Heterosexuality, Condoms, and Political Destabilization in Africa

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Abstract. This article describes psychosocial factors linked to condom use and the political implications of not mining this linkage.

The incidence and prevalence of acquired immune deficiency syndrome (AIDS) in several African countries seem inevitably to have noxious political consequences. As heterosexual transmission appears to be a primary route of infection, more people--of the polis (if such a term can be shorn of its classical Greek and liberal democratic veneer)--may be at risk. As political power and employment associated with travel seem to be related to a greater opportunity for more and more varied sexual partners, significant contributors to a government's political and economic health may be more at risk. As some governments persist in purposely impeding the accurate transmission of basic medical data about AIDS, how to lower one's risk, and incidence and prevalence rates--based on the rationale to conform to social and cultural stigmas as well as to engage in misguided self-protective mechanisms--the military and economic threats from without pale in significance to the medical time bomb from within.

Condom usage--as national policy and if correctly implemented--can decrease AIDS incidence and prevalence and eventually minimize political consequences. However, disinformation, misinformation, and various religious and cultural beliefs as well as idiosyncratic attitudes can stand in the way. To counter these psychological impediments, effective education and information programs must be effected. However, most often such programs have been based on the worst notions of cultural imperialism, psychological faddism, and plain ignorance.

Research on psychosocial correlates of condom usage seems crucial--or for a different policy approach, correlates of monogamy or abstinence. As an example of the former, a number of variables bearing on demographics, personality and even awareness of the threat of AIDS from sexual behaviors seem to have at best a small average correlation with condom usage. Beliefs about the efficacy of condom usage and self-reports of having a condom available have a higher positive correlation with condom usage. Positive and negative evaluations of what it's like to use a condom and self-reports about speaking with one's sexual partner about using a condom are representative of variables that have the highest positive correlation of all. (Similar psychosocial research needs to be accomplished to contribute to abstinence, monogamy, and other safe-sex practices as alternative policies.)

Once robust and salient correlates are identified, one then needs to develop appropriate influence technologies--to instill, nurture, and reinforce the correlates and to strengthen the linkage between the correlates and appropriate sex-related behaviors. Research must be ongoing as the nature of the correlates and linkages with appropriate behavior often change through time. But an impediment to appropriate sex research is sex itself. A high profile and intensive research on sex and politics--viz., the sexual peccadilloes of politicians--has characterized mass media sources in countries as diverse as the United States, Nicaragua, Malaysia, and Zimbabwe over the last year. Meanwhile, another sex and politics story with more significance for more people is being relatively slighted. The politics of sex is threatening politics. (See Alkas, P.H., & Shandera, W.X. (1996). HIV and AIDS in Africa: African policies in response to AIDS in relation to various national legal traditions. Journal of Legal Medicine, 17, 527-546;
International Bulletin of Political Psychology