questions to identify if there is a schism between what they are being taught and how they understand their sexual rights to understand the implications of it for HIV prevention within this vulnerable group:

- How is the issue of HIV prevention framed in Lesotho, within the context of women's sexual agency and rights?
- In what way does this framing promote or hinder women's sexual rights? and lastly,
- Are women's sexual rights (sexual empowerment/agency) actively promoted in HIV/AIDS Prevention campaigns?

Framing Theory

Framing is essentially the process of creating meaning to a perceived reality. As Entman stated, “[t]o frame is to select some aspects of perceived reality and [to make] them more salient in the communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation for the item described.”²¹⁵ Frames thus “define problems, diagnose causes, make moral judgements, and suggest remedies.”²¹⁶ The theory is rooted in the Constructivist belief that “social reality” is constructed and cannot be understood outside the meaning that it is assigned.²¹⁷ In other words, a phenomenon is given distinct

²¹⁵ Kirk Hallahan, “Seven Models of Framing: Implications for Public Relations,” in the *Journal of Public Relations Research* 11: 207, <http://umdrive.memphis.edu/>.

²¹⁶ Ibid., 207.

²¹⁷ Ibid., 206.

meaning(s) by the different perspectives that are adopted to evaluate it with a wide variety of implications for different values or considerations.²¹⁸ It is “the process by which people develop a particular conceptualization of an issue or reorient their thinking about an issue.”²¹⁹

Framing theory also borrows from the symbolic interactionism school of Sociology that rejects the idea that human behavior is driven by “instinct, external forces, or the structural-functional explanations,” but rather that human action is based on interaction and the “use of symbols to create meaning.”²²⁰ Framing works in two ways - indirectly, by making particular definitions of an issue salient, or directly by assigning new meanings and connections to an issue.²²¹ There are also two types of frames. *A frame in communication* or a *media frame* consists of the words, images, and phrases, and presentation styles that a speaker or medium uses to convey an issue or event to the audience and is usually reflective of the speaker/medium’s own understanding or judgment of the issue.²²² *A frame in thought* or an *individual frame* is personal and refers to an individual’s own understanding and judgement on an issue.²²³ Framers or “message creators,” who range from politicians and members of civil society to reporters and celebrities, can thus operate as “moral entrepreneurs” by shaping opinion through value setting.²²⁴

The framing process works in four steps: (a) “frame building,” whereby framers

²¹⁸ Dennis Chong and James N. Druckman, “Framing Theory,” in the *Annual Review of Political Science* 10.1 (2007): 112. Web.

²¹⁹ Chong and Druckman, “Framing Theory,” 104.

²²⁰ Hallahan, 206.

²²¹ Niina Meriläinen, Niina, and Marita Vos, “Framing Issues in the Public Debate: The Case of Human Rights,” in the *Corporate Communications: An International Journal* 18.1 (2013): 120, Web.

²²² Chong and Druckman, “Framing Theory Formation,” 100.

²²³ Chong and Druckman, “Framing Theory Formation,” 101.

²²⁴ Merilainen and Vos, “Framing Issues,” 121.

identify and select specific frames in communication; (b) “frame setting” whereby media frames begin to influence individual frames, (c) “individual-level effects of frames” that assesses the effect of individual frames on subsequent behavior; and lastly (d) “audience as journalists” which looks at how individuals’ actions affect the frame building process.²²⁵ While this process has largely been adopted to analyze media communications, this study is concerned with how the process applies to general communications and how the discourse on women’s sexual rights is shaped by, and promulgated through, the frames that message creators, both as NGOs and patriarchal forces (in “culture”), use to explain HIV and the strategies they adopt for prevention. This research is primarily concerned with the first three stages of framing to understand the relationship between how women’s sexual rights and agency are conceptualized at *frame in communication* level whereby discourse creators articulate and emphasize certain aspects of the HIV pandemic versus the *individual frame* whereby local women may conceptualize their agency and rights in a much different way, depending on other forces such as culture and religion. The researcher acknowledges that while the focus is on NGO discourses, the cultural and religious forces that influence Basotho women’s discourses on sexual rights are in and of themselves discourse creators with vested interests in promoting specific frames. An in-depth analysis of those discourses is beyond the scope of this study. It is also important to note that the predominance of one frame at a given time does not preclude the existence of other competing frames; instead, it is indicative of framing as a process that evolves over time.²²⁶

Framing theory is important for understanding any public discourse on a given

²²⁵ Chong and Druckman, “Framing Theory Formation,” 101.

²²⁶ Chong and Druckman, “Framing Theory,” 108.

issue because the prevailing discourse/frame is the result of a competition between different message creators trying to establish their own meaning and interpretation of the issue.²²⁷ Framing effects (the influence of a *frame in communication* on an *individual frame* and behaviour) are said to occur when the suggested frame resonates with an existing consideration in the individual's mind that is accessible either through regular or recent exposure.²²⁸ Within the context of this research, the researcher hypothesizes that the "framing effects" will be stronger if the frames in communication used by NGOs and other HIV discourse creators draw from existing individual frames rooted in localized experiences and cultural values. For example, Uskul and Oyserman's study on the effects of tailoring health messages to (chronic/prevaling and momentarily salient) cultural frames found that matching the messages to chronic cultural frames increased their persuasiveness, measured through message acceptance, perception of risk, article relevance, and behavioral engagement.²²⁹

Critical Discourse Analysis

A Critical Discourse Analysis (CDA) will be adopted to analyze the literature on women's sexual rights in Lesotho. Whereas framing theory is concerned with how certain features of a phenomenon are emphasized or ignored to promote a specific meaning or value, CDA is concerned with the power dynamics underlying those frames, particularly how "social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context."²³⁰ Whereas framing theory was concerned with the what and the how, CDA seeks to understand the why. Salient

²²⁷ Chong and Druckman, "Framing and Theory Formation," 100.

²²⁸ Chong and Druckman, "Framing Theory," 110.

²²⁹ Uskul and Oyserman, "When message-frame fits salient cultural frame," 329.

²³⁰ Teun A. van Dijk, "Critical Discourse Analysis," in *Discourse & Society* 5.4 (1994): 354. Web.

features of CDA include its primary focus on social problems and political issues, rather than on paradigms and fashions (a domain typically held by framing theory); furthermore, CDA seeks to explain, rather than describe, the discourse structures within the context of social interactions and structures.²³¹

The concept of control, both through action and cognition, is a critical element of the CDA's focus on the concept of *social power* and how it is negotiated and reinforced through discourse.²³² Social power is manifested and obtained through varying means, including privileged access to scarce social resources such as force, money, status, knowledge, information, culture, and within the context of this research, control over public discourse and communication.²³³ Social power need not be absolute. Some groups may exercise varying degrees of power over other groups, or may do so in certain domains and not others.²³⁴ Most notably, as Van Dijk notes, "dominated groups may more or less resist, accept, condone, comply with, or legitimate such power, and even find it 'natural.'"²³⁵ At any length, that dominance may become institutionalized or legitimized through laws, rules, customs, norms, to the point of reaching a level of general consensus reinforced through "non-threatening" and subliminal every-day acts (including campaigns), thereby establishing hegemony.²³⁶ For instance, in the context of control over public discourse and communication, members of more powerful institutions and social groups, such as the state apparatus and international civil society, have access to, and control over, the public discourses on women's sexual rights in Lesotho.²³⁷ This

²³¹ Ibid, 353.

²³² Principles of Discourse, 36.

²³³ van Dijk, "Critical Discourse Analysis," 355.

²³⁴ Ibid.

²³⁵ Ibid.

²³⁶ Ibid.

²³⁷ Ibid., 356.

control manifests itself through context, defined as the mentally represented structures through which the social situation is understood (i.e. time, space, ongoing actions, attitudes, and goals); or through the structures of text and talk, defined as the genres, topics, and even forms of expression through which the discourse is had.²³⁸

At the micro-level, CDA analyzes language use, verbal interactions, and communication as a means of creating or maintaining social power, while at the macro-level, CDA is concerned with intergroup dynamics of power, dominance and inequality.²³⁹ The gap between macro- and micro levels of analysis can be bridged through several processes that include analyses of *member-groups*, *action-process*, *context-social structure*, and *personal and social cognition*.²⁴⁰ While this research project involves the *context-social structure* approach that looks at how the context in which the discourses exist is reflective of the overarching social structure, it is primarily concerned with the *personal and social cognition* approach that takes language users to hold both personal cognition of a phenomenon through personal memories, knowledge and opinions, as well as those shared with the collective members of the group or culture as social cognition; both types of cognition are discursive and inform the interactions and discourses by individual members as well as those “social representations” shared by the collective group.²⁴¹

The research’s concern with the relationship between feminist principles of women’s sexual rights and critical discourse analysis lead to what Lazar identifies as a feminist critical discourse analysis (hereafter feminist CDA). A feminist critical discourse

²³⁸ Ibid., 357.

²³⁹ Ibid., 353.

²⁴⁰ Ibid., 354.

²⁴¹ Ibid.

analysis recognizes the need for “feminist politics of articulation... guided by feminist principles and insights in theorizing and analyzing the seemingly innocuous yet oppressive nature of gender as an omni-relevant category in many social practices.”²⁴²

The marriage between CDA and feminism is necessary for several reasons. Firstly, feminist CDA adopts an activist stance in evaluating matters of social justice and gender transformation; secondly, feminist CDA is rooted in a “politically invested, explanatory program of discourse analysis” that seeks to assess the relationship between discourse and social practices like CDA, but with the intention of developing strategies for social change.²⁴³ The stated intention of a feminist CDA is to identify and critique discourses that uphold patriarchal social orders, aptly defined by Lazar as “relations of power that systematically privilege men as a social group, and disadvantage, exclude, and disempower women as a social group.”²⁴⁴ The framework is predicated on two assumptions - the belief that many social practices are not in fact neutral but rather predicated on gender and that gender is a phenomenon that permeates most social relations and activities. The asymmetric definition of what it means to be a woman and a man, perpetuated through certain social practices, make it necessary that a feminist CDA adopt an agenda for social transformation, a type of “analytical activism.”²⁴⁵

For the purposes of this research project, the critical discourse analysis of the ABC of HIV/AIDS campaigns - abstinence, sex with multiple partners (be faithful) and condom use - will allow the researcher to identify what discourses exist around women’s sexual agency and sexual rights by both NGOs and local women and to evaluate if there

²⁴² Lazar, “Feminist Critical Discourse Analysis,” 144.

²⁴³ Ibid., 144.

²⁴⁴ Ibid., 145.

²⁴⁵ Ibid.

is a schism between both groups and assess what explains this schism. The researcher hypothesizes that while discourse creators (NGOs and government) may promote discourses around women's sexual empowerment and agency, they do not resonate with local women's understandings of those concepts because of deep-rooted patriarchal and cultural frames on women's sexuality that reinforce women's sexual subordination. This lack of empowering discourses by girls' and young women contribute to their vulnerability when it comes to sex and HIV Prevention.

However, it is evident in the literature review that HIV/AIDS campaigns in any given country reflect certain cultural understandings of sex and women. Given the influence that government actors and civil society yield in the creation and dissemination of mass HIV/AIDS campaigns, and thus in defining the discourse on women's sexual rights on the ground, it could also be argued that: civil society and government promote traditional discourses on women's sexual rights that align with the discourses prevalent among local Basotho women that reinforce cultural frames of women's sexual rights rooted in patriarchal beliefs of men's rights to sex and women's relative lack of rights.²⁴⁶ The interviews with local women will be the critical element that distinguishes between my hypothesis and the null hypothesis that government and civil society reinforce existing cultural frames of women's sexual subordination because the interviews will identify women's sexual rights frames that are discordant with frames identified and promoted in the HIV/AIDS campaigns evaluated in the literature review.

²⁴⁶ Johnson et al., "Public Service Announcements," 232.

Chapter 4: Research Design

This chapter describes the design and methodology used for this study, the population and study instruments, as well as the data collection and analytical tools used to test the hypothesis. The purpose of this research study was to identify the discourses on women's sexual rights and agency within HIV Prevention campaigns, and compare them with Basotho women's own understandings of sexual rights to explain the ineffectiveness of existing HIV campaigns. The methodology adopted for this research was qualitative due to the subjective nature of the phenomenon that is being investigating (discourse) as well as the research methods adopted to collect the data.

Study Design

The research process was divided into three phases to capitalize on the limited amount of time available for field work and to ensure a solid foundation of knowledge was established prior to beginning the fieldwork. The first phase of the research period was spent reviewing materials on HIV campaigns in Lesotho to identify the frames used to discuss women's sexual rights. Numerous documents were reviewed including the *National Prevention Strategy for a Multi-Sectoral Response to the HIV Epidemic in Lesotho (2011/12 – 2015/16)*, the *Lesotho HIV Prevention Response and Modes of Transmission Analysis*, the *National HIV and AIDS Strategic Plan 2011-12 – 2015/16*, the *Gender and Multiple and Concurrent Sexual Partnerships in Lesotho* study, the *National Action Plan for Women, Girls and HIV and AIDS (2012 – 2017)* as well as the *National and Behavioral Change Communication Strategy* that is “aimed at improving personal risk perceptions and promotion of risk reduction strategies” through various

interventions, including peer education, media, community dialogues, and interpersonal communications.²⁴⁷ Consulting government and NGO documents on the subject provided the necessary background information to identify what factors and imperatives influence the discourses surrounding women's sexual rights.

Having identified some of the primary actors in the campaigns against HIV/AIDS during the literature review, 6 potential NGO interviewees were identified based on the following criteria: a) the campaign focused on the ABCs of sex b) the campaign received both local and national coverage c) the campaign is cited by multiple actors/sources as instrumental in safe sex education. For example, the Ministry of Health cites the Population Services International's social marketing on condom use in collaboration with the United Nations Population Fund as one of the ways in which condom use is being promoted in the country.²⁴⁸ Of the 6 NGOs that were identified, only 4 agreed to participate in the interviews. All NGO participants requested to be identified anonymously in the research.

A critical discourse analysis was then adopted to evaluate how the campaigns or programs incorporated (or failed to incorporate) women's sexual rights, defined in the study as the right to: a) respect for bodily integrity, b) choose their partner, c) decide to be sexually active or not, d) consent to sexual relations and e) pursue a satisfying, safe and pleasurable sexual life.²⁴⁹ If the researcher had been able to access campaign material, it would have been coded for the following information:

a) references to sexual intercourse;

²⁴⁷ Lesotho. Ministry of Health. Global AIDS Response Progress Report 2015 – Follow-Up to the 2011 Political Declaration on HIV/AIDS Intensifying Efforts to Eliminate HIV/AIDS. [Maseru], 2015: 7 http://www.unaids.org/sites/default/files/country/documents/LSO_narrative_report_2015.pdf.

²⁴⁸ Ibid., 11.

²⁴⁹ Durojaye and Murungi, "African Women's Protocol," 884.

- b) behavioral messages
 - i) abstain from sex
 - ii) be faithful (limit number of sexual partners)
 - iii) condomize
- c) references to sex/gender; and
- d) use of gender specific frames/language/images.

The second phase of study was dedicated to conducting formal interviews and additional research on the actors behind the campaigns identified in the previous phase to identify factors that influence their approach to HIV prevention.

The last phase of the study consisted of conducting focus groups with Basotho women between the ages of 15 to 24. The purpose of these focus groups was to identify how local women understand and frame their sexual rights against those promoted by the actors/campaigns identified in the research.

Protocol Design and Methods

The populations of interest were girls and young women between the ages of 15 and 24 in Maseru city as well as NGOs that work with young women in Maseru on issues related to HIV Prevention. Maseru was selected as the city of interest because it has the highest prevalence rate of HIV in country at 31%.²⁵⁰ Maseru, as an urban space, also has the highest rate of infection among women at 31%, compared to 25% for women in rural areas.²⁵¹ Five focus groups consisting of 5 to 10 participants (for a total of 37 participants) were conducted with girls ranging from 15 to 24 years old. An attempt was made to separate girls into two categories of 15 to 19 and 20 to 24 based on the finding

²⁵⁰ NAC, *NPS*, 17.

²⁵¹ *Ibid.*

that focus groups tend to work best when conducted among participants of the same sex and similar age.²⁵²

The choice to conduct focus groups instead of individual interviews was justified by the fact that focus groups provide richer and more nuanced data than interviews. The literature on focus group methodology lists several benefits of focus groups that do not readily lend themselves to other research methodologies, including interviews or questionnaires. Firstly, focus groups on sensitive subjects are effective and can be beneficial to participants. Research shows that participants in “high risk” research on trauma and sex are not emotionally distressed by such research but rather find it enjoyable, interesting, and valuable.²⁵³ Although female participants tend to report more negative reactions to participating in sensitive topics research than male participants, they also often perceive the research to be more meaningful and personally beneficial.²⁵⁴

Also, focus groups are a popular methodology for communications research and are an established practice the field of health education and HIV.²⁵⁵ They provide the benefit of “safety in numbers” that allows participants to articulate views that they would not otherwise articulate in a one-on-one interview.²⁵⁶ Furthermore, focus groups shift the power balance of power from the researcher to the participants, allowing participants to drive the conversation and prioritize their “hierarchy of importance, ... language and

²⁵² Dora Lucia de Oliveira, “The use of focus groups to investigate sensitive topics: an example taken from research on adolescent girls' perceptions about sexual risks,” *Ciênc. saúde coletiva*, Rio de Janeiro, v. 16, n. 7, p. 3093-3102, July 2011. <http://dx.doi.org/10.1590/S1413-81232011000800009>.

²⁵³ Jenny K. Rinehart, Erica E. Nason, Elizabeth A. Yeater & Geoffrey F. Miller, “Do Some Students Need Special Protection From Research on Sex and Trauma? New Evidence for Young Adult Resilience in “Sensitive Topics” Research,” *The Journal of Sex Research*, (2017)54:3, 273, DOI: 10.1080/00224499.2016.1156047.

²⁵⁴ Rinehart et al., “Protection from Research,” 274.

²⁵⁵ Jenny Kitzinger, “The Methodology of Focus Groups: The Importance of Interaction between Research Participants,” *Sociology of Health and Illness*, vol. 16, no. 1, 1994, pp. 104, doi:10.1111/1467-9566.ep11347023.

²⁵⁶ Kitzinger, “Focus Groups,” 112.

concepts, [as well as] their frameworks for understanding the world.”²⁵⁷ As Kitzinger notes, unlike interviews, focus group interactions:

- emphasize the participants’ attitudes, priorities, language and frameworks of understanding;
- encourage a great variety of communication from participants –tapping into a wide form of understanding; helps to identify group norms;
- provide insight into the operation of group/social processes in the articulation of knowledge...;
- can encourage open conversation about embarrassing subjects and facilitate the expression of ideas and experiences that might otherwise be left underdeveloped in an interview.²⁵⁸

Focus groups also allow for the researcher to explore the difference between group participants as they reflect on each other’s ideas, helping the conversation to develop organically; similarly, conflict between participants can allow the researcher to identify and clarify why people believe what they do. The discussions can be useful to explore the arguments people use against each other and identify factors that influence others to change their minds and “document how facts and stories operate in practice”; lastly focus groups are also useful for analyzing how “particular forms of speech facilitate or inhibit peer communication, clarify or confuse the issue.”²⁵⁹

One the other side, focus groups can have the adverse effect of increasing social desirability bias, especially when participants are among peers and friends with whom they will interact with even after the session is completed. The effect may have been particularly strong when participants were revealing personal experiences with sex such as rape or blesser relationships. The confidentiality of the sessions and the fact that participants had control over what they said and when they said it, may however have mitigated the pressure they may have felt to respond to any comments or questions that

²⁵⁷ Oliviera, “Focus Groups,” 3096.

²⁵⁸ Ibid.

²⁵⁹ Ibid.

they were uncomfortable with. And, as Wellings, Branigan, and Mitchell posit, any expressions of unease, discomfort, or inauthenticity constitute meaningful data for research on sensitive topics.²⁶⁰

NGOs that work with girls and young women on HIV prevention were selected to provide the context and background to the existing discourse on women's sexual rights given their vantage point as discourse creators and framers. A total of 4 NGOs were available for interviews for this research project.

Positionality

The researcher recognizes the impact that her appearance as a young black African woman and foreigner played in creating the group ambience and influencing the participants' comfort to discuss sexual rights with their peers. As Wellings, Branigan, and Mitchell have argued, the appearance and attributes of the moderator have a significant effect on both group environment and subsequent interactions, especially when discussing a sensitive topic. Characteristics such as age and sex are particularly influential in how participants respond to the facilitator and to each other.²⁶¹ These effects were evident in how comfortable some of the participants were in revealing their personal experiences to the researcher and discussing what would have otherwise been a taboo topic to discuss so openly with a stranger. In the focus groups where the researcher was very close in age to the participants, her attributes of being a young African middle-class woman were positive and influential in that they acted as a point of connection for the participants and allowed the conversation to flow freely among all attendees, much like it

²⁶⁰ Kaye Wellings, Patrick Branigan, and Kirsti Mitchell, "Discomfort, Discord and Discontinuity as Data: Using Focus Groups to Research Sensitive Topics," *Culture, Health & Sexuality*, vol. 2, no. 3, 2000, pp. 259.

²⁶¹ *Ibid.*, 258.

would have if the researcher was amongst friends that she had known for years.

However, in other instances when the participants were significantly younger than the researcher (i.e. 15 years old), the position of the researcher as an older foreign woman made them reluctant to discuss their experiences, perhaps with the presumption that the researcher was judging their responses or expecting specific answers from them as an “authority” figure in that context. The perception of the researcher as closely allied to the results of the research, or even looking to the researcher to affirm their beliefs may have also influenced the responses.²⁶² Nonetheless, being a young African middle-class woman yielded a generally positive response from the participants that significantly influenced the candidness of the conversations and likely influenced the nature of the responses, especially among younger and/or familiar groups where social desirability would be high.

Such positionality may challenge the validity and reliability of the results for cases where participants responded in a manner that they assumed would be desirable to the researcher. While there is no way of assuring otherwise, the discursive nature of focus groups, where participants could, and did, object to assertions and claims by other participants that they thought were unrealistic or untrue, mitigates against any bias that the data and results could have had because participants wanted to please their peers or the researcher.

Sampling Strategy and Procedures

A snowball sampling method was adopted to recruit NGO research participants based on a connection with the National AIDS Commission (NAC) that was established

²⁶² Ibid., 258.

upon arrival through Mme Makabi. Because the NAC is responsible for coordinating the national HIV response and are well connected with NGOs that work in that field, the researcher was able to secure the interviews through their help. A total of 6 NGOs were contacted, but only 4 were available for interview.

Focus group participants were also recruited through a snowball sampling method. For three of the focus groups, the researcher contacted the Maseru district school superintendent/principal who introduced her to two other school principals. They were each informed of the study and agreed to allow the researcher to conduct a focus group at each at their schools. Participants were voluntarily recruited by the principals based on their interest in the research, age, and familiarity with each other. In the end 3 focus groups, with a total of 24 participants, were recruited directly from local high schools. 2 of the groups consisted of participants between the ages of 15 and 19, with one made up of 20 to 24-year-old participants. The last two focus groups were recruited through a snowball sampling method as well; however, the initial contact was made through NGOs that the researcher was in contact with for the study. For one of the focus groups, the participants worked in the area, were pre-existing friends, and were interested in the research topic so they asked to participate. For the last focus group, the participants were a pre-existing focus group that facilitated workshops on HIV Prevention for young women and were also recruited based on their interest in participating.

The disadvantage of this recruitment method for focus groups is that participants may have volunteered for the research because they were familiar with the topic and/or had a vested interest in participating, were naturally outspoken and comfortable talking about sex, and/or were of a certain economic standing and could afford to participate in

the sessions (especially for sessions conducted after school or that participants attend school in the first place). Internal validity generally cannot be established with focus groups because of a lack of controls over external and internal factors, such as those discussed above. However, as a research tool for exploratory research such as this study, the focus group method was appropriate and successful for identifying the discursive components of sexual rights in Lesotho, as discussed above.

All participants were offered snacks during the interviews or focus group sessions as an incentive for participation and to demonstrate gratitude for their participation.

Instrument Development

The questions (attached as Appendix A) and method for conducting the focus groups were developed based on guidelines stipulated by Basch, Oliviera, Kitzinger, as well as Wellings, Branigan, and Mitchell.²⁶³ The line of questioning was also developed after reviewing “The Questionnaire for Unmarried Latina Women” by Tschann, Gomez, and Gregorich that measured sexual attitudes and behavior among Latino adults as well as Redding and Rossi’s “Confidence in Safer Sex” survey.²⁶⁴ The questions were revised multiple times following reviews by both the initial research supervisor, Professor Chris Brown, the research advisor (later supervisor) Professor Jean Daudelin, and the Carleton University Research Ethics Board (A), with significant contributions from Professor Shelley Brown. The questions themselves were developed as guidelines to facilitate the focus group discussions and ensure that the appropriate data was being collected; the

²⁶³ Charles E. Basch, "Focus Group Interview: An Underutilized Research Technique for Improving Theory and Practice in Health Education," *Health Education Quarterly*, vol. 14, no. 4, 1987, pp. 411; Oliviera, "The use of focus groups," Jenny Kitzinger, "The Methodology for focus groups," and Wellings et al, "Discomfort, Discord and Discontinuity as Data."

²⁶⁴ Tshann, Gomez, and Greggorich, "Questionnaire for Unmarried Latino Women," and Redding and Rossi, "Testing a Model of Situational Awareness."

conversations themselves was driven by the participants and sometimes deviated from the questions listed. Similarly, the questions for NGO interviews were developed in consultation with Professors Brown and Daudelin, with additional feedback from the CUREB-A Board.

Methodology

As discussed above, focus groups participants were voluntarily recruited through a snowball sampling method. Effort was made to recruit pre-existing groups - groups that already knew each other and would have had prior conversations about HIV/AIDS and sex - to minimize the risk of disclosure. Pre-existing groups such as peer educational groups already feature prominently in HIV/AIDS education programs in Lesotho.²⁶⁵ The benefits of using pre-existing groups besides the fact they are already “bound up with each other through living, working or socializing together,” is that they already have a level of intimacy that is required to speak frankly on sensitive matters, such as sex.²⁶⁶ In the case of peer educational groups, they would have already discussed HIV/AIDS and sex, so that the researcher’s line of questioning would not appear foreign or too intimate for such a setting. The level of homogeneity and intimacy in pre-existing groups also allows for better flows of conversation, and would allow me to analyze intergroup dynamics between different groups.

Dependent Variables

Basotho women’s discourses on their sexual rights

The research is primarily concerned with two “types” of discourses on sexual rights – the discourse on women’s sexual rights promoted by NGOs versus the ones

²⁶⁵ Ministry of Health, *Progress Report*.

²⁶⁶ Oliviera, “Focus Groups,” 3096.

conceptualized by Basotho women. The purpose of the study is to identify the difference between the two and to understand what impact the former has on the latter and account for that difference through a nuanced explanation of the role that (patriarchal) culture plays in moulding the women's sexual rights discourse. The concept of women's sexual rights was operationalized using the WHO's suggestion of sexual rights as the rights to: a) respect for bodily integrity, b) chose a partner, c) decide to be sexually active or not, d) consent to sexual relations e) pursue a satisfying, safe and pleasurable sex life.²⁶⁷ Because the research is fundamentally concerned with sexual rights as they relate to sexual intercourse between individual partners in heterosexual relationships and within the context of the ABCs of HIV prevention, other sexual rights such as the rights to a) the highest attainable standard of sexual health, b) seek, receive and impart information related to sexuality; c) sexuality education, d) consensual marriage, and e) decide whether and when to have children, were not included.²⁶⁸

Independent Variables

NGO discourses on women's sexual rights

The definition of sexual rights used to evaluate the NGO discourses on women's sexual rights was also derived from the WHO suggestion, discussed above. While a distinction was not automatically assumed between NGO discourses and Basotho women's own conceptualizations of women's rights, it was acknowledged that different factors were likely to have shaped the NGO discourses, compared to those of local Basotho women. As was discussed in Chapter 1, close to two-thirds of ODA funding in the last few years has been allocated towards health and population initiatives, most of which were geared towards promoting and enhancing women's rights within the context of HIV/AIDS

²⁶⁷ WHO, "Gender and Human Rights."

²⁶⁸ WHO, "Gender and Human Rights."

programs, basic health care, and reproductive health care.²⁶⁹ In 2014 alone, DAC members donated USD\$46.29 million to aid projects specifically targeting gender equality and women's empowerment.²⁷⁰ International and national NGOs consequently play a critical role in service delivery and policy advocacy and are strategically positioned to drive the public discourse on women's sexual rights.²⁷¹ As discussed above, civil society in Lesotho has historically been instrumental in mobilizing the public and international community to support women's rights in Lesotho, starting with the HIV and AIDS crisis in the 1990s and mid-2000s.²⁷² They were able to do so by linking the HIV/AIDS epidemic to existing discourses on the right to health and used that "master frame" of human rights to challenge existing laws that codified gender inequality.²⁷³ The involvement of transnational feminist members of civil society such as Women and Law in Southern Africa had what Braun calls a "boomerang pattern" that boosted the effects of the discourse by further linking it to language and the international frame of women's rights that had been embraced to combat patriarchy.²⁷⁴ The feminist foundation and orientation of many of these organizations, including those that were interviewed for the study, suggests the promotion of a sexual rights discourse that closely resembles the WHO one.

²⁶⁹ Braun, and Dreiling. "Developmentalism," 464.

²⁷⁰ The Organization for Economic Co-operation and Development's Development Assistance Committee (OECD-DAC). "Lesotho." *OECD.org*.
https://public.tableau.com/views/OECDDACaidatagancebyrecipient_new/Recipients?:embed=y&:display_count=yes&:showTabs=y&:toolbar=no?&:showVizHome=no. (Accessed April 20, 2016).
<http://stats.oecd.org/Index.aspx?DataSetCode=GENDER>

²⁷¹ http://www.commonwealthofnations.org/sectors-lesotho/civil_society/international_ngos/;
http://www.commonwealthofnations.org/sectors-lesotho/civil_society/national_ngos_civil_society/.

²⁷² Braun and Drieling, "Developmentalism," 465.

²⁷³ Ibid, 467.

²⁷⁴ Ibid, 467.

Culture

Culture is defined in this study as “the various ways that social business is conducted and mediated through language, symbols, rituals, and traditions and influenced by issues such as race, ethnicity, religion, material base and so forth.”²⁷⁵ While the concept of culture is often too broad and ambiguous to articulate, let alone define and operationalize in a research project, the concept was narrowed down into several working properties for this study. Firstly, culture is both fluid and interactive and is the result of internal and external socio-economic and political forces that influence it.²⁷⁶ Secondly, culture is not inherently antagonistic to the concept of women’s rights; the fluidity of culture lends itself to evolution. The definition used recognizes the ability of culture to be both supportive and undermining of women’s (sexual) rights.²⁷⁷ While Lesotho is widely recognized to have a patriarchal culture, it is not assumed that the culture intrinsically undermines Basotho women’s sexual rights.

In the same manner, it is not assumed that the girls and women interviewed in the study are a representative sample of Basotho women, neither is it assumed that they express views that stand for all Basotho women in that demographic. Instead the author recognizes that the views presented are those of relatively middle-class, urban women who constitute less than 20% of the population.²⁷⁸ Nonetheless, young urban women in Maseru are among the most vulnerable to new HIV infections in the country.²⁷⁹

²⁷⁵ Tamale, “Right to Culture,” 49.

²⁷⁶ Ibid., 48.

²⁷⁷ Ibid., 49.

²⁷⁸ The World Bank, “Lesotho Overview.”

²⁷⁹ NAC, *NPS*, 17.

Research Questions:

This study sought to answer the following questions:

- What discourses exist around women's sexual agency and their sexual rights?
- How do these discourses measure up against the girls' and women's own views and understandings of their sexual rights?
- Is there a difference between what they are being taught about sexual rights and how they understand their sexual rights?
- What explains this schism and what are its implications for the success of HIV prevention efforts?

Hypotheses:

The research design was developed to test the following hypotheses:

Using a critical discourse analysis framework, the researcher hypothesizes that:

- 1 NGOs promote progressive²⁸⁰ discourses on sexual rights that align with the discourses prevalent among local young women. There is no schism in the discourses that could account for why adolescent women remain vulnerable when it comes to HIV Prevention.
- 2 NGOs promote progressive discourses on women's sexual rights that do not align with those prevalent among local young women thus creating a schism. This rift can be explained by cultural and/or religious frames and discourses of women's sexual rights that circumvent/override NGO discourses on sexual rights. These

²⁸⁰ For lack of a better term, "progressive" sexual rights are those that align with the WHO suggestion used by the researcher and is reflective of the discussion in Chapter 2 of defining sexual rights.

discourses reinforce women's sexual subordination and accounts for their vulnerability when it comes to sex and HIV Prevention.

- 3 NGOs promote traditional²⁸¹ discourses on women's sexual rights that align with the discourses prevalent among local young women. Both discourses reinforce cultural frames of women's sexual rights that reinforce women's sexual subordination that may account for young women's vulnerability when it comes to sex and HIV Prevention.

Data Analysis

The data was coded manually by the researcher and analyzed thematically using NVivo software and the thematic analysis format for qualitative research prescribed by Braun and Clarke.²⁸²

Limitations

None of the NGOs interviewed could provide copies or prints of messaging from past campaigns on HIV prevention. There was also no consistent method of archiving the information that allowed for comparison and analysis, thus greatly limiting the ability of the researcher to identify prevalent discourses based on communication material alone. The researcher sought to mitigate this omission by deducing key messages from specific programs and campaigns based on the interviewees' answers. Data was further supplemented with national strategy and policy documents.

The study was conducted in Maseru, where roughly 20% of the country's population live. While Maseru was a good choice because it has the highest prevalence of

²⁸¹ Discourses predicated on prevailing beliefs discussed earlier that women cannot initiate sex, discuss it, or suggest safe sex measures with their partners.

²⁸² Victoria Clarke and Virginia Braun, "Thematic Analysis." *The Journal of Positive Psychology*, vol. 12, no. 3, 2017, pp. 96, doi:10.1080/17439760.2016.1262613.

HIV in the country, the very small sample size of participants for this research from a small sample of the general population limits the extent to which the findings in this study can be taken to represent the views and experiences of the general population of young women in Lesotho. However, as an exploratory study, it identifies numerous platforms for further policy and academic research.

Only four out of the six NGOs that were contacted were available for interviews. Understandably, the NGOs that were selected are some of the most prominent ones in the country, were in the throes of finalizing the new National Strategic Plan for HIV Prevention, and likely receive countless requests for interviews from the many researchers, NGOs, and interest groups in the country. Nonetheless, the availability of only 4 NGOs diminishes the external validity of the research as the number is quite small to make generalizable conclusions; however, the interviews do provide insight to direct future research.

Chapter 5: Results

Part 1: NGO Interview Results

This chapter discusses the results from the field interviews with NGOs as well as the focus group discussions. Part 1 identifies the discourses on women's rights as provided by the NGOs that were interviewed and addresses the main themes identified from the transcripts. Part 2 discusses the discourses produced by the focus group discussions and identifies key themes that were discussed in the sessions. The last section discusses the results and the implications for women's sexual rights discourses and the success of HIV prevention efforts.

Part 1 – NGO Interviews

Demographics

Three of the NGOs that were interviewed, Lesotho Planned Parenthood Association (LPPA), Sentabale, and one anonymous one (hereafter NGO #3), are national headquarters of international organizations. All three are located in Maseru but operate nationwide. They all work on HIV-related programs such as sexual and reproductive health services (LPPA), peer training, support, and education for orphans and vulnerable children (Sentebale), as well as HIV testing and counseling. The last organization (hereafter NGO#4) was local but funded by, and partnered with, other regional and international organizations. Even though that NGO no longer exists, it was nonetheless instrumental in the development of national HIV prevention communications in partnership with, and as credited by, governmental and international actors. There were no organizations identified for the research that were exclusively local or operating independently of international partners or funding. As such, a distinction could not be

made between discourses influenced by international actors versus those created locally independent of them.

The NGOs varied in age and were 50 years, 15 years, and 10 years (for the last two) respectively. All of them develop programs and communications material on HIV prevention with varying levels of resources allocated to those programs. Only one of the organizations specialized in HIV communications (NGO #4), however the rest of the NGOs not only created and implemented HIV-related services and programs but also produced communications material for their target demographics.²⁸³ They produced communications material for a wide variety of mediums include radio and live dramas, pamphlets, billboards, booklets, peer education sessions, and after-school clubs.

All four organizations reported having formal partnerships with national government institutions such as the Ministries of Health, Education, and Gender respectively, but nonetheless maintained a level of independence in their operations, albeit at varied levels. For example, LPPA acts as an implementing body for initiatives developed by the Ministries of Health, Education, and Gender respectively, whereas NGO #3 works at arms-length but is often subcontracted by government or other institutions to provide services to local schools and communities. Similarly, while NGO #4 worked with the government to implement their programs in schools nationwide and had even participated in a working group on SGBV with them, much of their work, and campaigns, were often created independently of government influence.

All organizations reported different sources that inform their approach and strategies to HIV prevention. LPPA, particularly its youth program, is driven by the

²⁸³ Most of the material produced is not archived by the organizations themselves. The material that was accessed was through the library at the National AIDS Commission. There was no manner of obtaining enough communication material for comparison and evaluation.

desire to provide comprehensive sexuality education based on universal precepts of human rights and drawing from international sources such as the United Nations (UN) Convention on the Rights of the Child as well as legislated policies and strategies. Sentabale reported using more local sources, from engaging with the Ministry of Health at the national and community level as well as from interacting with their target demographics. NGO #3's approach and work was informed by field research from communities around the country. For NGO #4, regional partnerships with other organizations that did similar work and operated under similar circumstances informed their approach but was tailored for Lesotho contexts.

Table 6.1: NGO Structures

Name of Organization	Age	Target Audience	Nature of Programs	Level of Government Involvement	Key HIV Prevention Messages
Lesotho Planned Parenthood Association	50 years	General public; specialized youth and men's clinics/services	Sexual and reproductive health services	High	ABCs
Sentabale	10 years	Adolescent and young people (living with AIDS)	Engagement training and support for peer educators; advocacy for HIV testing and counselling	High	Get tested, ABCs, and seek support
NGO #3	15+ years	General public; youth, sex workers, sexual minorities	HIV testing and counselling	Medium	ABCs, get tested
NGO #4	10 years (now defunct)	Youth, general public, parents and teachers	HIV communications material	Medium	ABCs

Key Findings –

NGOs do not promote progressive discourses on women's sexual rights.

None of the organizations interviewed distinguished women's sexual rights from any other rights and rather endorsed a genderless conception of what sexual rights are or could be.

Sexual rights are human rights – but what are they?

Despite noting a commitment to HIV prevention through programming on sex for both men and women, none of the NGOs interviewed could provide a definition of sexual rights. Instead they equated sexual rights to human rights without drawing a distinction between men and women's sexual rights or how sexual rights could manifest differently for either sex. Both LPPA and NGO #4 were explicit in their definitions of “sexual rights [as] human rights. LPPA did not have any specific programs for either sex in relation to sexual rights, although they do have a health clinic exclusively for men and none for women. Even though the organization recognizes the economic vulnerabilities of many women that leave them susceptible to sexual exploitation and abuse, they do not have specific programming for women that addresses these issues. As the interviewee noted, many women in Lesotho lack economic power and are deprived of the ability to “negotiate how they live [and] how they want to negotiate their sexual rights.” He added that many women also tend to prioritize their partner's desires over theirs and are unable to articulate and advocate for their own rights but are rather “just passive members... when it comes to how they practice or enjoy their sexual rights.” Despite articulating the gendered experience of women when it comes to knowing and even exercising sexual rights, the organization did not explicitly define sexual rights, especially in relation to

how they were needed to empower women against sexual exploitation or coercion.

Like LLPA, Sentabale did not provide a specific conceptualization of women's sexual rights but rather discussed their efforts to ensure women's rights were supported by advocating for women's access to services and tools to ensure protection from HIV.²⁸⁴ NGO #3 fared better by having specific programs targeting young women that educate them on condom use (including female condoms) and condom negotiation skills for sex workers (most of whom are women). The organization did also support programs that teach young girls (and boys) decision-making skills.

In terms of articulating women's sexual rights, NGO #4 spoke about the general resistance in Lesotho to the concept of women's rights because "in Lesotho, when you talk about women's rights, it's like you are saying that women [are] above men or should be equal as men." The interviewee noted that while there were many public discussions on providing equal opportunities for both sexes, it was still difficult for women within the context of sex, particularly in terms of being able to initiate sex or advocate for their sexual pleasure. The organization consequently sought to empower women sexually through their campaigns, not by explicitly promoting women's sexual rights per say, but rather by advocating for more open conversations between couples about sex, sexual roles and sexual needs. And while some men resisted the messaging because it "challenged the power that they have," others welcomed it because they found women's sexual empowerment to be very beneficial for them.

It is also important to note that during the interviews, the concept of women's sexual rights was always grouped with LGBT rights and how the organizations supported

²⁸⁴ A follow-up request with the interviewee to clarify on specific tools provided to women was not responded to at the time of writing.

rights for sexual minorities.

Culture is a gatekeeper for sexual rights discourses.

All NGOs revealed that cultural leaders played a defining role in determining the discourses on sex and HIV prevention, especially what messages were provided to constituents. All NGOs agreed that talking about sex is taboo in Lesotho culture. It was consequently necessary to consult with traditional community leaders prior to developing and disseminating messages about HIV prevention to ensure that their proposed messages aligned with cultural values and were appropriate for their constituents, thereby assuming the role of discourse creators. Community and church leaders took the position of “gatekeepers” and “custodians” to whom NGOs had to sell the benefits of sexual and reproductive health for HIV prevention if they wanted to gain access to their wider communities.

NGO #3 noted how they often encounter resistance from community leaders and local business owners when they distribute condoms because of the negative religious or cultural discourses associated with condoms – that they encourage premarital sex and promiscuity. The interviewee noted that even the word “condom” is not used publicly in certain communities and is replaced by the Lesotho word for “boot” even in clinics because that language is more acceptable. Sometimes the organization resorted to “emotional blackmail” by warning politicians that they would be letting their constituents die if they refused to distribute condoms and failed to protect them. To convince local business owners to sell/give condoms, the NGO often reminds them of the debt they owe their customers for their wealth – all actions that indicate the prominence that cultural leaders play in shaping the sexual rights discourse and affecting HIV prevention efforts.

NGO #4 faced similar resistance from parents who feared that their youth booklet on sexuality would trigger uncomfortable discussions at home that the parents were not equipped to properly address. The NGO also faced resistance from church leaders who could not endorse condoms as a means of HIV prevention for ideological reasons. To bypass these obstacles, the NGO ended up distributing the pamphlet covertly and incorporated a type of rewards program into their campaign as a means of getting community members to engage with the message despite their initial resistance. The NGOs' experiences indicate the extent to which culture dictates sexual rights discourses in terms of deciding messages that are salient and age-appropriate, but also in terms of "sanitizing" them to promote the right discourses.

Culture was also identified as an obstacle to HIV prevention and the promotion of sexual rights. The NGOs often spoke about trying to change problematic cultural narratives or discourses that contributed to the prevalence of HIV. NGO #3 talked about how Basotho culture, like many African cultures, awards men so much power "to do everything they want anytime." One of the cultural narratives that the organization is actively trying to change is the promotion of "mogopu" - the idea that men are like a pumpkin plant that stretches everywhere, implying that men should have as many wives/sexual partners as possible because doing so represents strength and virility. Another discourse they are actively challenging is that men are not supposed to show emotion or talk about problems that they are currently facing. According to the interviewee, the lack of an outlet/platform for men to discuss their problems contributes to a male aggressiveness and arrogance that sometimes translates into sexual and physical abuse.

Such problematic discourses on masculinity were also discussed by the LPPA interviewee who noted the patriarchal order of society in Lesotho that awards men so much power financially and sexually. Many women are consequently not able to realize or advocate for their sexual rights because they are either too economically dependent on the man, are afraid to “challenge” his authority, or they simply do not even recognize the need for sexual rights. The interviewee spoke of some cases in which women have refused to accept their messaging or material, saying things like “No, I don’t want to negotiate this. As long as my man is happy, I’m happy.” Under such circumstances, the topic of sexual rights, let alone “controversial” ones related to sexual satisfaction and pleasure, are not breached. Even though the organization is working to challenge those narratives among its youth to educate and empower them on their (non-specified) sexual rights, they still have to approach the topic in a culturally sensitive, age appropriate manner. However, the interviewee noted that their programs recognize how much more a discourse on sexual rights is palatable for the current younger generation which is more open to such discussions than older generations who did/do not discuss sexual issues.

Despite a cultural resistance to public discussions of sex, NGO #4 incorporated the topic into one of their major campaigns that sought to improve communication between couples. While the purpose of the campaign was HIV prevention by discouraging multiple sexual partners and encouraging condom use, it also touched on ideas of sexual pleasure and satisfaction for both sexes, and how each partner’s sexual needs and desires could be met within the confines of a monogamous relationship. The campaign also focused on educating women about condom use and romanticizing the experience of using one with a romantic partner.

Some NGOs also identified culture as the site of resistance to patriarchal discourses and the emergence of a women's rights discourse. Two NGOs identified the practice of "Pitiki" as instrumental in changing the discourse on women's sexual empowerment. Pitiki is described as a secret meeting whereby elderly Basotho women teach younger married ones about sex and marriage. The meetings date back generations and are credited for saving many relationships from divorce. Activities at Pitiki center on sexual pleasure and satisfaction and often involve dancing and demonstrations on how to increase sexual pleasure for both men and women. Although the practice was initially predicated on satisfying husbands sexually and ensuring that their households were run smoothly, the interviewee from NGO #4 who has participated in the meetings herself talked about how women now use the platform to talk about their sexual rights and even have some of their male partners paying for them to attend the sessions because of their success.

Gender is an important consideration but not integral to HIV communications or programming.

Gender factored into the NGOs programming and communication in vastly different ways. As discussed above, LPPA did not report any specific gendered programming or communication for women although it does have a special clinic for men at its headquarters. The interviewee did speak about the challenges of combatting the gendered roles of men and women in society, both within the context of sexual and reproductive health, as well as within HIV prevention. Some of those problematic narratives include the relegation of women to the domestic sphere to mind the house and bear children without any sort of family planning, the underlying discourse being that

women should submit to their husbands without a say on what happens with their bodies and lives. LPPA's counter narrative is to promote more male involvement in family planning and increased women's empowerment within and outside the home through by promoting the notion that women are qualified to take on work and other responsibilities outside the home including leadership roles. While these new roles are still rooted in traditional understandings of men as the protectors charged with making sure that women's rights and protection are secured and keeping women there to support and encourage their partners, the organization is nonetheless seeking to promote the idea that men and women are equal, regardless of sex, and shared equal responsibility in and outside the home. Gender also factors heavily into the organization's makeup, with a requirement that at least half of its national executive be women and a strong anti-harassment policy to protect female employees.

Sentabale also reported that gender plays a significant role in their work, especially as they produce programs specifically targeting young men and women and have a staff of both male and female workers. While they do produce programming for women, they did not disclose the nature of the programming and how gender factored into it.

NGO #3 has the most robust (reported) incorporation of gender into their programs and communication material on HIV prevention. They currently run a program on interpersonal communication for youth and young adults that is meant to reinforce the correct and consistent use of condoms and increase women's self-efficacy when it comes to using them. In the past, the NGO ran a female condom distribution program targeted at vulnerable women (i.e. sex and factory workers) to increase their agency when it came to

HIV prevention however that program was discontinued due to lack of funding. The organization currently has a campaign on HIV communication to address the gender inequalities within Lesotho culture in relation to family planning and sexual risk. The campaign also works to dispel problematic narratives on masculinity and communication that affect the ability for couples to discuss HIV and take specific measures to protect themselves. However, men feature prominently in the organization's advertising material as central characters despite messaging intended for both genders. In fact, the interviewee estimated that approximately 80% of their advertising campaigns featured only male characters. Female characters tended to be featured in campaigns for couples and on packaging of the male condoms they distributed. The organization actively works on gender issues through their partnerships with different women's organizations to raise awareness on SGBV and improve women's services.

Gender factored into NGO #4's work in a similar manner whereby they did not produce any communications material targeted at women specifically. However, the organization did work with police and other government bodies on a campaign to raise awareness about sexual and gender-based violence. The campaign targeted the public and sought to address the negative discourses on masculinity that prevented men from reporting cases of GSBV such as the ideas that men could not experience different forms of abuse or that they were not allowed to report those experiences to police. The campaign was also meant to raise awareness about the police and health services for victims of rape and sexual abuse.

Prevailing Discourses on Women's Sexual Rights

None of the organizations interviewed had targeted programming for women in relation to their sexual empowerment, nor did they have an explicit conceptualization of women's sexual rights in relation to HIV prevention or otherwise. However, they did have specific messaging on Abstinence, Be Faithful, and Condomize that related to women's sexual empowerment and implied a specific understanding on the role of women when it comes to sex.

Abstinence

Sex should only be between adult people. Young people should abstain from sex.

Only two of the NGOs that were interviewed had specific messaging around abstinence. LPPA's messages promoted delayed sexual debut by discouraging young people from engaging in sexual activities before they are ready. Part of their comprehensive sexuality education was equipping young people with the necessary information to make informed and responsible decisions about their sex life. Despite not having a specific program for women, the organization promoted a woman's right to say no to sex and negotiate when she could have sex as part of their overall campaign to empower young people to have an increased say in their sex lives. NGO #4 also promoted a message of abstinence indirectly through its support for programs targeted towards youth in school and children under the age of 14. The programs teach young children decision-making skills through sports that should translate to sexual empowerment and self-efficacy for when they engage in sexual activities. Messages around sex were reserved for youth over the age of 15 who were also out of school and were likely to engage in sexual activities, such as youth sex workers or those engaged in

transactional sex.

In terms of generating a sexual rights discourse around abstinence, the message was that sex is reserved for older people - adults outside of school.

Be Faithful

Limit your sexual partners. But if you can't be faithful, condomize.

Only two NGOs reported messaging around being faithful; condom use was by far the most popular means of HIV prevention promoted by the organizations. For the two organizations that created messaging on being faithful, the intention was to counter the cultural narrative and practice of “mogopu” that allowed and even encouraged men to seek multiple sexual partners as a sign of masculinity or virility. The counter narrative was to equate multiple partners with multiple source/sites for HIV infection to encourage faithfulness, or at least increased condom use. For NGO #4, sexual monogamy was marketed as an opportunity for increased sexual pleasure and satisfaction if couples can communicate their sexual desires and wants. However, the general conclusion for both organizations was that “if you can't be faithful, condomize.”

Condom Use

Always carry and use condoms.

All the NGOs that were interviewed promote condom use as the main means of HIV prevention. The message was generally targeted at youth 15 years and older who were out of school. Condom use was generally promoted amongst couples, but there was a specific focus on condoms for factory workers and sex workers who are identified as high risk populations. The messaging generally aimed at dispelling myths about condoms to promote their correct and consistent use among sexually active adults. While all

organizations promoted the use of condoms and some specified that they promoted female condoms, male condoms were the most popular and general type of condom distributed. While female condoms were sometimes available for use, there was little appetite for them both from the public and funders. For NGOs like #3, the promotion of condom use also comes with a specific discourse that people who carry condoms are empowered and self-efficient rather than promiscuous. Even though all programs/messaging on condom use provided instructions on how to properly use a condom, it was programs aimed at sex workers that specifically taught condom negotiation skills with their respective clients.

Part 2: Focus Group Results

All focus group participants were asked to discuss their sexual rights within the context of abstinence, be faithful and condomize messages regarding HIV prevention. While the conversations were more open-ended and less structured than the NGO interviews, they were structured enough to provide information about participants' views on sexual rights within the context of HIV prevention and Abstinence, Be Faithful and Condomize messages.

Demographics

A total of 37 adolescent women between the ages of 15 and 24 (one was later revealed to be 27) were interviewed for the focus groups. 16 participants were between the ages of 15 and 19, while the other 20 participants were between the ages of 20 and 24, in addition to the 27-year-old participant. Her comments were removed from the final analysis to maintain the integrity the data.

Sources of Information about Sex

Participants identified sisters, friends, local anti-AIDS clubs and peer groups, cousins, and grandmothers as good sources of information about sex. Organizations like Kick 4 Life and LPPA were identified as good sources of information on sex in addition to the DREAMS campaign. Few participants were comfortable with the idea of talking to their parents about sex because they feared judgment and punishment from them. One participant noted that she did not talk to her parents because they lacked knowledge on how to educate their children about sex. Younger participants under the age of 19 also expressed hesitance at talking to their friends about sex because their friends could mislead them or pressure them to have sex. Only one group of young working women identified the media as a good source of information about sex, mentioning TV shows, blogs, newspapers, and magazines as good sources of information.

All participants revealed that they first learnt about sex in school – most of them in primary school and others in secondary. The average age of first contact with the topic was 12 or 13 years old. The messages on sexuality at school ranged from menstruation and pregnancy, to the ABCs of HIV prevention.

Key Findings -

Young Basotho women in the focus groups had conflicting conceptualizations of their sexual rights.

Less than a handful of participants described having sexual agency as women to decide when and under what circumstances they could engage in sex. There was very evident tension in the data between women exercising a level of sexual agency that was subsequently diminished when considering factors or circumstances that led to that agency. For example, while participants exercised a sense of agency in deciding to

engage in transactional sex (i.e. the right to choose their sexual partner), it was subsequently eroded by the circumstances and structures (of female economic disempowerment) under which transactional sex even become a viable option. The powerlessness that they experienced in those blisser relationships in which they had very little control over when and how they had sex, invalidated that claim of agency. Similarly, while some of the participants willingly chose to have sex with their partners out of affection, they also spoke about feeling a lot of pressure to have sex out of fear that the partner would leave for another woman, or would not be satisfied in the relationship if she did not have sex. Similarly, with condom use, while some participants talked about forgoing condoms when there was trust in the relationship, they also talked about how they could/did not suggest condom use as young women because condoms were associated with distrust or promiscuity and, as a result, suggesting their use was sometimes difficult, or even dangerous, to do. None of the focus group participants discussed agency using “rights” terminology. Central to all participants' understandings of women’s roles and attitudes towards sex were the forces of culture and religion.

Culture and religion fundamentally shape young women’s views on sex.

All participants indicated that culture and religion were the sources of their views on sex, especially as it pertained to what women’s roles were in sex and in society. Many participants agreed that women took a secondary role to men in almost all aspects of everyday life, including sex. As one participant narrated, men’s primacy and power stemmed from the Bible “then culture came in and gave them all the power that helps them do all their messy stuff.” Compared to men, women lacked employment and leadership opportunities, access to inheritances, freedom to associate with boys of their

choosing without judgment, freedom to dress as they choose, be out late, and most importantly for this study, articulate any power to advocate for their sexual rights. As one participant described, “the most challenging thing about being a woman I think in Lesotho [is that] culturally we are not allowed to have a say in our sexual decisions.” Participants described lacking power in many aspects of a sexual experience, from deciding with whom and under what circumstances to have sex, to being able to initiate and discuss condom use with their partners. Instead, some participants described feeling obligated to acquiesce to men having ultimate sexual power because “[women] want to keep the culture, or [their] marriage, or the relationship, [so they] start following everything [men] do” or ask.

Even though some participants identified peer pressure and familial obligations as their biggest challenges, many of the responses, mostly from the high-school aged participants, highlighted the struggles of being a young woman in relation to boys/men and sex, particularly the threat of sexual violence, coercion, and rape. As one participant put it, “the most challenging thing is boys, how they have power on us, take control of us, and we as young women don’t have self-confidence, we can’t stand up for ourselves.” Many of the participants also spoke about the double standard that the communities around them place on women in terms of how they socialize. Many of the younger girls expressed frustration at the fact that they are often questioned about their whereabouts if they stay out too late or are seen spending time with a member of the opposite sex, while boys are rarely questioned for the same things. Other girls spoke about how women are often blamed for getting pregnant with little consideration or blame placed on the boy who got her pregnant. As one participant shared (with much agreement from all the other

participants,) “if a girl is pregnant, they won’t say she was with a boy... they blame the girl for getting pregnant. They don’t even think about the guy that got her pregnant. Instead they will say [she is] a slut and the girl will just [run away] and drop out of school because [she is] pregnant. If [her] parents start to talk to him, he will say, ‘oh, I was not the only one.’”

On Abstinence –

Young Basotho women have very little power to say no to sex.

Most participants talked about the pressures to have sex both from boyfriends as well as blessers/ “sugar daddies.” In many instances, the pressure amounts to sexual coercion and rape. Many girls felt as though sex is a necessary part of maintaining a relationship and refusing to have sex with a boyfriend is grounds for the relationship to end. As one participant explained, “even if you don’t want sex with your partner you might fall into it by force, that is how women... [end up having sex] by force.” There was also the perception for many of the participants, regardless of age, that if a girl did not have sex with her boyfriend, he would simply find another partner who would “satisfy” him. One participant recalled how her boyfriend of three years attempted to rape her and rationalized it by saying sex was how they could prove their love for each other. When she refused, he warned her that if she reported him, no one would believe her because it ‘[made] no sense’ for a boyfriend to force sex on his girlfriend. The participants generally attributed men’s desire for sex to the male libido and some even equated sex to the air they breathe. Several of the younger participants reported feeling used by men for sex and how some boys date them just for the sex or to satisfy bets with their friends of how long it will take to get the girl; in those cases, some of the boys will even impregnate

the girl as proof of sex.

Shame was sometimes used to control younger women's sexuality. While some participants were virgins and prided themselves in that identity, many the participants, especially the 19+ ones, were sexually active. The ones in high school reported being shamed for no longer being virgins by boys they had slept with in the past and girls who knew about their sex lives. Some of the insults included being called "used up," a "mattress," a "bed," or a "slut." Some reported being worried about how no longer being a virgin would affect their marriage prospects. For some participants, shame was also used by both girls and boys to pressure them into having to become accepted, perceived as "cool", and/or transition into a "real" woman. One participant talked about how she felt ashamed for rejecting sexual advances from a much older man, even though he was preying on her; but because he was old enough to be her father, he deserved respect regardless of the circumstances. On the other hand, the older participants who reported being sexually active did not report it being a shameful experience and some even laughed at the idea of being abstinent at their age.

When asked what advice they would give to younger girls about sex, many of the participants recommended abstaining until they were ready and well-informed to have sex. The recommended ages for sexual debut were 18, 20, and after marriage although there was also widespread recognition that abstinence was perhaps becoming an obsolete concept as many girls were having sex now at even younger ages than before. As one participant recommended, "I would advise them by saying they had to [have sex] because once you stop her... because you will have said so, she is going to do [it]." Participants who were abstaining or recommended abstinence attributed the ability to do so to being

strong and having confidence to say no. Lack of self-confidence was associated with the likelihood of early sexual debut. As one participant lamented, “I would advise women to fight for their rights... women should have the power, like no! I know women, all they do is say yes. Just have that thing to say no!... You get this power from self-confidence.” Other tips for staying abstinent included keeping busy with indoor activities, staying away from friends who pressure you to have sex, and focusing on school.

The ability to remain abstinent while in a relationship seemed to depend on the nature of the relationship. Participants who dated boys/men around their age reported having a greater sense of agency to be able to discuss their sexuality and abstain from sex, while those who dated older men or were in transactional relationships reported it being nearly impossible to abstain from sex. Most of the participants agreed that sex was an integral part of a blesser relationship because if he was showering a girl with gifts then she knew she would have to pay him back with sex. One girl estimated the power distribution in blesser relationships to be 20% for the girls and 80% for the blessers. As another participant noted, “It is impossible to abstain when you are in that kind of relationship. There is hardly ever anything that connects us besides sex... what else would we be doing - the whole point is to have sex.” It was often the case too that sex in blesser relationships was coerced and even amounted to rape. As a participant put it,

What hurts the most is experiencing [sexual harassment] from men, old people who we consider as our fathers. You will speak to a particular man and actually he is preying on you. He is not being nice to you as his daughter. You are like no, I have to respect this guy because he is older than me yet [he] is trying to attract you so close to him that you end up having or doing what you don't want to do.

Older participants who were in the job market reported feeling pressured to have sex with potential bosses as a means of getting a job because refusing to do so meant

remaining unemployed. Sex was also a means of finding acceptance at work. Other reasons that girls engaged in transactional sex were for money, cellphones, shoes, expensive clothes, and popularity, among other things.

Very few participants expressed a sense of sexual agency or even knowledge of any sexual rights that could empower them to abstain from sex when they were in a relationship, especially one with a blesser. While sex was deemed a natural progression of a relationship, many of the participants felt that girls/women their age were unequally pressured to have sex before they were ready and often lacked the tools or self-esteem to be able to say no to sex, especially in “powerless” relationships with blessers in which sex was required.

On Being Faithful -

It is okay for men to have multiple concurrent relationships, especially if they are blessers. Women should be faithful.

Many participants reported having been involved with multiple concurrent partners. For some, having multiple partners was a way of achieving status or maintaining a certain lifestyle because different partners offered different “perks” such as money, gifts, or love. Having MCPs was also a way of being “like the guys” and avoiding the responsibilities or hurt of monogamous relationships. Many participants also reported being cheated on by their partner either because he sought out other sexual partners or because other girls sought him out for sex or a relationship. The process whereby another girl, often known to the participant, sought out the participant’s boyfriend was called “being beaten with a brick.” Younger participants reported that “being beaten with a brick” was a popular phenomenon among their age mates and

happened even among close friendships. One participant reported “being beaten with a brick” by another participant in the room who had stolen her boyfriend. While it appeared to be common to have multiple partners, even amongst the participants, some of them attributed MCPs to low self-esteem.

There was a general attitude that it was socially accepted, or even culturally encouraged, for men, not women, to have multiple concurrent partners. Like the NGOs, the participants referred to the belief of “mogopu” that likened a man to a pumpkin plant that needed to spread across (many women) while a woman was likened to a cabbage that needed to keep to itself and remain intact. The practice was attributed to the Bible, where it was common for men to have many concubines, and then to Basotho culture that supported it. Saying no to sex, especially in a marriage, was perceived as an act of rebellion so often women felt forced to have sex, even if their partners were cheating “simply because [as a woman] you want to keep the culture, or your marriage, or the relationship... then you start following everything they do.” Many participants also expressed powerlessness to say no to sex with a cheating partner, especially if they were economically dependent on him. As one woman said, “If you are looking for the money, you have to have unprotected sex and when he comes home, he comes home with all the diseases. You cannot simply say no because you are a woman... the whole environment is just confusing because they take power over everything.” The concept of “mogopu” often validated blesser relationships in which married men pursue multiple relationships with young women as a way of establishing their manhood, achieving sexual satisfaction, or just because they can. Participants who had been in blesser relationships, or knew of people who had been in them, reported knowing that the blesser had a wife elsewhere and

sometimes other girlfriends but remained in the relationship nonetheless because of the benefits that came out of it. For one participant, being with a married blesser was a positive thing because it demonstrated that he was capable of loving. Participants with regular boyfriends also spoke about the realities of having sex with partners who they suspected were cheating on them. Rather than ending the relationship, the participants advocated for condom use instead.

Condom Use -

Women do not initiate sex or condom use, neither do they carry condoms.

Condom use was the most popular means of HIV prevention among focus group participants, much like the NGO interviews indicated. As with practicing abstinence or being faithful, participants reported that the ability to use a condom often depended on the nature of the relationship with the partner. Participants who were in relationships with partners close to their age reported being more comfortable to negotiate and use condoms. Participants in blesser relationships were less likely to negotiate condom use. There was a general perception that because culturally women do not initiate sex, they also could not initiate condom use. Carrying a condom, let alone initiating it with a partner was perceived as a sign of promiscuity; participants explained that carrying a condom meant that the girl was “looking for sex” and was generally frowned upon both by society and potential sexual partners. While it was acceptable for boys to carry a condom, and was often celebrated as a sign of manhood, girls who carried condoms risked being called “sluts,” “bitches,” being belittled, and treated “like dirt.” Even participants who expressed confidence in negotiating condom use were uncomfortable with carrying their own condoms. *Less than five participants in total believed in, and*

advocated for, young women carrying their own condoms. This was despite how often the younger participants reported boys using sabotaged (with needle holes) or expired condoms to try and impregnate them.

Condoms were also associated with trust in a relationship, or lack thereof. Many participants reported that their partners did not like condoms because they were a sign of distrust whereas unprotected sex was a sign of trust. When girls felt they were comfortable with their partners, they had unprotected sex, and if they no longer wished to be in a relationship but felt “stuck” in it, they insisted on condoms. In cases where the partner was having outside sexual relationships, it was not uncommon for the man to explain that because he used condoms with outside women, he could insist on having unprotected sex in the home. There was also a perception that condoms decreased pleasure (for men) and the increased availability of abortions justified unprotected sex. There was a heated discussion on whether condom use was appropriate in a marriage with one side insisting that condom use was unsustainable and got in the way of family planning while the other side argued that condoms were necessary if one partner was infected or cheating, in which case condoms could be negotiated tactfully by the wife. However, the consensus was that once a woman was married, she lost the ability to advocate for herself, including on the use of condoms. As a participant put it, “soon as it comes to marriage, the voice goes.” It was also quite difficult, as some participants explained, for women to get their partners to at least get tested before they had unprotected sex. Many agreed that for many men, asking for an HIV test was considered worse than asking to use a condom. One participant estimated that the rate of condom use among girls as far as she knew was only 20%.

All focus groups concluded that condom use was particularly difficult to negotiate within blesser relationships. Not only did many blessers insist on not using condoms, but the provision of money and other benefits was often contingent on not using condoms. A participant shared about how she willingly engaged in unprotected sex with her blesser despite knowing he had a wife and other girlfriends because the risk was worth the benefits of extra money, clothes, and shoes. As another participant explained, in blesser relationships, “women tend to have absolutely no voice and anything that the guy wants, she will just deliver almost like submissive [for] something in return. It is almost like a give and take,” to which other participants agreed. Blessers who insisted on condoms did so to avoid contracting STD and sexually transmitted diseases, but more often to minimize the risk of getting pregnant and the responsibility of raising a child outside the marriage.

Discussion

Given the central role that culture played in shaping the discourses on sexual rights among both NGOs and focus group participants, with the former being unable to articulate a specific conceptualization of them, and the latter concluding that women had very narrow conceptualization of sexual rights, the study proved that - *NGOs promote traditional discourses on women's sexual rights that align with the discourses prevalent among local young women.* The inability of the interviewed NGOs to identify or specify an understanding of women's sexual rights or produce specific campaigns/programs endorsing women's sexual agency was inadvertently reinforcing traditional discourses on women's sexual rights that said that they had none, or very little. This is consistent with young women's feedback that women had little, if any, sexual rights. As such, *both*

discourses reinforce cultural frames of women's sexual rights that perpetuate women's sexual subordination and their vulnerability when it comes to sex and HIV Prevention.

The choice by the interviewed NGOs to take a more gender mainstreaming approach, that would otherwise be described as a de facto gender-blind approach to HIV prevention that takes gender into consideration but does not in and of itself generate specific gendered programming for women neglects a key demographic who, based on the data above, require specific messaging meant to empower and educate them on their sexual rights. Focusing the discourse on gender and HIV Prevention on men, even if it is to advocate for them to practice safer sex with their female partners, does not endorse women's sexual rights in and of itself. That rationale keeps women dependent on the willingness of the men to allow them to assert their rights and has the adverse effect that reinforces women's sexual disempowerment. Even the life skills programs that some of these NGOs teach to young women (and men) do not provide the requisite skills for sexual empowerment because they prioritize HIV knowledge and content rather than practical decision-making and negotiation skills.²⁸⁵ It is in this way that NGO (and government discourses) do not promote women's sexual agency and empowerment but reinforce cultural frames of women's sexual rights rooted in patriarchal beliefs. These discourses reinforce women's sexual subordination and increase their vulnerability when it comes to sex and HIV Prevention.

Most focus group participants did not perceive women as having rights when it came to sex besides the ability to say no and propose using condoms, suggesting a narrow conceptualization of sexual rights as the rights to be sexually active or not, choose their partner, and have consensual sexual relations. However, as most participants reported

²⁸⁵ Mabala, 28.

experiences of sexual coercion and/or pressure to have sex without condoms, even these basic conceptualizations of sexual rights were often infringed upon by boys or men who coerced them into having (unprotected) sex. Whatever understanding of sexual rights that participants thought women have dissipated once a woman got married. Many participants believed married women could not refuse sex from their husbands or advocate for consistent condom use, and simply lost power once they got married. These views are consistent with studies on Lesotho women's vulnerability to HIV that found married women particularly susceptible to HIV infection. Other gender-specific challenges, including high unemployment, presented transactional sex as a viable option for overcoming poverty, further infringes on women's ability to advocate for their sexual rights in financially-dependent relationships where they have no bargaining power.

The prevalence of "mogopu" as an acceptable practice increases young women's risk of contracting HIV through blessers who are often married or have other girlfriends. As it is, men between the ages of 30 to 49 have the highest prevalence of HIV in the country. The danger the practice poses is especially evident in blesser relationships where participants believed girls had very little, if any, power to negotiate their sexual rights. The popularity and normalization of blesser relationships among young women, some as young as 15 and 16 as the participants reported, suggests that there is a cohort of young women in Maseru and elsewhere who are either not knowledgeable about their sexual rights or lack the ability or empowerment to advocate for them in relationships with older men. While Lesotho's *National Strategic Plan on HIV* recognized the need to address intergenerational sexual relationships in all prevention programs and even suggested providing more income generating opportunities to "reduce [women's] economic

dependence on men or from engaging in transactional sex,” it did not recognize the specific need for sexual empowerment for women, especially young women.²⁸⁶ Even though economic empowerment addresses the structural vulnerability of poverty that initially attracts young women into blesser relationships, consistent with the focus group data, it still does not drive at the problematic social attitudes that keep women sexually disempowered. Interventions that are focused on “sexual partnerships, sexual debut, sexual and reproductive health choices, sexual and gender based violence, intergenerational and transactional sex, [as well as] structural issues such as gender norms and cultural practices and peer pressure” are imperative to effectively address “the dynamics and behaviours that drive HIV infection among young people,” particularly young women, as the *National Strategic Plan* urges.²⁸⁷

Critical discourse analysis stipulates that language users hold both personal cognition of a phenomenon in addition to sharing them with the collective members of the group or culture that either resist, accept, condone, comply with, or legitimate social power through discourse.²⁸⁸ These findings suggest that the young Basotho women interviewed held a personal and social cognition of sexual rights that complied with and accepted their secondary status when it came to sexual matters and deciding when and how to engage in sexual relationships.

The perception that most focus groups participants had that women did not have any sexual rights underscored Richardson and others’ argument for the need to define sexual rights and the implications of a definition for sexual citizenship. Richardson argued for three sub-streams of sexual rights: a) seeking rights to various forms of sexual

²⁸⁶ NAC, “National Strategic Plan,” 17.

²⁸⁷ NAC, “National Strategic Plan,” 23.

²⁸⁸ Van Dijk, “Critical Discourse Analysis,” 355.

practice in personal relationships (e.g. campaigns for sexual freedom and safety); b) seeking rights through self-definition and the development of individual identities (e.g. lesbian and gay rights; female sexual autonomy campaigns); and lastly, c) seeking rights within social institutions: public validation of various forms of sexual relations (e.g. interracial and same-sex marriages).²⁸⁹ A clear definition of sexual rights by Basotho women that articulated their rights in personal relationships to protect themselves both from HIV and from abuse would also go a long way in satisfying the latter two components. Not only would a self-definition increase their perceptions of agency, empowerment, and self-confidence, it would act as the platform from which to advocate for public validation of sexual rights, creating an opportunity for NGOs to join them in solidarity and institutionalize these sexual rights, much like they did for women's health rights for HIV prevention.²⁹⁰

The increasing popularity of Pitiki as a platform to discuss women's sexual rights, particularly sexual pleasure, is promising for the advancement of women's sexual rights in Lesotho not only because the practice can be read as a resistance "movement" against men's near-absolute sexual power, but also because it demonstrates the agency that can be harnessed from within culture and further supports the idea of culture as both evolving and changing. The only downfalls are that Pitiki meetings are almost exclusively for married women and exclude non-married sexually active girls and young women who need such platforms and social support. The second downfall is that Pitiki meetings operate independently of each other; however, they possess the potential and underpinnings as a grassroots, cultural practice to turn into a larger national movement to

²⁸⁹ Richardson, "Constructing Sexual Citizenship," 108.

²⁹⁰ Braun and Drieling, "Developmentalism," 465.

recognize sexual rights and the critical role they play both in the advancement of women's rights and effective HIV prevention.

Chapter 6: Conclusion

This research project has attempted to explain the relationship between women's sexual rights discourses, women's sexual agency and HIV prevention efforts through behavioural change messages by identifying the discourses that exist around women's sexual agency and sexual rights from both NGOs and local Basotho women and discussing their implications for the success of HIV campaigns. Using principles borrowed from framing theory and critical discourse analysis, the researcher concluded that NGO discourses promote traditional²⁹¹ discourses on women's sexual rights that align with the discourses prevalent among local Basotho young women. Both discourses reinforce cultural frames of women's sexual rights that reinforce women's sexual subordination that may account for young women's vulnerability when it comes to sex and HIV Prevention. The study also demonstrated the need for programs targeted at young women to educate them about their sexual rights. The programs would have to be structured in a manner that recognizes the important role that culture (and religion) play in shaping women's sexual rights discourses but remains steadfast in challenging their problematic discourses that leave women vulnerable to HIV infections.

The study was limited by the poor availability of archived data of HIV prevention messages as well as the poor availability of NGO participants, factors that would have not only enriched the data analysis, but also improved the study's external validity. Future study should include a larger number of NGO interviews to build a comprehensive and accurate presentation of HIV prevention programs in the country, as they are quite numerous. A larger sample of both interview and focus group participants would provide

²⁹¹ Discourses predicated on prevailing beliefs discussed earlier that women cannot initiate sex, discuss it, or suggest safe sex measures with their partners.

a better comparison of the sexual rights discourses and capture the varied views and experiences on the topic. Future research should also analyze the differences between young women's experiences in urban and rural areas and how those affect sexual rights discourses, in addition to evaluating how the experiences of commercial sex workers affect their sexual agency and conceptualization of sexual rights.

The findings of this study have several policy implications for NGOs and government actors seeking to improve the conditions of Basotho women in relation to HIV prevention. Firstly, as established above, all stakeholders need to develop specific programming and messaging for young women. While men are necessary allies to the realization of women's rights in the country, raising awareness of women's experiences among men does not in and of itself improve the de facto status of women and their sexual rights in the country. Adopting a conceptualization of sexual rights as positive rights requiring government and NGO validation and involvement in promoting them is very important for women's sexual empowerment in Lesotho. Secondly, sexual rights programs for women need to incorporate confidence-building and self-efficacy skills, in addition to normalizing public discussions about sex. Many of the focus group participants talked about how low self-confidence made young women vulnerable to transactional sex and sexual coercion. Creating programs that not only empower young women to become economically independent, but also confident enough to voice and articulate their sexual rights, along with other rights, would significantly improve the effectiveness of HIV prevention efforts. Third, more research and investment should be made into understanding and combatting blesser relationships. Blesser relationships were identified as the highest risk source for HIV infection, sexual coercion, and other sexual

rights abuses. Lastly, more substantive gender mainstreaming approaches should be taken in all government and NGO projects to ensure that women's practical and strategic interests are addressed to improve the overall status of women in the Lesotho.

Lastly, this study is important because it is not only the first of its kind to analyze the relationship between sexual rights and HIV prevention in Lesotho, it is among the first to suggest the potential of sexual rights discourses to improve the vulnerabilities of young women to HIV infection. Such research has important implications for the fields of development, gender studies, and behavioural change communications in several ways. The research adds to the development field by not only underlining the importance of considering culture and local realities and ways of life in conceptualizing development solutions, but also the importance of incorporating sexual rights discourses into poverty and empowerment interventions. As demonstrated above, sex and sexual rights play a significant role in social and economic relationships, it is important that development solutions consider how sexual rights (or lack thereof) are affecting and effecting women's rights in both private and public spheres.

This research adds to the field of gender studies by demonstrating the important role that sexual rights discourses play in the welfare of women both socially, economically, and culturally. The study also underscores the importance of understanding cultural dynamics and local realities when seeking to enact universal precepts of women's and human rights; it reinforces the role that culture plays in both empowering and disempowering women, as a platform for both compliance and resistance.

Lastly, this study has sought to demonstrate the important role that gender plays, or should play, in developing HIV prevention communications. There is very little

literature that specifically looks at how gender factors into communications about HIV, and in turn, seeks to understand what effects that may have on the success of those campaigns. This research has sought to add to existing literature by highlighting how important gender considerations are in creating effective HIV prevention communications material.

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Appendix A: NGO Interview Questions

Demographics:

- Name of organization
- Age of organization
- Characteristics of organization
 - Local or International
 - What type of NGO
 - Other
- Number of years working on HIV AIDS Prevention

Campaigns:

- Can you talk about your organization's campaigns on HIV AIDS Prevention – what approach do you take to addressing the issue?
 - What informs your approach?
 - What is the general message/prescription?
- Who is your target audience?
- Can you speak on how your organization approaches/incorporates the following topics into your campaigns?
 - Gender
 - Sex
 - Women's Rights
 - Culture
- How does your organization define women's rights when it comes to sex and HIV Prevention?
- Are there other factors that you take into consideration when organizing campaigns (i.e. class, cultural sensitivities, race, political affiliations)?

Appendix B: Focus Group Questions

*Demographics collected prior to the beginning of the recording.

Ice breakers:

- Tell us your name, age, and what do you like the most about being a young woman from Lesotho
- What do you find challenging about being a young woman in Lesotho?

Research Questions:

Suppose you were designing an HIV AIDS campaign for young women like yourselves about sex, what would be your key messages?

Prompt - in terms of:

- (Abstinence):
 - When she can start having sex
 - Why she can start having sex
 - When she can have (after she has lost her virginity)
- (Be faithful):
 - With whom she can have sex
 - When she can stop having sex
 - When she can refuse to have sex
- (Condomize)
 - When she can initiate condom use
 - When she can carry condoms
 - With whom can she use condoms

Do you think there are different “rules” for men versus women when it comes to sex then? What are they and where do they come from?

- How important is it that women follow these rules to prevent the spread of HIV AIDS?
- How important is it that men follow these rules to prevent the spread of HIV AIDS?