

Media Sexual and Reproductive Health Taboos in the Middle East and North Africa (MENA)

Ibrahim Saleh

It is very difficult to write about or discuss publicly the sexual and reproductive health, particularly in the Middle East and North Africa (MENA). (Farzaneh Roudi-Fahimi & Lori Ashford, 2008: 37-54)

Female adolescents in many developing societies are still facing various forms of discrimination due to their gender, race and class. Communication must become central to development thinking and practice in relation to the Middle Eastern and North African nations (MENA), otherwise any regional initiatives to improve the lives of people in this troubled region will never succeed.

One could say that this same reality is a major cause of the current widespread incidence of sexually transmitted diseases among adolescents as a result of poverty, poor health status, low literacy level, high number of young people, and inadequate knowledge about the diseases. In addition, the cultural paradigm of polygamy, violence and cultural pressures to present one's premarital relationship as moral have prevented young girls from negotiating safer sex (Lau & Muula, 2004; Smith, 2004; Owolabi et al., 2005).

Worldwide, young people have been identified as being at particular risk of HIV infection, with the majority of infections due to unprotected sexual intercourse. Several studies have established early sexual debut, multiple sexual partners, and low and inconsistent rate of condom use (Olayinka & Osho, 1997) as risk factors among youths.

On the surface, MENA is known for its strong family values and conservative and patriarchal culture, which is a cliché used to hide the realities of the situation in MENA. Some of these same norms can become barriers to informing young people, especially girls, about the health hazards of sexual activity and about reproductive health.

In the available social science literature, or in the information disseminated to the general public and policymakers, it is very common for the child or ado-

lescent to be seen as separate from the family and the community. Moreover, in a male-dominated society, the cultural setting is typically biased towards the male with the utmost power, while the female is degraded, regardless of all the cosmetic empowerment. There is also an obvious lack of integration among the multiple service delivery systems in the MENA region. As such, when it comes to allocating funds, there is an urgent need to achieve an aggregate view on health, education, media and social services dealing with children and adolescents.

It is, thus, mandatory to think of sexual and reproductive challenges using a single service delivery system mindset, and to look across systems, in contrast to the current dilemma of lack of vision. Among the many obstacles facing media literacy in MENA are sexual and reproductive health issues, where premarital sexual relationships are generally forbidden, and the media's tackling of them is often considered taboo (Saleh, 2009). This situation reflects a society characterized by extreme hypocrisy and self-denial, where everyone thinks about it, but no one admits it. The problem of sexual taboos is also a result of the reality of a male-dominated society that allows men to have pre-marital sex while condemning women for the same thing. The media systems in MENA are still not grasping the fact that today's audience is much smarter than the media give them credit for, and those who are able to take advantage of that fact will reap the future rewards (Saleh, 2010).

Factors reinforcing sexual taboos

The present article analyses the persistence of the current sexual taboos as a result of concurrent factors: the inadequate understanding of life-span development, divergence in the public and political will, lack of professional development of media educators, and the disconnection between research, policy, and practice in the field of media development.

The inadequate understanding of the life span factor is explained as a result of focusing on preventing illness and injury by thinking about pathology instead of thinking about development. Hence, most of the media discourses prioritize prevention instead of optimizing development.

At the same time, building up the public and political will as a vehicle for improving health and media education is an overarching issue. Politics and political communication in many parts of the MENA region focus on personal gain and economic restructuring with minimal interest in encouraging a change in the current cultural mindset, which obviously hinders development. It is believed that a major impediment to development is a lack of understanding of the extent to which individual attitudes and policymakers' attitudes towards making public investments affect the youth in the societies and generations to come, as a result of this marginalization and negligence in many situations. And in oppressive societies such as MENA, the public usually reaches a state of hospitality because of the continuous hardships they encounter on a daily basis.

Many intellectuals and activists in MENA share a collective scepticism about the lack of professional development in related fields such as media and health care. It is thus common to find many of them supposedly knowing nothing about tactics and strategies to reach out to the younger generation, and they are often entrapped in their own fear of speaking out and stirring the stagnant waters. The current public health workforce is both insufficient in size and education to adequately implement health promotion strategies and collaborative practices, in addition to its lack of interest and even motivation with regard to using the available scarce resources for training and professional development.

Last but definitely not least, the disconnection between research, policy, and practice has made the situation toned with absolute oxymora (Saleh, 2009). In many cases, the suggested official policies do not address the challenges of such taboos, resulting in a real dialogue of the deaf between science, media and policies. The irony here is policymakers' persistence in focusing on the problem and adopting a diagnostic normative approach to it, instead of taking a rather bold prescriptive approach by offering solutions and at least utilizing the experiences of other show cases in the global south. Furthermore, the political culture in MENA has imposed the same syndromes and illnesses on the media and science, which is why there is no real consensus about what constitutes well being. As such, there is reluctance concerning the lack of comprehensive data, the lack of longitudinal data, and the need for more funding for data collection. Some respondents also believe that there is a lack of clearly defined outcomes. For example, "youth development" has become a catchall phrase that means everything and nothing.

In many occasions, policymakers in the region do not do enough to support more open, transparent information and communication systems. Nonetheless, it is time to wake up and harness the growing power of information and communication technologies (ICTs), such as mobile telephones and the Internet, and to do more to support the media in addressing these burning issues that threaten the whole society. Many adolescents in MENA divert to other satellite channels and navigate through the Internet for the entertainment they want, though the same communication channels could include embedded and direct public awareness campaigns, if the situation were carefully monitored and the messages carefully designed, packaged and branded.

In all cases, media experts need to move and evolve past this, and deal with the culture on a more sophisticated, adult level. Until this move is fully realized, the sexual taboos will always move the MENA region backward, jeopardizing the lives of young uninformed people.

These two problems – self-denial and male hypocrisy – must be transformed into openness and equality through dialogue and media discourse, as the risks associated with sexual relationships, both married and unmarried, are heightened by young people's lack of access to information and services related to sexual and reproductive health.

It is important to note that the situation is not homogeneous in MENA, as young people's experiences of marriage and childbearing vary greatly across

the region. However, young people generally feel reluctant to seek information about sexuality and reproduction from their parents, fearing their parents will assume they are engaged in forbidden activities. Moreover, given the societal context, parents themselves also feel awkward discussing sexuality with their children, and they are not prepared to do it.

Data on sexually transmitted infections are scarce, and little of the existing data are disaggregated by age. And the media's credibility as regards giving detailed and accurate information is questionable. There is an adage that says you cannot give what you do not have. Thus, the *mal-fatigue* of the media is reflected in their failure to provide informative and appropriate discourses, though it should be very important for them to be able to deliver high quality information that will impact positively on the behaviour of schoolchildren and adolescents.

Nevertheless, great disparities in knowledge remain between the different mass media and among different countries in the MENA zone. The limited available data show that the threat of sexually transmitted illnesses (STI) is more common among young people than among other age groups. The 2005 Demographic and Health Survey in Egypt revealed that only 18 per cent of the married women aged 15 to 24 had heard of gonorrhoea, syphilis, or Chlamydia, all of which can be transmitted through sexual contact. However, 22 per cent of these women reported having had abnormal genital discharge and genital sores and ulcers, which could be symptoms of STIs (El-Zanaty & Way, 2006).

In a study conducted in Morocco, 40 per cent of STIs recorded were among young adults aged 15 to 29, putting the estimated number of new infections in this age group at 240,000 per year (Tawilah, 2002).

A recent study of married women in Oman found age to be the most important risk factor for STIs. Women under age 25 were twice as likely to have an STI as women aged 25 and older (Mabry, Al-Riyami & Morsi, 2004).

The Pan Arab Project for Family Health investigated the knowledge of young people about sexually transmitted diseases – see Table 1.

Table 1. Knowledge among young people about sexually transmitted infections, per cent

Sexually transmitted infection	Tunisia (2001) Ages 18-29	Syria (2001) Ages 15-24	Algeria (2001) Ages 15-29
HIV/AIDS	86	85	96
Genital Warts	20	2	0
Candidacies	40	10	2
Gonorrhoea	37	10	2
Syphilis	28	14	7

Source: Pan Arab Project for Family Health, *Arab Family Health In Numbers*, Youth, No. 7 (2006)

The role of media and media literacy

For various religious and cultural reasons, media educators never acknowledge the role of media literacy in reducing the risk of many health problems, such as unintended pregnancies and unsafe abortions, as well as acquiring HIV/AIDS. The irony here is that the majority of people in MENA have only heard about HIV/AIDS, yet they still may not know how it is transmitted.

Sex education curricula in MENA schools are rare, and where they do exist, the sections on sexual and reproductive health are often skipped because teachers are unprepared or embarrassed to teach them.

The media in MENA have promoted a sort of adolescent sensibility in relation to sexual taboos, by following the slogan that the MENA region is a value-protected society.

The social impact of the media includes improving the quality of education, informing the public about health threats and safe practices to avoid them, serving local communities by bringing attention to their needs, and in times of disaster, providing information and sources of assistance to people displaced from their homes.

The media are not used to serving the local communities by providing information relevant to them. For example, there is a lack of consideration for community-level needs to access information (Graves, 2007). Many times even the radio, which is the most suitable medium in the region due to the illiteracy rates and poverty, is entrapped between the financial squeeze, commercialization, weak content and the patron state's control and exploitation of its ownership and management. Indeed, the situation in the more elite print media and the new media is no different.

Eliminating poverty is a cornerstone of the overarching strategy for addressing such complicated issues and realizing the millennium development goals. The MENA societies are at the crossroads of differential knowledge. Those who are well connected are doing well, but the majority of the public are forgotten by the military or business elites. Having said so, economic and educational factors must be carefully addressed before any specific health needs can be met, because there is an increasing excess risk in the current poor environment, with the exception of few oil-producing countries in the region, indicating that improvement of the environment offers protective effects.

However, the media could still play a significant role in addressing this issue in three situations:

- First, if the media were used as a powerful tool to break the culture of silence surrounding sexual and reproductive health.
- Second, if the media were to provide information to the general public, by making sexual and reproductive health a hot topic on governments' development agendas.

- Third, if the media were to become a refuge to fill the gap, by talking openly about sexual and reproductive health to limit the potential risks for young people in MENA.

Media education and media literacy could encourage democratic development by giving people a voice and providing a window for transparency in government; by informing citizens; and by educating the public about social concerns, including those of marginalized groups.

The media could certainly improve health practices related to reproductive and sexual diseases. For example, a 2001 study found that 38 per cent of teenage African respondents with high exposure to *Soul City TV* said they always use condoms, compared to 31 per cent with medium exposure and 28 per cent with low exposure. And uneducated women in Zambia who are regularly exposed to broadcast media are twice as likely to use birth control as those exposed to no media (Garenne, Tollman, Kahn, Collins & Ngwenya, 2001).

Communication and media are essential "public goods" that could urge governments and civil society to take an integrated and sustained approach to their development, which could empower the people to be unleashed to meet the millenium development goals, though as yet there is no clear commitment to them. Panos London's 2007 report *At the Heart of Change* states that political processes are communication processes and that communication lies at the heart of good governance through inclusion of the marginalized in the debates and decisions that affect their lives.

Conclusion

In conclusion, the media can certainly influence public policy. But youth sexuality is still a sensitive topic, and many societies in MENA pay insufficient attention to the rights of young people. Moreover, both media educators and policymakers must take into account the political, social, and economic context surrounding young people lives and consider how this affects young people's sexual and reproductive health.

Governments and NGOs (non-governmental organizations) should play a more proactive role in promoting comprehensive sex education in the schools, particularly by working with parents and training teachers. In the meantime, drop outs and illiteracy must be considered and included in media campaigns to ensure that the message gets to out-of-school youth who may be particularly vulnerable to sexual and reproductive health risks.

There is an urgent need in MENA to expand education and communication on sexually transmitted infections, including HIV/AIDS, using the mass media, the Internet, and telephone hotlines.

It is crucial to integrate sexual and reproductive health services for young people into existing primary health care services, ensuring that staff will be receptive to young people, guarantee their privacy and avoid judgemental behaviour.

A cornerstone in overcoming this miserable situation is to adopt and develop innovative and culturally appropriate ways to provide condoms and make them socially acceptable. Priority must be given to research conducted on the sexual behaviour of young people, including those who are unmarried, and on their perceptions about their sexual and reproductive health needs.

This issue relates to youth, and hence they must be involved in the media design of sexual and reproductive health programmes to ensure that such programmes are relevant and understood, and to motivate young people to take responsibility for their health.

There is much to be learnt from similar settings in the global south, though the iceberg of cultural beliefs and the way of life in MENA make it imperative to conduct local research on the legal, cultural, social, and other barriers that stand in the way of improved sexual and reproductive health. The region is desperate to benefit from such research, from communicating the results to decision makers, and from designing culturally appropriate, evidence-based policies and programmes.

At this historical moment, it is essential to change the mindset of the younger generation through the media and work collectively to improve the role of the media in covering sexual and reproductive diseases. Researchers, academics, professionals, and advocacy groups must invest more time and energy in linking health research to the media discourse at three different levels to make a difference in the present dim picture, by facing the current challenge of change and development through the prism of agenda setting, coalition building, and policy learning.

This approach includes presenting new information at public events, engaging policymakers, and high level of management in the media, with the intention of capturing the attention of policymakers and society at large. In addition, the approach includes educating the educators in different schools and universities, as well as the media professionals and journalists at the lower managerial levels, by building their skills premium and empowering the horizontal networking of the advocacy networks or alliances. There is also a need to break barriers between academics and professionals and to connect, bridge and link health research with the media to create media messages that can accommodate the diverse public in different parts of MENA.

Lastly, media education should play its role in getting the right groups to the "table" and in getting them excited about being a part of something bigger than any one group alone. This goal can only be attained through the establishment of links throughout public health community, which could have strong and direct impact on the future development of not only youth, but also the whole society at large. This concerns especially eliminating disease, developing health behaviours, spreading knowledge about sexually transmitted illnesses and removing the veil of blindness, allowing the region to be transformed into a more harmonious society that is true and honest in its hope for development.

References

- Demographic and Health Surveys (www.measuredhs.com)
- El-Zanaty, F. & Way, A. (2006) Egypt Demographic and Health Survey 2005. Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro
- Garenne, M., Tollman, S., Kahn, K., Collins, T. & Ngwenya, S. (2001) Understanding Marital and Premarital Fertility in Rural South Africa, *Journal of Southern African Studies*, Vol. 27, No. 2, Special Issue on Fertility in Southern Africa: 270-290
- Graves, P. (2007) Independent Media's Vital Role in Development, Centre for International Media Assistance, National Endowment for Democracy, Washington, DC, USA, <http://cima.ned.org/reports/independent-medias-vital-role-in-development.html>
- Lau C. & Muula S. (2004) HIV/AIDS in sub-Saharan Africa, *Croatian Medical Journal*, 45(4): 402-414
- London, P. (2007) At the Heart of Change: The Role of Communication in Sustainable Development. Centre for International Media Assistance, National Endowment for Democracy, Washington, DC, USA, http://gfmd.info/images/uploads/Panos_Heart_of_Change.pdf
- Mabry, R., Al-Riyami, A. & Morsi, M. (2007) The Prevalence of and Risk Factors for Reproductive Morbidities Among Women in Oman, *Studies in Family Planning*, 38 (2): 121-28
- Olayinka, B.A. & Osho, A. A. (1997) Changes in attitude, sexual behaviour and the risk of HIV/AIDS transmission in southwest Nigeria, *East African Medical Journal*, 74(9): 554-60
- Pan Arab Project for Family Health (PAPFAM) surveys, www.papfam.org
- Roudi, F. (2000) Numbers don't lie: Demography holds Iran's destiny, *The Iranian*, May 31, 2000, <http://www.iranian.com/Opinion/2000/May/Majlis/index.html>
- Roudi-Fahmi, F. & Asford, L. (2008) Sexual & Reproductive Health in the Middle East and North Africa: A Guide For Reporters. Ford Foundation Office. *Population Reference Bureau*: 37-54
- Saleh, I. (2009) Media Literacy in MENA: Moving Beyond the Vicious Cycle of Oxymora, *Mapping World Media Education Policies, Latin American Scientific Journal of Media Education Comunicar, Comunicar*, 32 (1): 155-176
- Saleh, I. (2010) Media Education in the Middle East & North Africa (MENA): Dancing Naked in a Swamp of Coercive Societies, International Association for Media & Communication Research (IAMCR), Braga, Portugal
- Shepard, B.L. & DeJong, J.L. (2005) *Breaking the Silence: Young People's Sexual and Reproductive Health in the Arab States and Iran*. Boston: Harvard School of Public Health, www.hsph.harvard.edu/pihhr/files/Shepard_publication.pdf and www.prb.org/pdf08/MENAYouthReproductiveHealth_Arabic.pdf
- Tawilah, O., Tawil, S., Bassiri, S. & Ziady, H. (2002) Information needs assessment for HIV/AIDS and STIs in the eastern Mediterranean region, *Eastern Mediterranean Health Journal*, 8(6): 689-698