College Students' Views on Health Promotion Programmes for Safer -Sexual Practices: A Social Marketing Construct

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Abstract

In an era of the HIV/AIDS epidemic, the aim of this exploratory qualitative study was to increase understanding of college students' opinions on health promotion programmes encouraging safer sexual practices. Furthermore, to explore student views on how best to promote safer sexual messages in sexual health promotion campaigns. This study formed part of a larger study (Moodley, 2010). Data was collected using one pilot study and 4 focus group discussions. Participants were students (aged 18-24 years) at a Further Education and Training (FET) college in Cape Town, South Africa. The discussions yielded the following themes concerning the promotion of sexual health campaigns, with particular reference to Social Marketing principles: target audience segmentation, product/message (safe sex promotion), place considerations (where individuals will access the programme products and services), and promotion campaigns (advertising or any other communication strategy used to spread the message). Sub-themes are also discussed. Findings of this study could be used to inform the development and implementation of effective health promotion programmes using the elements of social marketing theory.

Keywords: college students, health promotion programmes, sexual practices, social marketing

1. Introduction

Globally, Sub-Saharan Africa is the most affected by HIV/AIDS with an estimated 25.4 million people living with the disease and approximately 3.1 million new infections having occurred in 2004. By 2005, the epidemic had claimed the lives of an estimated 2.5 million people in the region with more than 2 million children under the age of fifteen living with HIV and more than 12 million children orphaned by AIDS. (Bankole, Ahmed, Neema, Ouedraogo, Konyoni, 2007). Currently, 70% of all new HIV infections occur in Sub-Saharan Africa (UNAIDS, 2013:12).

Despite positive indicators for Sub-Saharan Africa in the age cohort 15-24 regarding improvement in condom use, knowledge of HIV/Aids and a reduction in the number of sexual partners (UNAIDS, 2012; UNAIDS ,2013), AIDS infections are occurring rapidly in this age group (UNAIDS, 2013). The current global position on HIV infections indicates that 40% of all new cases of HIV infection are young people between the ages of 15-25 (UNAIDS, 2012: 29).

Health promotion programmes seem to have had little influence on behaviour change among South African youth (Hartell, 2005; Peltzer, Munchu & Tutshana, 2012). This view is reflected in estimates as high as 10% of South Africans in the age cohort 15-24, being infected with HIV/AIDS (NSP, 2007). Researchers (Hartell, 2005; Peltzer, et al., 2012) advise that current health promotion programmes need to be revised since the future course of the HIV/AIDS pandemic seems to hinge on the behaviours that young people adopt earlier in their lives. MacPhail and Campbell (2001) assert that a key aim of sexual health promotion is to provide the context for young people to renegotiate dominant high-risk behavioural norms and to establish new norms of behaviour. Thus, there is a dire need for health promotion programmes that are able to bring about positive behaviour change. It is against this background that the researcher decided to investigate FET students' views on sexual health promotion programmes.

This study uses social marketing theory as a lens to investigate Further Education and Training college students' perceptions of health promotion programmes that encourage safer sexual practices. This exploratory study is an endeavour to understand the factors to consider when designing effective health promotion programmes that would positively impact individuals' sexual behaviour in the age cohort 18-24 years.

2. Purpose of the Article

The researcher presents the argument that Social marketing should be considered a generic framework when designing and planning health promotion materials and interventions that seek to bring about behaviour change in young people.

3.   Literature Review

3.1 Social Marketing Theory

This study is foregrounded by social marketing theory. At the core of social marketing is the concept of exchange, which implies that target audiences weigh the cost and benefits of changing behaviour/accepting a social idea. Moreover, Kotler and Armstrong (1991) define social marketing theory as:*"the design, implementation and control of programs seeking to increase the acceptability of a social idea, cause or practice among a target audience and involves decisions concerning product planning, place, pricing, promotion, communication and marketing research. When improving the quality of life of individuals is at the core of an organization, rather than the manufacturing of products, the type of marketing activity that organization engages in is called social marketing"* (p.619). Emanating from this definition it is clear that this phenomenon must be treated as an integrated marketing strategy, when dealing with sexual health promotion which must be properly planned and implemented. This strategy should be based on knowledge of the college students (target audience) and also on the four *P's* of marketing which is; product, place, price and promotion.

Cognisance should be taken that there is a distinct difference between commercial marketing and social marketing. This key difference is in the focus of these marketing strategies. Commercial marketing's prime focus is on organizational benefits and profits, whereas social marketing's primary concern is improving personal health and well-being. Accordingly, commercial marketing includes influencing the attitudes and behaviour of consumers to purchase, whereas the aim of social marketing is to increase the acceptability of a social idea and affect voluntary behaviour (Kotter, 1982).

Social marketing as a strategy is generally used to influence and change health behaviour and in this instance college students sexual health behaviours. Social marketers variously incorporate different strategies for this purpose: health communication strategies based on mass media; interceding (for example, through a healthcare provider), interpersonal, and other modes of communication; and marketing methods for example message placement (in clinics), promotion, distribution and community level outreach (Evans, 2006). The marketing *product* refers to the desired behaviour the audience is requested to perform and includes the associated benefits, tangible objects and/or services that support behaviour change. *Place,* is where they will access the programme products and services and also includes the intermediaries (i.e. the people concerned in delivering the product). *Placement* in public health, involves delivering the resources that make the desired health behaviour possible at the right time when it will be most likely to be sought (Aaker ,1996) *Price* in social marketing refers to the costs for the target audience to access the products or programmes or to change the behaviour. *Promotion* is the communication strategy used with the audience to spread the message. Other significant social marketing concepts are: (1) Evaluation which refers to the evaluation of the marketing process through regular feedback from audiences by evaluating the process, impact and outcomes of a programme and to change the 4 *P's* when the data shows that a change would improve results; (2) The behaviour goal describes the target behaviour that requires promotion; and (3) Exchange which operates on the principles of the costs and benefits for the audience and for the programme (Kotler & Andreasen, 2003). Programmes intending to bring about behaviour change that benefit the individual and the community have to observe criteria acceptable by the consumer (target audience). Thus, programme developers should be well informed concerning social marketing principles (Kotler & Andreasen, 2003: 5).

3.2 Target audience segmentation

Market segmentation is the process of dividing the target market into groups to better understand their current behaviours. This means developing campaign messages that emphasize the target population's values, attitudes, and beliefs and/or capitalizes on their current phase of behaviour change. It therefore involves evaluating each segment and selecting target segment(s) and then developing an appropriate marketing mix for those segments which include developing messages and tailoring programmes to meet their specific needs. Segmentation ensures that messages customized in this manner will provide the health behaviour (product) that is appealing and applicable to each subgroup (Aaker, 1996). Segmenting target markets assists in grouping those with commonalities as well as gaining a better understanding of their specific wants, needs, barriers and behaviours (Kotler, Roberto & Lee, 2002: 5).

3.3 Strengths and weakness of Social Marketing Theory

Social marketing theory (SMT) strengths are: it provides practical advice for media campaigns, is gaining recognition among media campaign planners and researchers, builds on attitude change and diffusion theories (Baran & Davis 2003: 307). SMT weaknesses include the following: it is source-dominated, does not consider ends of campaigns, undervalues

intelligence of average people, has difficulty addressing cultural barriers to social marketing influence, and can be expensive to implement (Baran & Davis 2003: 307). Furthermore SMT theory holds that sources use feedback from their target audiences to adjust their campaigns. However, these changes mainly occur in the message rather than the goal of the information. If an audience is opposed to adopting the message, then strategies are employed to break this resistance. Little thought is given to whether the audience may be justified in their resistance. The audience is frequently blamed for being too ignorant or apathetic. SMT is thus frequently critiqued for being customized to situations where elite sources dominate other elements of society. (Baran & Davis 2003: 306-307).

4. Research Methodology

The qualitative data is derived from 4 focus group discussions comprising of 12 students each drawn from various campuses of an FET college. These focus groups were conducted by a female facilitator with emerging adult students (aged 18-24 years) from an FET college in the Cape Town Metropole, South Africa. These students were representative of all the key population groups in South Africa reflecting the college's diverse population and comprised of equal numbers of males and females. A semi-structured interview schedule was used to genereate discussion on student views concerning current health promotion programmes on campus, the public realm and in the community. These focus group discussions occurred in settings at the various campuses which provided privacy, where interruptions and noise were minimal, and comfortable seating was available. No interruptions occurred during the discussions.

5. Population and Sampling

The FET sector in the Western Cape comprises of 5 colleges. This sector is a unique, diverse education and training system in South Africa and provides much needed skills required in a growing economy. It is unique as it provides training over a large age range, about 16 to 60 years. Although FET is part of higher education, it is bigger than the higher education and training (HET) sector regarding the number of student enrolments and total expenditure. The FET system has received extensive government funding, for the National Vocation Certificate (NCV) courses (commenced January 2007), resulting in larger numbers of younger students attending FET institutions (WCED, 2006). It was considered suitable to select the college with the largest number of students. The selected FET college has eight campuses with approximately 5000 students in the 18-24 year age group.

6. Data Analysis

Focus group discussions were recorded, audio taped and transcribed verbatim. Content analysis, using Baptiste's model (2001), was used to analyse the data. Baptiste purports that (regardless of the methodological or disciplinary orientation) qualitative data analysis includes four interrelated phases: defining the analysis, classifying data, making connections between data, and conveying the message(s). Thus, this model provides user-friendly clarification and structure for novice researchers providing four phases: namely (1) analysis of the data (2) reading through the various scripts, selecting the detail and its classification, and labelling through the use of numbers phrases and tags into various themes (3) summarising of concepts (4) writing the report. To ensure trustworthiness, data verification was done using Kreftings guidelines and the Guba model in Krefting (1991) to ensure trustworthiness. Guba's model is based on the four aspects of trustworthiness: namely; truth, value, applicability, consistency and neutrality.

7. Ethical Considerations

Ethical clearance was obtained from the Chief Executive Officer of the FET College and the Western Cape Education Department (WCED). Informed written consent was obtained from students who volunteered to participate in the study. Students were assured of confidentiality and that they could withdraw from the study at any time. Access to psychological services was made available to students due to the sensitive nature of the focus group discussions.

8. Findings

The researcher approached the data-collection and data-analysis on the topic of safe sexual health promotion (presented by government and institutions/organizations), without favouring any theoretical assumption. The researcher

unambiguously conducted the research having an open mind and focused on participants' views. These findings were categorized according to some core principles and elements of social marketing theory and are listed in the table below.

Table 1: Promotion of safer -sexual practices findings in terms of social marketing theory

Theme	Sub-theme
Target audience segmentation	Target audience segmentation
Product/message: safe sex promotion	• Confusing messages by public figures/ politicians and the influence of the media on sexual health promotion programmes. • Negative views of current promotional programmes by government.
Place considerations **(Where individuals will access the programme products and services on-campus).**	• Accessibility and confidentiality of products services.
Promotion campaigns (advertising and any other communication strategy used with your audience to spread the message)	• Access to information. • Message approach: shock tactics. • Message content/theme: research-based themes/ adapting with time. • Conflicting views on promoting abstinence/ condom use. • Promoting HIV/AIDS counselling and testing. • Promotion by means of leisure activities and the use of the media. • Use of media in promoting safer sexual practices

8.1 Target audience segmentation

Participants held strong views on segmenting the market for the promotion of safe sex. Participants suggested that apart from the general target market of adolescents and emerging adults, that specific programmes should be developed to include younger children and parents respectively. Parents were often considered ignorant of their children's sexual activity. Furthermore, some adults (including parents) engaged in irresponsible sexual practices and should be included in the targeted market. Participants therefore insisted that this market segmentation should continue across the life span. The following quotes summarize their views:

….should not only target our age group …should target..younger ones, … because that's where it starts. If you make them aware from a young age.. then it won't …bother them. They (parents and government) don't seem to know that kids of all ages are having sex. .... Government should …give information to everyone of all ages….all the time.
You have older people,… they're also parents being promiscuous …so they must also know….be reminded…

Participants further expressed strong views about the role of parents concerning communicating with their children about sexual health. Parents should be taught to communicate with their children about sex and provide structure and an environment that promotes security and self-esteem. Promotional campaigns should provide parents with this information. The following excerpts highlight this:

"Maybe the government and the media should target parents (with health promotional campaigns)... Some parents send out messages in the wrong way...they should know what to say …how and when to say these things (talk to their children about sexual behaviour and practices).
Parents should know the whereabouts of their kids and must be able to communicate with their kids.

Social marketing theorists Kotler and Andreasen (2003) stress the importance of targeting the appropriate audience. They highlight the importance of knowing your audience and placing them in the centre of the decisions you make regarding promotional strategies. They further purport that it is essential to target those who have a reason to care or change and it is equally essential to understand that you are not the target audience and really do not have the best answer.

McNeal (2000) proposes that there be segmentation of target markets when designing programmes for youth. He advises careful consideration of the age and cognitive level of development appropriate for a particular age group. Moreover, for messages to be effective, they must be simple, consistent, straightforward, use visual information, stem from a variety of sources and be repeated frequently over an extensive period. Early commencement of prevention messages is advised as children begin to mimic behaviours early in life. Messages should be targeted at children as young as 8 to 10 years, prior to the onset of sexual activity and when their cognitive skills are developed enough to grasp

messages. Messages should accommodate and adapt to the heterogeneous nature of young populations, consider cultural and environmental distinctions and include young people in developing these programmes. For programmes to be successful they cannot be applied uniformly and should be flexible. The factors to consider concerning the flexibility of these programmes are diversity of the youth population in terms of stages of development, disabled youth, culture, language, socioeconomic status, religion and sexual orientation (Schutt-Aine & Maddaleno, 2003). Grier and Bryan (2005) concur; they advise that the social marketing process be seen as a continuous, iterative process.

8.2 Product/ message: safe sex promotion

8.2.1 Confusing messages by public figures/politicians and the influence of the media on sexual health promotion programmes.

Swartzendruber and Zenilman (2010) posit that giving young people access to accurate information allows them to make informed choices, concerning issues on sexuality to decisions on education and work. The manner through which these messages are sent, reaching wide target audiences, is through the media of broadcasting and print. Therefore, media has the ability to convey messages to young people that could influence their sexual practices. (Schutt-Aine & Maddaleno, 2003, UNAIDS, 2013: 14-16). However, media programming hardly ever portrays sexual behaviour in the terms of long-term relationships, use of contraceptives, or the negative consequences of sexual behaviour (Satcher, 2001: 8). Similar sentiments were expressed by participants in the current study. They too considered media as being a major source of information and influencing sexual attitudes and behaviours. Media is also seen as portraying negative behaviours: such as materialism and sends conflicting messages concerning body image, religion, morals and values, and unsafe sex. Therefore, media is considered detrimental to the effectiveness of the anti-AIDS campaign through the types of programmes screened on television and the comments made by prominent politicians concerning HIV/AIDS. Media is also seen as conveying inconsistent messages that in turn influence the effectiveness of the anti- Aids campaign. Participants displayed intense opinions concerning the manner in which the South African government is marketing the message to young people. In some instances, participant responses were very emotional and loaded with anger. Participants felt that the media is actually contradictory to what government awareness campaigns are trying to achieve. The following statement confirms this:

> They (the media) confuse us (youth). The one day they talk about sex as if it's dirty we mustn't do it, use the condom and so on…. the next day they show things that's almost a porn show on TV. (Group agrees).

Participants felt that sex is overused in media as they were constantly bombarded with images of sexual explicitness either in advertising or in movies and in this manner sex is promoted and emphasised. Participants also felt that the media endorses sex and promiscuity because of the accessibility of pornographic material to the public. The following excerpts highlight these sentiments:

> ... But I blame the media, like TV and so on because they send messages about sex that make it seem okay.
> There are porn sites on the internet and soft porn movies on eTV, in time slots early enough for young children to watch (view) so what are they (media) saying?
> … They advertise everything hinting at sex, everything is brought across in a sexual manner. Everything is made sexual. (Group agrees).
> Even in the advertisement for the AIDS campaign with the girl who goes out with the guy with the nice car (possessions) and then he gives her AIDS and the next week he's with another chick (popularity gives him the opportunity to have many girlfriends) (reference to HIV/AIDS advertisement on television). It's all about materialism.

Literature indicates that political commitment at the highest levels, coupled with resources sustained over time is crucial for the success of programmes addressing adolescent sexuality. Countries most successful in reducing HIV/AIDS rates are those whose political leaders, more than a decade ago, took the epidemic seriously (UNAIDS, 2013). In this study, participants commented on how lack of political will negatively influences the promotion of sexual health. They expressed concern about the publicity surrounding conflicting comments of politicians regarding HIV/AIDS. Politicians should not make comments that confuse the public especially the youth. The following comment takes a jab at famous remarks made by South African politicians:

> I think after sex you must have a shower (sarcastic comment in response to a public statement made by then Deputy President Zuma at his rape trial). (Group members all laugh).

8.2.2 Negative views of current promotional programmes by government

Target audiences should not only be involved in receiving the information but be made part of the planning of the product. They need to identify with the total image of the promotion product in order to enhance the probability of accepting the idea that is promoted (Strydom, 2003).

Participants felt that the South African government should change its marketing strategy for the anti-AIDS or sexual behavioural change campaign to enhance effective messaging. Participants stated that the current marketing strategy is ineffective since young people find the messages repetitive and dull, and having no impact. Participants agreed that the Abstinence, Be faithful, and Use a condom (ABC) campaign is ineffective and that for the South African government to get the message across effectively a new strategy needs to be implemented. Participants responded to the ABC campaign and its effectiveness concerning sexual practices and behaviour change as follows:

> In my opinion I don't think that it has made any changes because you still find many people who are scared of testing. And they don't seem to be abstaining that's another problem. So I don't think this AIDS thing is being really taken into consideration properly because all they (government) tell you to use is condoms.
> They are just talking (South African government)…. to everybody, but nobody's doing that, nobody's listening. Maybe there is a minority that do abstain and haven't been in a sexual relationship yet, but it's the way the media and everything around us is (Media influences sexual behaviour).

8.3 Place considerations (Where individuals will access the programme products and services). It also includes the intermediaries that offer these services.

8.3.1 Accessibility and confidentiality

Researchers have found that issues relating to accessibility of health services and the physical environment, such as waiting areas, confidentiality and experiences at reception - were main themes in young people's evaluation of sexual health services (Murray, 2003: 7; Moodley, 2010; Levesque, Harris & Russell, 2013). Participants also expressed the need that health care clinics /centres should be on-campus as this would be considered "safe turf" where they could attend without having to run into family members or neighbours. They considered it an embarrassing and stressful experience to use community clinics as it offered little privacy with the community becoming aware of their (participants') sexual activities. Thus, concerns regarding confidentiality at such centres were raised. The following extracts convey participants concern in using community health care clinics/ centres and why they would prefer a campus setting.

> … in the city it's big, not everybody knows you… In the rural area its embarrassing to go to the clinic, everybody knows you. They'll know you're having sex.
> Clinics at college is cool… it will be very convenient and hopefully we can get what we came for quickly ..

Participants stressed the importance of providing young people with information concerning the services provided by health care centres and their locality so that young people could access them easily and know what purpose they serve. The following excerpt indicates this:

> We (students) should be told at our orientation sessions where these health care facilities are and what they offer…. Print pamphlets, signage…

Relating to the intermediaries (i.e. those offering the services), students indicated the following:

> Those nurses should receive training about how to treat students….they should'nt scold at us and ask us why we're having sex when we come for condoms….

Another student stated that nurses lacked empathy and respect for youth:

> The one nurse at the (public) clinic told my friend "look how fat you're getting from the injection (contraceptive)….that's cause you people start so young (with contraceptive use and sex).

8.4 Promotion campaigns (The communication strategy used with the specific target audience to spread the message)

8.4.1 Access to information

Participants indicated that for successful promotion of safe sexual health, all individuals should have access to information, especially via the media. They highlighted the lack of access to relevant media particularly in some poor rural areas. Participants referred to relevant media as media that understands the particular community and that could recognise their (community's) particular needs. Participants advised that the South African government ensure that all communities receive media messages via radio, as this is accessible to most communities. These views are supported by research. The Kaiser Family Foundation and the South African Broadcasting Corporation (2007) conducted a Young South Africans, Broadcast Media, & HIV/AIDS Awareness National Survey. Approximately 4 000 South Africans aged 15-24 years were surveyed to better understand the attitudes of young South Africans concerning the media's role in HIV prevention and education. The survey found that young South Africans living in rural areas are more likely to trust radio disc jockeys or talk show hosts, fictional television and radio characters, political leaders, and popular sports and music stars as sources of information about HIV/AIDS, than those living in urban areas. The following extract reflects participant opinions concerning access to information on HIV/AIDS and safer sexual practices via radio for young people living in rural areas:

This is illustrated in the following comment:

If you can present (information) to 7 to 12 year olds concerning what AIDS is all about and how to protect yourself and all that. But you find in some areas those people they don't have Metro (a radio station); they have other radio stations so they are disadvantaged. They also have someone struggling with it from the outside (outside the community) and not part of the youth of the community (so community needs are not known and issues concerning the youth are not known). If the government can make it a fact (take a decision) and say okay, fine all the radio stations be involved in broadcasting the message (sexual health messages), then everyone should receive the message.

8.4.2 Message approach: shock tactics

Shock tactics are regarded as the use of distressing or frightening images in health promotion campaigns (Ruiter, Abraham & Kok, 2001). Participants in this study were overwhelmingly in favour that the messages should scare youth with the realities of HIV/ AIDS. Research on the use of shock tactics (fear) has mixed findings. Witte, Berkowitz, Cameron and McKeon (1998) evaluated a fear appeal campaign used to decrease the spread of genital warts. They found that fear appeals can be powerfully, persuasive devices if they bring about strong perceptions of threat and fear (which motivate action) and if they induce strong perceptions of efficacy concerning a recommended response (which channels the action in a health protective direction). Conversely, Ruiter, Abraham and Kok (2001) suggest that threatening information should not be used to persuade people to adopt health-promoting behaviours as it may have hidden psychological side effects and de-sensitize target audiences.

Participants strongly encouraged the use of shock tactics. Participant sentiments concerning the use of shock tactics in health promotion campaigns follows:

One female student stated:

The way they are advertising the AIDS thing is wrong. They tell you get it then you die in a few years, no, tell people AIDS kills you, period. Let them have that advert of the girl (referring to current advert on TV) let them show her dead or dying. Scare them.. Such an advert is effective. (The whole group agrees).

Another male student added:

Show the thing for what it is. Show them what AIDS really is. … The sores, the puss, the holes, the rotting, everything! (Student uses gesticulation, hand gestures to bring across message more dramatically). (The whole group agrees).

8.4.3 Researched based content of message - adapting with time

Participants highlighted the relevance of messages as well as the importance of research-based messages which should be modern and progress with the times. Researchers concur with this view. The importance of understanding transitions to adulthood and the association between social structures supporting youth (example national institutions, communities, families, religious institutions, civil society, and media) should be an area of priority for researchers. Researchers should

also make the results of analysis and synthesis on youth issues more readily available and clearer to stakeholders. Similarly, policymakers should be more aware of best practices and open to applying evidence-based results in decision-making. The lack of documentation of findings or unsuccessful youth programmes restricts the understanding of how to improve them. A "safe" forum should be created to allow programme directors, researchers, and youth to share experiences of unsuccessful programmes (World Health Organization, Department of Reproductive Health and Research: Frontiers in Reproductive Health, Population Council, Youth Net, Family Health International, 2006). To produce soundly researched programmes, joint projects should be undertaken with universities in collaboration with national policy makers. Expert groups should also be consulted and youth should do research. (Swartzendruber & Zenilman, 2010; UNAIDS, 2013).

Participants regarded current marketing messages as not being relevant and that these messages should be progressive and evolve with time. They expressed their sentiments as follows:

> *Government has been saying for a long time as long as you use a condom its okay. But now for the next 20 years they are going to tell us abstain. Don't you think that the young people of tomorrow are different? The message for the last 10 years was use condoms. People are using more condoms than in the past. But the message needs to change maybe it will have its effects eventually. But the abstinence message I'm not so sure that this message will work. (Group agrees).*

They also felt that in order for government health promotion campaigns to be successful and effective there is a need for thorough research on sexual behaviour. The following excerpts illustrate this:

> *....If government can educate young children about HIV and AIDS the situation can be much better. They need to investigate this thing thoroughly.*
> *We need to know why this country is the way it is (regarding the HIV pandemic) because if you go to countries like China with a bigger population AIDS is not so bad there. They must research this thing.*

8.4.4 Conflicting views on promoting abstinence and condom use

This study's findings indicate that there is a need for abstinence and risk reduction messages geared toward all young people, regardless of their sexual experience. However, there was no consensus about the feasibility of such a message. Some participants indicated that sexual health messages should first emphasize abstinence, and then condom use. However, all participants acknowledged that to abstain from sexual intercourse was difficult. The following excerpt illustrates this.

> *It's not easy to stop something that you are already doing (having sex). Yes a condom yes, but abstaining is difficult. (Group agrees).*

Some students felt that the health promotion message should be changed to that of promoting abstinence (marketing the concept of virginity):

> *Change it around, (message) say for example I might be a virgin but I'm not getting AIDS like you might get if you continue (to have unprotected sex). Make it sound good, that being a virgin is kwaai (is good) (Sell the concept of virginity).*

Participants acknowledged that condom use is avidly promoted but seemed disillusioned that it had no impact on behaviour change. However, they felt that when marketing health promotion messages, consistent condom use should be stressed and that good quality condoms be provided. The following excerpt highlights this viewpoint:

> *Yes, we are told to use condoms and we see it on all the posters and bill boards and in magazines .We are even given condoms for free and this is good,… but the government specials are not so good. (Quality of the government issued condoms is poor). (Everyone laughs but agree).*

Participants suggested that wanting sex was natural and that some individuals seemed to be addicted to sex. This is indicated in the following excerpts:

> *There are people who are not willing to take responsibility for their actions and who don't condomise. There are also those people who are addicted to sex and don't want to have sex with condoms. Nymphomaniacs who go crazy and still*

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don't protect themselves. So government can try and tell them to change but it won't happen. (Health promotion messages will not be heeded).
 Personally I think that changing the way they advertise these things (sexual health) is not going to do anything because people want to have sex. They've been trying to reach out to us in many ways but teenagers just wanna have sex and whenever there's a different way of doing it (advertising) teenagers are saying 'Aagh its HIV again' and condomise…(same marketing messages are used) They're just doing it (having unprotected sex) anyway. They (those doing the marketing) need to bring in a strong message to use the condom …..everytime you have sex.

The issue of promoting voluntary counselling and testing arose during the discussions.

8.4.5 Promoting voluntary counselling and testing for HIV/AIDS

Participants stressed that voluntary counselling and HIV/AIDS testing should occur regularly. The following extract conveys this*:*

Yes, but if you know you are a sexually active person and you are using contraceptives then what about getting yourself tested regularly? Then if there's doubt in your mind then you'll know if you have yourself tested.

Participants felt that the promotion of HIV/AIDS testing should be a government initiative on an ongoing basis. The following excerpt indicates this:

I think that maybe the government should use the message…the message should be turned around like for ABC. First Abstinence, but if for example you feel you want to do it (have sex), first get tested, then be faithful and be in a relationship, then use a condom…this should be done regularly.

Participants also felt that HIV/AIDS testing was important even if one is not sexually active. The following extract forms a synopsis of participants' sentiments:

Yes, like the time we got tested here on campus. There were a lot of guys standing around, asking you: 'Why you're being tested? What have you been doing'? So I told them 'No, I want to be tested' and say 'I'm negative with proof. …., it's not about getting tested because you're sexually active, but you could stop at an accident and help somebody and perhaps cut yourself and then get into contact with the blood and become infected. …. Or through needles.

An issue of real concern was that some participants did not want to know their HIV status. This sentiment is highlighted in the following excerpt:

It is sometimes good not to know your status.... there are people when they have HIV or AIDS , they become sick and you eat but you become sick again (recurring illness) and you battle (suffer) alone (no assistance during illness). Others don't want to have that stage. They want that when they're sick, they want to die. That is why they prefer not to go there (get tested). They just want to become sick, one go (student clicks fingers) then die.

8.4.6 Promotion by means of leisure activities and the use of media.

Literature underscores the importance of effective marketing of health promotion messages to young people. Mass media, such as radio, television and print media, should be used to raise awareness in the policy area, encourage responsible sexual practices and publicise available services and sporting and recreation events in the community (Delva & Temmerman, 2006, UNAIDS, 2013).
Participants in this study stressed that young people's need for leisure activities as a way of promoting healthy living should be given attention, particularly those living in poorer communities.
The following insert depicts this:

Where I live in Langa they encourage kids to take part in sports activities, things that will keep them busy. Because peers hold more influence over you when you are not busy, or occupied with positive things. They say the devil finds work for idle hands and minds. When they busy with good activities they won't do bad things. So this could keep them from having sex.

The above narratives underscore participants' concerns about the current situation concerning the marketing of health promoting messages. They indicate that if these messages are marketed effectively it could result in promoting

safer sexual practices (condom use, reduce the number of sexual partners) among young people and so fight the AIDS pandemic. These sentiments are also of international concern and is reflected in the UNAIDS (2013).

8.4.7 *Use of media in promoting safer sexual practices*

As previously highlighted the media can play a significant role in sexual health promotion. In this study, participants generally perceived the media as having a negative influence on the promotion of safe sex messages. However, literature does indicate that the media can play an important role in promoting safe sex messages. For example, media and entertainment are often effective ways of reaching young people. James et al. (2005: 158) highlight the importance of print media in the context of health promotion. They found that print media could be used to influence and reduce behaviours that place young people at risk for disability and disease. Print media that considers the characteristics and factors that lead to a problem and that is developed in conjunction with relevant stakeholders, including the target group, have been found to be more effective.

The Kaiser Family Foundation and the South African Broadcasting Corporation(2007), Young South Africans, Broadcast Media, and HIV/AIDS Awareness National Survey (2007) found that media in general, and radio and television in particular, play an important role in the lives of most young South Africans. Large majorities live in homes with a radio (87%) and a television (74%). Two-thirds indicated they watch television (66%) and listen to the radio (68%) every day or almost every day, and most say they do more of both on the weekends. Broadcast media has a significant role to play in HIV prevention in South Africa, and much investment has been made in HIV awareness and education through the media in recent years.

As previously mentioned, young South Africans living in rural areas are more likely than those in urban formal areas to place lots of trust in radio disc jockeys or talk show hosts, fictional television and radio characters, political leaders, and popular sports and music stars as sources of information about HIV/AIDS. Regarding messaging, young South Africans are significantly in favour of more HIV/AIDS messaging in the media; eight in ten agree there should be more HIV/AIDS messaging and programming on radio and television. They also strongly support messaging that is hopeful and culturally relevant, focussed on young people's aspirations, and offers straightforward information about how to prevent HIV/AIDS (The Kaiser Family Foundation, & the South African Broadcasting Corporation, 2007).

Siphepho and Gmeiner (2000: 29) and Newbold and Campos (2011) found that the most important media influence on the youth was from movies and television. Thus, to communicate the importance of the fight against the spread of HIV/AIDS it could be beneficial to use television stars as popular role models to convey this message. However, Evans (2006) cautions that because of the rapid increase in the use of digital sources of health information, individuals having low income and low education will find it increasingly difficult to access health information. He states that this 'digital divide" affects a large number of individuals both in the United States and the Western world. Evans therefore advises that to reduce health inequality, it is crucial to develop effective health messages through rapidly identifying and adapting them to appropriate audiences (which are themselves aslo rapidly undergoing changes).

9. Discussion and Conclusion

This study's findings concur with other research. Tucker Fenton Peckham and Peeling (2012) state that social marketing serves as a reminder to health promotion practitioners to avoid using campaigns and strategies that emphasize a problem rather than positive, self-empowering themes. Morris and Clarkson, (2009) suggest that the social marketing framework provides a practical solution-focused framework for systematically understanding barriers to individual behaviour change. It is thus able to design suitable interventions. They further state that it presents a much-needed approach to behaviour change, previously inflexible. The social marketing framework has a number of unique strengths. It provides mobilization of current learning and thus re-energises it. Social marketing is able to link problems to solutions within a single analytical framework, which is both comprehensive and parsimonious. Thus, it broadens the focus of analysis of barriers to change and includes factors hitherto largely neglected in practice, but crucial to bringing about change in professional practice: They state that it is change to the system that unlocks behaviour change in individuals (Morris & Clarkson, 2009). Participants in this study concur with Grier and Bryant (2005) who contend that rather than view marketing's orientation as just another programme-planning tool or novel intervention to prevent disease, public health organizations could benefit from viewing the consumer as the centre of everything they do, inviting consumers to be partners in determining how to best meet their health needs. This study's findings also support Tucker, Fenton ,Peckham and Peeling (2012) who purport that social marketing is able to make sexual health more attractive to subsets

of high-risk individuals, incentivizes healthy behaviours, and systematically reduce barriers associated with uptake of HIV/STD testing.

10. Limitations

This study's findings could have been influenced by cultural perceptions regarding sexual behaviour. The gender of the researcher could have possibly influenced the sharing of information by participants, relating to sexual practices. Some participants' cultural and religious norms could have deemed it inappropriate for males to discuss sexual issues with a female researcher. Thus, getting information from particularly male students could have been influenced by this factor. Despite these shortcomings, the current study was able to explore the views and perceptions of FET college students' on health promotion programmes for safer -sexual practices.

11. Recommendations

Future research could examine the effectiveness of cultural social marketing approaches to improve sexual health promotion. Further research could also focus on how these interventions could be tailored to reflect community concerns and particularly to reach the different segments of the community through the use of social marketing approaches. Thus, the researcher agrees with Merzel and D'Affitti (2003) who propose that a social marketing strategy for health promotion should include a three-tiered approach: (1) one-on-one interventions for high-risk individuals, (2) community-based interventions that endeavor to change social norms, and (3) policy-level efforts that could support and change the social and political environments. These strategies could be used to gradually integrate programme components, with interventions that effect attitudinal and other social environmental changes that could be implemented before focusing on individual behaviour change. Thus, the findings of this study could be used to inform the future development and implementation of effective health promotion programmes by using the elements of social marketing theory.

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