Limitations of Using 'fearful messaging' in Promoting Safe Sex Practices amongst Sexually Active Youths: from an African Perspective

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Abstract **Introduction**: Informing people on the practice of safer sexual interactions has become important in promoting sexual health amongst sexually active individuals. Safe sexual behaviour involves the use of condoms, the avoidance of high-risk behaviours, asceticism, and an understanding of the partner's previous sexual relationships. However, not so many sexually active people are aware of what sexual health entails. The promotion of ''safe sex practices'' therefore, is meant not only to decrease the negative effects caused by the sexuality of adolescents, but also to provide correct sexual knowledge, create positive sexual ideas, and practice safe sex behavior. Communication plays an essential role in informing people on safer sex practices, but the manner used to do so has greater impact on whether it will be accepted or not. Health education programmes tend to use fear and risk of disease as ways of promoting safer sex practices. Religion in terms of Christianity forbids sex outside marriage. Some parents enforce such religious views by instilling fear in their children by making them believe open expression about sexuality and even talking about sexuality in an open way is sinful, indecent and Sluttish. **Methods:** The paper used a desk review approach to gather relevant literature to help address the paper's questions. The review focused on literature from around the world. The data used in this paper was accessed from journal articles and reports in social sciences, health and other relevant fields. **Results:** Results show that sex health education needs to be given to adolescents before they start to become sexually active, not afterwards. This means that education must begin in the early teenage years, and menarche provides a natural introduction to the subject. Stakeholders have to reach an acceptable sexual health education system that is appropriate for changing stages of sexual curiosity of their children and governments have to find suitable ways of placing restriction on access to sexual health education through the media. **Conclusion:** It can be concluded that, "fearful messages", to a limited extent, can help reduce sexual activeness amongst youths but it has the danger of creating an environment of distrust amongst the youth towards authority figures such as parents, schools and formal health care centers. An unbalanced sex health education approach further has the danger of limiting youths' knowledge of available safe sex practices and in the case of the girl child. Balanced safe sex education programmes thus have to be made available to adolescents and youths at varying stages of their physical, mental, social and psychological growth.

Keywords: fearful messaging, safe sex, sexually active youths, sex practices, Africa

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1. Introduction

This paper was an attempt to assess the use of "fearful messages" as a way of promoting safe health education by parents, schools and the media on the youth, from an African perspective. The paper begins with an overall introduction on the reasons leading to the need for increased safe sex health education amongst sexually active youths. This is followed by illustrations of effects of the use of "fearful messages" on the youth as seen through a number of studies. It should be noted that at major focus was placed on effects of "fearful messages" on the girl child's ability to openly communicate and negotiate use of safe sex practices in her sexual interactions. Leeuwis [1] descriptive and analytical framework for developing an innovative communication process was used to assess how stakeholders could formulate an appropriate sexual health education programme that caught the attention of the youth. A conclusion followed thereafter.

2. Review of Literature across Africa

With growing levels of HIV & AIDS, increasing cases of unwanted pregnancies and individuals engaging in

multiple sexual relationships, concerns of unsafe sexual practices have become a worrying concern. Research suggests that the pursuit of pleasure is one of the primary reasons that people have sexual intercourse [2]. Sexual pleasure Philpott et al, ([2], p.23) define as, "the physical or psychological satisfaction and enjoyment one derives from any erotic interaction." A study by Kabiru & Orpina [3] examined socio-demographic, behavioral, and psychosocial factors associated with heterosexual activity among a sample of 3, 556 male and female high-school students in Nairobi, Kenya. Approximately 50% of the males and 11% of females reported having had sexual intercourse at least once in their lifetime with a significant proportion reporting multiple sexual partnerships [3].

Informing people on the practice of safer sexual interactions has become important in promoting sexual health amongst sexually active individuals. Berkeley and Ross (2003) cited in Lou & Chen ([4], p.1596) defined sexual health as, "the complete physical, emotional, mental, and social well-being of individuals in regards to their sexual behaviours." Safe sexual behaviour involves the use of condoms, the avoidance of high-risk behaviours, asceticism, and an understanding of the partner's previous sexual relationships (Tinsley et al., 2004 cited in Lou & Chen [4]). However, not so many sexually active people are aware of what sexual health entails. A qualitative research project carried out by Hendrickx et. al. [5] on Moroccan adolescents, showed that the adolescents involved in their focused group discussions had limited knowledge of contraceptives, sexually transmitted diseases and AIDS. Some of the boys pretended to perform safe sex in certain ''unfixed'' circumstances but showed no concern about the possible risks for future virgin spouses. Most of the girls further did not consider safe sex before or after marriage [5]. The promotion of "safe sex practices" therefore, is meant not only to decrease the negative effects caused by the sexuality of adolescents, but also to provide correct sexual knowledge, create positive sexual ideas, and practice safe sex behavior [4].

Haffner (1998) notes that key developmental processes during adolescence include sexual maturation and definition of sexual self-concept (Haffner, 1998 cited in Kabiru & Orpinas, [3]). Kelly (2001) further adds that as young people mature they begin to clarify their sexual values, it may be common for them to experiment with sexual behaviors that increase the risk of sexually transmitted infections (STIs) and poor reproductive health outcomes (Kelly,2001 cited in Kabiru & Orpinas, [3]). Many studies in South Africa are finding that adolescents' sexual debut is often unprotected, unguided and uninformed (National Population Unit, 2000 cited in Manzini, [6]). Sexual interactions amongst young people with no clear idea of its implications is very worrying especially with statistics revealing that nearly half of new HIV infections worldwide occur amongst young people aged between 15 to 24 years, changing sexual behaviour in this group would be crucial in tackling the growing pandemic (UNDP, 2005 cited in Marsto & King, [7]). A study by the Western Cape Department of Education (2001) in South Africa indicated that HIV & AIDS and teenage pregnancies was prevalent among young South African women with more than 33% of all women giving

birth having been younger than 18 years (Western Cape Department of Education, 2001 Cited in Lesch & Kruger, [1]) and according to a 2002 household survey the HIV prevalence rate among young women aged between 15 to 24 years stood at 12% (Shisana & Simbayi, 2002 Cited in Lesch & Kruger, [1]). Increasing access to sexual health education amongst this age group was thus an urgent matter.

3. Societal Challenges

Communication plays an essential role in informing people on safer sex practices but the manner used to do so has greater impact on whether it will be accepted or not. Leeuwis ([8], p. 3) emphasizes this when he points out that," innovations do not just consist of new technical arrangements therefore, but also of new social and organizational arrangements, such as new roles, perceptions, agreements and social relationships." The question of how to promote safe sexual health practices thus arises. To effectively address reproductive health problems requires the adoption of an approach that stratifies groups and develops interventions that are tailored to the needs, interests and sexual beliefs and behaviours of specific communities rather than aiming for educational messages suitable for all people (Phillips & White, 1991 and United Nations Secretariat, 1996 Cited in Lesch & Kruger, [1]). However, health education programmes tend to use fear and risk of disease as ways of promoting safer sex practices ([2], p. 23). Religion in terms of Christianity forbids sex outside marriage (1st Corinthians 6: 12-20). Some parents enforce such religious views by instilling fear in their children by making them believe open expression about sexuality and even talking about sexuality in an open way is sinful, indecent and Sluttish ([1], p. 1077).

Young people, thus, often seek information on sexual matters not only from people they look up to but also from those they trust. Most studies for instance, show that teenagers learn 'the facts of life' not from their parents, nor from their schoolteachers, but from chit-chat amongst their peers, and from magazines [9]. This is mostly because, as in the case of mother to daughter interactions, mothers tend to believe in the effectiveness of scare tactics to steer their daughters away from sex (Brock & Jennings, 1993 and Ward & Wyatt, 1994 Cited in Lesch & Kruger, [1]). Restrictions on open discussions on sexual health were further seen amongst girls in a Hendrickx et al [5] study of Moroccan adolescents, all girls were confronted with the virginity standard, sex before marriage was forbidden; the worth of a girl and the honour of her family were coupled with her virginity. Talking about sex and sexuality in the family was a taboo. The message of preserving one's virginity was clear, stay away from the boys [5]. Young girls may thus, go to their mothers for advice on menstrual hygiene, but teenagers are unlikely to confide in their parents when it comes to sexual activity [9]. Mothers restriction on open discussions on sexual relations with their daughters often has negative impacts on a girls ability to communicate openly with their boyfriends and negotiate possible application of safe sex practices if they engage in sexual interactions. According

to Flaake (1993), mothers play an important role in confirming their daughters' sexuality. Without their mothers helping them to fulfill this role, girls are either dependent on a friend or they keep their stories to themselves, limiting the scope for reflection on their sexuality. This causes them to be even more dependent on their boyfriends' perception of their sexuality (Flaake, 1993 Cited in Lesch & Kruger, [1]).

Some researchers such as Sieving et. al. (2000) have found that adolescents' perceptions of maternal disapproval were associated with delays in first sexual intercourse. Scare tactics may thus work for a limited time while a young adolescent still fears punishment from a parent but do not facilitate self-reflexivity and internal locus of control regarding one's own sexuality (Sieving et al, 2000 Cited in Lesch & Kruger, [1]). Other researchers have, however, argued that regardless of whether parents sex health talk to children are positive or negative they may still result in children wandering into unsafe sexual explorations. According to Apter (1990), there is nothing that a mother can do right regarding sexual communication since the indications are that girls who receive positive messages from their mothers suffer the same amount of confusion as those receiving negative messages (Apter, 1990 Cited in Short, [9]). However, Lou & Chen [4] argue that their researches had shown consistent findings that mothers play a crucial role in the sexual health of their daughters, and that daughters persistently invest in connection with their mothers. Such findings, they argued, indicate that mothers could be powerful resources in the quest to improve women's reproductive health. Mothers need to be helped to reconstruct their daughters' sexuality as valid, valuable and in need of guidance and empowerment [4].

With the primary agent of socialization (the family) often not often willing to encourage open discussion on issues of sexual health education, other agents such as the school have had to play a role. Schools are a potentially important contextual factor influencing young people's sexual behavior because they typically represent the most important socialization setting outside of the family (Mensch et al., 2001 Cited in Kabiru & Orpinas, [3]). While Hargreaves et al (2008) suggests school attendance to be associated with a lower likelihood of reporting of multiple sexual partnerships and unprotected sexual intercourse between teenagers (Hargreaves et al, 2008 Cited in Kabiru & Orpinas, [1]), Short [9] argued that school teachers often tend to be too embarrassed and factually ill-prepared to broach the subject of sexual activity with the class, with children often too reluctant to discuss intimate details with a teacher who they see as an authority figure. Children are thus left to seek information from peers and the media (television, radio, internet and other publishing on sexual health) on sexual health educations. This alternative source often generates positives and negatives of its own.

In 2008, 6% of South African youth reported daily Internet use, 72% own mobile phones and 59% reported using them daily (Young, 2007 Cited in Guse et al., [10]). As more youth are "wired," new digital media may provide a means of communicating with youth who previously had poor access to electronic information [11]. Some youth thus perform online searches on sexual health

education in situations where they want immediate "unbiased" responses to their personal queries. Indeed, many sexuality education programs have used web sites and text messaging to educate youth (Lim et al, 2008 cited [10]). By facilitating access to health information, advice and services of all kinds, the internet could become an increasingly important platform for self-empowerment in health (Henwood et al, 2003 Cited in [12]). There are however, serious drawbacks on the media being an alternative source of sexual health information for youth as not a number of countries or localities are able to access technological equipment like computers, smart phones or in general have internet accessibility.

4. Suggestions

The obvious conclusion is that sex health education needs to be given to adolescents before they start to become sexually active, not afterwards. This means that education must begin in the early teenage years, and menarche provides a natural introduction to the subject [9]. The United Nation International Conference on Population and Development (1994) urged all nation states to remove the legal, regulatory and social barriers to the provision of reproductive health information and services for adolescents ([9], p.147). Parents are understandably concerned that teaching adolescents about sex might encourage them to become sexually active even earlier and so most attempts at sex education apply some form of "fearful messages" to promote abstinence and discourage early engagement into sexual activities by adolescents. Some recent studies have found that students who received abstinence education had lower rates of sexual activity compared to youth who did not receive abstinence training (Weed et al, 2008 and Kim & Rector, 2008 Cited in Evan et al, [11]). However, other studies have suggested that such programs are ineffective, and may promote lack of knowledge and negative attitudes toward risk prevention behaviors such as condom use (Trenholm et al, 2008 and Standfort et al, 2008 Cited in Evans et al, [11]). Fortunately, Short [9] argued that some studies at times demonstrate that education in general, and sex education in particular, is the most effective way of postponing sexual activity, and preventing teenagers from failing into the sexual trap.

5. Conclusion

In conclusion, "fearful messages" can to a limited extent help reduce sexual activeness amongst youths but it has the danger of creating an environment of distrust amongst the youth towards authority figures such as parents, schools and formal health care centers. An unbalanced sex health education approach further has the danger of limiting youths' knowledge of available safe sex practices and in the case of the girl child as Lesch & Kruger's 2005 study noted, limit their ability to openly communicate and negotiate adoption of safe sex practices with their boyfriends. Balanced safe sex education programmes thus have to be made available to adolescents

and youths at varying stages of their physical, mental, social and psychological growth.

6. Recommendations

Working towards effective sexual health education among youth will require an integrated effort amongst stakeholders such as the family, school, media and state. Leeuwis [8] looked at this in terms of descriptive or analytical methods of building communication and developing innovations that are best suited to all. He broke this process down into three stages; first, network building, in which he argued need for co-ordinated action within a network of people [8]. Parents, school authorities, media and the state have to agree on some acceptable way of promoting sexual health education amongst their children; Second, Social learning, the development of different perspectives on reality through interaction with others, involves building mutual trust and feelings of dependence and responsibility [8]. Short [9] noted how the act of having his medical students (in 1992) return to their secondary schools to give a talk on sex health education was met with great success as students were able to relate to familiar faces [9]. Neutral guest speakers on sex health education may thus be a way to go; Third, negotiation, deals with conflicts of interest between the parties involved and also with the established social and technological system or 'regime' that in many ways needs to be 'conquered' (Rip, 1995 Cited in Leeuwis, [8]). Stakeholders have to reach an acceptable sexual health education system that is appropriate for changing stages of sexual curiosity of their children and governments have to find suitable ways of placing restriction on access to sexual health education through the media.

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