

# Sociocultural and Economic Antecedents of Adolescent Sexual Decision-Making in Rural Uganda

Abstract 10420

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## Background

- Despite the Ugandan Government's intensive campaign to decrease the spread of HIV/AIDS, it remains a major contributor to morbidity and mortality. (UNAIDS, 2008)
- Young people constitute 33% of Uganda's population, but bear 50% of its HIV/AIDS cases. (Bakeera-Kitaka et al., 2009)
- Adolescent HIV prevention programs need to address sexual identity building in this population. (Bensley et al., 2004; Bearinger et al., 2007)
- This study was designed to examine and identify the socio-cultural beliefs and economic forces shaping adolescent sexual decision-making and HIV-associated risk-behaviors in a rural Ugandan community.

## Methods

### Study Design

- This qualitative study was conducted in Mbarara, Uganda.
- In-depth semi-structured interviews were performed with 48 adolescents and 15 key informants.

### Sampling

- Purposive sampling was used to create a study sample.

### Recruitment

- Adolescents were recruited from 5 area schools. Key informants were chosen given their close involvement in educating youth.

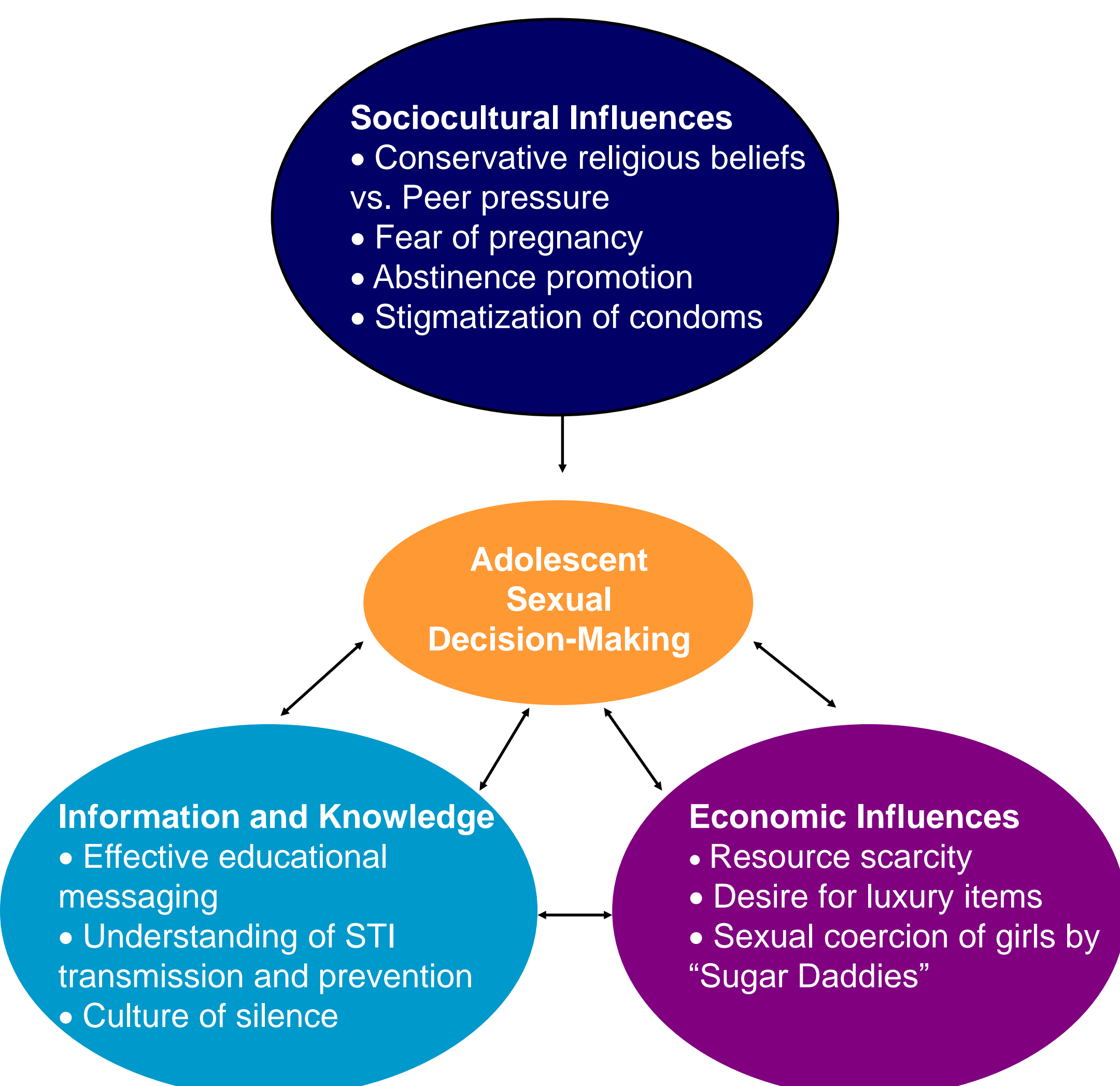
### Data Collection

- In-person semi-structured interviews were conducted with participants in their language of choice.
- Iterative process was used to inform data collection.

### Data Analysis and Development of a Conceptual Model

- An inductive approach to category construction and interpretation resulted in a conceptual framework depicting factors influencing youth's decisions about sexual behavior and HIV prevention. (Ware et al., 2006)

## Conceptual Framework



## References and Acknowledgements

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## Results

### (1) Information and Knowledge about HIV/AIDS

- Information on HIV/AIDS was widely available to youth.
- Educational messaging on HIV included: modes of transmission, prevention, and deconstructing myths.
- Participants appeared to have an accurate and thorough understanding of HIV/AIDS, and discussed many ways to prevent transmission:

*First and foremost you should avoid having sex. Secondly, you should avoid sharing sharp things to the people whether infected or not. You can also go and have the test. You go in the hospital with your partner and if one of them is infected, you can be given an explanation on how they should prevent themselves from acquiring HIV...If they are a wife and husband and they go for a test and they find that one of them is infected, they can advise them to use a condom.*

### (2) Influences on Sexual Behavior and Decision Making

- Resource-scarcity, manifesting as a desire for luxury items, provided an avenue for sexual coercion of adolescent girls by older boys or men with access to money.
- Peer pressure often left girls at the center of a cultural divide between forces driving sexual activity and cultural norms emphasizing chastity and avoidance of pregnancy:

*My sister was in senior four and me, I was in primary six. We were [on] holiday at home and she came telling us that they have their friends who are boys, and they get used to them, and they also feel like they love them. When she is near him, she feels like having sex with him.... Sometimes when you see her doing those things... in [her] heart [she] feels like going there but the other heart [she] feels like if [she] goes there, [she] will get pregnant or [she] will get HIV.*

- Prevailing conservative religious beliefs and traditions, emphasized negative consequences of pre-marital sex:

- 1) Pregnancy and concomitant stigma and shame resulting in lost opportunities for higher education, income, and career
- 2) Disappointment from parents and other respected elders
- 3) Punishment from God and the community at large

- Despite this, youth described high levels of sexual activity.

### (3) Barriers to Condom Use

- Condoms were considered an unacceptable option for STI prevention. Barriers included:

- 1) Purchasing a condom was generally associated with deep shame:

*They think that once they go there, they will ask them why they are buying them so that is why they feel shy and they fear to go there and buy condoms.*

- 2) Condom use was highly stigmatized and considered "bad manners":

*Youth are not supposed to use it. But like these husbands and wife where you find one is infected and the other one is not infected – I think these ones should use a condom because they have to make sure that they don't infect the other one.*

- 3) Myths surrounding condom use were widely discussed and often considered to be true by many interviewees:

*I have been hearing that [using a condom during sex] is not 100% [protective], so I have never used it and I don't intend to use it...*

### (4) Sanctions on Talking about Sex

- Participants reported a "culture of silence" surrounding discussions relating to sex between adolescents and parents:

*This one is not easy for a parent like me to tell a child about sex. These days, some of the parents do it, but they are very few...Traditionally, those are secret things. It is really secret to tell your child about sex.*

- Interviewees described an "auntie" figure, or a traditional "Senga," who were seen as trustworthy and considered to be an important source of information on sex for youth.
- The modern equivalent of peer and adult educators were viewed in a more formal light than traditional sengas.

## Conclusions

• Sociocultural and economic influences were prominent in interviewees' accounts of sexual-behavior and decision-making, despite a strong educational foundation in HIV transmission.

• These influences were often conflicting: Conservative cultural and religious beliefs, proscribing sex before marriage, ran counter to social influence such as peer pressure to have sex and keep relationship, and economic influences promoting sex to obtain luxury items.

• Girls were at particular risk for sexual exploitation in a setting of resource scarcity where virginity is highly valued, and can be bartered for material goods.

• Decline of traditional Senga has left a void that adolescents seem anxious to fill with opportunities for dialogue with elders about sexuality.

• Girls and boys must negotiate a complex, conflicting constellation of influences and motives when making decisions about whether to engage in sex. Interventions must take this into account.