

ISSN: 1596 - 5716

**VOLUME 3**

**NUMBER 2**

**DECEMBER 2005**

**INTERNATIONAL JOURNAL OF  
BUSINESS AND COMMON MARKET STUDIES**



**DEVELOPMENT UNIVERSAL CONSORTIA**



# **USING THE SOCIAL MARKETING APPROACH IN CHANGING SEXUAL BEHAVIOUR AMONG YOUTH IN NIGERIA**

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**ABSTRACT:** *This study addresses the problem of adolescence sexual behaviour in the face of increasing HIV/AIDS prevalence. The ineffectiveness of the traditional approaches to sexual promiscuity as a way of controlling the spread of the disease is underscored. As a rather uncomfortable substitute to the traditional approaches, the study advocates the use of condom by youth in order to guarantee safe sex behaviour. To ensure patronage of the condom culture, the social marketing approach is suggested. The approach recommends (1) the use of peer educators as facilitators, and (2) the involvement of parents, teachers and significant community leaders, referred to as gatekeepers and acting as promoters. Among the perceived benefits of the social marketing approach, the study identifies the following: (1) increased confidence in condoms as an effective way to prevent HIV/AIDS, (2) increased knowledge of centres for HIV/AIDS testing and counseling services in the community.*

## **INTRODUCTION**

This study is not on sexual morality. It is a scientific think piece on changing youth behaviour towards a culturally acceptable sexual behaviour. Globally today, increasing attention is being focused on the youth because of their position as leaders of the future. After women and children, the youth in all cultures occupy the next level of concern in matters of national attention. In numerical strength, the youth of any nation comprise about 70% of the population, and it is also believed that they comprise well over 40% of the total labour force of any nation. What is disturbing to many minds is that despite their prominent position, the youths are also noted to be the ringleaders and the agents behind the perpetuation of the daily increase in criminal activities. Except in a few instances, the youth are suspected to be in the forefront of such crimes as armed robbery, drug abuse, theft, campus cultism, terrorist attacks and other less criminal forms of delinquent, non-conformist and anti-social behaviors like prostitution, industrial and academic truancy, examination malpractice, sexual misconduct, youth restiveness and gansterism, among others.

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*International Journal of Business and Common Market Studies Vol. 3, No. 2.  
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In view of the magnitude of the problem, most national governments are under pressure to reposition their youth populations. Accordingly, nations are never lagging behind in their efforts towards fighting and contending the menace of the above-mentioned sexual misdemeanor exhibited by the youth. Measures put in place by various nations include ethical and attitudinal reorientation, involvement by the media, both electronic and print, campaigns encouraging moral conscientization through education by both religious and academic institutions and the stepping up of law enforcement generally in order to decry and denounce the evils of antisocial youth behaviors. In fact, speaking generally, every country is known to allocate, annually, whooping sums of its budget towards the fighting of crime and related activities that run counter to the interest of the general public. In the United States of America, for example, under the Omnibus Crime Control and Safe Streets Act of 1968, hundreds of millions of dollars are committed to various crime control programmes yearly (Dillman and Hobbs, 1982). Such amounts, could have been put to better use in other sectors of the economy for national development.

Crime is no longer just an urban problem. It has come of age even in the rural areas as the concern for the growing rural crime problem has been expressed by a diversity of rural leaders and residents. About two and a half centuries ago, Jones (1979) reported that the Virginia Rural Electric Cooperative in the United States of America estimated a cost of more than one million dollars a year from theft and vandalism. And the U.S. Department of Justice records that rural crime now exceeds the level recorded in the mid-1960s for urban areas (Dillman and Hobbs, 1982). The result of such concerns is that hundreds of millions of dollars are being committed to various crime control programs. Yet experience reveals that despite the efforts by governments not much has been achieved in this direction as criminal activities in various forms and dimensions continue to plague the society, draining its resource base, thereby neutralizing any genuine intentions of governments towards development.

This study is the product of a research work, as well as an intellectual reflection meant for consideration and subsequent implementation on those strategies, which are considered to be effective in reducing the incidence of HIV/AIDS through sexual misconduct in the society especially among the youth. Such misconducts include early and unwanted pregnancies that lead to abortion and the attendant risks of death of our young girls, the risks of sexually transmitted diseases and their health consequences, and the danger of premature death associated with the dreaded HIV/AIDS pandemic, etc. Given the above thrust, the study is a theoretical thinkpiece which, it is hoped, can contribute in some measure to studies on youth sexual delinquency. The proposed strategy here is the social marketing approach, which is commonly used by those in the advertising and business industry. The most distinguishing feature of social marketing approaches consists of advertising of the product for the attention of the consumers. In this case, the



social marketing approach is advocated here as the most effective way of advertising the condom, where such practice is accepted in the culture, in order to attract the desired patronage.

## **JUSTIFICATION OF THE STUDY**

The youth in this study embrace those within the age bracket of 15 and 24 years, whether married or unmarried, male or female. This age bracket is focused on because official crime rates rise sharply during adolescence and peak in the late teens. Macionis (1997) has documented that in the U.S. people between the ages of fifteen and twenty-four represent just 14% of the population but they accounted for 43.6% of all arrests for violent crimes in 1993. The choice of sexual misconduct as a specific area of investigation is informed by the daily increase in sexual immorality among youth despite the threat of the deadly upsurge of the HIV/AIDS scourge. Sex offences as aspects of youth behaviour have been included among crimes against the person, along with murder and kidnap (Rossi *et al*, 1974). The devastating effect of the HIV/AIDS disease has been reported in every nation of the globe. It is feared that the disease has the capacity of reducing drastically the population of any nation, especially in Sub-Saharan Africa, which is the most vulnerable among other nations to the scourge. Of course, youth sexual misconduct is not a new experience. It has always been part of the human experience but its magnitude and rate of increase and spread in modern society in recent times are simply beyond imagination. This situation may be due, in part, to the combined effects of migration and urbanization, the immediate outcomes of industrialization.

Alarmed and surprised by the failure rate of the traditional methods of curbing sexual immorality – awareness and enlightenment campaigns by the media, preaching by the various religious organizations on sound morality and ethical standards, moral education in schools, among others - the method of condom use for protection has recently been identified as the last resort. The above method, formally invoked in favour of family planning, has now been recognized as the preferred option for safe sex, not because it is the best of methods for sexual morality but because it is the lesser of two evils since the more traditionally preferred forms mentioned above have not yielded the desired dividends.

Although the advantages associated with the said method have been known to outweigh its disadvantages, the method still suffers from less than average patronage mainly due to ignorance, cultural bias and non-availability of the item itself in the open market in some areas, among others. It is important to emphasize once again that the argument raised here in favour of condom use must be seen as a last attempt at saving life rather than a justification for sexual misdemeanor and misconduct. It is with the above argument in mind that the study is to be considered not as a write-up on sexual morality but as a genuine attempt at proffering some hints on the patronage of condoms



by youth, wherever the use of condom for safe sex is an accepted cultural behaviour, in order to save the lives of our youth. This caveat is necessary, as the author is fully aware that the endorsement of condom use is sometimes considered a violation of acceptable Christian principles by some religious bodies.

### **APPLICATION OF METHOD**

The social marketing approach is a programme designed specifically for youth with the intention of effecting a reorientation in behaviour, including sexual behaviour. The design, implementation and evaluation of the programme are based on a behaviour change framework, which incorporates elements of the most commonly used behaviour change theories, including the social learning theory.

Social learning theory explains human behaviour in terms of the dynamic interaction between personal factors-knowledge, expectations and attitudes, behavioral factors-skills and self-efficacy, and environmental factors-social norms, access to information, products and services, and ability to influence others. Based on Albert Bandura's (Population Reference Bureau, 2003) research, the social learning theory, also known as the observational learning theory, asserts that "individuals learn not only through their own experiences, but also by observing the actions of others and the consequences of those actions". In line with the topic in view, one can extend the argument further by stating that if young people are to be motivated to change their sexual behaviour, those programs meant for them must be able to provide opportunities for the young people to:

- (i) Observe and imitate their peers in the practice of safe sex behaviour. That means, for example, that young people could agree or negotiate to abstain from sex.
- (ii) Practise new behaviours in order to increase skills and confidence required to maintain the desired behaviour. For example, they could practise putting condoms on a wooden model.
- (iii) Receive positive reinforcement and encouragement to guarantee sustainability of the good behaviour.

Kirby (1999), in a recent study on sexual behaviour by adolescents, has demonstrated that many of the previously identified factors on safe sexual behaviour have little impact. But he submits that condom use has been associated with greater than average success rate. For example, Neukom and Ashford (2003) report that in 1999 the Population Services International (PSI) carried out a three-nation study, comprising Cameroon, Madagascar and Rwanda in order to monitor safe sex programs in those countries. In the study, the indicators selected to monitor programme effects were based on the assumption that healthy behaviour depends on a combination of individual, environmental and social factors. Such factors include:



- (a) An individual's appreciation of the severity of sexually transmitted infections and HIV/AIDS,
- (b) An individual's perception that he or she is at risk,
- (c) Self-efficacy, that is, the confidence to take action to protect oneself,
- (d) Concerns about using products – for example, whether condoms will work and whether they will reduce pleasure; and
- (e) Support from family members and friends as well as the community.

The above factors can work singly or in combination to influence a young person's sexual behaviour and his "demand" for condoms and related services. There are also certain crucial issues to consider on the part of those who supply the product. On the "supply side," there are some vital factors that influence the practice of safe sex behaviour. Such factors include: (i) the availability of convenient, affordable, and high-quality condoms and reproductive health services; (ii) youth-friendly outlets or locations where young people are welcome to seek products and services; and (iii) cultural constraints on the use of condoms.

In order to be successful in the implementation strategy, both the demand and supply side of the equation have to be carefully addressed. The intention behind the social marketing method is to motivate adolescents, that is, 15-to-24-year-olds to practise safe sex behaviour, including consistent condom use or abstinence, voluntary counseling and testing for HIV/AIDS, and STI (sexually transmitted infections) treatment.

Social marketing techniques must not, of course, concentrate only on the advertisement of products. They must aim at developing young people's motivation, ability, and intent to practise the safe behaviour in view. A multiplicity of communication channels must be put in place to encourage youth to use these youth-friendly products and services and practise healthy behaviors. Such channels include peer education, television and radio spots, a regular monthly magazine, call-in radio shows, and serial radio dramas in order to create a whole social movement supporting condom use among sexually active youths.

Recognizing that knowledge is not enough to propel action, communication activities must aim at encouraging youth to recognize and internalize the risk of contracting STIs or HIV/AIDS, build skills and self-confidence to negotiate safer sex, and make healthier behaviour more socially acceptable. Such programs must emphasize the multiple benefits of condom use, including protection from pregnancy, STIs, and HIV/AIDS. Youth who are not sexually active can be encouraged to postpone sex for as long as possible. However, there are still some other important issues that need to be addressed. One of such issues is the negative ethical and religious implication of sexual promiscuity.



## **APPROACHES THAT MOTIVATE YOUTH TO PRACTICE SAFE SEX BEHAVIOUR**

In order to motivate the youth to practise safe sex behaviour the study advocates the following two approaches:

### **THE USE OF PEER EDUCATORS**

Peer education is a common approach to helping youth adopt responsible behaviors. But it has a common challenge viz., how to reach a large number of youth, especially the non-enlightened and those in the rural areas. Peer educators are young people trained to discuss sensitive issues with their peers. They are a central component of the social marketing programme. Their main objectives are two-fold: it is their duty to build young people's confidence, skills and commitment to practice safe sex behaviour. They also have to ensure that various programmes respond to the typical concerns of youth.

The peer educators' main role is to facilitate small group discussions and to ensure that programme messages and activities resonate with youth. Additionally, they have the necessary task of evaluating whether the condom sellers and clinics are youth friendly. They are also responsible for responding to questions from the youth and to encourage them to read newspapers, listen to radio programmes and seek health services from the clinics and condom sellers certified by the programme as being youth friendly.

In addition to the above, peer educators complement mass media activities by serving as role models who demonstrate practical solutions to typical reproductive health challenges. They must also be ready and able to lead small group discussions on typical problems facing youth in their sexual life. This they do through participatory exercises that help the youth to gain confidence and skills needed to negotiate safer sexual practices. Their main purpose, therefore, is not to deliver information, but to motivate young people to adopt new and healthy standards of sexual behaviors.

Given the problem the following guidelines are suggested for programme implementation:

- (a) Working with small groups on a repeated basis – this is necessary in order to achieve fundamental and sustained behaviour change as well as enhance participatory techniques designed to encourage members to personalize information and gain confidence. Such groups should share similar demographic and socioeconomic characteristics in order to gain mutual confidence.
- (b) Making extra efforts to reach the most vulnerable youth. In matters of sexual behaviour, the most vulnerable group, which should be targeted, includes school dropouts, orphans, street youth, and commercial sex workers. These are most likely to engage in high-risk behaviors, and therefore have a greater need than others of HIV/AIDS prevention programmes, including peer education services,



- (c) Reaching greater number of youth by partnering with other programmes. In order to expand coverage in this direction, efforts should be directed at experienced peer educators and supervisors who are linked to schools, youth clubs and other organizations.

### **INVOLVEMENT OF PARENTS AND OTHER GATEKEEPERS**

This is an area of crucial importance if the social marketing approach is to be successful. It is deemed important because in some cultures, promoting condoms and discussing sexual health among youth are controversial. Outside of the youth circle, other people who are considered essential for programme implementation include parents, teachers, community leaders, and medical professionals, in order to gain their support. These groups of people are called gatekeepers because of the role they play. Initially, the programme may encounter resistance from parents, educators and health care professionals who may be uncomfortable providing reproductive health information and services to unmarried youth. But in order to enlist their support, it is necessary to identify a few supportive individuals, inform them, and use them as examples in the community so as to gather increasing support for the programme. When there is co-operation and understanding among the various stakeholders in the implementation programme, positive consequences include: (i) an increased likelihood of knowing someone who has (or, died from) HIV/AIDS, (ii) increased discussion and awareness of the dangers of STIs and HIV/AIDS in a given period, (iii) increased confidence in condoms as an effective way to prevent HIV/AIDS, (iv) increased knowledge of a nearby condom source; and (v) increased knowledge of where to find HIV/AIDS testing and counseling services in the community.

### **CONCLUSION**

This study has attempted to advocate support for the use of condom as an effective means of controlling sexually transmitted diseases, especially HIV/AIDS among youth through the social marketing approach. The study does not claim to proffer full or even partial justification for the increasing moral laxity observed today among the youth in the society. The approach is, in fact, proposed as the lesser of two evils given the failure rate associated with earlier approaches so far in a bid to curb the incidence of HIV/AIDS in the society. Accordingly, in concluding, the following points are to be noted in relation to the proposed approach:

The social marketing programme can change social norms and behaviors. There is no silver bullet to motivate youth to practise safe sex behaviour. Young people's perceived risk of contracting STIs, HIV/AIDS as well as the belief that condoms are an effective family planning method, are capable of gaining support for the use of condom



for safe sex. For greater effectiveness and dividends for the above approach, the social marketing strategy needs to be implemented along with the support of modern multiple communication channels including the television, radio, print materials and the understanding of the religious organizations. Improving the accessibility and quality of reproductive health care for youth requires frequent training sessions and rigorous supervision.

Finally, more information is needed about the extent to which parents and other adults as well as contemporary social institutions can influence adolescent sexual behaviour and how to most effectively promote dialogue between adults and adolescents on safe sex and reproductive health.

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