

SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE, ATTITUDES, AND PRACTICES AMONG EARLY ADOLESCENTS AND YOUNG ADULTS IN UGANDA: FINDINGS FROM A LINK UP EXPLORATORY STUDY

In sub-Saharan Africa, adolescents and young adults (ages 10–24) are faced with high levels of unintended pregnancy and a disproportionately high HIV burden—particularly among adolescent girls and young women. In Uganda, youth comprise nearly 40 percent of people living with HIV, and prevalence among young women is nearly twice that of young men (7 percent vs. 4 percent).¹ Ugandan adolescents initiate sexual activity at an early age, with 60 percent of women and 47 percent of men having their first sexual experience before the age of 18, and 13 percent of women and 12 percent of men having sex before age 15. Furthermore, roughly one-third of young Ugandan women have an unmet need for family planning.¹

Although most sexual and reproductive health and rights (SRHR) programs target young people ages 15 to 24, there is growing global recognition that early adolescents (EAs, ages 10 to 14) should not be neglected in these efforts. The crucial transition between early and late adolescence is characterized by dramatic social and biological changes, as well as emerging sexuality.² Studies among EAs routinely suggest that they possess limited knowledge about fertility or HIV prevention, yet a notable proportion are sexually active.² In addition, these young people are increasingly internalizing gender norms—i.e., societal expectations about how men and women should behave. Even before they are sexually active, EAs may harbor the expectation that boys should be sexually active and girls should be sexually passive.³

To develop strategies that are appropriate for both Ugandan EAs and adolescents and young adults (AYAs, ages 15 to 24), programmers and policymakers require detailed information about their SRHR knowledge, attitudes, and practices, including their views toward inequitable gender norms. In response to these needs, the Population Council collaborated with Makerere University's Child Health and Development Centre to conduct a study of males and females ages 10 to 24 to help inform future programs and policies affecting these young people. This study was conducted as part of the Link Up project, a global consortium led by the International HIV/AIDS Alliance



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As part of Link Up, the Population Council and Makerere University's Child Health and Development Centre conducted a household survey of adolescents and young adults to enable service providers and policy makers to make evidence-based decisions.

KEY MESSAGES

Ugandan adolescents and young adults need comprehensive sexuality education to enable them to make informed decisions about their health.

When designing programs for young people, implementers should take participant age into account and tailor activities to different developmental stages and experiences.

Inequitable perceptions of gender norms are pervasive among Ugandan youth, but the views held by early adolescents were often less equitable than those of older adolescents and young adults.

that aims to improve the SRHR of young vulnerable people.

STUDY DESIGN

From July to September 2015, we conducted a household survey among residents of homes in Wakiso and Kampala districts using two-stage cluster sampling. Eligible participants were males and females, ages 10 to 24. Kampala is entirely urban, while Wakiso is predominantly rural. Survey content included socio-demographic characteristics, sexual behavior, and knowledge about HIV and pregnancy prevention. To measure support for inequitable gender norms, we used a 24-item adaptation of the GEM Scale.^{1, 4, 5}

¹The GEM scale is a psychometric tool that measures inequitable gender norms in four content domains: violence, reproductive health and disease prevention, sexuality, and domestic chores and daily life.

Interviewers also asked the older participants (AYAs) additional questions about more sensitive topics: sexual behaviors and intimate partner violence (IPV). We also conducted qualitative in-depth interview (IDIs) with a subsample of the AYA survey participants: 14 males and 16 females.

RESULTS

Participant characteristics

We interviewed 960 participants; half were recruited from each Kampala and Wakiso districts. About one-third (31 percent) were EAs; 60 percent were female. Gender composition varied by age stratum: 49 percent of EAs were girls, whereas nearly two-thirds (64 percent) of AYAs were women. Eighty-two percent of females had at least secondary education, compared to 70 percent of males. More women than men had ever been married or had children (Table 1).

TABLE 1 DEMOGRAPHIC CHARACTERISTICS (N = 960)

	Male (n = 387) % (n)	Female (n = 573) % (n)	Total (N = 960) % (n)
Age			
10-14	39.0 (151)	25.5 (146)	30.9 (297)
15-24	61.0 (236)	74.5 (427)	69.1 (663)
Marital status			
Never married	96.6 (374)	75.4 (432)	84.0 (806)
Married/cohabitating	3.4 (13)	22.0 (126)	14.5 (139)
Divorced/widowed/separated	0.0 (0)	2.6 (15)	1.5 (15)
Currently attending school			
Yes	65.9 (255)	45.6 (261)	46.3 (444)
No	34.1 (132)	54.5 (312)	53.7 (516)
Highest level of school attended			
Primary	30.5 (118)	18.3 (105)	23.2 (223)
Secondary	32.0 (124)	41.0 (235)	37.4 (359)
Tertiary	37.5 (145)	40.7 (233)	39.4 (378)
Has living children			
No	94.3 (365)	74.7 (428)	82.6 (793)
Yes	5.7 (22)	25.3 (145)	17.4 (167)
Household assets			
Electricity	72.1 (279)	75.9 (435)	74.4 (714)
Television	61.8 (239)	66.0 (378)	64.3 (617)
Mobile phone	86.3 (334)	86.0 (493)	86.2 (827)

When designing programs for young people, implementers should take participant age into account and tailor activities to different developmental stages and experiences.



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Reproductive history and family planning

Many AYA women (39 percent) had ever been pregnant; a significantly lower proportion of AYA men impregnated someone (15 percent). Nearly all participants (94 percent) wanted children in the future; only a small minority of AYAs wanted children soon or now (AYAs: 3 percent). Nearly all AYAs (96 percent), and over half of EAs (58 percent) knew of any methods to prevent pregnancy. Among the 395 AYAs who had had sex in the past 12 months and did not currently want to have a child, about one-third of both women (39 percent) and men (37 percent) were not using a modern contraceptive method (data not shown).

...most of the men don't like them [family planning methods] so it's us women who decide to use them but my husband knows that I am using them because he also does not want a child now.

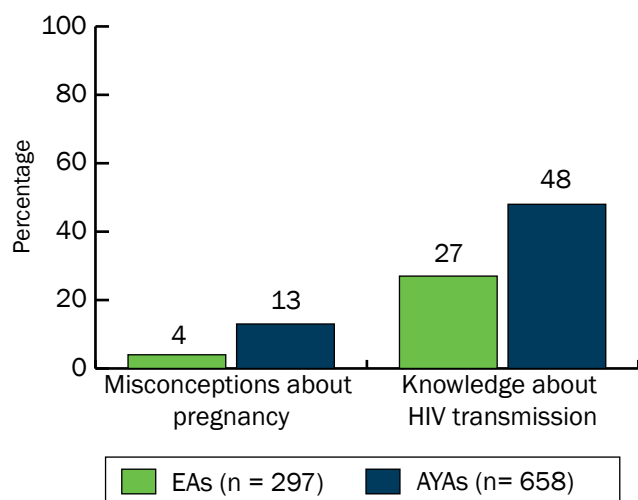
—Married female, age 20

Knowledge of pregnancy and HIV prevention

We assessed participants' knowledge of HIV transmission and pregnancy. Participants who correctly answered all relevant questions were considered to have comprehensive knowledge of either topic. Misconceptions about pregnancy were common. A minority of AYAs (13 percent) and EAs (4 percent) answered all questions correctly (Figure 1). About half of EAs (45 percent) and three-quarters of AYAs (76 percent) knew that a girl can “get pregnant the first time she has sex,” whereas 10 percent of EAs and 20 percent of AYAs knew that a girl “can get pregnant if a man withdraws before ejaculating.” In general, AYAs scored higher than EAs on all questions.

Nearly all participants had ever heard of HIV; 68 percent knew someone who was living with HIV. Twenty-two percent of EAs had ever received HIV testing and counseling (HTC) services, compared with 79 percent of AYAs. AYA women were more likely to have been tested than men. Most participants provided a correct response to at least one of the five questions asked about HIV transmission. Only half of AYAs (48 percent) and a quarter of EAs (27 percent) had comprehensive knowledge of HIV transmission (Figure 1).

FIGURE 1 MISCONCEPTION ABOUT PREGNANCY AND KNOWLEDGE OF HIV PREVENTION (N = 960)*

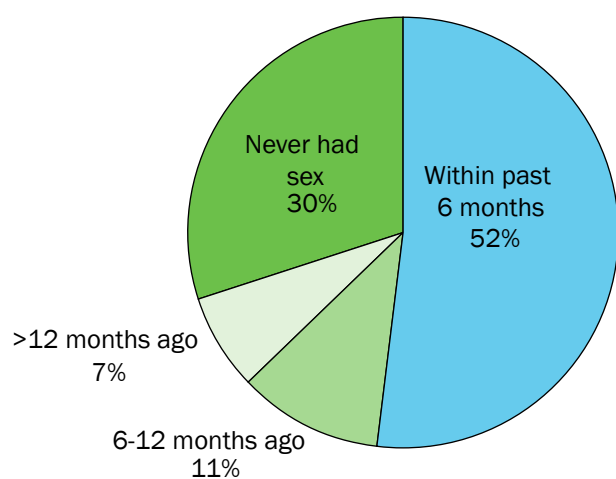


*Misconception about pregnancy prevention was determined if a person incorrectly answered all four questions asking about ways that a pregnancy can or cannot happen. Comprehensive HIV knowledge was determined if a person correctly answered all five UNAIDS scale items asking about general knowledge of HIV transmission and prevention.

Sexual behavior among adolescents and young adults

Seventy percent of AYAs and 4 percent of EAs had ever had sex. As shown in Figure 2, half of all AYAs had sex within the last six months.

FIGURE 2 RECENCY OF SEXUAL ACTIVITY, ADOLESCENTS AND YOUNG ADULTS, AGES 15 TO 24 (N = 660)



Two-thirds (67 percent) of AYA women were sexually active (had sex in the past 12 months), compared to 57 percent of men. Nearly half (45 percent) of sexually active males had two or more partners in the past 12 months, compared with 14 percent of women. Over half of women (58 percent) and one-third of men (32 percent) had not used condoms the last time they had sex. About one-quarter of women (23 percent) and 40 percent of men did not know the HIV status of their last sex partner. Women were less likely than men (49 percent vs. 70 percent) to have used a condom with a partner whose HIV status they didn't know (Table 2).

Nearly half of young women (47 percent) said that they had been paid for sex with money, goods, or services in the past 12 months, and over a quarter of young men (28 percent) had paid someone for sex with money, goods, or services. Many women (41 percent) reported experiencing any symptoms consistent with STIs in the past 12 months.

Intimate partner violence among adolescents and young adults

Among AYAs, two-thirds of both women (67 percent) and men (65 percent) reported experiencing any abusive behavior at the hands of a partner in the past 12 months; 7 percent of women between had been forced to have sex against their will during the same period. Many women (44 percent) and men (50 percent) also

TABLE 2 RISK BEHAVIORS OF SEXUALLY ACTIVE ADOLESCENTS AND YOUNG ADULTS, AGES 15 TO 24 (N = 418)

	Female (n = 285) % (n)	Male (n = 133) % (n)
Had 2+ partners in last 12 months	13.7 (39)	45.1 (60)
Did not use condoms at last sex	57.5 (164)	31.6 (42)
Did not know last partner's HIV status	22.8 (65)	39.8 (53)
Received money/goods/services for sex	47.4 (135)	14.3 (19)
Gave money/goods/services for sex	2.5 (7)	27.8 (37)
Reported STI symptoms in past 12 months	40.7 (116)	12.8 (17)

There are moments when he has forced sex with me and I feel and realize tears in my [vagina].... There are certain private experiences that you may not share with everyone else because they will mock you instead of pitying you, so I do not not even ever narrate this to my neighbors. I choose to keep quiet as a woman because not everything that has happened you have to go talk about it.

—Married female, age 19

reported perpetrating at least one form of violence against a partner during the past 12 months. For example, over half of both women (54 percent) and men (51 percent) reported that their partner had verbally or emotionally abused them, either occasionally or frequently, during the past year. Conversely, 38 percent of women and 40 percent of men reported verbally or emotionally abusing a partner at least occasionally during the past year (data not shown).

He beats me before our children, and I remember one time he beat me thorough and to the extreme whereby one of the children started crying because of what they were seeing.... Every time he beats me, I lose respect before other people. More so in the neighborhood, because they watch and get to know about such incidences so afterwards they mock me and refer to me as a lady who is just there to be beaten....

—Married female, age 24

Views toward inequitable gender norms

Young Ugandans of all ages hold inequitable views toward the roles of men and women. Nearly a quarter (24 percent) of all participants agreed or somewhat agreed that “there are times when a woman deserves to be beaten,” and two thirds (67 percent) felt that “a woman should tolerate violence to keep her family together.” EAs frequently held greater support for inequitable gender norms than their older counterparts. For example, 63 percent of EAs agreed that “a real man produces a male child,” compared to 40 percent of AYAs (data not shown).

“What I had expected out of her is what I got in that she obeys and listens to me and in general her character is good. For instance, if she tells me what she wants to do and I refute it, she doesn’t go ahead to do it. One of the things she does that makes me happy and feel at home is taking good care of me, ...our children, doing domestic chores like cleaning the home....”

—Married male, age 20

Overall, women held less equitable views than men. A larger proportion of women agreed that “woman should tolerate violence in order to keep her family together” and “it is a women’s responsibility to avoid getting pregnant,” for instance (Table 3).

A man can’t cook when a woman is around, and can’t clean the house when a woman is around. It’s a woman’s job to cook, clean the house, washing clothes, bathing the child.

—Unmarried female, age 22

TABLE 3 SUPPORT FOR (IN)EQUITABLE GENDER NORMS, BY SEX (N = 960)

	Female (n = 571) % (n)	Male (n = 384) % (n)
A woman should tolerate violence in order to keep her family together.	71.7 (410)	61.0 (234)
It is alright for a man to beat his wife if she is unfaithful.	40.8 (233)	32.7 (125)
It is a woman's responsibility to avoid getting pregnant.	73.3 (418)	58.9 (225)
Men need sex more than women do.	79.4 (453)	65.5 (252)

CONCLUSIONS

AYAs have broad gaps in their knowledge about HIV and SRHR. EAs fared significantly worse in these areas than their older counterparts, suggesting that few health education messages reach 10- to 14-year-olds. Although only a small minority of EAs had ever had sex, a considerable proportion of sexually active AYAs reported that their first sexual experience occurred before age 15. Furthermore, other sexual behaviors that put many AYAs at elevated risk of unplanned pregnancy and STI or HIV, were often disproportionately reported by young women compared to young men.

Inequitable perceptions of gender norms were typical among the young people in our study, and early adolescence presents a window of opportunity where gender-focused interventions could influence norms at a time when adolescent socialization processes are under way,^{2, 6} and before many negative health outcomes begin to manifest.⁷ However, as these data suggest, EAs and AYAs are at different developmental stages and have had different life experiences. Thus programs that target young people need to account for these developmental and experiential differences as they design their activities.

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LINKUP

Link Up aims to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. The project is being implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit www.link-up.org



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