CHAPTER II: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Literature review

Sexual education among the youth has been the central focus of a number of previous studies. Sources and nature of sexual information were analyzed in different societies. School, media, peers, discussion with parents etc. are the most sexual information providers, but the extent to which they are used varies from a country to another, following the socio-cultural, political and economic realities. This section is aimed at exploring sexuality-related problems, the importance of sexual education and different sources of sexual education as described by previous research.

2.1.1. Sexuality-related problems

❖ STIs and HIV/AIDS

In sub-Saharan Africa, HIV infection is primarily spreading through heterosexual relations (UNAIDS 2004). Young people are the most vulnerable to HIV infection. They are also the most affected as they are often called upon to carry the burden of caring for risk family members (FAO, 2000; UNICEF/UNAIDS/WHO, 2002) cited by Babalola (2004). According to the same author, in 2002, UNAIDS has estimated that in Sub-Saharan Africa, about 11.8 million youth aged 15-24 years were living with HIV, while about half of all new infection adult infections occurred among the same group. In 2004, among young people aged 15–24 years, an estimated 6.9% of women and 2.2% of men were living with HIV at the end of 2004 (UNAIDS, 2004: 19). There is considerable evidence that many young people experience
premarital sexual relations early in life, engage in multiple sexual partnerships, and do not use condoms consistently.

To check the spread of the HIV epidemic among youth and to reduce the incidence of new infections, it is important to promote sustainable positive sexual behaviour change and encourage youth to adopt low-risk sexual behaviours (Babalola, 2004).

Rwanda, an East African country, is among the countries which are worst hit by HIV/AIDS. In 1999, HIV/AIDS was ranked among the epidemics that took most human lives in the country along with malaria and cholera. The pandemic continues to spread quickly, especially among young people. In 2001, between 9.0 and 13.4% female youth were estimated to be infected with HIV compared with only 4-6% of their male counterparts (ibid). Considering that an estimated 70% of the population are less than 25 years of age, the potential impact of HIV/AIDS on the future of Rwanda is a serious cause for concern.

Evidence suggested that many Rwandese youths engage in early sexual experimentation with limited condom use. For example, according to PSI/Rwanda (2003), two of three boys (69, 1%) and two of five girls (40%) aged between 15 and 19 become sexually active at the age of 15. The same findings showed that 95, 4% of young men and 59% of young women interviewed have had sex at the age of 18. Further, the 2000 Behavioural Surveillance Survey (BSS) suggests that young people are engaged in sexual intercourse at the early age and this is the reason for high rate of young people infected with HIV in the country (FHI/IMPACT, 2000). Only about 16% of sexually active male youth aged 15-19 years and 12% of their female counterparts have ever used a condom, and 28% of young girls had never got information about HIV/AIDS or other kind of sexual education (ibid).
Uwiragiye (2005) in her study on youth’s knowledge of HIV/AIDS, conducted in Gisozi district (Rwanda), pointed out that 22% of girls interviewed have never heard of the sexually transmitted illnesses or the consequences of being sexually active, 35% of girls knew nothing of the symptoms of STIs for women, and 42% knew nothing about any symptoms of STIs for men. This situation shows how the open discussion of sexual matter is highly needed in Rwanda.

- Unwanted pregnancy and induced abortion

Young people’s sexuality may cause some problems if it is not properly handled. In Rwanda, when most of teenagers have sex, they rarely use contraceptives. That may result in unwanted pregnancies. In most sub-Saharan countries, at least 10% of single teenagers of 18 years get pregnant unwillingly due to lack of information about reproductive health (Uwibambe, 2004). The same author highlights that unmarried mothers sometimes encounter many more difficulties than married mothers. They receive less support from their families and communities, and sometimes have fewer resources to bring up and educate their children.

In almost all societies in the world, sex is the topic that is least spoken about by members of a family. Teenagers who experience physiological and other changes often find it difficult to discuss this experience with their parents and/or siblings (Bezuidenhout, 2004). In need of information, teenagers turn to their peers for guidance or seek information from books, magazines, articles, video and the like. Note that some information obtained from these sources
are incorrect and increases the risk for young people\textsuperscript{2}. Unwanted pregnancies are a social problem that has existed for a long time in many societies such as Rwanda for the young girls. During pre-colonial time, in Rwanda, pregnant girls were ostracised and taken to Idjwi Island (island located in Kivu Lake separating Rwanda and the Republic Democratic of Congo). The majority of those girls died because of precarious conditions such as lack of food and medicine. Others by chance could find husbands from Congo and stayed there (Mukasekuru, 2001). Likewise, Bezuidenhout (2004) observes that early pregnancies can give rise to incessant problems between parents and pregnant girls. Moreover, they cause problems to those teenagers themselves and to their children. They even cause many problems related to social prejudice, psychological trauma, depression, etc. \textit{(ibid)}.

Further, illegal children (children from unmarried parents) have no chance of growing in normal conditions or in good health such as getting good food, being educated and getting medicine when they get sick. In Rwanda like in Nigeria, families have traditionally developed and still develop strong prejudice against those children (FHI/IMPACT, 2000). It is true that many factors put young girls in precarious situations and expose them to precocious pregnancy. Many girls surrender themselves to precocious sexuality because of poverty. Some give up their studies for prostitution in order to satisfy their economic needs. Some girls are encouraged by their parents, their guardians or their employers, others accept to have sexual relations with their teachers in order to get good marks \textit{(ibid)}. However, this study has not revealed the number of those girls.

\textsuperscript{2} The fact that some young men tell to young women that sexual intercourse heals young women’s pimples or pain during periods, suggesting them (young women) therefore to sleep with them (young men) and pornography and sexual violence on TV) can lead young people to experiment sex and therefore suffer from many sexual problems such as an unwanted pregnancy, STDs and HIV/AIDS.
To get rid of unwanted pregnancies, many young girls very often resort to abortion. Most of the time, they throw their newborn babies into toilets (Uwibambe, 2004; Mash, et al 2005). The latter, in his study conducted in America, revealed that half of the female teens who became pregnant chose to end that pregnancy with abortion. This included teens from denominational traditions which strongly prohibit abortions. In many instances, teens said that the potential disapproval of their families and congregations if they became unwed mothers played a role in the decision stigma attached to being pregnant in church (Clapp, 2003) cited by Mash, et al 2005).

Complications from abortion are the main causes of young girls’ deaths in many societies like in Rwanda where abortion is illegal or severely restricted.

Some of the reasons put forward by young girls who opt for abortion are that they got pregnant against their will and feel that they are not able to rear their children, they fear community sanctions and the shame associated with pre-marital childbearing. In addition, they are afraid of being chased from school. They don’t want an out-of-marriage child and have financial problems (Uwiragiye, 2005). As the same author argues, addressing these problems requires creating an atmosphere characterized by openness at the household and community levels; providing avenues in and out of school for teaching adolescents ways of protecting themselves; providing the services they need, for example to prevent pregnancy; and providing counseling concerning sexual relationships. By adopting these strategies, it will be possible to reach young people early with information and services.
2.1.2. Importance of sexual education

Many studies asserted that sexual education assists young people in gaining a positive view of sexuality, provides them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future (Du Toit and Staden, 2005; Bezuidenhout, 2004; Alter et al., 2002). The goals of this education is to provide accurate information about human sexuality, and to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality. Further, education enables young people to develop relationships and interpersonal skills, and to exercise responsibility regarding sexual relationships, including addressing sexual abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures (Bezuidenhout, 2004).

In the same line, sexual education gives young people the opportunity to question, explore, and assess attitudes, values, and insights about human sexuality. In addition, objectives are to help young people to understand family, religious, and cultural values, to develop their own values, to increase their self-esteem, to develop insights about relationships with members of both genders, and to understand their own responsibilities to others (Nichcy, 1992). Sexual education also helps young people develop skills in communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships. Thus, providing sexuality education helps young people to develop their concept of responsibility and to exercise that responsibility in sexual relationships (Barnett, 1997).

However, in most societies, parents and many family members do not find easy educating children about sex. A number of parents feel uncomfortable talking with children about the
subject, others become reluctant to expose their own lack of knowledge about anatomy, physiology, or other related information (Alter et al., 2002). Parents may worry about how much information to give at what age, based on the belief that the provision of this information will lead young people to experiment with sex.

Likewise, it has been observed that many adults do not receive sexuality education themselves and that some have fear to expose their own negative sexual experiences (Kirby et al, 2005). For this reason, adult family members tend to shy away from actively educating youth about issues relating to sexuality. In this context, Moore et al. (2002) pointed out that what many fail to realize is that giving no information or evading young people’s questions can send negative messages about sexuality. As observed by the same authors, sexual education through schools and other sources of information such as mass media, churches, peers, fill this gap through the role played by each in youth sexual education. School-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals. The primary goal of school-based sexuality education is to help young people build a foundation as they are mature into sexually healthy adults. Such programs respect the diversity of values and beliefs represented in the community (ibid).
2.1.3. Different sources of sexual information

*Parent-to-child sexual education*

Worldwide, one of the functions of the family is to transmit its (family) cultural heritage from generation to generation and it is within the family context that the initial and primary process of socialization takes place as far as sexual socialisation is concerned (Du Toit and Van Staden 2005). It is therefore argued by The Henry J. Kaiser Family Foundation/ABC Television (1998) that when teens experience considerable parental support and feel connected to their parents, they are less likely to initiate sex at an early age and have sex less frequently. If parents monitor and supervise their teens appropriately, then those teens have fewer sexual partners than if their parents do not monitor them.

It is well documented that the extent to which parents are involved and the manner in which they are involved in their children's lives are critical factors in affecting the involvement of children in sexual activity. A study conducted among high school students in the United States of America revealed that children whose parents talk with them about sexual matters or provide sexual education or contraceptive information at home are more likely than others to postpone sexual activity and when these adolescents become sexually active, they have fewer sexual partners and are more likely to use contraceptives and condoms than young people who do not discuss sexual matters with their parents, and therefore are at reduced risk for pregnancy, HIV and other sexually transmitted diseases (Blake, *et al.*, 2001).

Communication is an essential parents’ skill, and when parents communicate their beliefs and values about sex, condoms and other forms of contraception, then under some circumstances
this communication may affect sexual risk-taking. When parents have conversations with their children about sex and contraception well before their teens become sexually active, the conversations may delay the initiation of sex or increase the use of condoms or other contraceptives (Rabenoro, 2004). However, in some African societies like Kenya, especially in Nyanza province, sexuality is still a taboo subject that is rarely discussed between parents and children. Many adults fear that discussing sexuality with children will encourage sexual activity. Adolescents do not look to their parents and teachers as a source of accurate information on sexuality and adolescents said that although they would prefer to talk to their parents about sex, the major sources of information tend to be friends (FHI/IMPACT, 2000).

In the same vein, the same authors revealed that in Kenya, open discussion of sexuality is a taboo within culture of Nyanza people, and because AIDS is so closely associated with sexuality and death, people often avoid talking openly about sex. Even in contexts where the sexual and reproductive health and rights are recognized, open discussion about sex and sexuality can be difficult. As a result, adults hesitate to provide young people with information and education on sexual matters. The same study also argues that Luo culture in Nyanza Province lacks the words to use when it becomes necessary to talk about some sexual organs and about sexuality in general. This can impede frank and open dialogue on sexual matters including HIV/AIDS. Since open discussion on sexual matters remains difficult in most parts of Nyanza province, culturally sensitive programmes using a participatory approach are appropriate (FHI/IMPACT, 2000).

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3 Parents feel ashamed to use appropriate terms in sexuality. For example to refer to “penis” they use the term of “akanyoni” (small bird)
Evidence suggested that in some societies like Zimbabwe, sex education is traditionally given by boys’ uncles and by girls’ aunts rather than parents (mothers and fathers). However, given that in current times extended families do not often live together for many reasons, the traditional way of providing sex education becomes therefore more difficult (Watchdog⁴). Further, strategic involvement of parents is critical to building a supportive environment for adolescent reproductive health programs. A study carried out in Bangladesh by Rob et al. (2003) showed that approximately 28% of parents indicated that they had discussed reproductive and sexual health issues with their children. However, over 65% of parents expressed their lack of knowledge about such issues and wanted to know more about the subject. A large majority (90%) of parents are supportive of providing reproductive health information to adolescents (ibid).

In the same vein, Singh (2001) in his study conducted in Cairo demonstrated that children of parents who adopt an encouraging, caring and loving attitude, and who have a positive and open view about sex, are more likely to grow up with a well-adjusted attitude to sexual matters. Similarly, if parents nurture and care for each other, their children are more likely to achieve similar warmth and stability in their own relationships. The same author added that the tensions, emotions and interactions that exist between parents, between siblings, and between parents and siblings all serve to shape the family and influence a child’s developing sexuality.

However, the Henry J. Kaiser Family Foundation/ABC Television (1998) pointed out that in some societies parents were found to share little information with their children. A Few parents

⁴For more details, see http://www.youthcoalition.org/watchdog/engine.php/v4n3/126/
and caregivers are comfortable discussing sexuality issues with their kids. A significant number of parents feel anxious about providing too much information or embarrassed about not knowing answers to questions that are asked. Further, the same study claimed that during the discussion between parents and children, topics such as body changes, menstruation cycle and pregnancy are more likely to be discussed than others.

Additionally, Singh (2001) asserts that, when it becomes necessary to discuss sexual issues between parents and children, the significant discussion occurs in mother-daughter relationship and fathers seem to ignore their role in children’s sexual education.

The study also revealed parents’ tendency to ignore their sons’ sexual education. Thus, the same author suggests that open communication between parents and children through childhood, the pre-teen years, adolescence, and young adulthood can help lay the foundation for young people to mature into sexually healthy adults.

**Sexual information between peers**

Like the family, the peer group is an important socialisation agent. Arnett (2000) cited by Lefkowitz et al. (2003) observes that during the period that approximately spans ages 18-24, the relationship with close friends may be particularly important, salient and influential because youth people spend more time engaged in same activities with their friends than with adults and this gives them more opportunity to have face-to-face interactions than during other developmental stages. Like the former authors, Newcomb (1996) asserted that adolescents in schools or colleges in USA are in close physical proximity to one another. Proximity encourages therefore interaction and, in turn, the latter permits recognition of similarity in attitudes and behaviour. Furthermore, the same author suggested that adolescents talk more
openly about their sexual attitudes and behaviour and there is a strong positive relationship between peers’ sexual attitudes and sexual topics are more discussed between them.

It is also suggested that the influence of peers on individuals is so strong as to overpower the influence of parents for individuals who attend residential colleges because they are spending much more face-to-face time with friends than with parents, even if parents are not without influence (Lefkowitz et al., 2004). The same authors add that beginning in seventh grade and continuing through young adulthood, youth report more self-disclosure to their friends than to their parents, including more disclosure about sex-related topics. Colleges’ students also report that their friends are the most useful source of information about sexual related topics and that young people feel more comfortable talking to peers and find the information from peers more useful than that from parents.

Many researchers asserted that students who talk about sexual topics more frequently tend to feel more comfortable and open doing so. It is possible that students who have more experience talking about sex-related topics with best friends will become those who feel most comfortable discussing these topics with sexual partners, and the experience of discussing these topics with friends also may have important implication for future intimate relationships including marital relationships as communication is an important predictor of marital satisfaction and success (Bezuidenhout, 2004). A study conducted in Nigeria and Ghana to evaluate peer education programs implemented in nine communities showed that peer educators significantly increase knowledge, self-efficacy, use of contraceptives, and willingness to purchase contraceptives among target population (Hershel. et al, 1998).
However, Babalola (2004) maintained that not only is the peer group a primary source of information about sex, it may also create an environment in which peer pressure is exerted on the teenager to indulge in sex because “every one does it” or because they do not want to “feel out of the group”. Peer advice regarding appropriate sexual behaviour is presumably an outcome of their own sexual experience or lack of such experiences. Macleod (1999) cited by Bezuidenhout (2004) accentuates this when she indicates that peer pressure sometimes involves exclusionary practices, as when sexually inexperienced teenagers are sent away when sexual matters are being discussed. As far as the topics discussed between peers are concerned, researchers have found that sexual topics including sexual intercourse and reproductive health are the topics frequently discussed between young people (Lefkowitz et al, 2004).

**Church-based sexual education**

Religion is one of the factors to be considered affecting young people’s decisions regarding sexual activity. According to Voydanoff & Donnelly (1990) cited by Deane (1999), religiosity is an important factor in differentiating teens who engage in early sexual activity from those who postpone such behaviour. Low levels of religiosity are associated with early sexual initiation. The more religious the individual, the more important the opinions of parents, peers and religious leaders and the more likely they are to operate in terms of external morality in relation to sexual behaviour and to delay involvement (Netting, 1992). Similarly, Powell and Jorgensen (1985) in a study conducted in Iowa State University argue that a church-based sexual education program offers the advantages of providing more comprehensive sex education, in that a framework is established for examining personal responsibility and controversial issues.
However, religious students discuss about sexual matters less frequently, but more about abstinence than non-religious students, and feel less open and comfortable talking about sexual issues with friends. More religious students tend to be more conservative in their attitudes and behaviour about sexuality and this conservatism appears to generalize to their conversations with friends (Lefkowitz et al., 2004). It is important to note here that church’ teachings do not always lead to change the mind of young people vis-à-vis sex. Mash and Kareithi (2005), in their study on youth sexuality among the youths of Anglican church in Cape Town Diocese, pointed out a couple of main reasons why the church’ teachings do not always lead the youth to change the mind vis-à-vis sex. Those reasons are the following: the methods of communication are ‘top to bottom’, from the older members of the church to the youth; communication around sex is generally correctional or reactive and negative in approach (‘No sex before marriage’, ‘Don’t do it’,…); the goal appears to be marriage, while, as some respondents revealed, they did not aspire to marriage. Material needs which seem to have more priority than abstaining; peer pressure; and parents’ sexual behaviour which encourages children to engage in sexual encounters, are also included in the reasons given by young people. (ibid).

Here, I argue that this situation is not particular to the church based sexual education. It also holds for other sources of sexual education. This is also highlighted by Deane (1999) who argued that “while teenagers’ knowledge about the consequences of sexual intercourse may be high, it seems that few perceive themselves to be at risk of pregnancy or contracting STIs”. How individuals understand and interpret risk and how this translates into behaviour is important (ibid.). The same author adds that “one of the common characteristics of adolescence
is to rebel against a socially-sanctioned correct and sensible thing to do, and sometimes adolescents embark on risk-taking behaviour for the fun of it”.

Similarly, Mbananga (2002) highlights that “Human behaviour is not mechanical but unpredictable. It cannot be analyzed on a press-button function approach. Supply of information which may develop intentions may not necessarily translate into behaviour. There may be factors that intervene between the intention and the action and cause a negative correlation between information supply and change of behaviour”.

**School’s intervention in sexual education**

It is widely recognized that once a child enters elementary school, he or she will spend more time in school than any other setting until he/she finishes formal education. Rosen et al. (2004) highlight that schools play a key role in imparting important information on health and human relations. Educational systems in all societies in the world serve a powerful socialization force for children in that they provide instruction in attitudes and values such as competition, self-discipline, achievement and conformity. The same authors highlight that in Nigeria, schools reinforce gender roles in its teaching programme while teachers are important role models and their own behaviour can influence the students’ development. Schools may have subtle means for presenting these messages to adolescents; for example, through the use of sexist textbooks and gender-specific curricula and activities (*ibid*).

Traditionally, schools communicate norms, values, and behavioural expectations that help students succeed in academic and social systems (Pascarella & Terenzini, 1991). In addition, these institutions are responsible for giving youth the skills, attitudes, and knowledge bases that
are required for adult success in society (Mascarenhas & Higby, 1993; Parsons, 2003). Schools and teachers “influence adolescents’ social-emotional and behavioral development through organizational, social and instructional processes” (Mash and Kareithi, 2005). According to FHI/IMPACT, (2000) in Nigeria, the school has the greater impact on youth’s understanding of sexuality. This study revealed that adolescents from intervention schools reported greater recent use of protective methods against STIs (condom use, staying with one partner or abstaining) than did comparable young people from non-intervention schools.

In the same country, evidence shows that the school-based sexual education programme has contributed to the significant positive knowledge and attitudes changes among students (Magnani et al., 2000). This study concluded therefore that adolescents who received sexual information from the school have greater knowledge than those from other sources. Further, school-based sexuality and reproductive health education is one of the most important and widespread ways to help young people improve their reproductive health as it emphasizes a range of reproductive health issues such as: AIDS and STDs, Family planning methods (increase contraceptive use, especially use of condoms among youth who are sexually active for both pregnancy prevention and prevention of HIV/AIDS and other STIs), Human reproduction and pregnancy and menstruation(Magnani et al., 2000).

Many researchers conducted by Oshi et al. (2004) highlight the role of the school in sexual education of young people in saying that many societies recognize the reproductive health threats facing young people especially HIV infection and unwanted pregnancy and see the schools as an appropriate avenue for addressing such threats. Schools are, however, concerned
with upholding traditions and beliefs, including the expectation that young people abstain from sexual activity until marriage.

The role of media in youth’s sexual education

Parents, peers, schools and church’s discussion with children about sex issues are not the only channel of sexual education. Much research has been undertaken about the influence of the media on individuals (Bezuidenhout, 2004; Deane, 1999, Lefkowitz et al., 2004). Teenagers today have more opportunities than before to get sexual information from radio, television, newspapers, books, magazines, etc. Sexually arousing material, whether it is on film, in print or set to music, is freely available to a number of teenagers around the world. Media research suggests that media exposure among today’s youth has reached record levels (Siegel et al., 2001). The impact of both broadcast and print media has received a great deal of attention with regard to consumer socialization research. Mass media, particularly television, is believed to be a critical socialization force in the consumer behavior development of children and adolescents. A study conducted on knowledge and attitudes toward HIV/AIDS among female college students in Nagasaki, Japan, revealed that the main source of information about HIV/AIDS was the media, with TV/video ranking first, followed by magazines, newspaper and radio. Parents and friends were the least reported sources of information (Maswanya et al., 2000:7).

Other studies have also highlighted the role of media in sexual socialization. Temin et al. (1999:189) in their study on perceptions of sexual behaviour and knowledge about STDs among adolescents in Benin City, Nigeria, observed that newspapers, magazines and posters
were the most common sources of information on STDs for young people, followed closely by radio, television and film. A study conducted by Brown et al. (2001) on adolescents in secondary schools in Buenos Aires, Argentina, revealed that the mass media are the predominant source of information on HIV/AIDS, though interestingly, this is not necessarily the case regarding other aspects of sexual health. The same situation was also highlighted by a study carried out in Uganda on adolescent sexual and reproductive health, which revealed that 35% of the youth listed radio as the most frequent source of information, 13% listed newspapers and 12% mentioned medical facilities (Korukiko & Ampaire, 1999).

Similarly, according to O’Guinn and Shrum (1997) television rivals many of the traditional socialization agents such as parents, schools, and religious groups. This powerful system of mass communication is able to reach millions of people all over the world in few seconds. Du Toit and Van Staden (2005:61) note that “most of the research in the USA indicates that the child between the ages of 6 and 18 spends just as much or a little time watching television as he does attending school”. As an illustration for this, the same authors maintained that in the USA, “the child will have spent 20 000 hours watching television by the time s/he reaches the age of 18”.

However, media should not be taken only as positive socialisation agent. The content of information that they spread may also be presented outside of the context of the prescribed sexual norms of their society. This influences the teenager to internalise anti-social sexual behaviour or to experiment with illicit (unlawful) sexual activity, with unwanted pregnancy as one of the possible outcomes. Together with peers’ pressure, the influence of the mass media is a powerful trigger in encouraging teenagers to indulge in illicit sex (sex without marriage)
(Bezuidenhout, 2004). Likewise, Du Toit and Van Staden (2005) highlight that television as a socialisation agent may impact negatively on people in general and children in particular. “Viewers are daily bombarded with programmes in which violence, murder, manslaughter, drug abuse, sexual intercourse; adultery, racial conflict, etc. are rampant.” (idem. p.62).

For example, Bryjak & Soroka (1994) cited by Van Staden (2005:62) found, in their study, that in one day 1 800 cases of violence appear on television programmes in Washington, DC; and that during his/her primary school years the American child is exposed to 8 000 murders and more than 100 000 acts of violence on the television. Other studies carried out in Poland, Finland, USA and Australia also have shown that children who are subjected to television programmes with a high violence content show more aggressive tendencies and also spend more time watching programmes in which violence is the main theme (Van Staden (2005:62).

Here I argue that this negative impact of television on children is likely to occur as far as sexual attitudes and behaviour are concerned. It depends on the content of the programme because it has been evidenced by The Henry J. Kaiser Family Foundation/ABC Television (1998) that some young people in America have experienced sex intercourse because of what they have seen on the pornographic program on TV and others have done masturbation because of that.

Further, some media such as television, internet are less used by many people in developing countries, especially those in rural areas. In fact, these media are obviously available where there is relevant infrastructure such as electricity, and where people can afford paying for the related Facilities. It is therefore commonly known that such infrastructures are no-existent or insufficiently existent in most rural areas of the developing countries.
2.1.4. Summary of the literature review

This literature section has reviewed some sexually-related problems. HIV/AIDS and STIs, unwanted pregnancy and induced abortion have emerged from the literature as the major problems related to unsafe sexual encounters. It has been mentioned that many young people lacking information on sexual matter engage early in sexual risk behaviour and do not use condoms. Hence, they experience different risks such as early pregnancies, STIs and HIV/AIDS. For example, it has been mentioned that in Sub-Saharan Africa in 2002, about 11.8 million youth aged 15-24 years were living with HIV, while about half of all new adult infections occurred among the same group (see literature review above). In 2004, among young people aged 15–24 years, an estimated 6.9% of women and 2.2% of men were living with HIV at the end of 2004 (UNAIDS, 2004: 19). This highlights the necessity for all people in general and young ones in particular to receive relevant information on their bodies’ development and reproductive health, on STIs including HIV/AIDS.

This literature review highlighted the importance of sexual education by saying that it assists young people in gaining a positive view of sexuality, provides them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future (Du Toit and Staden, 2005; Bezuidenhout, 2004; Alter et al., 2002).

The literature review has also explored different sources of sexual information available to youth in different societies. Previous research identified parents, peers, school, church and media as the main providers of sexual information to youth. However, the importance of each of these sources depends on the society referred to, and to the topics which are addressed. It was argued however that getting sexual information does not necessarily entail automatic
change of sexual behaviour. There are factors which may hinder the translation of information received into behavioural change. The literature review above is relevant to my study because it has explored the sources of sexual information (for young people), which is the topic addressed by my study. It has therefore made such a topic more knowledgeable and, at the same time, has given more insights on both the research questions and the interview schedule for my research. Additionally, this literature review gives a relevant framework for analysing the data of the current study in that it draws from a number of empirical researches the findings of which may be compared to those of mine.

However, the above literature highlights that there are factors which may hinder the translation of the information received and the desired behavioural change. This is beyond the scope of the current study. The reason for this is that the current research is basically qualitative and involves a small number of participants (40 including 20 youths and 20 key informants), while a study intended to assess the relationship between having information and changing behaviour would, in my opinion, involve a bigger number of participants, and would require a long time to do so. This study does however assess, as mentioned above, how the youth interpret the information received from the different sexual socialization agents in Impala District. By doing so, the study attempts to understand the attitudes of youths towards some sexual behaviour and issues addressed during the discussion.

Not much is however yet known about the sources of sexual information available to youth in Rwanda and the topics addressed by those socialisation agents. This study attempts to fill this gap by focussing on the Impala district. This study investigates therefore to what extent parents, peers, church, school and media are involved in providing sexual education to youth in Impala District, and intends to check whether there are other sources of sexual
information available to them. Further, this study attempts to find out the content of such sexual information, how the youth interpret it and potential obstacles to the transmission of such information.

This study used a qualitative research design. The total study population is 40 people, including 20 (females and males representatives) of intervening bodies: parents, church’ representatives, and Community leaders, 10 illiterate youth and 10 literate youth (female, male). The following research techniques have been used: documentary analysis, in-depth interview, snowball and stratified random sampling techniques.
2.2. Theoretical framework

2.2.1. The primary socialization theory

One of the frameworks of this research is grounded in the primary socialization theory which according to (Oetting and Donnermeyer, 1998) looks at family, peer groups and school as the primary sources of sexual education for youth.

The primary socialization theory also sees media as one of the primary sources of sexual education for youth in that it says that the primary socialization agents that play a significant role in consumer socialization include parents, peers, schools and Media (Bush, Smith, & Martin, 1999). These agents influence the psychological, emotional, and understandings of young people as they become consumers in the marketplace (Moore, Raymond, Mittelstaed & Tanner, 2002). Their influence extends to specific consumer skills such as product selection, brand comparison, price comparison, attitudes toward products and brands (John, 1999; Moore et al., 2002). Research suggests, however, that the relative influence of these socialization agents (parents, peers, schools, and mass media) can change, particularly as the young person ages and matures (Clark, Martin, & Bush, 2001).

It has been evidenced by (Oetting & Donnermeyer, 1998) that while any of these groups (school, family and peers) are capable of transmitting both prosocial and deviant norms, family and school are seen as being primarily prosocial and peer groups carrying the main risk of transmitting deviant norms. Peer groups, according to the above authors, form the last primary socialization group, and have the greatest impact on those alienated from the first two groups (ibid).
However, in the case of sexual education for youth in some societies, parents, school, and media who were expected to be the primary sources of sexual information of youth may be likely not to be so because of many reasons. In fact, this theory does not take into account the differentials in socioeconomic development of societies. It is commonly known that in some developing countries, the literacy level is still low, and many children do not attend school or drop it out early for different reasons. Similarly, it is obvious that in those societies, media such as television, radio, newspapers, film, books, etc. are likely to be inexistente or insufficient because of rampant poverty, high rate of illiteracy and lack or shortage of relevant infrastructure. In such societies, school and media are therefore unlikely to be the primary socialization agents.

Additionally, I argue that the primary socialization theory neglects some realities, in war-torn societies, where many children are either orphans or separated from their parents or other adults, and do not have any person to play a parental role of socialization agents. Obviously, in such societies, parents are unlikely to be reported as a primary socialization agent. Similarly, as far as sexual education is concerned, the literature (see the literature section above) suggests that in some cultures, parents are reluctant to discuss sexual matters with their children, because such topics are considered either taboo or shameful (FHI/IMPACT, 2000).

Therefore, in such societies primary socialization theory cannot be practicable because parents, school, and media are unlikely to be the primary sexual socialization agents. Despite these criticisms made towards the primary socialization theory, the latter is useful in this study because it emphasizes the need to consider parents, school, peers and media as one of the
socialization agents for youth and this is the central aim of the study. In fact, even if in Impala
district some of these sources such as parents and media have not been cited neither by
uneducated nor by educated youth as their primary sources of sexual information, this theory
helped me to identify what are the real sources of sexual education for both educated and
uneducated youth in this area. In addition, I also investigated why these sources (example:
parents) do not frequently operate in the program of sex education in the same area and I
therefore formulated some recommendations on what need to be done in order to strengthen all
social agents for youth information in Impala district. Based on that, I further argue with
Edelman who suggests that “it is the entire community's responsibility for each and every child
to get education. The responsibility for teaching should be equally shouldered by parents, as
well as teachers and by the community that each family resides in.

The task of transmitting knowledge to children incumbs to parents, teachers, religious leaders
and is under the community’s responsibility.” Edelman cited by Solomon (2001:15). Therefore
I suggest that in Impala district a combined effort from the mass media, schools, religious
bodies, peers, education program and so forth is useful and may be emphasized and
strengthened in educating and counseling youth about sexual matters.

2.2.2. Information consistency and desired action model

This model assumes that “those information systems which have a high frequency of
distribution and which are consistent in meaning stand a better chance of achieving the
desired reaction within the community than those with low frequency and of distribution and
which are inconsistent” (Bandura, 1986; Chronin, 1992; Piotrow et al. 1997) cited by
Mbananga (2000: 54). According to Mbananga (*ibid*.), consistency means both the frequency of the supply of information (the number of times people receive or access information); and the reliability of the content of that information; in other words, whether or not it remains constant when it is accessed. A lack of consistency may occur when there is no coordination in the construction of information and contradictory information or messages are transmitted. In case that there is inconsistency in the information supplied, the utilisation of that information by the receiver becomes more difficult and affect the decision-making accordingly.

Further, with regard to the frequency of distribution of information, it is argued that when information reaches the target groups frequently and consistently, it may influence decision-making and behaviour change more positively than when it is not (Bandura, 1986; Chronin, 1992; Piotrow *et al.* 1997) cited by Mbananga (2000: 54-55). However, other researchers argued that the information frequency and consistency do not automatically affect a positive decision-making and behaviour change (French, 1990; Ahmed *et al.*, 2000). They claim that other factors such as literacy levels, and technological, social, cultural and economic development, etc. also influence both the information transmission and the utilisation of that information and the decision-making.

The information consistency and desired action model constitutes a relevant framework to analyse not only the consistency of the content of information supplied by different sources of sexual information, but also the frequency of the information supply. It is in this context that the above theory is used in the current study. I argue that by understanding such (in) consistency helped to assert whether or not the youths receive contradictory messages from
different socialisation agents and how this affects the way the latter youth interpret the message in question.

2.2.3. Individual difference theory

The individual difference theory has been used mainly in social communication to highlight the influential role of individual’s characteristics and qualities (also referred to as individual context) on perception of information or any other stimulus and on the behaviour of individuals (Redmond, 2000; De Fleur, 1970). The psychological context represents the sum of one’s experiences- one’s upbringing, education, previous interactions. It is the product of one’s collective encounters with the world (Redmond, 2000). It includes psychological qualities (individual needs, values, beliefs, attitudes, and personality), and personal characteristics (age, sex, race, ethnic background and culture). Human beings vary greatly in their personal psychological organisation.

These variations in part begin with differential biological endowment, but are due in greater measure to differential learning. From different learning environments, people acquire a set of attitudes, values and beliefs that constitute their personal psychological make-up and set each somewhat a part from his/her fellows (De Fleur, 1970:121).

Redmond, (2000:28) his experimental study of human perception highlighted that “the individual’s values, needs, beliefs and attitudes played an influential role in determining how he selected stimuli from the environment and the way he attributed meaning to those stimuli within his acquired frames of reference once they came to his attention”. What constitutes one’s personal psychological context is anything that “you bring to a communication situation that affects the way you interpret, analyse, encode, or decode a message.
However, the individual difference theory focuses more on the psychological patterns and seems therefore to not give much credit to the sociological and cultural patterns. In fact, research has revealed that, beyond the psychological context, people with some common social, economic, demographic and cultural characteristics are likely to perceive and respond to a stimulus in a more or less equal way (De Fleur, 1970). This is further highlighted in the social categories theory below. The individual difference theory is therefore relevant in this study in that it highlights how individual difference influences the way in which people perceive, interpret and utilise the message they receive from different sources of information.

The interpretation and the utilisation of the message differ from an individual to another depending on his/her psychological qualities and personal characteristics. I used this theory to test whether young people in Impala district are influenced by their personal psychological context or other factors while interpreting the information received from different sources operating in the program of sexual education in Impala district. The latter (factors) have been taken into account.

2.2.4. Social categories theory

Like the individual difference theory, the social categories theory has been largely applied in social communication to investigate people’s preferences of media content, and perceptions and behaviour towards a given information or stimulus. The basic assumption of the social categories theory is a sociological one and claims that “in spite of the heterogeneity of modern society, people who have a number of similar characteristics will have similar folkways”, and
also suggests that “there are broad collectivities, aggregates, or social categories in urban-industrial societies whose behaviour in the face of a given set of stimuli is more or less uniform” (De Fleur, 1970:122-123). As examples of such characteristics, the same author gives sex, age, income level, educational attainment, rural-urban residence, and religious affiliation. In a social communication perspective, the social categories theory highlights the fact that people with similar characteristics (age, sex, education level, income, religiosity, etc.) tend to consume similar media content, and are likely to have more or less same perceptions and behaviour towards the information received (De Fleur, 1970).

Obviously, the individual difference theory and the social categories theory have an important common feature. In fact, I argue that a number of psychological qualities (needs, values, beliefs, attitudes) are gradually acquired during the socialisation/learning process, and people with one cultural background (religion, education, gender roles,…) are likely to have such psychological qualities in common. Similarly, I argue that due to other common personal characteristics such as age and sex, people are likely to have some similar needs. For example, in mass communication, fashion magazines are not often bought by males; and fishing magazines are seldom read by females (De Fleur, 1970).

The same author highlights therefore that “knowledge of several very simple variables – age, sex, and educational attainment- provides a reasonably accurate guide to the type of communication content a given individual will or will not select, from available media” (idem; 123). The social categories theory is relevant to the current study in that it is centred on the way members of different social categories select perceive and utilise the media content depending on whether or not they (members) have common characteristics. In this study, this
theory is used to understand how members of different social categories of the youth involved in the study interpret the message conveyed to them by different sources of sexual information. By doing so, it has been possible to understand youth’s attitudes (depending on each social category) toward the message they receive on sexual topics discussed.

To conclude this section I highlight that all of those theories are complementary in that the first talks about the sources of sexual education for young people; the second talks about the content while the third and the forth talk about the interpretation. I therefore highlight that enumerating the sources of sexual information for young people is relevant but it is also important to know what they provide as information and how consumers react or interpret the information they receive from each of those sources. This is the main reason that motivated me to use those theories in this study of sources of sexual information available to the youth in Impala district and I further claim that the latter helped me to cover even not exhaustively but sufficiently the information from my research questions.