

EDITORIAL**SEXUALITY AND CONTRACEPTIVE USE**

Sometimes in the early 1970s a sociology lecturer in the Institute of Developmental Studies (IDS), University of Nairobi attended an interview for the post of senior lecturer. The lecturer had several publications on the subject of sex and contraceptive use. He had been awarded a doctorate degree (Ph.D) in this field by an American University and subsequently obtained a research grant from an international agency. His research had gained international recognition. The appointment committee was chaired by the Vice-Chancellor. As is often the practice, the interview started on a light note. 'Dr. X, I note that nearly all your publications are on the subject of sex; can you tell this committee how you developed an interest in this area?' The candidate made a quick mental calculation at the same time noting that two of the committee members could barely suppress a mischievous smile. The candidate shot back, 'if you do not like my publications, that is your problem not mine'. With that he picked up his documents and walked out in a huff. Soon after that the lecturer tendered his resignation and almost immediately got a job with an international Non-Governmental Organization (NGO). This incidence was widely discussed among academic staff. The exact words of the question posed by the Vice-Chancellor seemed to vary depending on the narrator.

Fast track to January 2011. The Pope in one of the rare meetings with journalists inadvertently uttered words which were interpreted to mean use of condoms could be justified under certain circumstances. The news media went to an overdrive mode and portrayed this as a major policy shift regarding use of condoms by the Catholics. The Catholic Church denied that there was such a policy change and claimed the Pope had been quoted out of context. The two incidences have been given to illustrate the morbid preoccupation associated with sexuality and use of contraceptives. Indeed to understand the sensitivity of sexuality one need to delve into the 'id' hypothesis put forward by the eminent psychoanalyst Sigmund Freud which postulates that much of our ideas regarding this subject are influenced by the subconscious mind. To paraphrase Freud's hypothesis, 'all our activities and dreams from childhood to adult life are motivated by libido.' For this he was vilified and ridiculed by his peers. (Psychiatry Today by David Stafford- Clark, Penguin Books Ltd, Middlesex, England, 2nd Ed. P77-81)

In this issue of the journal, an article by Mung'ong'o *et al.* gives data on the knowledge, attitude and practice on contraceptive use among secondary school students in Tanzania. It is a topic which attracts a lot of interest and is covered extensively in both print and electronic media in East Africa and possibly many other African Countries. Contraceptives are used to prevent pregnancy and curb the spread of sexually transmitted diseases (STD), more specifically HIV/AIDS. Studies quoted in the media indicate that the use of condoms is driven more by the fear of pregnancy rather than STD.

Mung'ong'o *et al.* bring out an important finding, i.e. the disconnect between good knowledge on contraceptives and low prevalence on actual use. This may partly be explained by unavailability of contraceptives due to procurement problems especially within the Government. Yet another possible explanation is that sex among adolescents and particularly students is a clandestine affair frowned at by society. This makes it difficult for students to access the contraceptives even when available in pharmacies and other outlets.

It is easy to emphasize the need for early education on human sexuality but at the practical level it is difficult to implement. It boils down to the proverbial "belling of the cat". Among Africans matters relating to sexuality are never discussed openly. Those who ask parents to discuss the subject with their children are not sincere. Interestingly grandparents are less inhibited when discussing sex with their grandchildren. There is also the issue of deliberate sabotage and misinformation by those opposed to

contraceptive use on the basis of culture or religion. Often practicing Catholic medical doctors argue that condoms are not 100% effective in preventing pregnancy and STD transmission. Yet the same medical practitioners will be satisfied to achieve a 70% success rate in their practice. Others see the use of contraceptives as a conspiracy to check the population of minority tribes. At the international level there are those who see it as a conspiracy to depopulate Africa! The near fanatical promotional strategies adopted by some international NGOs only help to compound and add to this suspicion. When family planning issues are politicized and dressed up in a cobweb of myths, it is difficult to rationalize matters of sexuality. However, with economic and unemployment problems facing many African countries, use of contraceptives in family planning and to curb transmission of STD is no longer an option.

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