

Research Article

Sexual Intercourses, Between Pleasure and Precautions with Adolescents in the Abidjan District

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Abstract: This study analyses the ideological referents legitimizing sexual practices and the perception of risk among adolescents in the Abidjan District. The study is based on a purely qualitative approach with appropriate investigative tools and analyses this social fact through the structural approach, which is a fundamental theoretical current of systemic analysis (Alpe 2007). In this study, the structural approach allowed us to identify ideological references on the quality and techniques of condom use as structuring elements of risk factories among actors, defensive or avoidance strategies for the practice of sexuality among adolescents and conditional acceptance of sexual practices among adolescents.

Keywords: Sexual intercourse, Precaution, Adolescents.

1. INTRODUCTION

In Africa, condom use during sexual intercourse remains generally low and varies from country to country. Indeed, in Zambia and South Africa, more than 70% of unmarried young people report using this method during their last sexual intercourse, compared to more than 50% in Gabon and Zimbabwe. On the other hand, less than 30% say the same thing in Senegal and Togo and even fewer in other countries such as Egypt (Finger and Pribila, 2003 cited by Vonan and Agobe, 2016). This indicates that sexual habits are slowly changing in Africa and even if condom use among sexually active unmarried young people has risen from 5.3. % to 18.8.%, this increase is still too limited (Memisa France, 2007). However, promoters of condom use and in particular the medical profession, through numerous awareness-raising and information campaigns through the media, continue to encourage all social strata and especially the highly sexually active social strata constituted by adolescents and students to accept and practice the use of condoms during sexual intercourse (François A, et al, 2012 cited by Vonan and Agobe, idem). An empirical observation shows that condom use rates are decreasing among young people. Despite the various awareness campaigns, condom use among sexually active unmarried young people is still very low. In Côte d'Ivoire, AIMAS had conducted a study on condom use during high-risk sex among urban youth and measured the quality of coverage and access

to contraceptives. This study shows that most young people have knowledge of the risks associated with HIV infection and unwanted pregnancies. She also argues that the use of condoms to protect against the AIDS virus is most often cited among young people who have declared themselves sexually active (91.4% compared to 88% of young people without sexual experience). Indeed, 42% of men have more than one partner compared to 20% of women who have more than one, and 38% of young people do not use condoms with prostitutes, this study reveals (AIMAS, idem). In response to this bleak situation, health policies have developed strategies to help young people adopt health-promoting behaviours in a sustainable manner. Among the strategies used, behaviour change communication (BCC) is a key element in the prevention of HIV/AIDS and other sexuality-related problems. This approach focuses on the relationship between the transmission of the message and its receptivity by the target. It also emphasizes the dissemination of information and is not limited mainly to awareness-raising, in the sense that traditional or persuasive communication has limits when it comes to touching behaviours (Bernard & joule, 2004; joule & Beauvois, 1998; 2002). Quoted by Vonan and Agobe, op cit). Paradoxically, an empirical observation shows that many adolescents in Abidjan District do not systematically use condoms even though they have high-risk practices. There is a gap between discourse and practice, with condoms being more

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claimed than used (Antunes M., 2002). To this end, what are the ideological productions legitimizing sexual practices and risk construction among adolescents in the Abidjan District? Indeed, this study analyses the gap between sexual pleasures and risk factories in a category of actors. Specifically, it is:

- Identify perceptions of condom use during sexual intercourse;
- Identify the defensive strategies of adolescent risk factories;
- Define conditional acceptance of sexual practices between adolescents.

ii. Theoretical and Methodological Approach

Based on the theory of social constructivism, a current of contemporary sociology popularized by Peter L. Berger and Thomas Luckmann in their book *The Social Construction of Reality* (1966), social reality and social phenomena are considered as "constructed", i. e. created, institutionalized and, subsequently, transformed into traditions. Thus "social reality" always appears as doubly constructed: objectively, through experiences, and subjectively from categories, types, proposals, in short the languages that put them into words. From a methodological point of view, the study is based on a purely qualitative approach. It runs from 28 November 2018 to 5 January 2019 inclusive among 31 adolescents in the District of Abidjan, including 21 adolescents between the ages of 10 and 19 (The age range of adolescents according to the World Health Organization - WHO) and 10 adolescents between the ages of 10 and 19. With them, semi-structured interviews were conducted to understand ideological productions and risk factories during sexual intercourse. The choice of respondents is based on the criteria of the age variable. The different themes identified during the interviews were made intelligible on the basis of the thematic content analysis (Krippendorff, 2003). This approach has resulted in the following results:

III. RESULT.

1. Ideological References on the Quality and Techniques of Condom Use as Structuring Elements of Risk Factories.

The condom is most often negotiated in sexual intercourse at the beginning of the relationship. Putting on a condom contributes to a certain tension between erotic and technical practices. Indeed, it's unfolding and adjustment accentuate the unsightly and premeditated side of physical love (Vonan and Agobe, 2016). This is also evident from D.J.'s comments: *"Condom use is not easy. It happened to me several times that it broke when I unrolled it on the penis. This situation makes you uncomfortable in front of your partner. This often justifies negotiating with the partner about not using condoms."* This attitude seems unattractive. However, the experience was confirmed by the study carried out

by Vonan and Agobe (idem) showing that the use of condoms is a constraint, because it is often not obvious that it is possible to put them on the sex when the sensations are strong; which sensations often make you lose control of yourself. Under these conditions, the desire to satisfy so quickly, a desire that one is often in a hurry and the condom can be misplaced or broken. What to do? The actors are already engaged in sexual intercourse. In the heat of the action, we get carried away and take the risk of continuing the action. This ideology is part of the fabric of the risks incurred during sexual intercourse. This is what A.M. testifies to in these words: *"I don't often manage to control my feelings, once I find myself with my partner to engage in sexual play. Condom use seems to be a demotivating factor at the moment. For me, there is no such thing as zero risk during sex. Because we don't even know what products are inside the condom. Public opinion grants blind protection to condom use in this sense. Second, we could be able to enroll the condom around the penis and have sex. But how many people know what should be done after sex play. Personal experience has shown that after sex play, you don't often take the time to get rid of it. Semen residues could lead to consequences that we would like to avoid in the beginning, in this case the transmission of HIV/AIDS or other diseases."*

Consequently, the difficulties encountered by actors in using condoms constitute structuring elements that legitimize their positioning as to their systematic non-use during sexual games. In addition, the conditions of access to quality condoms are also one of the determining factors for non-use during sexual intercourse (Vonan and Agobe, op cit). In addition to the above-mentioned ideologies of risk manufacturing, other actors interviewed during this study highlighted problems of accessibility to quality condoms, which are generally sold in pharmacies or supermarkets. In fact, condom use takes place in the private sector, but its image resonates in the public sphere and is often a source of stigmatization. As a result, actors are embarrassed at the idea of obtaining condoms where they may be recognized, since everyone is dependent on the probative view of others (Mulot S, 2009).

2. Defensive or Avoidance Strategies for Adolescent Sexuality Practice.

Pierre MOULIN in 2007 based on a qualitative study conducted with 60 health (46.7%) and social work (53.3%) professionals to identify representations of sexuality and its impact on professional practices. From this study, the author highlighted avoidance strategies or behaviours developed by health professionals that are based on relational norms transmitted during their initial training and refined during their professional experience. For example, the practitioners interviewed repeated to satiety the urgent need to "put barriers" in the relationship with the patient to avoid any "slippage" on their part, considered a serious professional misconduct because it amounts to

an abuse of power over vulnerable persons; this goes against the ethics ("ethics") of health and social work professionals (Pierre Moulin, idem). In the same vein, adolescents also develop avoidance behaviours with their peers asking for sexual services by applying the educational values transmitted by their families that they develop during the socialization process. It is with this in mind that T.P. tells us in these few words: *"My religion teaches me to have sex after marriage"*. D.B. adds: *"I can let myself be deflowered if I am married"*. From these comments, two paradigms or ideologies emerge. On the one hand, we have the ideology of respect for religious dogmas or attachment to religious values that legitimize or guide the behaviour of actors to engage in sexual play or not. On the other hand, the ideology of social stability as an element of legitimizing the behaviour of actors refrain from any sexual exercise or practice. These empirical findings show that the strategies developed by the actors emanate from or are the result of their socialization process. This process will allow them to acquire institutional or family values of sexual maturity.

3. Conditional Acceptance of Sexual Practices between Adolescents

Pierre Moulin's (op cit) study showed that sexuality between the elderly is usually considered shocking, but also by families who refuse to have their parents enter into new relationships with other people, most interviewees consider that sexuality is an inalienable right even in old age ("We have the right to have feelings") and that there is no question of violating it in any way (refusal to separate couples forming in the institution) as long as the loving relationship remains "discreet" and "respectful" of others between two consenting adults. It also appears that discretion, respect and mutual consent constitute the outlines of a normative framework for a potentially tolerable sexuality for adolescents (Pierre Moulin, op cit). These empirical observations are confirmed by the comments collected from A.V.: *"Sexual desire is not related to age. It is a natural feeling to satisfy your libido. Philosophy teaches us this easily through the example of the Oedipus complex. Who among us could prevent erection? Or could prevent feelings of love? These are things that do not depend on the responsibility of the individual but on the biological constitution of the human being. Sexuality is a behaviour that everyone could appreciate according to their position or socio-cultural affiliation."* These ideological considerations highlight the educational trajectory of adolescents, some of whom open themselves to sexual play in adolescence and others to abstinence from sexual intercourse at that age. As a result, the factories of the actors' different sexual risks do not depend on a single element but on a set of social configuration and social practices acquired during the socialization process.

IV. Discussion of the Results

In short, the study relied mainly on constructivist theory (Peter L. Berger and Thomas Luckmann; 1966) to account for the meaning, ideological referents of practices and practices related to sexual practices among adolescents. From this point of view, she showed how ideological considerations highlight the educational trajectory of adolescents, some of whom open themselves to sexual play in their teenage years and others to abstinence from sexual intercourse at that age. As a result, the factories of the actors' different sexual risks do not depend on a single element but on a set of social configuration and social practices acquired during the socialization process.

Indeed, social practices and the assumption of identifying defensive strategies of adolescent risk factories protect adolescents from immature sexual intercourse. Thus, the assumption of conditional acceptance of sexual practices between adolescents based on ideological productions is articulated and interpenetrated to assess risks and to make a rational choice of sexual relationship. It can therefore be concluded that adolescent sexual choices combine two seemingly opposing logics: a cultural logic that guides adolescents' sexual behaviours and a logic based on adolescents' free will to satisfy their libido.

By retracing the contours of representations of sexuality among health and social actors, these multiple discourses call for several general comments. It should be mentioned that sexual conduct is problematic (Pierre Moulin, op cit).

For the author, first of all, it seems that sexuality is above all thought of as a problem by the interviewees, its multiple forms being all associated with a danger (thereby erasing the notions of desire and pleasure), whether it is: the eroticization of contractual relations that threaten professionals or the dignity of users; sexual harassment conduct in the workplace, originating from men who exceed their hierarchical power over women who are subordinate to them (Pierre Moulin, op cit). In this respect, the results of this study are to a degree consistent. Indeed, a study by Vonan and Agobe (op cit) showed that students adopt a defensive attitude towards the problem of condom use, which is most often reflected in the denial of risk and in a representation of sexual act as a pleasure in its own right, free from any concern. This denial of risk will be all the more important if the sexual relationship takes place under the effects of alcohol. From this point of view, our results are in line with those of (Vonan and Agobe, op cit) showing that the use of adolescent sexual intercourse to ensure social autonomy through free will.

V. CONCLUSION

This study is a contribution to the sociology of reproduction and health risks.

Its objective was to analyse the ideological referents legitimizing sexual practices and the manufacture of risks among adolescents in the Abidjan District. This study is purely qualitative with appropriate survey tools (semi-directive interview, literature review) and analyses this social fact through the structural paradigm, which is a fundamental theoretical scheme of systemic analysis (Alpe 2007). In this study, the structural approach allowed us to show that adolescent sexuality refers to social space in the sense that the issue of gender is to be able to talk about it around you. Because, according to the actors despite the free will or ideological referents of each person to engage or not in sexual play, sexuality is still a taboo subject for audiences. In addition, the study showed that the factories of the actors' different sexual risks do not depend on a single element but on a set of social configuration and social practices acquired during the socialization process. As a result, social practices and the assumption of identifying defensive strategies of adolescent risk factories protect adolescents from immature or mature sexual intercourse. Thus, the assumption of conditional acceptance of sexual practices between adolescents based on ideological productions is articulated and interpenetrated to assess risks and to make a rational choice of sexual relationship.

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