

**ADOLESCENTS' SEXUAL BEHAVIOUR AND THEIR
EFFECTS ON THEIR REPRODUCTIVE
HEALTH: A CASE STUDY OF
RUBAGA DIVISION
SCHOOLS, KAMPALA
DISTRICT**

BY

**JUMA OTHMAN JUMA
BGC/43803/101/DF**

**A RESEARCH REPORT SUBMITTED THE COLLEGE OF
HUMANITIES AND SOCIAL SCIENCES FOR THE
AWARD OF A DEGREE IN GUIDANCE
AND COUNSELLING OF KAMPALA
INTERNATIONAL
UNIVERSITY**

MAY 2013

DECLARATION

I Juma Othman Juma do hereby declare that the work presented in this research is out of my own sweat and has never been presented before in any institution of higher learning for any academic award.

Signed: 

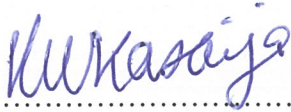
Date: 17/5/2013

JUMA OTHMAN JUMA
RESEARCHER

APPROVAL

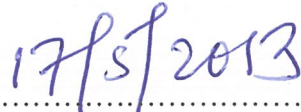
This research has been done under my supervision and approved before being submitted to the College of Humanities and Social Sciences.

Signed:



MR. KASAIJA WILLIAM
SUPERVISOR

Date:



DEDICATION

I dedicate this research report to my wife, family, children and Ministry of Education Zanzibar, Tanzania.

ACKNOWLEDGEMENT

I acknowledge the idea borrowed from different books by different authors which has helped me to build up my research report with maximum supervision by Mr. Kasajja William, Senior Lecturer Kampala International University.

I also appreciate the efforts got from the respondents in different communities where research was conducted that is Rubaga Division, Kampala District.

I acknowledge the efforts of Lecturers of Guidance and Counseling, Kampala International University, my family, children and Ministry of Education Zanzibar, Tanzania.

May the Almighty God bless you all.

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS.....	v
ABSTRACT	viii
CHAPTER ONE	1
INTRODUCTION.....	Error! Bookmark not defined.
Background.....	1
1.1 Statement of the problem.....	3
1.2 Purpose of the study.....	4
1.3 Objectives of the study.....	4
1.3.1 General objectives.....	4
1.3.2 Specific objectives.....	4
1.4 Research questions.....	4
1.5 Scope for the study	5
1.6 Significance of the study	5
1.7 Definition of terms.....	6
CHAPTER TWO.....	7
LITERATURE REVIEW	7
2.0 Introduction	7
2.1 Adolescence and puberty	8
2.2 Adolescent sexual behaviour and its effects	10

2.2.1 Adolescent sexual behaviour and HIV / AIDS.....	10
2.2.2 Teenage pregnancies and child bearing.....	11
2.2.3 Adolescent sexual behaviour and sexual harassment.....	11
2.2.3 Adolescents sexual behaviour and the prevalence of STD's.....	12
2.3 Factors responsible for increased adolescent sexuality.....	13
2.3.1 Home environment	13
2.3.2 Family structure.....	13
2.3.3 Sexual orientation and risky sexual behaviour.....	14
2.3.4 Culture and adolescent sexual behaviour.....	14
2.3.5 Adolescent sexual behaviour as a risky behaviour.....	15
2.4 How to control adolescent sexual behaviour.....	15
2.4.1 Family interventions	15
2.4.2 Community based intervention	16
CHAPTER THREE.....	17
METHODOLOGY	17
Introduction	17
3.1 Design of the study.....	17
3.2 Area and population of the study	17
3.3 Data collection procedures.....	17
3.3.1 Sampling procedure.....	17
3.4 Data collection and analysis	18
3.5 Ethical consideration.....	18
3.6 Limitations of the study.....	18

CHAPTER FOUR.....	19
RESULTS AND DISCUSSION.....	19
4.0 Introduction	19
4.1 Socio - Demographic characteristics of respondents.....	19
4.2 Family Environment	20
4.3 Risky sexual behaviour	23
4.7 The relationship between family environment, and adolescent risky sexual behaviour.	25
CHAPTER FIVE.....	28
SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	28
5.0 Introduction	28
5.1 Summary of the findings.....	28
5.2 Conclusions.....	30
5.3 Recommendations	32
5.4 Suggestions for further research	33
REFERENCES	34
APPENDICES	36
APPENDIX I: BACKGROUND FACTORS AND PARENTAL RELATIONSHIP AND SEXUAL RISKY BEHAVIOUR OF ADOLESCENTS	36
APPENDIX II: INTERVIEW GUIDE.....	43

ABSTRACT

The study explained adolescents' sexual behaviour and their effects on their reproductive health. The study was carried out in Rubaga Division, Kampala District. A quantitative survey design was used in the study. The population of the study comprised of 68 respondents from two secondary schools in Rubaga Division all students in Senior III and IV. The number of male respondents were 34 students randomly selected from Old Kampala Mixed S.S.S and 34 female respondents, being students selected randomly from Rubaga Girls S.S.S. A questionnaire was administered to the respondents and findings indicated that adolescent sexual behaviour was one of the concerns of adolescents reproductive health. The identified effects were risky sexual behaviour which included unprotected sex, having many sexual partners, smoking and drug use, tendencies of homosexuality and consequences of health related issues such as early pregnancies among female adolescents, contraction of STI's and HIV / AIDS, abortion and other psychological behaviours like suicide through early prostitution, low self esteem, school dropouts, early marriages, etc. Most respondents agreed that early sexual behaviour leads to different kinds of reproductive health and psychological consequences. From the study sexual recommendations were made and these included; parental involvement in educating their children about sexual issues, peer education and sensitization, establishment of teenage centres where group counseling can be affected, introduction of sex education curriculum in schools, general community mobilization, et al.

CHAPTER ONE

INTRODUCTION

1.0 Background information

One of the most prevalent behaviours in our society today is the rate at which adolescents are engaging themselves into sexual activities.

Adolescent sexuality refers to sexual feelings, behaviour and development in adolescents and is a stage of human sexuality. Sexuality is often a vital aspect of teenagers' lives. The sexual behaviour of adolescents is, in most cases, influenced by their culture's norms and mores, their sexual orientation, and the issues of social control such as age of consent laws, ineffective parenting, and other family related factors.

In humans, mature sexual desire usually begins to appear with the onset of puberty. Sexual expressions can take the form of masturbation or sex with a partner. Sexual interests among adolescents, as among adults, can vary greatly. Sexual activity in general is associated with various risks including unwanted pregnancy and sexually transmitted diseases, including HIV / AIDS. The risks are elevated for young adolescents because their brains are not neutrally mature; several brain regions in the frontal lobe of the cerebral cortex and in the hypothalamus important for self-control, delayed gratification, and risk analysis and appreciation are not fully mature. The creases in the brain continue to become more complex until the late teens, and the brain is not fully mature until age 25. Partially because of this, young adolescents are generally less equipped than adults to make sound decisions and anticipate consequences of sexual behaviour, although brain imaging and behavioural correlation studies in teens have been criticized for not necessarily being causative and possibly reaffirming cultural biases.

Adolescent sexual behaviour can be manifested in the high incidence of sexually transmitted diseases (STDs) and in most countries particularly in the age group 15 to 24 years is a clear indication that adolescents have continued to make risky sexual decisions despite their high levels of STDs / AIDS awareness (WHO 2009 and 2013; SYFA 2009). For example as of 2010 there were well over 125 million STD cases yearly world wide concentrating in the most sexually active age group (WHO 2010).

Adolescent sexual behaviour has also resulted in early pregnancies, early school drop outs and so on. For example in Uganda, about 70% of women have at least one pregnancy by the age of 18 years.

In Uganda, the problem of adolescence sexuality has not only affected the health and lives of adolescents but has in matter of fact transformed itself into “sex abuse”. For instance as a result of high sexual activity among young people, many crimes such as rape and sexual harassment have been reported to authorities. As a result many young people have been imprisoned (Kampala Central Police Station).

Sex refers to the state of being female or male. It can also mean sexual intercourse, it is a natural act controlled by instincts. Apart from abuse refers to the misuse of something; therefore sex abuse is the misuse of sex or engaging in risky sexual behaviour.

Herant Katchadourian (1990) defines sex abuse as a form of exploitation which involves treating ones sexual partner not as a fellow human being and this may take the form of enticing someone into sex by false promises. Therefore sex abuse is a form of harassment or exploitation inflicted on a person.

Studies on adolescent sexuality have a tremendous history and many researches have already been done by various researchers such as Kelly who

wrote that “the earliest sex research had to rely on historical case studies because there were almost no other data about human sexual behaviour and it was not permissible to ask people about such things”. This implies that not much has been done about adolescent sexuality, however history tells that sex issues date way back from the creation time. For example in the Bible (Genesis 39:7), Potiphar’s wife tries to force Joseph to sleep with her but he refused. This showing that sex abuse harassment started a long time ago.

The problem is that data on adolescent sexuality from most parts of the Sub-Saharan Africa suggest high rates of sexual activity among young unmarried people, starting at very early ages. For instance in Uganda the average age of first sexual intercourse has been found to be at 15 for boys and 15.5 for girls (SYFA 1993).

Because of the consequences of such sexually behaviour on adolescents, there is need to investigate in depth the impact of such behaviour on adolescents. For instance, in Tanzania, data indicates that the median age at first intercourse for girls is about 17 years and 18 years among boys. About 15 percent of girls (aged 15 – 19) and 17 percent of boys (aged 20 – 24) will have had sexual intercourse for the first time by age 20, about 86 percent are already sexually active (AYA Tanzania).

1.1 Statement of the problem

Adolescence full age is a period characterized by many changes which are physical, psychological and biological. This has brought about many problems which include increased sexual activities among the adolescents, and especially school going adolescents. These problems include (STDs), high rate of HIV infection, early pregnancies, early school dropouts, undesired sexual behaviour for example; homosexuality. In the above light there was need to carry out an in depth investigation about the impact of adolescent sexuality in regard to

their reproductive health, behaviour and factors precipitating them. Adolescent risky sexuality needs to be controlled (Baumrind, 1995).

1.2 Purpose of the study

The purpose of this study was to investigate adolescents' sexual behaviours and their effects on their reproductive health.

1.3 Objectives of the study

This study was guided by the following objectives;

1.3.1 General objectives

To investigate adolescents sexual behaviour and its effects on individuals reproductive health.

1.3.2 Specific objectives

- (i) To find out the effects of adolescents sexual behaviour on their reproductive health.
- (ii) To investigate the factors responsible for increased adolescents sexual behaviour.
- (iii) To find out appropriate interventions.

1.4 Research questions

- (i) What are the effects of adolescents' sexual behaviour on their reproductive health?
- (ii) What are the factors that are responsible for increased adolescents' sexual behaviour?
- (iii) Which appropriate interventions can be applied to control this trend?

1.5 Scope for the study

The study was conducted in Rubaga Division, Kampala District. Two secondary schools were identified. These included Rubaga Girls SSS and Old Kampala Mixed SSS. The district was chosen because it has many secondary schools, and also was convenient for the researcher because of the proximity of the geographical scope for the study. Being also the capital city, it is assumed that many behaviours including adolescent sexual behaviour was rampant.

1.6 Significance of the study

This study will be useful in the following ways;

- (i) The families, communities and schools will devise ways on how to help adolescents cope with the increasing problem of adolescent sexuality which is a risky sexuality behaviour.
- (ii) The government may also use this study to set up policies controlling sexual behaviour among adolescents especially the Ministry of Gender and Social Development and other ministries such as health, education and planning.
- (iii) The students will also use this study to evaluate their sexual behaviour in view to their health and other sexual related behaviour.
- (iv) Community workers and health educators will be helped by the findings of this study.
- (v) Factors related to the increased adolescent sexual behaviour will be identified.

1.7 Definition of terms

Sex	Refers to the state of being male or female
Abuse	Refers to misuse of something
Sex abuse	Is the misuse of sex or engaging in risky sexual behaviour.
AIDS	Acquired Immune Deficiency Syndrome
Adolescence	Is a development transition between childhood and adulthood.
Adolescents	Are individuals who are at the period of growth between childhood and adulthood.
Erotophilies	Adolescents longing for romantic partners.

CHAPTER TWO

LITERATURE REVIEW

This chapter dealt with the reviews of related literature and researched work on adolescent sexuality and its effects by some scholars.

2.0 Introduction

During the late adolescent (17 – 19) years, sexual attraction becomes real and directive. Adolescents long for romantic partners (Erotophilies), they search out for boy and girl friends and they wish to spend longer times with them. They develop a bit of intimacy and some become more stable in sexual relationships and feel like adults. They think they have more insights and experience of the World than adults and they may want to separate and leave their families to live on their own (Irwin and Simon 1994).

Adolescent is a development transition between childhood and adulthood that entails major inter – related physical, cognitive and psychosocial changes. Adolescent lasts about a decade from age 11 or 12 until the late teens of early twenties, this period also carries great risks; some people have trouble handling do many changes at once and may need help in overcoming dangers along the way.

Changes that occur during adolescence include physical and physiological changes for example in both boys and girls there is weight and height again. Other changes include physiological changes that is in girls, their breasts bud (larche) followed by puberche (Public hair growth) and finally mernarche (menstruation periods). In boys there is testicular growth puberche, penile growth, nocturnal emissions and voice changes.

Emotional changes include swinging moods, self conscious, oppressed feelings towards opposite sex, anxiety, less dependent on family, sexual changes includes; sexual arousal, attachment to opposite sex. Behaviour changes include; peer group formation independence from family members, and habit formation like smoking, and alcohol intake (Having Hurst's R. 1 1972).

Haffner 1995, further urges that, although an individual adolescent will develop at his / her own unique pace, there are recognizable patterns of change in behaviour and sexuality that occur from one stage of development to the next. Adolescent can be categorized in three stages of development; early, middle and late 9 – 12, 13 – 16, 17 – 19 years respectively. Variations occur in timing between males and females and individuals rate of development. For males it starts at the age of 10 – 15 and stops between 15 – 17 years for girls it can start as early as nine years.

2.1 Adolescence and puberty

Adolescence is considered to be in with puberty. Puberty is a time of dramatic physical change leading to an adult – sized body and sexual maturity. It is also a period of greatest sexual differentiation since prenatal life.

During puberty, young people change physically and accompanying the rapid changes in body size and proportions are changes or physical features related to sexual characteristics, which involve the productive organs such as ovaries, uterus and vagina in females, penises, scrotum and tests in males.

The secondary sexual characteristics are on the outside of the body and serve as additional signs of sexual maturity such as breast development in females, appearance of under arm and public hair in both sexes.

Irwin and Simon, 1994, describes puberty as the productive changes that occur during adolescence which include the following; girls, larche (Buddign of

breast) 9 – 13 years, puberty (pubic hair growth) 9 – 14 years, growth spurt, menarche (first menstrual period), 10 – 12 years boys include; early testicular growth, puberty, further testicular growth, penile growth, nocturnal emissions – wet dreams, growth spurt and changes in voice.

According to books Gunn and Rubble 1983 adolescents experience common problems as a result of growth and development which include; menstrual related problems, acne, over sweating, vaginal discharge, wet dreams, size and shape of body parts change, change by increasing and frequent erections and many others. These changes become stressful and they react to them. Their reactions differ from individual according to one's nature, environment and social setting. Pubertal changes are most stressful when adolescents feel different from others and when the changes are not seen as desirable for example menarche when it occurs, describe the experience as traumatic and disturbing, some think they are going to die of bleeding, that some terrible thing has happened. However, adolescents who are informed about the menarche, their reaction is a "surprise", mixture of positive and negative emotions, excited and pleased and at the same time can be scared and upset, reaction depends on prior knowledge and support from family members and generally social and cultural attitudes towards puberty and sexuality. Girls who are told about puberty and sexuality by parents before changes adjust better unlike the girls who may talk about their menarche long after it has occurred.

The boys are secretive about sperm arches and many will have known about ejaculation but they also react with mixed feelings and are likely to receive less social support from physical changes of puberty than the girls.

Adolescents' experience increased sexual arousal due to increased hormonal levels. Adolescents usually react to this differently, some become excited, others become frustrated, some resort to masturbation and others especially

early matures experiment on sexual intercourse. Some girls get excited over the development of their breasts according to the knowledge they have. To some, the breasts are painful others become shy, and some of them press the breast while others like the late matures get a way of increasing the size of the breast. Some adolescents experience loss of identity during puberty.

2.2 Adolescent sexual behaviour and its effects

Statistics show that more than half of the world's population is below the age of 25 years. According to the World Health Organization, there are currently more than one billion adolescents 10 – 19 years old in the world. The number is higher in the Sub – Saharan Africa leading the way. (83%) of all adolescents live in developing countries (Blum 1991).

2.2.1 Adolescent sexual behaviour and HIV / AIDS

According to the Ministry of Health (1992), adolescents in Uganda face a range of serious reproductive health risks including HIV / AIDS which pose serious health problems among adolescents. Despite most populations the world over and especially adolescents from Sub – Saharan Africa having knowledge about AIDS and safer sex, this high level of awareness is not matched with behavioural change (ACP, September 1998, SUFA 1995). This lack of behavioural change is still puzzling many researchers because huge resources, human and material have been committed by both governments and non government organizations to contain the spread of the fatal disease.

For instance in Uganda the highest prevalence of HIV / AIDS is among the adolescents aged between 15 – 28 (ACP, 2000). Now since so far no efforts to contain the spread of AIDS disease have produced statistically significant results (SYFA 1994) and since the cure of AIDS is still remote, there is doubt that all efforts controlling the spread of the disease should be at how the decisions of the most sexuality active age group can be improved upon. Such

efforts are of special importance leaving in mind that the youth contribute more than 50% (SYFA, 1992) of Uganda economy and other African economies.

2.2.2 Teenage pregnancies and child bearing

Other effects of adolescent sexuality in Uganda include early pregnancies which result into school dropouts. Moreover, Uganda's high maternal mortality rate of 52% deaths per 100,000 live births can be associated with adolescent pregnancies because many adolescent girls are not physically matured enough to bear the pregnancy or birth to a baby, many of them choose to have an abortion due to many reasons such as continuation with studies for others, the father of the pregnancy is not known.

2.2.3 Adolescent sexual behaviour and sexual harassment

Another recent source of sex abuse are to be found in the media newspapers. For instance, the Monitor of September 2006 page 4 where Ivan narrates his story that "My stepsister molested me many times ... I was introduced to sex at a very early age..." This shows that sex harassment occurs but people do not reveal the information. Further cases are common in the dailies such as the New Vision, Monitor, Red Pepper, Bukedde, Ounion, etel.

Decay (1982) gives an example of memorable incidents of adolescents in his book which reveals the way adolescents are sexually active...."

Clare, age 19, the summer of eighth grade my friend Juchi and I were working on painting and redoing the CYO room in my parish. It was a very big deal because we were associating with high school people on almost equal terms. I liked this boy, Ross, who was a sophomore. He was a wrestler during school and worked out doors during the summer, so he had a tunnel, muscular body. I was 14, and he appealed to me enormously. One day the other people who were working on the place left. He asked me to massage his back, I did that, I loved the feeling of his body. He kissed me and we ended up on a couch all

afternoon. He taught me to French kiss and to neck and make “hickies” in an almost formal teacher to student manner.

I loved it; I went home with a hick on my neck, made sure that all my friends knew about it and who put it there, and it was fun going through all the effort it took to hide it from my mother.

2.2.3 Adolescents sexual behaviour and the prevalence of STD's

Another effect that affects adolescent sexuality is the prevalence of sexually – transmitted diseases (STD's). These are a result of several factors; general poor health, lack of hygiene and low resistance, but all genital infections labeled STDs can be contracted by sexual contact with an already infected person. Sexually Transmitted Diseases are of different kinds, but the most common being Gonorrhea, Herpes, Syphilis and AIDS although the later has been discussed separately.

Some adolescents may not know that they are having STD's or multiple STDs because of low awareness.

Treatment becomes difficult, because they fear to report them to their parents especially those who can come from low socio economic status families (LSESF). We can easily conclude that home environment can also contribute to the risky adolescent behaviours.

There are barriers hindering adolescents from exercising their sexual and reproductive rights according to societal expectations, modernization, access to mass media, and rural – urban migration among other factors have changed the traditional system of socializing young people. Parent and communities are not adequately prepared to inform and educate adolescent on sexual and reproductive health issues. This is the same with schools where sexual education issues are not discussed neither included in syllabus. Sexual and reproductive health services to adolescents have not been comprehensive to meet their needs. The existing services are mostly unfriendly to adolescents.

Majority of adolescents have not exercised their rights to access sexual and reproductive health information and services due to gaps and contradiction embedded in the existing ASRH related laws and policies. Provision of sexual and reproductive health services to adolescents is still surrounded by negative pressure deep – rooted by socio-cultural practices that still view sexuality as a taboo subject. (National adolescent health and development strategy 2004 – 2008).

2.3 Factors responsible for increased adolescent sexuality

2.3.1 Home environment

Family characteristics describe the home environment that either facilitates or hinders positive health outcomes and behaviours of adolescents (elder, 1993). Socio economic status (SES) has been considered a powerful indicator of home environment and it has been consistently identified as one of the most important determinants of health. There is conclusive evidence that people from higher SES are healthier and live happier than these from low SES. SES affects parent's economic ability to carryout home functions and family responsibilities that have direct consequences on health outcome and behaviours of their children. These are parenting styles that greatly influence adolescents either positively or negatively such as positively or negatively such as authoritarian, permissive and uninvolved put adolescents risky of initiation and involvement into risky sexual behaviours.

2.3.2 Family structure

There are two types of family structures that is, broken and intact families. In broken home families parents are not staying together, adolescents are more likely to engage in risky sexual behaviour. Single mothers are disproportionately likely to be poor, and poverty is associated with a host of negative outcomes among children (Mcloyd 1998). By the same token, children living with two biological parents are much more likely than children in single

parent families to experience a variety of positive outcome (McLanahan and Sandefor 1994).

2.3.3 Sexual orientation and risky sexual behaviour

About 3 to 6% of young people discover that they are attracted to partners of their own sexes while others are bi-sexual (Michael et al, 1994; 1995). A passing attraction to members of the same sex is common during adolescent; about 18% of boys and 6% of girls have participated in at least one homosexual act by age 19 (Braver man and Strasburger, 1993). In some tribal and village cultures, homosexual behaviour among young males is encouraged, as a way of learning about sex and discharging the sex drive (Savin Williams, 1990). But adolescents in industrialized nations have discovered that they have a compelling interest in the same sex partners often experienced inner conflict. Family rejection and social stigma contribute to high rates of psychological distress and problem behaviours among homosexual teenagers, including depression, suicide, substance abuse and high risk sexual behaviour (Baum Rind, 1995). These adolescents have a special need for caring adults and peers who can keep them established a positive sexual identity find social acceptable.

2.3.4 Culture and adolescent sexual behaviour

Cross-cultural research reveals that exposure to sex, education about it and efforts to resort the sexual curiosity of children and adolescent vary widely around the world. At one extreme are a number of Middle Eastern peoples, who are known to kill girls who dishonor their families by losing their virginity before marriage. At the other extreme are several Asian and pacific island groups with very permissive sexual attitudes and practices. In some islands in the pacific and even in some African culture, Bachelor, houses are maintained, where adolescents are expected to engage in sexual experimentation with a variety of partners (Benedict, 1934; Ford and Beach, 1951).

2.3.5 Adolescent sexual behaviour as a risky behaviour

Risky behaviour can be defined in a number of ways. The most obvious way is according to the behaviour itself; unprotected vaginal, oral or anal intercourse. A second way would be to refer to the value of the partner; HIV positive individual, intravenous drug user, or non exclusive partner. Risky behaviour can take many forms ranging from a large number of sexual partners; or engaging in risky sexual activities, to sexual intercourse under the influence of substances such as alcohol and other drugs.

Relationships with fellow peers also have a role to play as far as risky sexual behaviours are concerned. Reviews of literature by Kirby have concluded that normative influences of peers are significant for adolescent sexual behaviour particularly when the adolescents have strong attachments to the group from which the norm is emanating. Parents who are authoritative tend to contract the behaviours of their children by constant monitoring of the behaviour and having constant frank discussion with them about the dangers of risky sexual behaviours.

2.4 How to control adolescent sexual behaviour

2.4.1 Family interventions

Family support is crucial to adolescence stage. Adolescents take their major values in life from their parents. When adolescents are negatively influenced by their peers, it is more likely because something is lacking in parental involvement or home environment. These adolescents who do not have a high level of support of their parents are more likely to become involved in undesirable behaviours including adolescent risky sexuality.

2.4.2 Community based intervention

Community base interventions / strategies by all stakeholders can play a positive role in controlling adolescent risky sexuality. These include parents, peer group organizations, sex education in schools and sensitization (Turyasingura G.). Other stakeholders include local community leaders, local government, traditional, political and religious leaders.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology techniques that were employed in the study.

It specifies the designs used, the study scope, selection of study participants, data collection methods and analysis.

3.1 Design of the study

This was a quantitative survey design study using self administered questionnaires that were filled in by the students aged 15 – 24 years. These acted as the source of primary data. Responses from the focus group discussions acted as secondary data, an element of qualitative design.

3.2 Area and population of the study

This research was carried out in Kampala district secondary schools in Rubaga Division. Two schools were targeted that is one was a girls' school and one was a mixed school. The number of respondents were students, 34 boys and 34 girls. Respondents were chosen from senior III and senior IV. The schools were Rubaga Girls SSS and Old Kampala Mixed SSS.

3.3 Data collection procedures

3.3.1 Sampling procedure

The researcher used simple random sampling procedures because this helped the researcher to get quite reliable formation about the problem. This sampling procedure was used to select the respondents using the lottery method or a table of random. Other respondents like those from focus group discussions were purposively selected. Respondents were from S.III and S.IV. One was a

girls secondary school, the second a mixed school. Senior one was not considered because the researcher thought that they would be shy about their sexuality thus may not contribute to the study.

Questionnaires were administered to students and interview guides were used for focus group discussions with the headmasters, headmistresses and some members of the NGOs working with the youths in the area and also the responsible government agencies, LCs, parents and some police documents.

3.4 Data collection and analysis

Data collected was edited immediately, checked for accuracy, tables drawn and percentages were used for easy data comparison.

3.5 Ethical consideration

All possible ethical considerations was put in place with emphasis put on confidentiality, respect for respondents and being careful not to probe in detail the children's' sexual activities, since (Kinsey, 1966) found out that when it comes to discussing peoples sexuality, it makes majority of them uncomfortable.

3.6 Limitations of the study

Most of the respondents were young adults who are expected to be shy and may not give correct responses. This is true as it was observed by Kinsey 1966 that most of our sexual activities are carried out in secrecy.

Also the study being exciting to the students, so there were some exaggerations as far as some responses were concerned.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the findings of the study and subsequent analysis and interpretation derived from the data collected in relation to the study objectives. The presentation/discussion takes the form of descriptive, percentages, frequencies and tables. These findings have been presented in respect of 68 respondents who were students of senior four and three from two different schools and the questionnaires were self administered which were close ended.

Attempt was made to access adolescent sexual behaviour, access family environment of adolescents and investigate the relationship between family environment and adolescent sexual behaviours. After collecting data from the field, it was edited, coded and tabulated appropriately to make easy analysis and integration of the important findings and acts as an aid to interpretation.

4.1 Socio - Demographic characteristics of respondents.

Although socio-demographic characteristics of respondents were not one of the objectives of the study, the researcher considered it important since they have a bearing on the adolescents in the area from which information on them was obtained from both males and females. The Socio- demographic characteristics included sex, age and education level of these adolescents.

Table 1: Sex of respondents

Sex	Frequency	Percentage (%)
Female	34	50
Male	34	50
Total	68	100

Source: Field data

Table 2: Age group of respondents

Age	Frequency	Percentage (%)
15 – 19	42	62
20 – 24	26	38
Total	68	100

Source: Field data

From the above table, it can be seen that the majority of the respondents were in the age group of 15-19 and the remaining were in the age group of 20-24. Looking at the education level of the respondents, it was obvious that 100% of them were at 'O' level, specifically senior four and three.

4.2 Family Environment

Adolescents in Kampala district who were affected by their family environment ranged from 0-69%. The adolescents with family environments that prompted them to engage in risky sexual behaviours ranged from 31-69% and those with family environments that never prompted them to engage in risky sexual ranged from 0-31% of the total population. Generally, the adolescents are highly affected by their family environments in relation to their sexual behaviours. The cut off point for the adolescents with family environments that prompted them into sexual behaviours was <3 to ≤69% and for those with family environments that did not prompt them to engage into sexual behaviours was <0 to ≤1%.

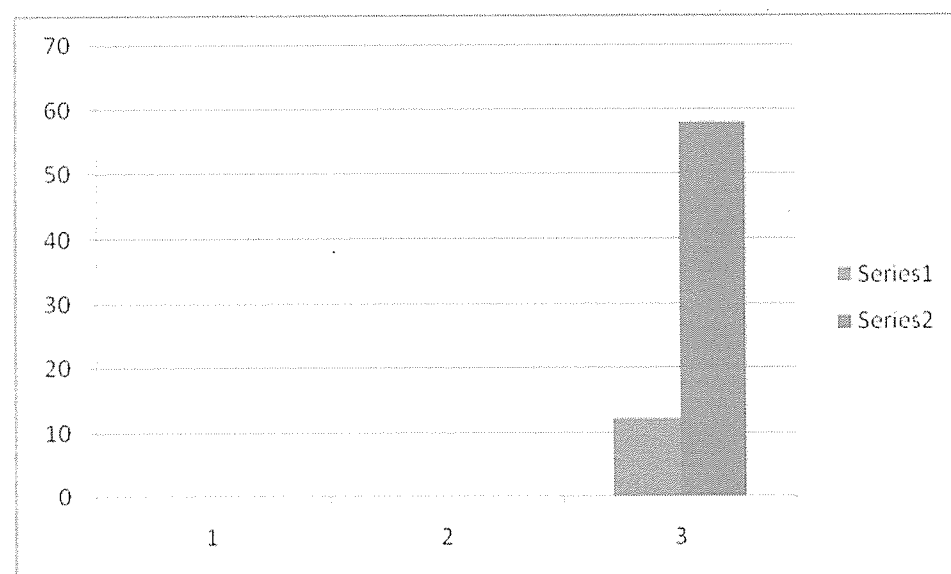
Table 3: Family environment

	Frequency	Percentage
Low influence	21	31
High influence	47	69

Source: Primary data

From the above table, 21 adolescents have family environments that have low Influence on their involvement in risky sexual behaviours, 69 adolescents have family environments that highly influence them into engaging in sexual behaviours.

Fig. 2: The distribution of family environment



Source: Primary data

According to the above figure, influence of family environment is higher and the frequency of respondents in relation to high influence is also high. The frequency of respondents with low influence is also small.

The adolescents who are highly influenced by their family environments are more than those with low influence. 69% of the adolescents have high influence from their peers and 31% have low influence. Therefore this indicates that all 69% have been involved in sexual behaviours because of influence from their family environments and 31% have engaged in early sexual behaviour because of low influence from their family environments that there are other factors that do bring about sexual behaviours apart from family environments.

The education level of the parents especially the mothers was one of the characteristics of the family that lead adolescents into engaging into early sexual behaviours, in this case where the parents have a good education background, then their children were at an advantage because they had time to discuss issues like sexual matters without any shyness and this helped the adolescents not to engage into early sexual behaviours because they already knew the consequences and were more free to discuss anything with their parents.

However it was found out that adolescents whose parents education level was low or those whose parents had not acquired any education were more likely to engage in early sexual behaviours because such parents did not know the use of talking to their children about sexual matters or even were never at home because they are always out to drink alcohol with friends coming home late and more so the time they reach home, they are already drunk and therefore do not know whether the children have been home the whole day or with whom they have been and if they are in their beds. This type of life was realized to be a great danger to adolescents because they find that they are more free to do what they want whether good or bad. This increased the involvement into early sexual behaviours.

Single parenthood families was another family characteristic that affects adolescents where by it was found out that adolescents who lived with one

parent were more likely to engage in early sexual behaviours because the parent being one always has no time to associate with the children and more so the role of the other parent misses for example if there was only a father in the family, then the mother's role missing creates a gap in the family leading the children to engage in any behaviours without supervision.

4.3 Risky sexual behaviour

Early risky sexual behaviours among the youth in Kampala district ranged from 0-82%. The adolescents with high early sexual behaviours ranged from 18 – 82% and those with a low early sexual behaviour ranged from 0 – 18% of the total population. Generally, the adolescents are highly involved in early sexual behaviours. The cut off point for the adolescents with high early sexual behaviours was <8 to $\leq 82\%$ and for those with low was <0 to $\leq 18\%$.

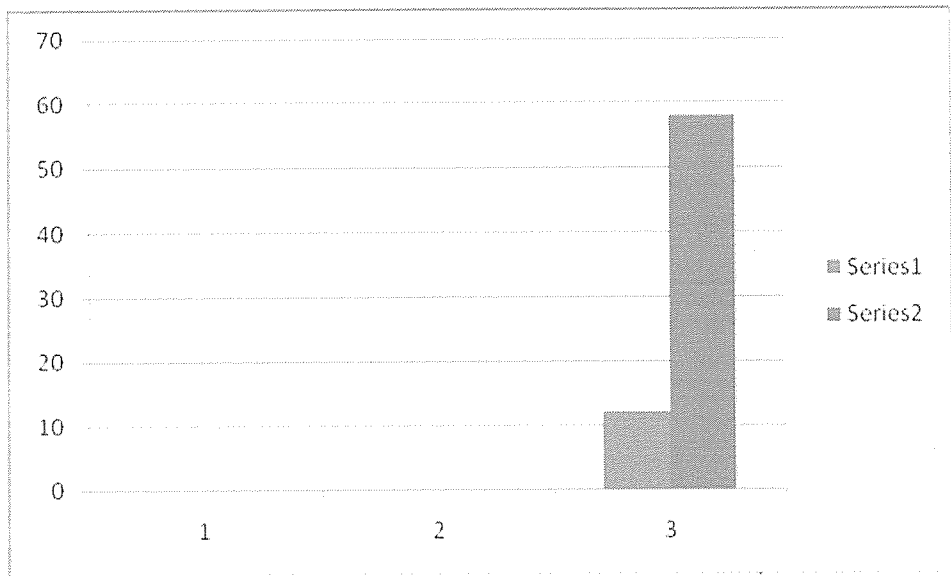
Table 4: Risky sexual behaviuor

Category	Frequency	Percentage
Low risk	12	18
High risky	56	82

Source: Primary data

From the above table the frequency of low risk is 12 and the high risk is 56 and the percentage for the low risk is 18% and the percentage for the high risk is 82%. This indicates that the risk of sexual behaviours among adolescents is very high being 82% with a frequency of 56.

Fig. 3: The distribution of Risky Sexual behaviour among adolescents.



Source: Primary data

From the above figure, it is clear that risky sexual behaviours among adolescents are high. 82% of adolescents have been involved in risky sexual behaviours whereas only 18% have low risky sexual behaviours. The distribution above indicates that most adolescents participate in risky sexual behaviours and this can be explained as:- environment.

Many of the adolescents / youth have been involved in sexual intercourse with the opposite sex, smooching, have had many sexual partners which all these are risky sexual behaviours. Even though the youth knew such behaviours had consequences like early pregnancies, sexually transmitted infections, HIV / AIDS they engaged in the behaviours because they want to find out the pleasure involved and once found pleasurable, then the level of involvement also increases.

However, the contributing factor to high risky sexual behaviour was noted to be family environment. Where by some of the parents are irresponsible and do not

take time to talk to their children and worst of all, some parents are themselves risk takers for example, they too have so many sexual partners and once the adolescents see their parents behaving un responsibly, they too saw it possible and hence high level of risky sexual behaviour.

The high level of risky sexual behaviours was also attributed to the lack of regular rules to guide the adolescents and more to that some parents are drunkards who have less time to talk to their children and so the youth are left alone to do what they wish and because of this, they are more influenced by their peers in making decisions which in most cases are negative influences leading them into risky behaviours.

However, a small percentage of the youth are involved in risky sexual because of their personal characteristics for example they just feel they should do something not because they are influenced but because they want to do it and this carelessness also leads to youth into dangerous behaviours like risky sexual behaviours.

4.7 The relationship between family environment, and adolescent risky sexual behaviour.

There is a relationship between family environment and adolescent risky behaviours. The two variables are related in that the family environment influences adolescent risky sexual behaviours either positively or negatively. The Level of risky sexual behaviour among adolescents was high and the highness depended on family environment.

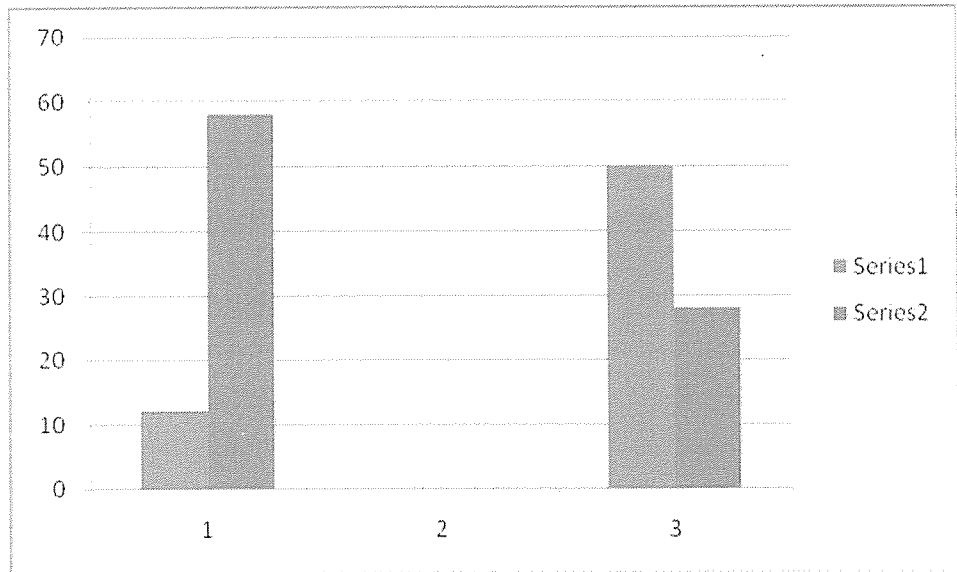
Table 5. The relationship between family environment and Adolescent risky sexual behaviours.

	Risky sexual behaviour	
	Low	High
Influence		
Negative	12	56
Positive	50	18

Source: Primary data

From the above table, where the influence is positive, then adolescent risky sexual behaviours are low and with negative influence, risky sexual behaviours are high.50 respondents had low risk of sexual behaviour in correspondence with positive relationship and 56 were at high risk due to negative influences.

Fig.4: The distribution of the relationship between family environment and adolescent risky sexual behaviours



Source: Primary data

According to the above figure, it shows that there is a relationship between the two variables where by risky sexual behaviours were high because of the negative relationship between family environments was negative and with positive relationship, risky sexual behaviours were low. Negative influences can be described as the family characteristics that do prompt adolescents to engage into risky sexual behaviours for example poor education background of the parents, polygamous families, single parenthood, low socio-economic status, rigidity of cultures that do not allow discussion of sexual matters with adolescents, marital conflicts leading to separation every now and then. All these were factors noted be influencing adolescents negatively and this increased their involvement into risky sexual behaviours and therefore with these factors, the relationship is negative leading to high level of risky sexual behaviours.

Positive characteristics of the family for example high level of education of the parents who knew the importance of having the freedom to discuss with their children, being both parents in that the roles of parenting are shared and having rules that are regular and un contradictory built a positive relationship between the parents and their children and this positive relationship lead to low risky sexual behaviours because the adolescents are always free to talk to their parents about sexual related matters.

Culture also contributed to the negative relationship that lead to high levels of risky sexual behaviours among the adolescents in Kabalore district where by the culture does not allow open discussions with adolescents about sexually related, matters unless one has reached the age for marriage where the aunt (Swentati) gets involved in discussing sexual matters, however adolescents are curious about finding out more about sexuality and the end result is adolescent risky sexual behaviors in their course of exploration.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the main issues, findings and discussions of the study. It also presents the conclusions and recommendations derived from the study by the researcher and also the great relevance for future researchers' reference in the field of adolescents in Kampala district, risky sexual behaviour, family environment and the same issues in other parts of Uganda because nearly all adolescents function or behave and are nearly all affected by the same conditions.

5.1 Summary of the findings

The objectives of the study were to access adolescent sexual behaviour, their effects on their reproductive health, find out the relationship between family environment and adolescent risky sexual behaviours. The study information was acquired from respondents in Kampala district both males and females in senior four and three classes.

In this study the existence of adolescent risky sexual behaviours was determined using rank low and high in the questionnaire and the researcher found out that the level of risky sexual behaviour among adolescents was high. The risky sexual behaviours (effects) included:- Homosexuality, Unprotected sex, Many sexual partners, Smooching and drug use, incidences of protracting HIV / AIDS and STIs.

The high level of risky sexual behaviour was attributed to the negative influence of family environment though some adolescents do engage in risky

sexual behaviour not only because of negative influence but also because of other factors like personal characteristics and peer influence.

The researcher found out that Parents had an influence on their children whom they take to be friends with during adolescence. Adolescents choose their friends based on similarities, specifically shared values and attitudes. Therefore, parents need to be aware that their values and attitudes will have a strong effect on who their children become friends with. Also, parents who showed higher levels of interest, understanding and helpfulness were proved to have a greater influence. By interacting with their adolescents in these ways while being aware of their values and attitudes, parents increased the influence they have on who their children choose for friend.

During adolescence, the amount of influence that parents and peers had also varied. Parents, through their own use of alcohol and drugs, had more influence during preadolescence. It was found out that adolescents who did not use drugs and drink alcohol and participate in risky sexual behaviours came from stable families that created positive relationship.

It was also found out that, the strength of family bonds can have an affect on adolescent risky sexual behaviours. Adolescents who have higher levels of family bonding are more likely to have friends who do not engage in risky sexual behaviours and have more positive peer influences.

The researcher found out that, in spite of knowing that risky sexual behaviours are a danger to their lives, they continue to engage, want to explore and see what good is in them and others do entertain such behaviour because their home environment is conducive for doing anything that they would feel suitable for them, for example their parents are never around to monitor them and those who may be around are themselves drunkards or they do not care about what their children are doing.

The researcher also found out that at the age of 16, many adolescents have been involved in risky sexual behaviours especially in sexual intercourse with the opposite sex and as they grow up, taste and preference kept on changing where by, both girls and boys kept on changing partners for new ones which at the end became a risky practice.

Considering the research question, “Are adolescent risky sexual behaviours due to Family environment?” One would say that to a large extent, adolescent risky sexual behaviours are highly due family environment that gives them a negative influence though some adolescents do participate due to personal characteristics. Therefore there is a significant relationship between family environment and adolescent risky sexual behaviours.

All in all, the researcher realized that although some home environments are not conducive for adolescent risky sexual behaviours, many adolescents do still participate due to other factors like, love for exploration, lack of self-control and peer influence.

5.2 Conclusions

Although the respondents were selected randomly, they were represented equally both females and males. The researcher realized that the female adolescents were more exposed to risky sexual behaviours than the males reason being, men of different age groups all aim at the young girls, even their age mate boys are there to disturb them. Therefore, although these girls might not have been so much influenced and even though their family environments were positive, they were over powered by the pressure of so many men around them especially looking at sexual intercourse with the opposite sex and by 19, almost all of them had engaged in sexual activity.

Parents and other role models still have an impact on the lives of adolescents. However, interventions for adolescents who engage in risky sexual behaviours must have certain features. Adolescents need a defensible reason for not

engaging in risky sexual behaviours. It is important to have a reason to resist the pressure that can be solidly backed up. Interventions also must recognize the functional purpose of risky sexual behaviour, and provide alternatives that fulfill the same needs. Without these, we can not realistically hope to combat the influence that adolescents face to perform dangerous tasks.

Family support was crucial to adolescents. Adolescents take their major values in life from their parents. When adolescents are negatively influenced by their peers, it is more likely because something is lacking in parental involvement or home environment. Those adolescents who do not have a high level of support of their parents are more likely to become involved in undesirable behaviours like risky sexual behaviours. Support and effective communication lessen adolescent's vulnerability to negative peer pressure.

The type of family one came from contributed to the behaviour of the adolescents towards risky sexual behaviours where by those adolescents whose parents did not have clear rules, engaged in alcohol drinking, domestic violence and even those who came from polygamous families and single parenthood families were more into adolescent risky sexual behaviours and this created a negative relationship that lead to high levels of nsky sexual behaviours.

The researcher also found out that adolescent risky sexual behaviours depended on the family from which one came from for example, those adolescents who came from families where parents do not have time to talk about sexual related issues and even those parents who shy away from talking to their children about sexually related issues engaged in risky sexual behaviours because oft lack of proper guidance.

Therefore, the research question, does peer influence, family environment influence adolescent risky sexual behaviour can be accepted and say " Yes" because according to the information obtained from the respondents, the biggest number of adolescents do participate in risky sexual behaviours

because of peer influence and family environment. However, we can not leave out the fact that some adolescent risky sexual behaviours are due to other factors like personal characteristics, lack of self- control, culture and more others.

5.3 Recommendations

While some organizations like Peer Education for Adolescents Reproductive Lives (PEARL), Naguru Teenage Centre, The Family Planning Association of Uganda, Health promotion and Education department in Ministry of health, have maintained the support to adolescents in Uganda, the problem of adolescent risky sexual behaviours is still big and intensifying. It is upon this account that the researcher came up with the following recommendations.

There should be community based strategies where by local, traditional, political and religious leaders join hands with the District (government) in targeting the adolescents' situations requiring interventions for proper means of communication mechanism in order to reduce risky sexual behaviours and change the adolescents attitudes.

Education programs for families especially parents and other elders should be organized by the government, in order to make them aware of their need to talk to their children about sexual matters and get such family members informed of the behaviours themselves do engage in, that affect adolescents in their growing up. Such would give adolescents good family backgrounds if the parents are well informed.

Sensitization programmes to educate adolescents about the dangers of sexual behaviours at an early stage should be put in place by religious leaders, NGO's and more to that LC'S should also be sensitized in order to help fight the high level of adolescent risky sexual behaviours. This can be done through parenting workshops and programmes for the youth aimed at increasing their awareness about sexually related matters.

5.4 Suggestions for further research

The research acknowledges that, this study is not exhausted and does not look into adolescent risky behaviours and the factors that influence or affect them wholly. There are several loopholes in the topic which need to be studied in order to exhaustively make the adolescents realize that risky sexual behaviours are indeed risky and should be avoided and fought against. Therefore, the researcher would like to suggest the following for further research.

- Investigate the extent to which family environment, has or not led to adolescent risky sexual behaviours among adolescents in Uganda generally.
- Find out how adolescents can be helped to avoid such influences that are negative, there by making their own correct decisions.
- Find out the role of families in the lives of adolescents and how these roles can be carried out by the parents without affecting adolescents' personal values. This would help overcome the problems encountered by adolescents in growing up and their families.

REFERENCES

Baunn Rind D. (1995), Commentary of Sexual Orientation Research and Social Policy Implications. *Development Psychology* 31, 130 – 136 .

Benedict R. (1934). *Patterns of Culture* Boston, Houghton Mifflin.

Braverman P. K, & Strasburger, V. C. (1993). *Adolescent Sexual Activity*. Clinical Pedicetris.

Brooks – Gunn J. & Ruble D. N. (1983). The Experience of Menarch from a Development Perspective. In J. Brooks – Gunn & A. C. Peterson (eds), *Girls at Puberty* New York: Plenum.

Decay J. (1982). *Adolescent Today*, New York foreman and Company.

Elder G.H. (1993). Rising above Life's Disadvantages from the Great Depression to War in G. H. Elder, Jr, Model & R. P. Parke (eds) Cambridge University Press.

Havighurst R. I. (1948). *Development Tasks and Education*, 3rd Edition, New York: David McKay.

Katchadourian H. (1990). Sexuality. In S. S. Feldman S. G. R. Elliot (Eds). *Black Mothers. Child Development*.

Mcloyd V. C. (1990). The Impact of Economic Hardships on Black Families and Children. *Psychological Distress, Parenting and Socio Emotional Development*. Child Development.

APPENDICES

APPENDIX I: BACKGROUND FACTORS AND PARENTAL RELATIONSHIP AND SEXUAL RISKY BEHAVIOUR OF ADOLESCENTS

Introduction

This questionnaire is about the study of sexual risky behaviours of adolescents. You are requested to answer the questions to the best of your ability and understanding. All responses given will be held with maximum confidentiality for the success of this study.

Thank you for the cooperation.

SECTION A

BACKGROUND INFORMATION

Name.....

Age

Class

Sex

Female ☐

Male ☐

Orphan

Father

Mother

Guardian

Level of education

Mother

Father

Do your parents work?

Father ☐

Mother ☐

Guardian ☐

SECTION B

FACTORS PRECIPITATING ADOLESCENCE RISKY SEXUALITY

HOME ENVIRONMENT AND PARENTAL ADOLESCENT RELATIONSHIP

Do your parents stay together?

Yes ☐

No ☐

If no, whom do you stay with?

Mother ☐

Father ☐

Guardian ☐

If none of the above, whom do you stay with

Do you usually have enough time to talk to your parents

Yes ☐

No ☐

Among your parents, who is free with?

Mother ☐

Father ☐

None ☐

Both ☐

If none, who do you talk to about your needs?

Do you have the freedom to move from home?

Yes ☐

No ☐

Are you always asked where you have been?

Yes ☐

No ☐

Index of other factors (family relationship)

This questionnaire is designed to measure the way you feel about your family as a whole. There are no or right answers, answer each item as carefully and accurately as you can by placing a No besides each one as follows;

1. Rarely
2. A little of the time
3. A good part of the time
4. Some of the time
5. Most or all of the time

Please begin and circle the correct attitude according to you

1. The members of my family really care
2. I think my family is terrific
3. I really enjoy my family
4. I can really depend on my family
5. I really do not depend on my family
6. I wish I was part of my family
7. I get a long way with my family
8. There is too much hatred in my family
9. Members of my family are really fond of one another
10. There is a lot of love in my family
11. Life in my family is generally pleasant
12. My family is a great joy to me
13. I feel proud of my family
14. My family is a source of comfort to me

Index of parental adolescent relationship

This questionnaire is designed to measure the way you feel about your parents (mother and father). It is not a test, so there are no or right answers. Answer each item as carefully and accurately as you can by placing a number besides each one as follows;

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. Most or all of the time

Please begin and circle the correct attitude according to you

1. My parents really care about me
2. I think my parents are terrific
3. My parents get on my nerves
4. I really enjoy my parents
5. I can really depend on my parents
6. I really do not care to be around my parents
7. I wish my parents were not mine
8. I get long well with my parents
9. I feel like a stranger with my parents
10. My parents do not understand me
11. There is a lot of love from may parents
12. My parents are a great joy to me
13. Other parents seem to get a long well than mine with their children
14. I feel proud of my parents
15. I feel left out by my parents
16. My parents are the unhappy ones
17. My parents are a source of comfort to me
18. My parents are generally pleasant.

SECTION B

SEXUAL RISKY BEHAVIOUR AND THEIR EFFECTS

1. Have you ever had sex (including oral, anal, or vaginal) with a man?

If yes, have you had sex with a man in the post 30 days?

If yes, have you had sex with a man in the last 24 hours?

2. Have you ever had unprotected sex with a man i.e without using a condom?

If yes, have you had unprotected sex with a man in the past 30 days?

If yes, have you had unprotected sex with a man in the last 24 hours?

3. Have you ever had sex (including oral, anal, or vaginal sex) with a woman?

If yes, have you had sex with a woman in the past 30 days?

If yes, have you had sex with a woman in the last 24 hours?

4. Have you ever had unprotected sex with a woman?

If yes, have you had sex with a woman in the past 30 days?

If yes, have you had sex with a woman in the last 24 hours?

5. Have you ever had sex with someone who used to or is currently injecting drugs?

If yes, have you done so in the past 30 days?

If yes, have you done so in the last 24 hours?

6. Have you ever had sex within exchange for money, drugs, and a place to stay or basic needs?

If yes, have you done so in the past 30 days?

If yes, have you done so in the last 24 years?

7. Have you ever had sex with someone you knew had tested positive for HIV?

If yes, have you done so in the past 30 days?

If yes, have you done so in the last 24 hours?

8. Have you ever had a sexually transmitted disease (such as gonorrhea, chlamydia, syphilis, herpes, etc, not including HIV)

If yes, have you had the disease in the past 30 days?

If yes, have you had the disease in the last 24 hours?

16. With how many men have you had sex (including anal, oral, and or vaginal sex)
17. With how many women have you ever had sex with (including oral, anal, and or vaginal sex)

Please check below if you have ever been involved in any of the behaviours.
Tick where applicable.

- (a) Anal sex ☐
- (b) Unprotected sex with a man ☐
- (c) Unprotected sex with a woman ☐
- (d) Many sexual partners ☐
- (e) Smooching ☐
- (f) Deep kissing ☐
- (g) Indigenous drug use ☐
- (h) Unprotected virginal sex ☐
- (i) Oral sex ☐
- (j) Others if any ☐

THANK YOU