

Social media for sex education: South African teens explain how it would help them

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Credit: Karolina Grabowska from Pexels

Most teenagers [dread talking about sex](#) with their parents. Their [parents feel the same way](#). In some societies it's [considered taboo](#) to even broach the subject. And, even where sexuality education is taught at schools, [research has shown](#) that effective communication between young people and teachers is hindered because of age differences and, in some places, [because of the societal taboos](#).

How might technology improve the situation?

Adolescents spend a lot of time on their electronic devices. A study in the US found that teens were using their phones, tablets or laptops for social media, gaming and texting for about 8½ hours every day; tweens (ages eight to 12) rack up about 5.5 hours daily.

Much has been written about [the downsides](#) of screen time for teens. But, as a public health scholar who studies adolescent sexual and [reproductive health](#), I believe that social media platforms could be a powerful resource for sexuality education and support. These platforms can also be a gateway for [young people](#) who need to access essential resources and support services.

This is already happening in some parts of the world. For instance, [Planned Parenthood](#) in the US has accounts on several social media platforms (Twitter, Instagram, Facebook and YouTube) where it shares public health messaging, contact details and information about sexual and reproductive health and rights. It also invites people to get in touch and ask questions.

The potential value of social media to sexuality education in South Africa was underscored during [a recent study](#) I conducted in the country's KwaZulu-Natal province. Learners were asked how their

schools' sexuality education program could be improved. Many suggested that social media had an important role to play.

Integrating social media into school-based sexuality education programs in South Africa has the potential to reinforce curriculum messages and, ultimately, lead to improved sexual and reproductive health outcomes among learners—particularly those in rural areas where access to information and services is limited.

The study

I conducted my study in KwaZulu-Natal's [King Cetshwayo area](#). The municipality's main city is Richards Bay and the area I worked in is largely rural and under-served.

The participants came from nine schools. They were all aged between 14 and 19, were fluent in either English or isiZulu, and were enrolled in grades 10 or 11. Participation was voluntary; ultimately I worked with 35 boys and 49 girls.

The study revealed that about 60% of the participants were sexually active, with many having had multiple partners in the past three years. While most sexually [active participants](#) (41) reported [condom use](#), eight used them inconsistently. Four girls had been pregnant before.

During our discussions, it became clear that many learners found it difficult to talk about sex even during Life Orientation lessons (this subject includes modules on sexuality and reproductive health).

A 17-year-old male said, "Most of us are not comfortable talking about sex in (Life Orientation) classes because some students will tease you or joke about you. Some [teachers](#) also will judge you and treat you like you don't have morals if you talk about sex too much."

An 18-year-old male said, "My family avoid talking about sex with me. They just warned me not to do it. We don't talk about sex in our church either. It is uncomfortable to talk about what we learnt in LO with my parents."

Both participants said that social media spaces and informational websites, where they could remain anonymous, would be helpful.

Others suggested that social media could complement what they were taught in the Life Orientation curriculum. A 17-year-old female said, "It is difficult to remember everything in the class. Many of us have phones so maybe a WhatsApp group can be created so we can continue the discussion at home."

However, participants also pointed out the potential problems with using social media for sexuality education. These included poor internet connectivity, the high cost of both mobile devices and data, and the risk of social media platforms sharing inaccurate or deliberately misleading information.

Said one 17-year-old male: "We need to be careful, our teachers must be involved in forming the social media because they know us and the problems we face. We cannot believe everything we see on the social media if we don't know the person who posted it. It could be misinformation."

Implications

It is clear from my findings that using [social media platforms](#) for sexuality education has potential even in low-income settings in African countries.

To deal with the prohibitively high cost of data, major internet service

providers and information and communications technology companies should be engaged to negotiate potential discounts for teen users. They could also be lobbied to zero-rate any social media platform that offers scientifically accurate sexuality and reproductive health information. Users can access zero-rated sites for free.

Teachers, parents, health care providers and community actors can come together on these platforms to share resources, exchange knowledge and coordinate efforts towards improving adolescent sexual health outcomes. From peer and [professional development](#) among [sexuality education](#) teachers to parent-teacher engagement and school-community partnerships—the possibilities are endless.

Of course, as some of my participants pointed out, not all parents will necessarily be open to this approach: "My parents think the teachers are 'spoiling' us by teaching us about sexuality. They think teacher should not expose us to information like that at our age. If our teachers can form a WhatsApp group with our parents, maybe they will understand." (Male, 17)

This will need to be addressed. Policymakers, educators, health care professionals, community leaders and parents can be brought together for awareness and education sessions to help everyone understand why this approach is helpful.

Investment in research and innovation is also essential to ensure that South Africa stays ahead of the curve in using technology for health promotion. This includes developing evidence-based interventions, monitoring and evaluating their effectiveness, and adapting strategies to meet the evolving needs of young people in a rapidly changing digital landscape.

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