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de Haas, Billie

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Perceptions of contraception of adolescents in Kampala, Uganda

Billie de Haas, University of Groningen

Inge Hutter, University of Groningen

Background

A majority of Uganda's unmarried adolescents aged 15-19 have never had sexual intercourse, and this proportion of adolescents seems to have increased in the period 1995-2006 (UBOS and Macro International Inc., 2007). The main reason for adolescents to delay sex is the fear to contract HIV or other STIs and to become pregnant or making anyone pregnant (Darabi et al, 2008).

Most adolescents have heard of modern contraceptives but only about half of sexually experienced unmarried adolescents have ever used one of these. Most popular is the male condom, which is used by 64 per cent of young men and 49 per cent of young women. The oral pill and injectables are both ever used by about 8 per cent of young women. About one-quarter of the adolescents ever used traditional methods such as rhythm and withdrawal (UBOS and Macro International Inc., 2007).

Reasons for adolescents not to use condoms include that they did not have a condom, they felt safe, their partner refused to use one, they distrust condoms, they felt it shows mistrust within a relationship because it means that you do not love your partner, and that it reduces sexual pleasure. For sexually active adolescents who are aware of contraception, the most common barriers to obtain them are fear and embarrassment or shyness, not knowing where to go, and costs (Darabi et al, 2008). Although the Demographic Health Survey of Uganda (UBOS and Macro International Inc., 2007) and Darabi et al (2008) do not discuss the fear of side effects as a reason for adolescents not to use modern contraceptives, it is the main reason that currently married women aged 15-49 in Uganda do not use or intend to use contraception in the future (UBOS and Macro International Inc., 2007).

It is interesting that fear of pregnancy, HIV and other STIs is the main reason that adolescents in Uganda choose to delay sex, whereas condom use could be an alternative. Before mentioned barriers to use and obtain contraceptives and Uganda's abstinence-until-marriage policy may explain their choice to abstain. However, their distrust of condoms and a possible fear of side effects of modern contraceptives also suggest that possible myths and misconceptions are guiding their decision-making process. This paper explores adolescents' perceptions of contraceptives to obtain a better understanding of their decision-making process to abstain from sexual intercourse or to have sex with or without contraception.

Methodology

A qualitative study consisting of in-depth interviews and focus group discussions was performed in April and May 2008. The participants were adolescents aged 15-19 at a mixed secondary day school in Kampala, the capital of Uganda. The participants were randomly selected and identified by a female teacher. Ten in-depth interviews with four girls and six boys and six focus group discussions were conducted: two only with boys, two only with girls, and two with mixed groups. The interview and discussion guides were semi-structured.

All interviews and focus group discussions were recorded with a digital voice recorder, transcribed verbatim, and analysed by using the Atlas.ti 5.5 software. For analysis, the principles of Grounded Theory method were used, as described by Strauss and Corbin (1990).

Perceptions of contraception

Most participants express that they want to abstain until marriage. Before marriage, most participants feel hugging and kissing is allowed, but two interviewees say that they do not want to kiss because they fear infection with a disease. The girl interviewee fears hepatitis, the boy fears HIV. Since teachers have told him not to kiss, not to play sex, and not to share sharp instruments, he has concluded that HIV must be transmittable through saliva because he cannot think of another reason why they would tell him not to kiss.

Condoms

When discussing sex, it is sensed that the participants fear pregnancy and infection with HIV and that most of them abstain because of this. To avoid pregnancy and HIV, they regard condoms as the best alternative to abstinence. Interestingly, several participants think that condoms only protect against pregnancies, not against STIs including HIV. They find it difficult to explain why, as for instance this eighteen-year-old girl in S6:

'I don't know why but I know it doesn't protect. Yeah. I think even that, just the close proximity of, like, not like a virus, like bacteria, you... you, you, you maybe sometimes go to a doctor and they'll tell you, you have a bacteria. And you don't even know how you got it... because they are so invisible and maybe so small... that's also maybe the other thing about the virus... if you've just gotten maybe, maybe someone's blood with the virus, and you just left it there, I would think people who could maybe, who could inhale it, could also get it. That's what I would think. But now that the blood is confined in their bodies... if it happens to... get out and yeah, the virus will spread. That's what I think.'

She says that she has heard some people say that condoms do protect against STIs but she does not believe this. Since the participants believe that condoms do not protect against HIV, they think that condoms can only be a good alternative within marriage, for instance for family planning. Before marriage abstinence remains the best alternative since a person can never be sure of someone's HIV status.

Another problem they mention with condoms is their reliability. The participants say that condoms are not a hundred per cent reliable but that they are only safe for 99 per cent. Furthermore, they can break, tear, burst, or be stored badly. As a nineteen-year-old boy in S6 describes:

'I don't know why but I don't trust a condom. It's not like, okay, they say it's 99 per cent but that 1 [per cent], I don't trust it. ... Cause I even got an ex..., I got a friend... ehm, that friend has a girlfriend, and they went, they played sex, and he ended up when the condom is off. It stuck. And luckily enough they, she told him that... the girl was in period, that's how he missed the pregnancy.'

A fifteen-year-old girl in S4 has an alternative explanation to why condoms are not safe to use:

'Okay... most of those things break. As I know. Cause, like, I hear they... they... they are small but... and they're thin... as you use it, it becomes ehm... like it becomes bigger, so I think the sperms can pass through and like... you become pregnant...and you cannot do anything about that. Except when you want to avoid that.'

She does not think that it is possible to have sex without getting pregnant after a girl has had her period. According to her, condoms will not help. However, two interviewees, who had sex and say that they used condoms, seem to find them reliable.

Some participants mention the importance of good quality condoms. However, to the girls in one of the discussions, even a good quality condom can end up being broken if it is

carried in a wallet for too long. Thus, as some boys conclude, *'The condoms are not a hundred per cent.'* *'Yeah, you can't be sure.'* *'So it's better you abstain.'* *'Yeah, you abstain.'*

Besides their lack of reliability, the participants mention different reasons to not use a condom when having sex. For instance, the feeling that using a condom shows mistrust within a relationship is expressed by some of the boy interviewees. According to them, girls may think that the boy wants to leave her or that she might feel offended. Another reason is being in a hurry because of the fear to be caught, which leaves no time to put on a condom. The social norm that young people should be abstaining can restrain to obtain condoms from a health centre and to carry them because carrying a condom can send the message that someone is having sex. One girl says it is even embarrassing if a boyfriend sees his girlfriend carrying one but some other girls think that it is good to carry condoms for their own protection, in case the boy does not bring them. Some boy and girl participants argue that adolescents who are abstaining have no reason to carry condoms.

Other modern contraception

In general, most participants prefer to use condoms over other modern contraception because they find them easy, cheap, and without side effects. When asked which other ways of birth control they know besides condoms, they mostly mention *Pilplan* (oral pill) and *Injectaplan* (injectables). Although most of the participants know that they only prevent pregnancies not STIs, they are not always able to explain how they work or what they are used for. Some participants are concerned about the side effects. For instance, a nineteen-year-old girl in S6 thinks that using these methods may lead to producing immature babies or even completely failing to produce:

'Now, some people, hm, these days, some of these methods people used to...prevent themselves from being pregnant, some of them, they... they have bad side effects like, some people fail to, to produce, they get married and they want to, to really have kids ehm... ... [methods] like using pills, [unknown], injections sometimes... because they told us that the womb becomes used, it gets used..it can rob, it cannot hold the baby, when you overuse them. So, when you want to... when you're to produce, then it cannot hold them, that's why people produce immature babies...what, sometimes they completely fail to produce, yeah people, like, people contract AIDS sometimes, so, I don't really think it's good for me. ... I don't actually know the different types of pill but I know that, eh, Pillplans are here I think. ... Ehm, to me I would think maybe condoms would be the best. Because for them they don't have such... such side effects'

Education on contraception

Most interviewees say they learn about sexual intercourse and its consequences and about condoms from teachers in class, during seminars at school, from counsellors visiting their school or from visiting a health centre. They say that teachers tell them to wait or that *'playing sex is bad'*. One girl says that she learned at school that condoms can only protect against pregnancies, not STIs. One boy says he was warned at a health centre that condoms are not a hundred per cent, so that he had to be careful. This is consistent with the findings of Darabi et al (2008) that concluded that most Ugandan adolescents receive sexual and reproductive health information from teachers or health counsellors. Moreover, it mentioned that family members do not seem to play a major role in youth's sex education (Darabi et al. 2008).

Conclusion and discussion

Most participants decide to abstain because of the high perceived risk of pregnancy and contracting HIV, the high perceived unreliability of condoms, and the severe perceived side effects of other modern contraception. However, it is believed that in situations where

adolescents will have sex, this bounded rationality as described by Simon (1957) may contribute to a preference of using less reliable traditional methods, as one-quarter of sexually active adolescents have ever done, or even no birth control methods at all. Whereas more accurate information regarding the reliability and side effects of available birth control methods may contribute to adolescents' ability to make more optimal decisions regarding their sexual health. The participants' distrust in modern contraception seems to be strengthened by the sexuality education as received from teachers and health counsellors. Therefore, it is recommended to include comprehensive and accurate teaching of birth control methods in sexuality education programmes for adolescents and in the training of sexuality educators.

Literature

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