



**What can we learn from them? An exploratory study about
adolescents' perceptions of sex education strategies in
Uganda**

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LIST OF ABBREVIATIONS

ABC Abstinence Be faithful Condom use

ADP Area Development Programme

AIDS Acquired Immune Deficiency Syndrome

HIV Human Immunodeficiency Virus

ICPD International Conference on Population and Development

IPPF International Planned Parenthood Federation

MOH Ministry of Health

NSD Norsk Samfunnsvitelskapling Datatjeneste

PMTCT Prevention of Mother to Child Transmission

SLT Social Learning Theory

STIS Sexually Transmitted Infections

UAC Uganda AIDS Commission

UBOS Uganda Bureau of Statistics

UDHS Uganda Demographic Health Survey

UNAIDS United Nations Program on HIV/AIDS

UNCSTC Uganda National Council for Science and Technology

UNFPA United Nations Population Fund

UNGASS United Nations General Assembly Special Session on HIV and AIDS

USAID United States Agency for International Development

VCT Voluntary Counselling and Testing

WHO World Health Organisation

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ABSTRACT

This study aimed at exploring the lessons we can learn from adolescents' perceptions on sex education strategies in Uganda. This study was guided by the social learning theory.

Methods: This was a qualitative study based on purposive sampling. In depth interviews were conducted with 23 boys and girls aged 15-19 years, in Kampala and Kiboga districts, who were either in-school or out of school. The interviews were recorded, transcribed and analysed.

Results: Research findings indicated that there is more to sex education than HIV/AIDS prevention. Another major finding was that adolescents are exposed to a variety of sources of sex education. The paternal Aunt as a source was mentioned the least, implying that adolescents did not attach as much importance to it as was attached traditionally. However, the media had a lot of influence on adolescent' sexual behaviour since it was the most mentioned source. Another finding was that there is a relationship between what adults say and adolescents would like to know. Adults say '*what should/can be done*' while adolescents ask '*how?*'. The study also revealed that adolescents tend to have different needs and these needs require different messages. Adolescents also evaluate messages differently. There were factors that influenced which person adolescents turn to when they have questions related to sexuality. These included trust, openness, gender, knowledgeability, proximity and age.

Conclusion: We can learn a lot from adolescents' perceptions, experiences and reflections if adolescents are given a chance to express their views. However, the issue of trust is important as it creates a favourable environment for openness in communication about sex and sexuality.

CHAPTER 1

1.1 Introduction

HIV/AIDS has become one of the world's greatest threats to human health and development. According to UNAIDS (2007), 33 million people were living with HIV/AIDS by the end of the year 2007. Sub Saharan Africa is by far the worst affected by the epidemic. More than two thirds (68%) of all HIV positive people live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred (UNAIDS, 2007). This is as a result of an interplay of factors that include poverty, poor health services, warfare, the legacy of colonialism (Barnett & Whiteside, 2002) and risky sexual behaviour. However, vulnerability of countries in the region as regards the epidemic is relative. For instance in the early 1990's, Uganda was one of the worst affected but was credited for having been able to reduce the disease prevalence and experience behavioural change through public health campaigns (USAID, 2002). The most popular campaign is the Abstinence, Be faithful and Use condom (ABC) campaign (Blum, 2004). Voluntary counselling and testing (VCT) as well as Prevention of Mother to Child Transmission (PMTCT) have also been added to the ABC strategy (MOH, 2006).

Uganda's success story regarding the dramatic decline is unique worldwide but has been subject of curiosity since the mid 1990s and recently of even more scientific scrutiny (USAID, 2002). Despite the historic success, the country's population structure still puts it at great risk of increased HIV/AIDS infections and a multitude of other problems such as sexually transmitted infections (STIs), unwanted pregnancies, unsafe abortions, sexual abuse among others. The UNFPA (2008) has projected Uganda's population at approximately 29 million, with a growth rate of 3.2%. It is characterized with a youthful age structure, given that adolescents comprise about 36.3% of the total population (Uganda AIDS Commission, 2008; UNFPA, 2008) Since adolescents' perceptions of sex education strategies in Uganda were the focus of this study, it was important to first explore the concept adolescence.

1.2 Adolescence

The definition of adolescence varies according to who is defining and for what purpose that definition is made. It's not easy to attach an age limit to the period of adolescence since adolescence varies by social context. Adolescence has been defined as the period of transition from childhood to adulthood, characterized by emotional, biological and psychological changes (Berry, Markee, Fowler, & Giewa, 2000). However, considering the availability of limited time, this study made use of the definition of adolescence by the World Health Organization in order to narrow down the sample space. Therefore, attaching an age limit becomes inevitable. According to the World Health Organization (1993), adolescence is the age bracket between 10-19 years. However, adolescence is divided into three phrases: Early adolescence (10-13 years), mid adolescence (14-15 years) and late adolescence (16-19 years). However, although this particular study, is based on data collected from 15-19 year olds, an age group which lies between the mid and late adolescent phrases, it also made reference to findings from studies of youths who are younger and older than this age range.

In Uganda, adolescence is commonly regarded as the period during which the process of growth into adulthood occurs. However, it is important to note that traditionally (as well as currently) adolescents are still regarded as children. This is because most of them are still under the care of their parents/guardians, do not have property and have hence been exploited in part due to the culture of silence imposed upon them as they lack a way of expressing their voice in family and community matters (Neema, Musisi, & Kibombo, 2004). Therefore, they are often seen as needing guidance and protection from their parents, relatives, community members as well as government. A number of studies and reports have shown that adolescence is assumed to be an 'experimental period' in relation to sexuality (J. Feldman & Middleman, 2002) and most Ugandan adolescents are no exception. A survey showed that a vast majority of Ugandans perceive that young men and women do not wait until marriage to have sex (UNFPA, 2003). Most of them now engage in sexual relations and sexually risky behaviours such as early and unprotected sex as well as sex with many partners. Results from the Uganda Demographic Health Survey, 2006 indicate that the prevalence of higher risk sex¹ of the 15-24 age group is estimated at 44% for females and 94% for male (UBOS & Macro

¹ According to the road map to HIV/AIDS prevention by UAC (2006), high risk sex includes sex with multiple partners especially non marital, non-consensual sex; Inconsistent or no condom use, commercial, transactional, intergenerational

International Inc, 2007). This exposes them to the risks and consequences of early or mistimed pregnancies and high prevalence of STIs and HIV/AIDS.

STIs are most frequent in young people aged 15-24 years, and half of all new infections are of people in this age group (UNFPA, 2003). Anecdotal evidence shows that even though the rate of teenage pregnancies in Uganda dropped from 45 per cent in 1995 to 31 per cent in 2002, in other areas Uganda still has poor health indicators: a high burden of preventable and non communicable diseases as well as poor maternal health. A rate of 31% poses a big threat to young people given the fact that unwanted pregnancies are the leading cause of maternal mortality which is at 505 per 100,000 births (Ebanyat, 2002).

The prevalence of STIs (6 percent but threatening increase in percentage) and HIV/AIDS as well as unplanned pregnancies in Uganda have created an urgency of strategies for awareness and sensitization. Since the predominant mode of transmission of HIV/AIDS and STIs is sexual intercourse, the measures of prevention have tended to be the same for both (UBOS & Macro International Inc, 2007; WHO, 2007)

1.3 Problem statement

Over the years, Uganda (as well as other parts of the world) has experienced an increase in anxiety surrounding youth sexuality. Parikh notes that over the last fifteen years or more, this anxiety has been exacerbated by the prolongation of adolescence, publicity by the AIDS epidemic, increasing number of unplanned pregnancies, increased STI infections and the proliferation of sexual imagery circulating around the globe (Parikh, 2001).

Research on the prevalence of HIV/AIDS in sub Saharan Africa has shown an increase in urgency of sex education as a vital public health strategy. Mosher et al (2005) describe sex education (also referred to as sexuality education or sex and relationships education) as a lifelong process of acquiring information and forming, attitudes beliefs and values about one's identity, sexual development reproductive health, interpersonal relationships and intimacy, body image and gender roles. Effective sex education is intended to provide accurate information and skills to adolescents so that they make good decisions and choices

sex, sex for survival, sex under the influence of drug abuse and alcohol, unprotected sex with someone whose status one does not know, sex without testing and disclosure.

about their sexuality.² Broad sex education programs have been considered to have both global and national benefits such as controlling the risk of overpopulation and advancement of women's and youth/adolescents' reproductive rights among others as implied in the IPPF charter on sexual and reproductive rights and the (ICPD) International conference on population and development(ICDP) program of action (IPPF, 1996; UNFPA, 1995).

The common sources of sex education include parents and other relatives, caregivers, school based programs, peers, public health campaigns (Abstinence, Be faithful and Use condom campaign popularly known as ABC and Voluntary testing), and the media among others (MOH, 2006).

According to the Uganda Demographic Health Survey of the year 2006 (UBOS & Macro International Inc, 2007) results on knowledge and attitudes showed that among the age group of 15-19, 29.5% women and 35.3% men had comprehensive knowledge about HIV/AIDS. Having comprehensive knowledge refers to knowing that: people can reduce chances of getting the Virus by using a condom every time they have sex; having sex with one partner who is not infected and who has no other partners can reduce chances of infection; that HIV /AIDS cannot be transmitted through mosquito bites or sharing food with an infected person; knowing that a healthy looking person could have HIV/AIDS (Uganda AIDS Commission (UAC) & Uganda HIV/AIDS Partnership Committee, 2006). A synthesis of research evidence by Neema et al (2004) on adolescent sexual and reproductive health in Uganda revealed that level of knowledge about other STIS was lower than knowledge about HIV/AIDS. The synthesis further revealed that 30% of male and 34% of female adolescents had no knowledge of STIs other than HIV/AIDS (Neema et al., 2004). These results indicate that the females were less knowledgeable than males. However, there was also a difference in knowledge in the urban and rural areas. This might have been due to the fact that rural areas tend to have more adolescents out of school and limited access to media than in urban areas.

Despite the fact that sex education has been carried out to create awareness in both rural and urban areas, the problems of STIs and unplanned pregnancies among adolescents are still on the rise. An operations research in Katwe Area Development Programme to assess the impact of HIV/AIDS core models in Uganda 2006 (Chege, 2007) inadvertently exposed the fact that

² <http://www.advocatesforyouth.org/rrr/characteristics.htm> retrieved on 27th march 2009

this is partly attributed to the fact that the voices of the adolescents have received insufficient attention by parents, teachers, community leaders, policy makers, international development agencies and also researchers.

Adults have tended to dominate the area of sex education. According to Measer et al (2000), the reason for this is that adults often feel morally obliged to ‘protect the young people’s innocence’. Sex education measures therefore tend to be regulatory mechanisms to protect young people from sexual risk that frames them as both prototypical ideal future sexual citizens and leads to prototypical sexual problems (Parikh, 2001). It has also been argued that as authoritative and concerned adults discuss what is good and proper for the adolescents, they may decide not to talk to the adolescents, about them (adolescents’ problems and needs) and for them (without giving them a chance to express their views). Hence, this explains why we often hear little about how adolescents incorporate the messages they receive into their own sexual realities and imaginations (Parikh, 2001). However, adolescents’ agency should be respected, in that they can be able to make decisions as full sexual beings and their contribution in reproductive health programs is important for the success of such programs. Lie (2008, p. 93) echoes this idea by noting that, “we as adults, parents, teachers, health educators and researchers have to learn from the adolescents themselves about their needs and how we can help promote their reproductive health”. This will give them a platform to express their ideals, needs so that they can make right decisions.

1.4 Statement of purpose

Based on such a background, the purpose of this study was to develop an understanding of the way sex education and sex education strategies are perceived by some adolescents in selected rural and urban areas in Uganda. The study was therefore intended to give adolescents a platform for expressing themselves as beneficiaries (or not) of sex education.

1.5 Research questions

The study intended to answer the following questions.

1. What is the adolescents’ understanding of sex education?
2. What sources of sex education have adolescents been exposed to and what messages do they provide?

3. What is the adolescents' evaluation of the messages provided?
4. What would the adolescents like to know?
5. To whom would the adolescents turn in case of questions related to sex and sexuality?

1.6 Definition of key concepts

Adolescence: The world health organisation's definition of adolescence will be the operational one in this study. Adolescence is defined as the age bracket between 10-19 years (WHO, 1993). However, adolescents will refer to persons aged 15-19 as most of such people are in secondary school according to the Ugandan educational system while others have dropped out of school but are not yet married.

Sexuality: In this study sexuality means more than sexual intercourse. Sexuality is an important part of who a person is and what she or he will become. It also includes all feelings, thoughts and behaviours of being male or female; physical maturity; emotional maturity; being in relationships that include sexual intimacy and physical sexual activity as well as sexual and reproductive health. See: (International HIV/AIDS Alliance, 2008)

Sex education: In this study, sex education refers to "a lifelong process of passing on knowledge and skills related to those aspects of sexual health associated with the outcomes that are generally seen as positive (respect for self and others, non exploitative sexual satisfaction, rewarding human relationships and planned parenthood) and the avoidance of negative outcomes such as HIV/AIDS and other STIs as well as unintended pregnancies"(Odek, 2006, p. 2).

Perception: Perception can be defined as the process of understanding the meaning of messages presented by various sources. Our perceptions are influenced by physical element (what information your eye or ear can actually take in, how your brain processes it), environmental elements (what information is out there to receive, its context), learned elements like culture, personality, habit (what filters we use to select what we take in and how we react to it).

Sources of sex education: In this study, sources of sex education refer to means through which messages on sexuality reach adolescents.

1.7 Theoretical framework

This exploratory study was guided by the social learning theory (SLT) as a framework to understand the relationship between some sex education strategies in Uganda (environmental determinants) and adolescents (personal determinants). Specifically, the theory guided the exploration of participants' perceptions of the sex education strategies that they were/had been exposed to.

1.7.1 Social learning theory (SLT)

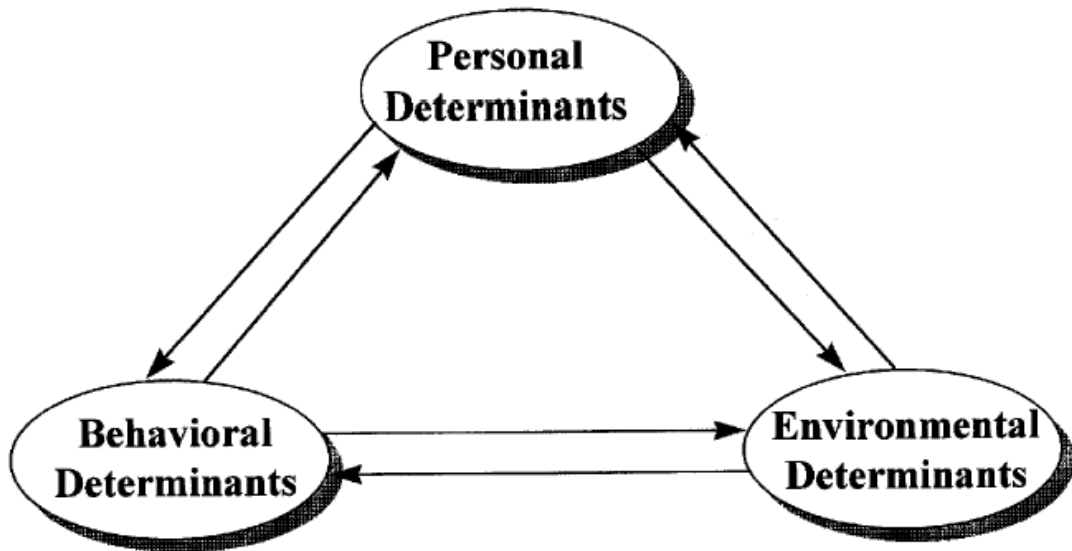
The social learning theory (SLT) was developed by Albert Bandura; a psychologist specialising in social cognitive theory and self-efficacy. SLT can be interpreted as a link between behaviouralism and cognitivism. This is because it originally evolved from behaviouralism but now includes many of the ideas that cognitivists also hold; as a result it is sometimes called '**Social cognitive learning**'. Although the theory had been developed to better understand how children learn aggressive and violent behaviour from television (Bandura, 1963), it has also been used as an explanatory tool in criminology and for understanding delinquency amongst children (Akers & Lensen, 2007) among others. The social learning theory has also influenced "entertainment education"³ as an HIV/AIDS prevention strategy aimed at increasing knowledge and behaviour change in Asia (Singhal & Rogers, 2000) as well as Africa (Rogers, 2000).

The motivation of using this framework was that it has been used by many successful training programs related to sex education. According to a website on theories and approaches, many health educators feel that SLT is consistent with their '*hunches*' of what works in prevention programs. The same website further reports that in the arena of sexuality and prevention alone, only a handful of programs have been shown to significantly and positively change involvement in sexually risky behaviour. However, the majority of those programs, six out of eight are based totally or partly in SLT.⁴

³ "Entertainment education is the process of purposely designing and implementing a media message to both entertain and educate in order to increase audience knowledge and change overt behaviour." (Singhal & Rogers, 1999, p. 12)

⁴ <http://www.etr.org/recapp/theories/slt/index.htm> retrieved on 10th february 2009

(Fig.1) Original version of the illustration of the triadic reciprocal relationship



Source: Bandura (2001)

Description of main determinants of the theory in relation to sex education

Personal determinants also known as '*cognitive factors*' may include the person's attitudes, anticipated outcomes/ expectations, intentions, self- standards, self-efficacy, emotions, abilities/skills to pay attention, learn, evaluate and imitate (Fishbein et al., 1991) as well as personal knowledge. They may also include biological factors like sex and age.

Behavioural determinants, for the purpose of this study refer to what a person chooses to do or not to do. They may include adolescents' actions. For example choice of one sex education strategy and not another, practicing abstinence, use of condoms, the act of saying no, having many sexual partners, not using condoms, imitation of others' actions whether positive or negative.

Environmental determinants, for the purpose of this study refer to all those factors that exist in a person's social context. They may include social norms (approved ways of doing things) and values or the actions of significant others like parents, guardians, siblings and peers. The school environment, rural or urban location, socio-economic background and policy environment: the government health policies and campaigns regarding sex education, the media (radio, television, newspapers, magazines, billboards and internet) will also contribute to social learning.

With reference to fig.1, Sex education is an environmental determinant and so are the sources that were mentioned by participants (See fig.3 in chapter 4). Among these are Paternal aunts, parents, the school, peers and the media. The participants' social backgrounds: rural or urban, in school or out of school are environmental determinants. The socially approved ways of doing things like restricted talk about sexuality, restricted sexual behaviour like abstinence, being faithful, restricted cross generational relationships, respect for elders, being clean among others are environmental determinants. "The social learning theory helps understand how children learn norms and values of their society "(Howard & Hollander, 1997, p. 45).

Principles of the theory

First, SLT focuses on the learning that occurs within a social context (**Bandura, 1977**). Meaning that learning does not merely occur within the learner, rather, it is an interactive process between the learner and his environment. Hence, environmental and cognitive factors (personal determinants) interact to influence human learning and behaviour. This '*bidirectional relationship/ Triadic reciprocal causation*' (Ibid) is shown by the arrows. (See fig1)

Secondly, the theory emphasises that people learn by observing behaviour of others and outcomes of those behaviours (Bandura, 1977). However, learning can occur without a change in behaviour. Behaviourists say that learning has to be represented by a permanent change in behaviour; in contrast social learning theorists say that because people can learn through observation alone, their learning may not necessarily be shown in their performance. Learning may or may not result in a behaviour change. For instance, some adolescents may receive the knowledge about condom use but decide not to use condoms.

They may also receive knowledge about relationships but decide whether or not to be in a relationship where they have the power to negotiate safe sex.

The above paragraph implies that cognition plays a role in learning. “Cognitive factors partly determine which environmental events will be observed and what meaning will be conferred on them” (Bandura, 2002, p. 122). Cognitive factors therefore mediate between the environment and behaviour. With such an emphasis, SLT becomes distinct from the behaviourist theory which maintains the idea that environment affects behaviour directly. Therefore, as Bandura (2002, p. 123) argues, people are not only knowers and performers. They are also self-reactors with a capacity for self direction. Hence, it recognises the role of personal agency. However, he notes that personal agency operates within a framework of social structural influences. Personal agency and social structure operate as co-determinants in an integrated causal structure rather than as a disembodied duality (Bandura, 1999, 2002). This links back to the reciprocal relationship among the three determinants. This belief in cognition is one of the motivations that guided the title of my study to learn from the participants about their perceptions of the sex education strategies they had been exposed to.

Thirdly, the social learning theory also differs from behaviourism in its focus on modelling and imitation. Bandura and colleagues argue that children observe the behaviour of real-life models (that is; parents, teachers and peers) as well as influential others like the paternal aunt and symbolic models (television and other media) and then reproduce this behaviour themselves (Bandura, 1963, 1977). However Bandura notes four prerequisites for modelling: attention, ability to remember, ability to replicate, be motivated and also the desire to demonstrate what has been learned. It should be noted that these conditions are personal in that, they vary among individuals, therefore, different people will reproduce the same behaviour differently.

Fourthly, the social learning theory retains the behaviourist emphasis on reward and punishment as having an influence on modelled behaviour. However, it emphasizes the role of other people as agents of reinforcements. According to Howard and Hollander (1997, p. 45), when rewards or punishments are administered by influential others, they are likely to be more effective. As a result of being reinforced, people form expectations about the consequences that future behaviours are likely to bring. They expect certain

behaviours to bring reinforcements and others to bring punishment. Punishments may discourage behaviour whereas rewards may encourage behaviour. Therefore rewarded behaviours tend to be imitated and repeated.

However, this does not mean that children are necessarily passive as will be later discussed in relation to learning gendered behaviour. The learner's cognitive factors are important however as s/he needs to be aware of the response reinforcements and response punishment. Reinforcement increases a response only when the learner is aware of that connection. The above noted, reinforcements can influence one's decisions to imitate behaviour or not.

1.7.2 Gender and social learning theory

In an attempt to look at social psychological theories with a gender lens, social psychologists Howard and Hollander (1997, p. 46) note that “ Social learning theory presents a socialisation approach to gender, that it views gender as learned, not innate. This implies that various agents of socialisation (like the sources of sex education) notably the family, school, peer group and mass media teach the children their sex roles (Connell, 2007, p. 77). This ideology leads to a distinction of gender from sex, which is biological and inborn. The theory therefore emphasizes the contribution of the social environment to learning gender-related behaviour (Brannon, 2001). It is for this reason that social learning theory has been applied extensively to understanding gender, particularly the development of gender differences in behaviour (Brannon, 2001; Howard & Hollander, 1997).

Social learning theory highlights the importance of operant conditioning which comprises of reinforcement and punishment in learning. Reinforcement is said to increase gender appropriate behaviour while punishment decreases gender inappropriate behaviour. Differential treatment by adults, especially parents encourages gender appropriate and discourages gender inappropriate behaviours. Connell (2007, p. 77) in *'Gender'* also notes that with the mixture of positive and negative reinforcements; most children would learn the gender appropriate behaviour as they grow up. He further argues that they would internalise the norms and in turn convey them to the next generation. Howard and Hollander (1997, p. 46) argue that boys are rewarded more for performing typically

masculine behaviours and girls for performing typically feminine behaviours. Such reinforcements in relation to gender norms are an indication of adults' exertion of power which may eventually influence children's decisions about sexual behaviour during adolescence and adulthood. For example, in my study, such circumstances may be an explanation for who initiates sexual advances, who determines whether a condom is used or not. They may also explain why it is girls and not boys who are prepared for marriage through being taught their marital roles and duties by their paternal aunts.

The theory also recognises that observation is important in learning gender -related behaviour. That is, children observe the behaviour of others, including other children (peers), adults and symbolic models like those in the media. However, Howard and Hollander (1997, p. 45) note that the theory includes cognitive processes as mediating factors between the environment and individual behaviour. Meaning that, children use cognitive processes to choose appropriate gender related behaviours. The consequence of observed behaviour is imitation. Children are more likely to imitate behaviours of those of the same sex as well as those who they perceive as more prestigious or powerful. In relation to my study, the mothers mostly talked to the girls and fathers to the boys.

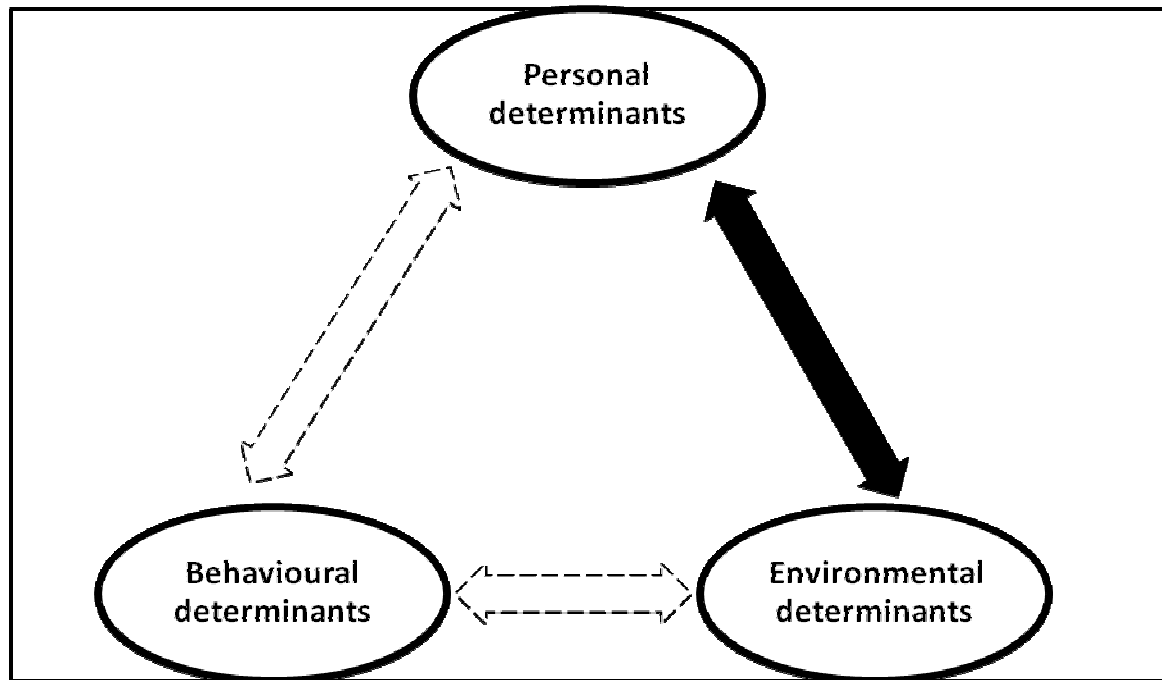
Imitation is more likely if observed behaviour is rewarded. Therefore, Howard and Hollander (1997, p. 46) reason that because only rewarded behaviours tend to be repeated/imitated, children develop gender repertoires of behaviour either through direct reinforcement by influential others or through observation of consequences experienced by others. The reinforcement by influential others can be used to explain adults' exertion of power in the name of promoting gender norms in order to influence adolescents' decisions in sexual behaviour.

However, Connell (2007) agrees with Bandura (1999, 2002) on the view that people are not passive by identifying the possibility of resistance against the norms even in the presence of reinforcements. He notes that, "boys and girls are not lying back and letting gender norms wash over them. They are constantly active in the matter and may take up the gender divisions supplied by adults or vehemently reject them, criticise them and launch out for something different."(Connell, 2007, pp. 78-79)

1.7.3 How was this theory used?

The focus of this study is illustrated in **fig. 2**.

(Fig.2) A modified version of Fig.1 for the purpose of this study



The study took into consideration the fact that there is a reciprocal relationship between the three determinants as shown by the arrows (see **fig 1 and 2**). However, the focus of this study was not to consider all the reciprocal relations among the three determinants. Rather, the study focused on mapping the reciprocal relationship between some kinds of environmental determinants and personal determinants as perceived by participants. (See **dark arrow in fig. 2**)

For instance participants' social contexts whether in school or out of school, in rural or urban locations sometimes influence the sources of sex education they were exposed to. The sources of sex education, based on the different social norms within the different environments complemented one another to influence the attitudes and sexual behaviour of the adolescents. However, I also considered participants as active agents in their various social contexts, they are not just passive recipients of sex education knowledge performing what they had been told, but they are self directional. It also implies that they had different cognitive factors: different intentions, skills of attention and different

expectations of outcomes of their behaviour or misbehaviour, different self standards, emotions and different self efficacy. They each had something different to add to my research. Such factors could also have influenced which actions were taken over others, which source of sex education was preferred over another and could have accounted for the differences in perceptions, even of the same source of sex education.

Based on the findings, participants described their perceptions by making use of the relationship between the three determinants. For instance, they sometimes mentioned behaviour: what actions they took as a result of the messages and also showed how their behaviour at times influenced some messages from the environment. **(See dotted arrows in fig.2)**

However, perceptions of others sometimes influence an individual's perceptions. For instance, if a particular sex education strategy is favourably perceived, then it is possible that one would desire to either adopt it or encourage others to adopt it, and if a particular sex education strategy is not perceived favourably then one will neither desire to adopt the information provided through that strategy nor encourage his or her peers to adopt it.

CHAPTER 2

2.0 LITERATURE REVIEW

The aim of this chapter is not to make an exhaustive review of all existing literature on adolescence and sex education. Instead, it is to provide, through a selective reference to literature, an understanding of the influence of social norms, specifically silence about sex on sex education and its implications. It is to ascertain whether the adolescents' views were captured in the literature available. The chapter therefore aims at finding the gaps in the literature that can be filled by my study. The chapter is divided into sections. The first section is a brief but general discussion on social norms, the major classifications of social norms as Mores and Folkways. Although many examples of Folkways are given, this chapter will focus on the cultural prescription on not talking to children about sex, commonly known as "*Cultural silence*". Next is a discussion on some of the sources of sex education, showing how such sources are influenced by cultural silence about sex as a norm, and at the end of each section showing the gaps that this study intends to fill.

2.1 Social norms

There is no agreed definition of the term social norms. In general social norms have been defined as implicit and explicit rules and regulations that a group lives by.⁵ Social norms therefore indicate the established or approved ways of specifying how people *must, should, should not* and *must not* behave in various situations.⁶ Social norms can be divided into two broad categories: Mores and folkways. Mores are fixed and fundamental morally-binding customs of a particular group. Taboos are the most extreme form of mores as they forbid a society's most outrageous practices, such as incest and murder. Other examples of mores include prescriptions that societal members are required to wear clothing and to bury the dead.

Folkways on the other hand, a term coined by American sociologist William Graham Sumner in his classic '*Folkways: A study of mores ,manners, customs and morals*' (1907) as

⁵ http://changingminds.org/explanations/theories/social_norms.htm retrieved on 26th march 2009

⁶ <http://www.sociologyguide.com/basic-concepts/Social-Norms.php> retrieved on 26th march 2009

cited in the sociology guide⁷, are the conventional ways of doing things/habits learned from childhood. Examples of folkways include prescriptions on not belching in public and “not talking to children about death and sex”(Daniel, Apilia, Bjørgo, & Lie, 2007). They also include prescriptions that people should be clean and that death should be recognised with public funerals. Folkways include social norms related to gender that may affect reproductive health include appropriate behaviour for men and women. For instance, in many patriarchal societies, culture dictates that ‘good’ women are ignorant about sex and passive in sexual interactions (UNFPA, 2002). This implies that it is only men who should initiate relationships but not women. Men should be the ones to ask for sex and women are supposed to merely accept to offer sex. According to UNFPA (2002), this makes it difficult for women to inform themselves about risk reduction and negotiate for safer sex or use of condoms. Such a relationship between gender norms and sexual risk taking is carried on from generation to generation and can be reflected in adolescents’ dynamics (Varga, 2003).

Mores and Folkways can be differentiated based on two things: enforcement and punishments invoked. Mores are much more strictly enforced than folkways because they invoke severe punishment. Folkways on the other hand are more flexible since conformity to them is ensured by gentle social pressure and imitation. Breaking or questioning a folkway does not cause severe punishment but may cause the person to be laughed at, frowned upon or scolded.

Here, Folkways relate closely to learning gendered behaviour as already discussed in the theoretical framework. As Connell (2007, p. 77) also argues that “compliance with gender norms would lead to rewards or positive sanctions like smiles from mother, approval from friends while non conformity would lead to negative sanctions ranging from frowns and cross voices and being beaten” . However, social norms also vary in the kinds of sanctions attached to violation of a particular norm. Sanctions may be different for both boys and girls over the same behaviour. Wight et al (2005) note that differential commitment to these norms may also lead to conflicts between generations and genders.

Some norms are learned informally in interaction and communication with other people and are passed on from generation to generation while others, for instance national laws,

⁷ <http://www.sociologyguide.com/basic-concepts/Social-Norms.php> retrieved on 7th may 2009.

commandments in the Bible and Koran, are written down. Social norms may not only evolve over time but also vary from one group to another and between social classes and social groups. For instance norms held by adults may be different from those of adolescents.

It is important to note that since norms derive from values and since societies have multiple and conflicting values, social norms may also be in conflict. For instance, the nation's laws may include prescriptions about not killing another person yet the same laws permit killing the enemy in war. Double moral standards may also be a result of conflicting values and may be harmful to the well-being of society. For instance in some societies, it is 'normal' for a man to desire many women and yet normal for a woman to desire only one man. Girls are also expected to remain virgins until they are married while boys are expected to have sex and get some experience. It is therefore questionable who the boy is expected to 'experience' with yet all girls are supposed to be virgins.⁸

Social norms are important to the field of sex education because they have an influence on the type of message passed on, how it is passed on, evaluated and who to turn to in case of questions related to sex. It is important to review some of the sources of sex education in order to show the influence of social norms on sex education, specifically cultural silence.

2.1 Some sources of sex education in debate

Although there are many sources of sex education, I choose to discuss the paternal aunt, parents, schools, peers and media because in Uganda, these are mostly the ones engaged in the debate of what should be taught to whom, by whom and when. Specifically, it starts with the role of aunties since they are thought to be the traditional source of sex education, followed by sections on parents, schools, peer influence and the media. The argument shown in this discussion is the influence of social norms specifically 'cultural silence' that tends to make the topic of sex sensitive hence bringing about debates on what should be taught, to whom, by whom and when. I show the gaps in the literature about each source at the end of each section. Finally, the chapter ends with a summary of what has been discussed.

⁸ http://www2.hu-berlin.de/sexology/ATLAS_EN/html/the_double_standard.html retrieved on 28th March 2009

2.1.1 The role of the paternal auntie/*Senga*

Some studies have shown that there is ‘cultural silence’ about sex among many African communities. According to Daniel et al (2007), this silence is based on deep seated cultural taboos regarding adults talking to children about sex and partly due to the rules of respect that underlie family and kinship structures, which may limit communication across generations and gender divides. Although this restriction may vary among particular tribes, particular categories of people are supposed to talk about sex while others should not. For instance, talk about sex was and is (largely) still restricted among adolescents and their peers, between ‘just any adult’ and a young person and were/are expected to exercise silence about sex whereas, it was/ is allowed between fellow adults and also between a girl and her paternal auntie.

It is for this reason that traditionally among most Ugandan tribes, parents did not talk to their children about sex (Muyinda, Kengeya, & Pool, 2001). Instead, the paternal auntie was /is socially accepted or nominated person to carry out sex education for the girls (Luwaga, 2004; Muyinda, Nakuya, Whitworth, & Pool, 2004; Parikh, 2005) while for adolescent boys community elders have fulfilled this role in some settings (Kirumira, 1998). The paternal aunt (*senga*) talked to the girls as a preparation for marriage. The girls were shown or helped to elongate the labia as well as shown and told how to be a good wife. More emphasis tended to be put on the girls than the boys because it was assumed and believed that a girls’ ‘misbehaviour’ could cause shame to the parents. Muyinda et al (2001) observed that the extended family system, including the ‘*Senga*’ institution as the primary medium of communication on sexuality is weakening as a result of socio- economic change brought about by modernisation and migration. However, some studies have revealed that the institution is not completely dying; instead it is changing with times. The role of the ‘*Senga*’ is becoming professionalized and incorporated into larger infrastructures concerned with sexuality. The aunt does not have to be kin-based (Muyinda et al., 2004) as any adult woman can be trained to do the role. Rather, she has been transformed into,

“[...] a genderless, faceless commercial ‘sexpert’ that no longer speaks to pubescent girls but to a sexually mature adult. She now offers advice on the art of erotic techniques to an adult audience seeking modern romance, love and multiple orgasms.” (Parikh, 2005, p. 127)

In the above quote, being genderless implies that the ‘aunt’ can talk to both males and females from adolescence to older ages. Muyinda et al (2004) carried out a study on community sex education among adolescents in rural Uganda. They specifically focused on training “*modern sengas*” (p. 70) in the community as a way of utilising indigenous institutions. The ‘*modern sengas*’ provided a mix of traditional and modern messages to both males and females. The traditional messages included teaching girls traditional practices like elongation of the labia, commonly referred to as ‘*visiting the bush*’(p. 73). The modern messages included “Information on HIV/AIDS and other STIs, talking about sex, condom use, family planning, partner reduction, delayed sexual debut, traditional sexual practices, techniques for avoiding risky sex among others” (p. 70). However, some women who were trained cited gender related challenges as they reported their spouses’ concerns about their *Senga* activities, particularly in situations where they had to talk to boys or men in privacy. This reveals that gender norms as regards who communicates to whom tend to be maintained over time.

Although the *Senga* institution is weakening and the way that it is viewed by adolescent girls and the community in general has changed, Muyinda et al (2004) argue that the institution could still be used as a basis for a culturally appropriate education strategy for adolescent girls, particularly the out of school girls in the rural areas, and adolescent mothers. It can therefore be argued that other sources as well as the modern alternatives cannot sufficiently replace the *Senga* institution that has been carried on from generation to generation. They all have to complement it in the role of sex education.

Although the literature above recognises the paternal aunt as the traditional and primary provider of sex education to the girls, the times have changed and there may be other sources. None makes note of the girls’ or boys’ perceptions whether the adolescents still attach the same importance today. Apart from the paternal aunt, this study will explore the other sources that the adolescents were exposed to. Secondly, the literature does not capture the nature of relationship and interactions between the paternal aunt and the girls, which this study seeks to, do. The literature also does not capture adolescents’ perceptions of messages provided by the aunt for instance elongation of the labia. From the adolescents’ view point,

the study will explore whether the *Senga* institution is really weakening or not. This study will also explore the content of the messages from the *Senga* and their relevance.

2.1.2 Parental influence on adolescent sexuality

As discussed earlier, traditionally parents did not talk to their children about sex. However, parents may have a role to play in influencing their children's sexuality in light of the weakening traditional sources (The Alan Guttmacher Institute, 2005). In addition, Neema et al (2004) argue that given the HIV/AIDS pandemic, parental guidance and communication on such issues like sex is mentioned in many countries as a protective factor. Evidence shows that young people, who openly communicate about sexual matters with their parents especially their mothers, are less likely to be sexually active, or in case of girls, they are less likely to become pregnant before marriage.

In an article printed in the Saturday Vision of May 17th 2008, Langa, the director of family life network in Uganda argues that parents should handle sex education instead of leaving it to teachers, relatives and mass media. The reason, according to him, is that parents are the primary teachers; after all, they teach their kids to brush their teeth, go to the toilet and do household chores. He further argues that there may be wrong information out there that can be harmful to the children. Therefore, he says, the parent may initially feel awkward but once sex is properly handled, the kids become confident and know what to do (Okiror, 2008).

An exploratory study on parent - child communication revealed that some parents have taken up the role of sex education in families. Mothers talked to girls while as fathers talked to boys (Luwaga, 2004). There seems to be gender differences regarding who communicates more. A study by Jaccard et al (2002) indicated that mothers are more likely than fathers to discuss sex with their children. These gender differences have been attributed to the sensitive nature of mothers, hence making them better at communicating intimate and sensitive issues than fathers (S. Feldman & Rosenthal, 2000) . The above not disputed, parents still remain uncomfortable and ill prepared to take on this responsibility and have always tended to pass it to other adults, the teachers, relatives and mass media.

On the contrary Langa, the leader of family life network Uganda blames culture for parents' failure to carry out what he says should be their primary responsibility (Okiror, 2008). As a research brief by the Alan Guttmacher institute on adolescents in Uganda (2005) also

indicates, that social and cultural norms have largely prohibited parents and children from directly discussing sex. This implies that parents feel guilty of breaking the norm of silence about sexuality, much as they may want the best for their children. Some parents however devise means of getting around the norm but this may have implications as many of them vaguely talk about issues. Evidence from a study by Taffa et al (1999) in Ethiopia indicated messages of sexuality at family level as being characterised by ambiguity, leaving the children even more inquisitive. Another study carried out in Uganda led to an observation that even though more mothers reported that they talked with their daughters, their daughters on the other hand did not report the same (Nakkazi, 2001). This was because the messages were often so vague that the daughters did not consider them as being part of sex education.

However, culture should not be blamed as a hindrance because culture does not exist on its own but is carried on from one generation to another by individuals in society. In this case I relate to Fredrik Barth's (1995) idea of culture as knowledge that a given group of people have, and their capacity to change it in his classic '*Cosmologies in the making*'. Sex education is also part of this knowledge. Culture is therefore not static, but is undergoing a transformation along with society. Therefore, there is need to blend culture with new ideas if adolescents' reproductive health needs are to be met.

Although the literature above shows parents' willingness to take up sex education despite the culture of sensitivity, it does not show the contexts that may influence the parents to talk and the content of messages provided by parents. A very general view of what the adolescents think about the messages from their parents is given. For instance, messages are said to be vague but the kind of vagueness is not expressed. This study will try to explore variations of vague messages that the parents provide. My study will show whether the adolescents receive messages from their fathers. It will show the circumstances under which the parents give the messages or what exact strategies the parents may use to try and go about the norm of cultural silence. From a sample of participants, my study will explore how different adolescents evaluate messages from their parents and to what extent they think they are helpful to them or not.

2.1.3 School based programs

School based programs are favoured by parents, governments and non-governmental organizations as being effective. The government of Uganda challenges schools all over the country to implement similar sex education programs into the school curricular.⁹ Although the content of sexuality education may vary across schools, school based programs range from comprehensive programs to abstinence-only programs although more emphasis is put on the abstinence only program. Comprehensive programs are also known as '*abstinence-plus*' (Collins, Alagiri, & Summers, 2002, p. 1) because they emphasize the benefits of abstinence while also teaching about contraception and disease prevention methods which include condom and contraceptive use. In contrast, abstinence-only programs teach abstinence from all sexual activity as the only option for unmarried people and building the character of confidence and assertiveness to '*say no to sex before marriage*' (Collins et al., 2002, p. 1). Therefore, it can be argued that Comprehensive programs explore the context for and meaning involved in sex because they acknowledge that many teens will become sexually active. On the contrary, abstinence-only programs do not acknowledge that teens will become sexually active hence turning away from the challenges young people faces as they make decisions about sexuality and on self protection.

In the school environment, teachers are seen by key adults to play a major role in addressing adolescent sexual reproductive health (Kibombo, Neema, Moore, & Ahmed, 2008). Studies on the views of young people on school based sex education programs in Uganda tend to be implicit about adolescents' perceptions. Findings from a study by Measer et al (2000) on views of young people on sex education programs in Britain seemed more explicit and can be related to the situation in Uganda. The pupils were given a chance to evaluate the programs at school and they were found to be knowledgeable. Both boys and girls, though interviewed separately agreed that school based sex education was necessary as their parents had failed. However, it was "too narrow" and that the teachers tried "to avoid and slip over it" (p. 122). Specifically, the programs also were said "to have ignored the emotions of the pupils" (p. 123), the study only catered for those adolescents in school and in urban areas but ignored out

⁹ <http://www.hrw.org/reports/2005/uganda0305/5.htm> retrieved on 15th April 2008.

of school adolescents and those in rural areas. It may be assumed that the findings in this study may be similar to those in Uganda. Ndyabangi et al (2004) noted that there may be differences in reaction to sex education based on gender and school attendance.

The question is, to what extent can the teachers break the silence about a topic that has been restricted by the same society of which they are part? They face a dilemma of complying with ministerial requirements as well as cultural restrictions. A qualitative study by Kibombo et al (2008) on adults' perceptions of adolescents' sexual and reproductive health in Uganda reveals the teachers' concerns. Results in this study indicated that teachers feel constrained to speak about sexual matters with their students because of cultural inhibitions, potential backlash from parents for '*spoiling their children*' and fear of being ridiculed by their students. However Eske (2003) argues that a classroom discussion does not trigger a teenager's sex drive, since a teen's hormones and desires exist well before a condom demonstration. Although Eske's study was carried out in USA which is a very different context, the argument seems to be relevant for the Uganda adolescents too.

In addition to the above limitations, the school based programs at the secondary school level can also not reach those who begin sex earlier or those who drop out or never attend school. Such adolescents may then have to find other sources of information which may include their peers and the media.

The literature states that school based programmes are favoured by the adolescents and other stakeholders. However it does not indicate the reasons why the adolescents may opt for school based sex education instead of their parents. My study will explore some of the reasons why adolescents may prefer sex education at school. The literature reviewed above does not capture the nature of teacher-pupil relationship. It is usually a relationship between adult and a child. My study will therefore map the kind of interaction between teachers and students and ascertain whether there is trust between the two or not and the reasons for either case. The literature also seems limited to sex education in school to be provided by the teacher. However, there may be other sources within the school. My study seeks to explore the possibility of other sources of sex education in the schools environment among adolescents in both rural and urban contexts.

2.1.4 Peer influence on adolescent sexuality

Theories of development by Eric Erikson, Piaget and Freud suggest that as children grow up, the influence of parents reduces while that of their peers is introduced. Peers are important in influencing self identity and independence from parents as well as sexual behaviour.

Adolescents encounter both negative and positive pressure from peers. In a presentation of research evidence from a study in Uganda, Herling revealed that adolescents spoke of wanting to be associated with “friend who had good manners” but were also cautious of “bad peer groups who could be dangerous to their lives” (Herling, 2004, p. 24). Adolescents usually imitate what their peers do. Peer norms such as perception of risk may influence risk behaviour. There is a relationship between peer norms and sexual debut as well as use of condoms. Although the consequences are individual, Kinsman et al (1998) noted that decisions about initiation into sex are strongly bound to social context with peers playing an important role in creating normative behaviour. A midterm review of Straight Talk Foundation by Neema et.al (2000) revealed that adolescents both in school and out of school were engaging into unprotected sex as a result of associating with bad groups. In his study of the influence of environment on sexual behaviour of students in Tororo and Pallisa districts of Uganda, Twa-Twa (1997) observed that young men’s peers pressurise them to “prove that they are men” by having sex with girls. This observation may be similar to pressures faced by some Ugandan adolescents. Female adolescents are also not exempted from such pressure from their friends to seal their relationships with their boyfriends by having sex.

Although peer norms may conflict with those of adults, peer pressure is not only negative. Peers may act as a platform for discussion of ideas. In recognition of this influence some policy makers have focused on utilising the capacity of peers to pass on sex education to their colleagues. Whereas peers can influence one another, the contents of influence regarding how, when and where this influence takes place are not explicit in the above literature. This study will explore how the adolescents understand the dynamics of peer influence and its effectiveness.

2.1.5 Media influence on adolescent sexuality

Although parents and schools may provide sex education to the adolescents, the explosion in technological development as a result of globalisation has increased media influence as an

avenue for sexuality information. However unlike the previous sources, there is hardly any or no control of the information that is provided, hence contradictions may arise. This is because the media is an external influence unlike the previous sources which tend to belong with in a specific culture.

Sources like radio, television, newspapers, bill boards, books, magazines (Parikh, 2005) and internet among others provide messages related to sexuality. Mass media has both advantages and disadvantages. It provides an influence which shapes the way viewers and participants perceive the world and their own place within that world, hence it may be argued that adolescents imitate what they see in the media. However, the effect of the media on an individual is influenced by one's evaluation skills as well as the influence of others who have been exposed to the same media. This point creates an overlap between the peers discussed earlier and the media since the media can be referred to as a 'super peer' through which peers make discussions with other peers beyond time and space.

The question is to what extent has the media broken cultural silence? Some studies revealed that the silence about sexuality has been broken in relation to the incidence of HIV/AIDS (Adams & Pigg, 2005; Blum, 2004; Luwaga, 2004; Muyinda et al., 2004; Parikh, 2005). Parikh noted that "unlike the sexual campaigns in the past, the HIV/AIDS education campaigns have inserted the sexual into the public place in unprecedented ways" (Parikh, 2005, pp. 126-127) .

I think the emergence of public sex talk has not been due to incidence of AIDS per se. The HIV campaigns were part of a major discourse of public health campaign. Such a discourse had just transformed itself to suit problem at hand such that it aimed at sex, hence, to borrow Michel Foucault's words, "intensifying people's awareness of it as a constant danger and this in turn created a further incentive to talk about it" (Foucault, 1990, p. 310).

News papers like straight talk have also been used to reach the adolescents country wide. Straight talk doubles in both print media in 14 different languages and radio talk shows. It is interactive because adolescents may send questions and views (Namayanja, Watson, Kyosimirwe, Bainomugisha, & Kagoro, 2008). My study will explore whether straight talk can be accessed by both rural and urban, in-school and out of school adolescents as well as

obtain their perceptions on it. It will also explore whether indeed straight talk is in different languages they understand.

Evidence shows that many media are taking on the role of the *Senga*. For instance, advice columns in newspapers, radio shows, television programs that comprise the flourishing commercial “*sexpert*” (Parikh, 2005, p. 140) industry bear the name *Senga*. Such sources make the *Senga* faceless as they provide opportunities of no face to face interaction, reducing the feeling of discomfort surrounding talk about sexuality. However, the circumstances under which adolescents turn to the *Senga* in media are not explored, which my study seeks to. It should also be noted that the content of these forms of media is not mentioned in the literature and the extent to which the media attracts adolescent attention has not been captured. This study also seeks to capture the current trends and complexity of adolescent interaction with the media, which of the media attracts most adolescents and why.

2.2 Summary of literature review

In this chapter, a broad discussion of social norms has been provided, classifying social norms into Mores and Folkways. Examples of the two have been mentioned. However, the major focus has been on cultural silence about sexuality, as an example of the folkways that have an influence on sex education. A discussion of some of the sources of sex education has been presented. The discussion shows that cultural silence makes it possible for some sources, for instance the paternal aunt, to be legitimate sources of sex education. However, in light of the changing times, those sources have weakened, leaving a vacuum for other sources like the parents, teachers, the school, peers and media. However, a debate is going on within these sources that is cause by cultural silence over what should be taught to whom, by whom and when hence end up expecting the other to carry out sex education.

The implication is that we have competing sources, all fighting for the same individual, the adolescent. For instance the society which includes the aunt, parents, teacher and peers would like the adolescent to behave within the parameters of the societal norm. The state, through its public health campaigns would like the adolescent to operate according to the state norms. On the other hand, the global forces that bring about the increased use of the media would prefer a global adolescent. Adolescents also have to behave according to the peer norms. This may leave the adolescents mixed up and more difficult to understand. It is for this reason that the adolescents views of the sex education strategies are obtained.

CHAPTER 3

3.0 METHODOLOGY

This chapter will be a discussion of the study design, sampling techniques, sample size, study area, participants, access, ethical issues and dilemmas as well as challenges. These sections will be discussed in relation to the planned versus actual field work. In this case, improvisations that were made will be discussed as well as the reasons why they were made. I also briefly discuss challenges faced as well as the data analysis process. Thereafter, a summary will be made of what has been said.

3.1 Data collection

This was a qualitative study so as to provide a deeper understanding of sex education strategies and capture the perceptions of adolescents, their inner experiences, cultural meanings, forms of social interaction in the language they best understand.

Data collection was done using ethnographic techniques like; in depth interviews with the selected adolescents, audio recording, observation, note taking as well as documentary review of newspapers like Straight Talk in an attempt to study issues as comprehensively as possible. With the aid of an interview guide, participants were asked about their understanding of what sex education is, the sources from which they obtained the messages about sex and sexuality, who they turned to in case they had questions related to sex and sexuality and why they turned to that particular source. Participants were also asked about their perceptions of the sources, messages and finally to give suggestions for improvement.

The interview guide provided flexibility in that the researcher was not required to exactly follow the order of the questions on the guide but could ask questions according to the participants' answers. Where possible, some probing was done to get further explanations, check consistency in the information and ensure that intended meaning was not altered.

Most of the interviews were conducted in Luganda since the adolescents suggested that it is the language they were comfortable with. However, about three of the interviews were conducted in English because the adolescents preferred it.

The methods of data collection were meant to complement one another. For instance, audio tapes captured the data that I was not able to write during the interviews. However, the broader context in which qualitative methods are used and deployed (Silverman, 2002) does not completely eliminate bias in the study.

3.2 Sampling techniques

The aim of the study was to explore perceptions of adolescents on sex education strategies in Uganda. However, in light of limited time and resources, the study had to be carried out within a selected population hence creating the relevance of sampling. The objectives of this study too did not require an absolutely exact account of the entire population and that through a sample would help reflect the diversity of views of the entire population. Purposive sampling was used in this study. Denzin and Lincoln (2000, p. 370) note that “purposive sampling is employed when seeking groups, settings and individuals where the processes being studied are most likely to occur”. In this study, participants were selected based on age group (adolescence), gender, location (rural and urban) and whether enrolled in school or out of school. The fact that the study was on a sensitive topic means that it is important that respondents who are selected feel they are willing to participate and are articulate enough to share their views.

It was earlier planned that out of school adolescents be selected using snow balling, based on the assumption that adolescents who do not go to school know each other and by talking to one, he or she would help identify a peer. The challenge of using such an approach is that it is limited by time and resources. During field work, I decided to non-randomly select the out of school adolescents. This was because snowballing seemed time consuming and that it would limit the diversity of views. The In-school adolescents were also selected non-randomly.

3.3 Limitation of sampling

It should be noted that the fact that a sample is chosen purposively does not necessarily make it representative of the whole total population. This study will not make claims of

generalisation of result, rather an approximation will be made since it is inevitable to rule out sample bias and systematic error which are difficult to detect without studying the entire population. For example: adolescents at risk may not only include those mentioned in the sample. Some adolescents are also receiving sex education but have not been included within the sample. For instance, adolescents living on the streets, adolescent commercial sex workers, adolescents in conflict areas, in refugee populations as well as HIV-infected adolescents (Neema et al., 2004).

Having noted the above, this study still holds the importance of contributing to the existing data base of reproductive health in Uganda, specifically, regarding the perceptions that adolescents have of the sex education strategies they have been/are exposed to in their locations. It is important to speak to the adolescents themselves and see what they can teach 'us'. This may help contribute to baseline information to be used in planning and implementation of adolescent friendly services and programmes.

3.4 Access

I had proposed to solicit the help of World Vision Katwe Area Development Program (ADP), my former employer for mobilisation of participants in the rural setting. However, the Staff were busy at that time so I decided to work with the help of a community member connected to the ADP. School going Participants both in the rural and urban setting were not accessed with permission of the school administration as earlier planned but were chosen randomly after school hours in order to avoid the lengthy bureaucratic procedures. This change of plan was also based on the assumption that participants from different schools would help provide a variety of adolescent's perceptions both from around Kampala district and Kiboga district. However, verbal informed consent was also obtained from the participants as well as parents and guardians. They were provided with a clear explanation on the aim of the study, assured confidentiality and anonymity as well as freedom for one to leave whenever they feel so. Where necessary, informed consent was renegotiated throughout the whole research. I decided to use verbal informed consent instead of written consent because during my experience as a researcher, I learnt that people are often reluctant to sign due to the political controversies surrounding the signing of documents. Some may think that on signing a document, they will be paid for the research. Others link signing to enrolment into a given

political party while others feel signing a document may lead them to unknowingly give away their plots of land.

3.5 Study area

This study was carried out both rural and urban districts: Kiboga and Kampala respectively.

“As a dualism, urban and rural are commonly perceived as a continuum of places, people and processes. The most urban situated at one end of the scale and the most rural at the other end with relative degrees of rurality and urbanness between the ends of the scale.” (Berry et al., 2000, p. 98)

For the purpose of this project, the terms urban and rural are defined in relation to distance from the capital city as well as facilities. Kampala district as an urban area was represented by adolescents from Nateete, Busega, Ndeeba and Namungoona suburbs whereas Kiboga district as a rural area was represented by adolescents from Bukomero sub country. There are three reasons that justify choice of these two districts. Firstly, both are located in Buganda, a predominantly Luganda speaking region. Since the time period was limited and the methodology chosen required personal interaction, the region was favourable as I am well versed in the language.

Secondly, all areas seemed more accessible in terms of travel. However, I specifically chose Bukomero within Kiboga districts because it is one of the sub counties covered by activities of the ADP where I previously worked. In addition, my enrolment in ADP activities not only created familiarity with the area but also enabled me to cite some of the problems that warranted research, for instance, perceptions of adolescents on sex education strategies. The importance of carrying out the research in both rural and urban areas was to try and compare perceptions of adolescents from both rural and urban areas on the sex education strategies used in particular locations.

The assumption was that adolescents in urban areas tend to be exposed to a variety of sex education methods that include school programs, the media, parents, and peers among others. In villages however, media may be limited and since most do not attend school, they rely mainly on their peers. It would be interesting to learn from the adolescents in the different contexts to see how they go about their sex education needs.

3.6 Participants

Participants interviewed were in the age group of 15-19. These included both school going and out of school adolescents. The reason for targeting schools was that it is assumed that most adolescents in Uganda, especially those in urban areas go to school. Most education programs on reproductive health have targeted school pupils and students because they are easily accessible and easy to organize and monitor. This implies that such adolescents tend to receive more information (Ndyanabangi et al., 2004) and would be important participants in this study. However, the study could also not ignore those out of school adolescents both in rural and urban areas, the majority of whom are females.

The introduction of Universal primary education in 1997 increased enrolment, to 60 per cent (Ndyanabangi et al., 2004). Substantial inequalities related to gender, income and region were reduced due to the reduction of fees at primary but not at secondary level (Deininger, 2003). Even with the implementation of universal secondary education in 2007, many adolescents in both rural and urban areas cannot afford secondary education or if they do, they usually tend to drop out at an early age. Ndyanabangi et al (2004) noted that females tend to be more affected by the dropouts than their male colleagues.

However, it should be noted that the study also included two participants (male and female) who were attending vocational institutes in both urban and rural respectively. This was because when asked, they assured me that they perceived themselves as being in school even though many (people) ignored them, thinking that they were dropouts. This, I considered as an outstanding willingness to participate. It was therefore quite interesting to get their views so as to know how rich they were in terms of information about the topic in question.

3.7 Sample size

The proposed sample size for this study was 24 participants. This total was divided between six major groups: female, male, rural, urban, school going and out of School, each represented by 5 participants. However, the sample size was just tentative, hence providing a possibility of change since this study was to use purposive sampling, where the number of participants may be influenced by time and resources as compared to saturation. According to Guest et al (2006), saturation refers 'to the point at which no new information or themes are observed in the data'. They further noted argue that although the idea of saturation is helpful

at conceptual level, it offers little practical guidance for estimating sample sizes prior to data collection. To this effect, the sample size was less by one. The final number of respondents was 23 as it was quite difficult to get all 12 respondents in the village. Specifically, it was difficult to get the 3 out of school girls. Only two were accessible. There were two reasons for this. First, when I asked the residents, they said that most of the girls were sent to school. This was because their parents feared to be arrested by the police for violating the children's rights. Secondly, the other girls at adolescent age were married and for this reason I could not consider them for my study. (See tables 1 and 2)

(Tab 1): Distribution of sample size

SEX	RURAL: IN-SCHOOL	RURAL :OUT -OF-SCHOOL	URBAN: IN-SCHOOL	URBAN:OUT-OF SCHOOL	TOTAL
MALE	3	3	3*	3	12
FEMALE	3*	2	3	3	11
SUB-TOTAL	6	5	6	6	TOTAL : 23

NB: * Inclusive of one adolescent in technical institutions.

(Tab 2): Age distribution of participants

Age	Representation
15	4
16	2
17	7
18	4
19	6
Total number of respondents	23

3.8 Ethics

There were ethical issues in this study given the fact that it was concerned with a sacred and sensitive issue as well as one that creates divisions even among the groups that support and carry it out as well as to those to whom it is being delivered. Therefore, ethical clearance had to be obtained from organizations responsible for research both in Norway and Uganda. These included, Norsk Samfunnsvitenskaplig Datatjeneste (NSD) and Uganda National Council for Science and Technology (UNCST).

3.8.1 Ethical dilemmas

The four main ethical dilemmas experienced include: delay of the permit, control of body gestures, payment for time and prospective respondents. These will be discussed in relation to the decisions that were made.

First is the dilemma related to the delay of research permit in Uganda. On arrival, I immediately filed my application to the national council of science and technology, which is responsible for ethical clearance. I received an approval after a few days but it was on condition that I paid 300 dollars. I filed a complaint and was advised to apply for a waiver of the research fee which was accepted but still the permit delayed and came after completion of 2 interviews. The problem of delay of the permit may be related to the fact that, “due to the rapid increase in HIV related research in different countries, stricter standards are being applied.” (WHO Department of HIV/AIDS, 2003). The World health organisation’s department of HIV/AIDS also notes that , “as a result (of stricter standards),the process of ethical review and clearance has become lengthier, more complex and more expensive in terms of time and resources, this sometimes translates into insurmountable hurdles which in turn can delay or discourage needed research. (WHO Department of HIV/AIDS, 2003)

Davies (1999) justifies the fact that my case was not an isolated one but rather “an indication of the political nature of research.” The role of politics in social research can be interpreted in a narrow technical sense of having to do with practical questions of obtaining financial backing and necessary official permission to carry our research. It is therefore concerned with “convincing those in power either to provide funds for the research or to obtain permission for it to be carried out among a particular collectivity or in a given location” (Davies, 1999, p. 58). Davies further argues that due to discoveries (from previous research projects) and

debates about the responsibilities of social researchers regarding the uses to which their findings may be put to use, in particular any harm that might come to participants in the research as a consequence of it, professional organisations (as well as countries) responded by developing Ethical codes covering the conduct of social research as well as aspects of professional ethics. (Davies, 1999, p. 45)

The second dilemma was how to control my body gestures for instance my facial expressions showing surprise at what some participants had to say during the interviews. I sometimes struggled to conceal them as reactions to my perceptions of some of the things said, specifically with the questions related to what they thought would be more helpful information to them. This was because any reaction could affect the participants' openness when giving me information to an issue already subjected to cultural silence.

Thirdly, was the dilemma related to payment for time which, as Leah Hutt (2001, p. 15) argues, dates back from Walter Reeds experiment of humans and yellow fever in the 1880s', through prison experiments to mere academic research but has had no consensus developed about its ethical priority. However, the recent times have seen an increase in legality checks of this concern through national and institutional guidelines. Payments of research subjects have been and continue to be conceptualised as a problem of voluntariness and exploitation as it relates to voluntariness. Unfortunately, these documents generally do more than identify concern about paying subjects but provide little guidance on how to address it, specifically how to assess and evaluate payments (Hutt, 2001, p. 17). This makes the issue of payments a complex one. The above noted, I had to pay the out of school participants who were casual workers in particular as compensation for their time and inconvenience. However, this did not affect the research in any way as the payment did not induce their participation. Rather, verbal consent was obtained and payment was at the end of the interview as a way of thanking them for braving their way through the interview despite the distractions from their employers.

The forth dilemma was that of adolescents who came and asked to be interviewed yet they were not part of sample. Although a researcher has to gather all information available, time and resources were limited and the study had to end, given that the sample had begun giving the same information given earlier by some respondents. I therefore resorted to explaining to the prospective respondents why they could not be interviewed.

3.9 Challenges faced during field work

The challenges faced included: unfavourable out of school schedules, distractions during interviews and refusal to speak.

First, the out of school schedules posed a challenge as many of the out of school adolescents were always busy, almost the whole day and therefore required more flexibility in agreed upon appointments. This culminated in various distractions.

The second challenge was distraction during interviews. This was in relation to some guardians who came all the way to where we were carrying out the interviews and they insisted that they be interviewed too. Some employers of the out of school adolescents also kept on calling them to get back to work yet initially they allowed them to participate in the study. These distractions affected the interviews in terms of prolonging the time that an interview was to take place. However, the adolescents themselves helped solve the problem by suggesting other places to take the interviews. This determination showed their willingness to participate in the study.

Thirdly, was a challenge presented by an adolescent boy who refused to say anything else but his name, even after accepting to participate. Attempts to obtain more consent were also futile hence the decision to replace him with another respondent who was willing to participate and provide the information required.

3.10 Data analysis

Data were analysed guided by the framework analysis approach of Richie and Spencer (1994). This approach seeks to analyse content of given data by helping in summary and classification of data according to themes. “It facilitates rigorous and transparent data management such that all stages involved in the analytical hierarchy can systematically be conducted” (J. Ritchie, Spencer, & O'Connor, 2003, p. 220).

The framework involves the following stages; familiarisation of data, listening to the tapes and reading the field notes, transcription, coding, identification of key themes, merging themes, searching for key findings under each theme, comparing and finding associations, provision of explanations/meanings (J. Ritchie et al., 2003, p. 212).

The forthcoming paragraphs give an illustration of the stages as followed through analysis of data in this study.

As Silverman advised that, “analyse data while you collect it” (2005, p. 150), completed interviews on each day were transcribed. I listened to the tape recorder, taking note of what had been said. Transcription was done for both interviews in Luganda (a local language) and English, word by word to avoid alteration of respondents’ intended meaning. A comparison of tapes transcriptions and notes was made to capture what could have been missed out. This was done with care to ensure both the research questions and those on the interview guide were answered while noting the themes emerged as the participants spoke. Translation of interviews from Luganda to English then occurred.

Interviews were sorted according to participants’ location and gender and participants were given codes (1-23) to ensure anonymity. A table showing their social demographic characteristics was then constructed, following ascending order of the codes (**see table 3 in chapter 4**). Interview responses for each participant were then typed following the order of questions in the interview guide and printed out and saved under file name “thematic analysis draft”. This was done for better data management as well as enhancement of familiarisation.

Phrases that kept on reappearing over a given theme were given attention and for easy presentation. These were put into a table with two columns; analytical category on one side and the phrases/quotes that emerged or those that related to that particular category (**See appendix 5b**). Responses to these categories were then copied and pasted with the guidance of the printed interviews.

To cover the variables mentioned in the sample size, I created other codes for them; G(girl), B(boy), O(out of school), I(in school), U(urban) and R(rural). Each quote was followed by a combination of matching codes related to the social context. I therefore had to create a third column. The table was then arranged in the following order; analytical category, participant and notable quote (this time, the quote indicating where it came from) **See appendix 5 c1**.

A further look at the “analytical tables” revealed that subcategories had to be created to place the quotes which were a bit different but related to one another and also related to the main analytical category. Some of these subcategories had come up from the original data while were a result of my interpretation. The table now required an extra column for the sub categories. (**See appendix 5 c2**)

Finally, the overall theme titles were edited to match the information presented in the tables, keeping in mind the title of the project; “What can we learn from them?”. The relationships between and within the major themes became evident and the data were presented in a systematic way. The framework therefore allowed me to move back and forth between different levels of abstraction without losing sight of the “raw” data.

3.11 Summary of methodology

A total number of 23 in and out of school adolescents between the ages of 15-19 years in both rural and urban areas located in Kiboga and Kampala districts respectively consented to participate in the study. The study was descriptive, using qualitative methods. An interview guide was used to interview both adolescents enrolled and not enrolled in school.

The adolescents were interviewed about their perceptions of the sex education strategies they were/had been exposed to. Most of the interviews were conducted in the local language (Luganda) and at least three were in English. This was based on the adolescent’s language of preference.

Purposive sampling was employed in the selection of participants. The researcher selected adolescents from various schools to give room for diversity of views. The same was the case for the out of school adolescents. They were selected from areas a bit far from each other to allow diversity of views. A few ethical issues, dilemmas and challenges as well as how they were overcome and the reasons for the choices have also been discussed in this section. Data analysis was done with guide of the framework analysis approach.

CHAPTER 4

4.0 PRESENTATION AND ANALYSIS OF FINDINGS

4.1 Social demographic characteristics of participants

As noted earlier in the methodology chapter, this was a purposive study. The views presented in the upcoming sections cannot be generalised as views of all adolescents in Uganda but can act as reflections of the diversities that exist within the whole.

A total number of 23 adolescents between ages of 15-19 participated in the study. These included boys and girls from selected rural and urban areas of two districts in Uganda: Kampala and Kiboga. Of those in the urban areas, six were enrolled school while six had dropped out of school at the time of the interviews. Among those who were enrolled in school was a male participant who was attending a Vocational training college. Five of those who had dropped out of school had dropped out in upper primary (between primary five and primary seven), except one girl who had dropped out in her first year of high school (senior five). The out of school participants had become casual workers doing jobs like: washing clothes for people, operating public telephones, serving food in restaurants, fetching water, carrying bunches of Plantain (locally known as '*matooke*') at stalls and slashing compounds.

Of those in the rural areas six were enrolled in school while five had dropped out of school at the time of interviews. Five of those enrolled in school were attending their ordinary level (a level before high school) except one female who was attending Vocational training for reasons already mentioned in the methodology. Among those who had dropped out of school, three had dropped out in lower primary (below primary five) and one had dropped out in his second year of ordinary level (senior two). Those who had dropped out of school were also employed as casual workers in jobs like: frying cassava, working in restaurant, assisting at building sites as 'porters', attending pumps at petrol station and learning how to be mechanics. (See table 3)

Tab.3 Table showing demographic characteristics of participants

RESPONDENT	STUDY PARTICIPANTS	EDUCATIONAL STATUS	EMPLOYMENT	LOCATION
1	Girl 18yrs	Out of school Dropped out in primary.7(2003)	Washes clothes for people	Kampala,Namungona
2	Girl 19yrs	Out of school Dropped out in Senior.5(2006)	Public telephone operator	Kampala,Namungona
3	Girl 17yrs	Out of school Dropped out in primary.7(2004)	Serves food in a restaurant	Kampala,Ndeeba
4	Boy 17yrs	Out of school Dropped out in primary.7	-Fetches water for people. -carries bunches of matooke (plantain)at a nearby stall	Kampala, Namungoona
5	Boy 16 yrs	Out of school Dropped out in primary.5(2005)	Causal labourer(slashes compounds and fetches water for money)	Kampala, Namungona
6	Boy 15 yrs	Out of school Dropped out in primary.6(2007)	Casual labourer(fetches water for money)	Kampala,Namungona
7	Girl 15 yrs	Senior 2	Student Mackay memorial college	Kampala, Nateete
8	Girl 19 yrs	Senior 5	Student Bethel secondary school	Kampala, Busega
9	Girl 18 yrs	Senior 5	Mackay memorial college	Kampala, Nateete
10	Boy 17 yrs	Senior 5	Mackay memorial college	Kampala, Nateete
11	Boy 19 yrs	Senior 6	Old Kampala secondary school	Kampala, Nateete
12	Boy 19 yrs	In school	Student St Joseph technical Institution	Kampala, Kisubi
13	Girl 18 yrs	Senior 4	Student,	Kiboga, Bukomero

			Bukomero secondary school	
14	Girl 18 yrs	In school	Student, Bukomero Vocational institute	Kiboga, Bukomero
15	Girl 17 yrs	Senior 2	Student High standard kateera Senior Secondary School	Kiboga ,Bukomero
16	Boy 17 yrs	Senior 4	Student Bukomero secondary school.	Kiboga, Bukomero
17	Boy 15 yrs	Senior 1	Student Bukomero secondary school.	Kiboga, Bukomero
18	Boy 16 yrs	Senior 2	Student Bukomero secondary school	Kiboga, Bukomero
19	Girl 19 yrs	Out of school Dropped out in primary.3(2002)	Fries cassava for selling	Kiboga, Bukomero
20	Girl 15 yrs	Out of school Dropped out in Primary .3(2005)	Works with Auntie at the restaurant	Kiboga ,Bukomero
21	Boy 19yrs	Out of school Dropped out in Senior 2(2006)	He is currently learning how to build houses. He is a porter.	Kiboga, Bukomero
22	Boy 17yrs	Out of school Dropped out in Senior 1(2006)	Pump attendant	Kiboga, Bukomero
23	Boy 17 yrs	Out of school Dropped out in Primary 6(2006)	Learning how to be a mechanic	Kiboga, Bukomero

4.2 Theme 1: What is the adolescents' understanding of sex education?

The aim of this study was to explore adolescents' perceptions of sex education strategies in Uganda. However, it was important to first explore participants' understanding of what sex education is. Therefore, all interviews were started with a question of what the participants perceived sex education to be. There were various answers to the above question but there were two main points of departure. Sex education was either defined in relation to its perceived aims/objectives or its content. In reference to its perceived aims, the majority of the participants thought that sex education had an aim/objective of passing on knowledge. This was evidenced in the phrases they used as they defined it. For example;

“Teaching [...]”, “People are taught [...]”, “Advising you to [...]”, “When a person is told [...]”, [...] Lessons [...]” “Giving people information [...]”, “Giving knowledge [...]”

On the other hand, participants also defined sex education in relation to its content. These definitions however stretched from a sense of understanding themselves as individuals experiencing change to a recognition that they do not live in a vacuum but are in a reciprocal relationship with their environment. A male rural participant, who was enrolled in school defined sex education in relation to age period said:

“It is teaching we get when we are going through adolescence. [...]. (18, B, I, R)

He further added:

“It (sex education) also includes messages about bodily changes” (18, B, I, R)

It is at this stage (of early adolescence) that girls and boys recognise the changes in their bodies. Both boys and girls have differences in development. Voices of boys deepen, body odour, girls develop breasts and start menstruating, although these changes appear at different times.

Other definitions showed that there was more to sex education than biology. Worth noting is that the changes in their bodies also present different expectations from the adolescents. One of the expectations is hygiene, as exemplified in the following quotes:

“Teaching people to take care of their bodies. For example to bathe.”(6,B,O,U)

“[...] It is also about body cleanliness.” (20,G,O,R)

Some participants however defined sex education in the context of relationships as they realised that it is not only their bodies that change but also feelings of attraction to the opposite sex develop within this period. For example:

“It is about relationships. For example how girls rob boys of their money, how boys can con girls and dump them.”(4, B, O, U)

“Teaching people things related to love” (16, B, I, R)

While other definitions were an expression of the possible outcome of their attraction to the opposite sex. For example, two school going participants gave definitions that expressed a focus on reasons for regulation of sex as well as some of the places where sex education takes place:

“It is teaching about sex and making love and the problems related to it” (12, B, I, U)

“It is about teaching about sex in schools, clubs like AIDS clubs, women’s clubs and churches as well as hospitals” (14,G,I,R)

Whereas others’ definitions showed that even though adolescents may have sexual intercourse, their sexual behaviour is restricted by the adults, as expressed by this school going boy in the urban areas:

“It refers to practical and theoretical lessons meant to improve a person’s sexual life. In other words, it includes the dos and don’ts of sex” (11, B, I, U)

He brings out the fact that there are regulations that restrict sex and that it is an individual responsibility to abide by them.

One of the reasons as to why sex is restricted may be the threat of the HIV epidemic and other STIs. Notably, in some instances, the responses to what sex education was, shifted to other issues that seemed to attract debate on the public health agenda, media and schools as well as amongst the people themselves. Some participants understood sex education in the context of general knowledge about HIV/AIDS and STIs and the dangers related to these diseases as they were quoted saying:

“It is (giving knowledge) about STIs” (4, B, O, U)

“It is about dangers of AIDS and STIs” (7, G, I, U)

On the other hand, three of the out of school participants thought it was about prevention of HIV and noted:

“It is teaching about how to avoid AIDS” (2, G, O, U), (20, G, O, R), (21, B, O, R).

Some tried to be particular about the ways of prevention and to this effect mentioned some of the ways they thought could lead to prevention. Four of the participants noted sex education was about abstinence but one of them had an interesting quote.

He said:

“It (to sex education) is about your auntie advising you to abstain so that you avoid getting HIV/AIDS” (5, B, O, U)

In the above quote, the boy is receiving messages from his aunt, even though traditionally (as noted in the literature reviewed) the aunt was responsible for talking to girls in preparation for marriage. This shows the aunt’s focus is changing to accommodate both genders and her messages are also becoming diversified to include topics like abstinence.

Abstinence is one part of the public health campaign for HIV/AIDS prevention called ABC (described earlier in the introduction). However, it is uncertain that all people have the power to refuse sex from a partner. Given the power relations in society, boys and girls have different abilities as regards abstinence is concerned. The power to say no may not be equally distributed.

However, some participants' definitions expressed the fact that HIV/AIDS is not only spread through sexual intercourse. For instance, two school going boys in the rural areas defined the topic in relation to HIV prevention but stated a different measure of prevention. They said that sex education was about,

"Telling people to stop sharing sharp objects." (16, B, I, R), (17, B, I, R)

This does not refute the argument that the main means of spread of HIV/AIDS is sexual intercourse, rather, it serves as a justification that the campaigns should not over emphasise some prevention means over others.

However, some participants recognised that sex education does not only have to take place within a given period of growth and the risks associated to it. It may also be context specific hence this may determine its content. This is why some defined it in relation to culture. They explained:

"[...] is where people are taught about marriage issues. For Baganda tribe, girls are taught how to pull (referring to elongation of the labia)." (3,G,O,U)

"It is about elongation of the labia." (20,G,O,R)

"In sex education, people are taught issues that are related to marriage and these include what they should expect to experience in marriage and how they should behave in marriage" (5,B,O,U)

"It refers to lessons given to young children when preparing them for marriage. It includes telling them how to behave, look after their kids and clean their homes." (8, G, I, U)

"It is knowledge that is given to people who are about to get married. They are being taught how to do domestic chores, how to perform in bed in order to satisfy their husbands when in marriage," (22, B, O, R)

These excerpts show differences in socialisation and societal expectations of both males and females and their gender roles as well as practices of control of female sexuality which eventually may lead to unequal power relations that affect confidence and assertiveness as far as bargaining for safe sex is concerned.

Other participants however recognised the existence of acceptable behaviour within their society and noted:

“It refers to lessons taught to people regardless of age to be morally upright. For example how to behave in society.”(9, G, I, U)

“Teaching us to be obedient to our parents.”(17, B, I, R)

The youth are being taught [...] to be obedient to their parents and how to be disciplined in the community” (22, B, O, R)

Conclusion on theme one

There is no agreement on what sex education should be as different definitions are given. However, sex education was defined from two main points of departure: First, in relation to its perceived aim: provision of knowledge, and secondly, in relation to its content. From the interview responses presented above, the contents of sex education included the following: age period, human biology, hygiene, relationships, sex, general information on and prevention of HIV/AIDS and other STIs, culture and socially acceptable behaviours. Sex education is therefore an integrated process with a vast range of issues. It is in recognition of all the above that the need for a discussion on sources of sex education arises.

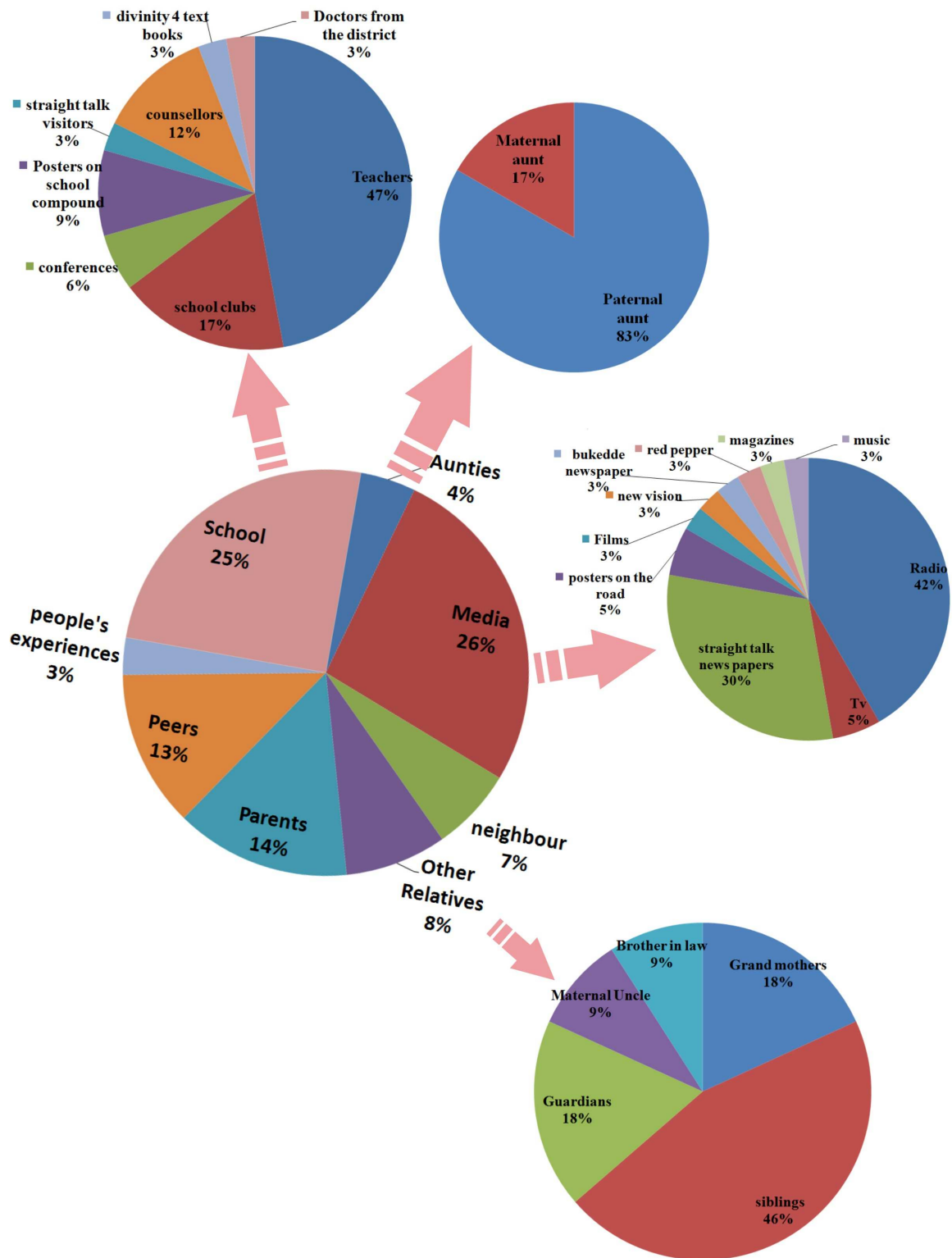
4.3 Theme 2: What sources of sex education have the adolescents have been exposed to and what messages do they provide?

Just like there were different definitions, the study also revealed that adolescents were exposed to different sources of sex education. The chart below is an illustration of the percentage break down of the various sources of sex education that were mentioned by the adolescents who participated in the study. The percentages do not indicate the participants who mentioned a particular source but are computed out of how many times a particular source was mentioned. Therefore, those sources with low percentage figures were mentioned fewer times than those sources with high percentage figures. It should be noted that all participants mentioned more than one source, and that each source had an equal chance of being mentioned by more than one participant.

The big circle in the centre is a representation of the main sources while the outgoing arrows are pointing towards smaller circles that show the sub sources that were grouped under a main source. Some sources in the big circle have no outgoing arrow, implying that they have no sub-sources grouped under them.

(See figure 2)

(Fig 2.) Pie chart showing sources of sex education mentioned by participants



This section starts with a discussion of starts the sources in the big circle (in the centre). Specifically the following sources will be discussed as main sources: Aunties, parents, school sources, media, and people's experiences. Peers will be discussed as an intersection between the school sources and out of school.

Aunties

As mentioned in the literature review, particularly the paternal aunties were traditionally assigned the role of sex education. Interestingly, according to the findings, this source was mentioned very few times. The paternal aunties talked more to girls than the boys. Some of the messages provided by paternal aunties included messages about general hygiene and cultural practices as shown in the following quote from an out of school girl in the rural areas:

*“My Auntie: she says we have to shower 2 times a day, especially during menstruation. She also says, “My child, this (referring to ‘pulling’: a name given to the practice of elongation of the labia) is what they used to tell us, so you also have to try your best and do it.”*20(G, O, R)

The first part of the quote indicates the extra responsibility expected of females as their bodies change while the last part quote implies that there are some cultural expectations for females at the age of adolescence carried on across generations. The practice of elongation of the labia tends to become a norm such that carrying it out is linked to a person's position in a given society or society's perception of that individual. These practices have individuals assigned to supervise them. One of the traditional roles of the paternal aunt was to supervise this practice.

However, some of the participants expressed the view that fact that the paternal aunt's role had gained diversity as they reported having received 'technical messages' from their aunties in relation to the threat HIV/AIDS. For instance, a school going girl in the urban areas said:

“Aunties: They tell me that AIDS is a killer disease. It has no cure that I should abstain from sex.” 7(G, I, U)

There was an exception of a maternal aunt who was mentioned only once. An out of school urban girl expressed her aunt's concern about men's mistreatment of women as she shared her own experience to her: *"My mum's sister tells me to be careful with men. She is suffering. She has seen what they have done to her."* (1, G, O, U)

The quotes above indicate that messages are more usually received from the paternal auntie than the maternal auntie. It is questionable whether the maternal auntie has also always existed alongside the paternal auntie as a source of sex education. It may be that the vocabulary used as shown in the above quote overshadows the role of the mother's sister as an auntie.

Another girl however said showed she expected to receive information on sexuality from her aunt but was concerned that she never had any interaction with hers. One of the reasons for this was the change in family composition that was brought about by rural-urban migration as she explained:

"[...] my aunties are far, in the north. I have even never seen them. My dad had bought land here in town and separated from them and that is where he was buried" 2(G, O, U)

It is such circumstances that lead the parents to take up the role from the aunties.

Parents

The study findings also revealed that parents are an important source of sex education. Parents were the third most mentioned source by the participants. Participants noted that mothers talked to the girls and the fathers to the boys. Some participants said that they received messages from both their parents, regardless of their sex:

"Parents, they tell us to study and avoid putting our thoughts on girls." (17, B, I, R)

*"At home I get messages from my parents. They teach me to respect elders [...]"*9(G, I, U)

The study findings also revealed that the participants mostly received messages from their mothers. Some female participants expressed their mothers' concern about abstaining from

sexual behaviour, faithful relationships as well as hygiene during menstruation periods as shown in the quotes below:

“Mum says avoid sex with boys before marriage so that you can avoid this disease, AIDS” (2, G, O, U)

“She (mother) tells me [...]. She tells me to have only one partner/boyfriend if I am to have one but not to go around sleeping with anyone” (19, G, O, R)

“She (mother) also advises me to always be clean especially in my periods” (19, G, O, R)

However, the male participants too expressed their mothers’ concern about their sexual behaviour. The mothers used restrictive statements like these below:

“She also says we are old enough. We should avoid people’s girls/daughters 12 and 13 years. That we should go and marry ours. We should not sleep with people’s daughters before marrying them.”⁴(B, O, U)

“Mum says, ‘my son, don’t go around sleeping with people’s daughters because you will make them pregnant and bring problems to our family yet we are poor.’” (6, B, O, U)

“My mum said, ‘Every girl you see is like a pot waiting to be filled but before you fill it, first check whether it’s dirty’ Indirectly, I think she is telling me to go for VCT with a partner.”¹¹(B,I,U)

In the above quotes, the mothers’ messages indicate that sex outside married is not only unacceptable but also has unintended economic consequences for the boys’ family. This implies that the parents are also often penalised for the sexual misbehaviour of their children. However, three of them said they also received messages from their fathers. The main concern was prohibiting any unsupervised movements and mixed sex activities as these may put the adolescents at risk as shown in the quotes below:

“My dad, he mainly says, ‘don’t walk at night’. The reason he gives is that if I do, he will not have control over me and will not be able to defend me if anything goes wrong. He says this by using a Luganda proverb, “ayita emisana bamugaanira naye ayita ekiro tebasobola

kumugaanira” (directly translated to mean, you can defend a person who moves during day but not one who moves at night) (12, B, I, U)

“My dad tells me to avoid walking at night, avoid going to night clubs and avoid having sex” (7, G, I, U)”

“My father told me to associate with girls but not intimately” 11(B, I, U)

The quotes also indicate that parents tend to want to control their children’s sexuality through restrictive messages as shown in the vocabulary used in the quotes. However, the messages reveal that there is perceived vulnerability for girls and boys being thought of as potential wrong doers.

It is important to note that there is limited communication about sexuality between the parents and their children given the existing sexual norms and taboos. For example parents speak in metaphors when giving the messages about sexuality but not directly. This leaves a vacuum to be filled by other sources like the school.

The school sources

The school was the second most mentioned source. For the purpose of this study, school sources were divided into two broad categories; those with dialogue and those without dialogue. Below is a discussion of individual school sources, beginning with those with dialogue followed by a discussion of the sources without dialogue in order of those that were mentioned most.

The first category included sources with some kind of dialogue, included teachers, school clubs, counsellors, conferences, Straight Talk visitors, and doctors from the district. For these sources, having dialogue implies that the adolescents can talk to the message providers as well as be talked to. In addition to this, they can ask questions in case they have any and answers are provided immediately.

Teachers

Among the school sources, teachers were the most mentioned source. The school enrolled participants mentioned that they received the following messages from their teachers:

“Teachers at school, they also talk about changes in our bodies” (18, B, I, R)

“Teachers during biology lessons, here we are opened to secrets about sex by being taught about our reproductive sex organs” (9, G, I, U)

“Through teachers at school, they tell us to [...] they also tell us not to share sharp objects with other people” (17, B, I, R)

However, three out of school participants also showed ability to recall when they mentioned messages from teachers:

“Master at school (one of the names given to teacher)-message was to avoid girls and STDs.” 4(B, O, U)

“While at school, our science teacher [...] He said that AIDS is transmitted through saliva (kissing), sharing sharp objects and mixing of blood. He said that if we avoid such, then we can prevent AIDS” (21, B, O, R)

“The senior woman teacher while still at school [...] she said that sex can be caused by careless drinking of alcohol, so we should avoid drinking” (22,B,O,R)

School clubs

These were mostly mentioned by school going participants in the urban areas. They provided messages on awareness of and prevention of HIV/ AIDS as well as self respect.

“The AIDS club (at school), they give advice on AIDS prevention, abstinence, messages in treatment of HIV positive people as well as telling us to avoid stigmatising infected people.” (11, B, I, U)

“Be a man” club: This was started by some student. They have a message that in God’s image, we are all men. So even girls, we should act like men, be firm when saying No. 9(G, I, U)

“Anti-AIDS club: They say that we should keep ourselves away from AIDS. They give advice on the ABC strategy:-Abstinence, be faithful and the use of condoms. 9 (G, I, U)

There was an exception of one school-enrolled participant in the rural areas who mentioned that they had a club with a computerised system of sex education at their school, although this was limited both in capacity and coverage. She said:

“We also have a club called ‘the world starts with me’. But this covers just part of the school. They use computers but it takes a lot of time because the computers are very few [...]”

It should be noted that participants noted that school clubs were mostly formed by the students themselves and their peers under the supervision of the school administration. This implies that peers influence behaviours of their colleagues. This is why even the school administration involved them in such activities. One participant took note of the fact that they also received messages from peer educators at school.

Counsellors

Participants also recalled having received messages from counsellors. They were sent by the government to government sponsored schools in the urban areas. They noted the time and messages as shown in the quotes below:

“Also, since we are in a government school, the government is sending counsellors every Friday at 4.40.They mostly emphasize AIDS prevention. But the teachers have left the job to the counsellors. Counsellors also bring Straight Talk for us.” 10(B, I, U)

“Counsellors who come to school and talk to us. For example last time, the main theme was “the value in human being” They said that we should respect our lives. They also told us that we girls we are not cheap. 9(G, I, U)

“Counsellors:-They come at school twice a week. They tell us to abstain, avoid walking in lonely places and also that we should walk in groups.” 7(G, I, U)

Conferences

These were only mentioned by participants in school. Most of them tackled issues related to spread and prevention of AIDS and other STIs. They also provided information on places with youth friendly reproductive services. One quote of the boy in a technical institution seemed more elaborate than others:

“They also bring conferences because they say we are adults. The conferences have the following messages; how AIDS is spread, how it is prevented, advice to go for VCT and advice on where to go if you have questions, for example directing us to Naguru Youth centre. It is a good centre, I hear from people who go there.” (12, B, I, U)

The second category was that without dialogue. The sources under this category included posters on the school compound and divinity text books. These sources do not involve a conversation. Rather, the adolescents just read and get the messages. There is no opportunity for asking questions and getting immediate answers.

Posters on the school compound

These were only mentioned by school enrolled participants. It was noted that most of them were made available by the students themselves in collaboration with the school administration. Posters on the school compound seem to carry an extra message that teachers do not convey during the specified lessons. They act as teachers' mouth pieces in the teacher's absence and present the students with 'a talking compound'. The participants said:

“Posters at school. They put those things in the compound. “There is also one in the library, it reads, “Keep yourself from the love of money.” It has a picture where Bob a boy gives the girl a phone but his main interests are selfish. 9(G, I, U)

“We also have posters around the school. They were put by art students who cooperated with the senior teacher. Examples of the messages on the posters are “Wait, sex is not love”, “Aids has no cure, “Boys and girls can be friends without sex”, and others are on education and ignorance.” 13(G, I, R)

“Posters at school, these were made by AIDS club.” 11(B, I, U)

Peers

In spite of all the above sources being available, and the constant warnings from adults about peer pressure, in reality, participants also interact with each other. This is why some of them revealed the impact their peers have on them by mentioning the message they receive from them as exemplified in the quotes below,

“Friends: They tell me to abstain.” 17(B, I, R)

The out of school participants also reported having received messages from their peers:

*“Peers: They usually advise me to use a condom when sleeping with any man I don’t trust”.
3(G, O, U)*

“Interaction with peers: “Boys in a group are always talking about it (sex) and teasing each other that they are barren”. Also away from home, we take evening walks or go to fields or hide outs and talk about sex. 4(B, O, U)

“Peers, we usually talk about relationships with my peers.” 6(B, O, U)

“My friend, he is 24 yrs old. He tells me, “M, you should leave girls alone if you are not yet 20years old. You should also go for testing first, and even after that, you should use a condom. You should never trust a girl before testing.” 21(B, O, R)

The above quotes imply that peers got from their peers messages on condom use, voluntary testing, sex as well as daring their peers who had not yet had sex. Peers give both positive and negative messages. It is important to note that adolescents may not only listen to their peers but also imitate what their peers do. Peers may also act as a platform of discussion of various messages received from the other sources and this has an influence on the attitudes and behaviour of others.

However, some participants seemed to doubt the credibility of peers as a source of information on sexuality. They provided various reasons as indicated in these quotes:

“My age mates, but they usually talk nonsense”2(G, O, U)

“[...] But I don’t depend on them (referring to his peers). It is hard to find a focused person. Some influence you to do bad things like to have sex”11(B, I, U)

The media

According to the chart, media was the most mentioned source of sex education by the participants. In this case, the components of the media included radio, Newspapers Magazines, posters on the road and films and programmes on TV.

The radio

The radio was one of the media sources that was most mentioned by both rural and urban participants. There were no big differences in access between rural and urban areas related to access to the radio as earlier assumed.

Some rural participants expressed access to the radio as one school enrolled girl mentioned that:

“There is a Straight Talk programme [...] you see, at home, we the children have our own radio.” 13(G, I, R)

There was only one exception of a girl in the rural areas who recognised the radio as an important source but regretted limited access because the only radio they had was the one in her mother’s shop but she slept in a different place.

However, availability of radio in the urban areas as had earlier been assumed does not necessarily mean that it will always be utilised, as this school enrolled boy in that context expressed:

“[...] For example; Ddembe FM (a local radio station). There is [...] However, you see for me I seldom listen to the radio.” 10(B, I, U)

The participants remembered various messages that were received from the radio. They mostly reported getting the messages through radio shows and they always mentioned the Fm station, the presenter, the show and sometimes the time. However, those radio stations that broadcast the shows in Luganda were more mentioned than those that had the shows in English. This implies that language is an important element of sex education and can influence choice of a source as well as the understanding of a given message. This can be exemplified in the following quotes:

One out of school girl said: *“A program on Beat FM (another local radio station) by Faridah Mayanja called Entunnunsi (translated to mean heart beat). It’s every Saturday. “She says,*

‘girls should be careful with men. That active ones should use condoms. And that if you have never had sex then abstain. That you should go for VCT every month, if you get a partner you trust.’ 1(G, O, U)

Another one said: “[...] talk show by Steve and Anne on Radio Simba (another local radio station). The show is on Sunday. They talk in Luganda.” 2(G, O, U)

Whereas her school enrolled colleague in the rural areas did not take note of the presenters’ names but instead gave details of the same show by noting that:

“For example Radio Simba has a program called, “Twogele kaati” (meaning let’s be open). The messages from this program are about sex, STIs, prevention of early pregnancies as well as early marriages.” 13(G, I.tech, R)

On the other hand, a school enrolled boy also noted a station which broadcast a programme in Luganda:

“Kabbozi ku bbiri (a local radio station) has a programme by Senga Najjemba (referring to a stage name of the presenter acting as a paternal aunt). She says that, “Boys and girls below age should not engage in sex before marriage because they might make or get pregnant. They might also get AIDS as well as STIs like syphilis for the girls and gonorrhoea for boys.” 12(B, I tech, U)

The quote is an indication of the media taking up the role of the paternal aunt tradition as a source of communication. However, it also shows how the focus of sex education by the ‘aunt’ has changed overtime to include issues discussed on the public health agenda. For instance abstinence, HIV/AIDS and other STIs.

It is worth noting that, of all participants in the study, only two school enrolled boys in the urban areas mentioned radio shows that were broadcast in English. They respectively said:

“[...] Examples are Capital Radio, there is a show called the ‘Late Date’ about relationships.” 9(B, I, U)

“Radio Programmes for example a programme called “Capital Doctor”. This is every Tuesday on Capital FM. It is about health and sexual health. People call and ask questions and they are answered by the professional”. 11(B, I, U)

Some participants however said that they got the messages from radio adverts. They were mostly mentioned by urban participants. They were more general and did not mention any particular station, nor did they take note of the language used as one boy mentioned that:

“Radio Adverts: there are those about condoms.” 10(B, I, U)

While a female out of school girl in the same context seemed rather skeptical about listening to the adverts as well as the messages. She said that:

“On the radio, I hear some adverts about condom use but I hate programmes that are related to HIV/ Aids. If I hear them I just switch on to other stations [...]” 3(G, O, U)

There were a few special cases with in the radio as a source of media. One participant reported that she got messages from plays on radios. She noted that:

“There are also drama/plays over the radio like on CBS (Radio Buganda): a play called “Baganda twegande” (translated to mean self development by the Baganda) which addresses a lot of issues like the youth who rush to marry, girls who get men when still in school and in such plays they are shown the bad side of doing so.” 15(G, I, U)

Another exception was a school enrolled boy who recorded receipt of messages from music. When asked about why he preferred music as a source, he explained:

“[...] I like music a lot. It touches my soul. For example the song by all Ugandan stars. It is called, “A little bit”. We like our musicians, so they act as role models. These include also Philly Bongole Lutaaya who sang the song called, ‘Alone and frightened’”

Newspapers

These were the second highest source mentioned by the participants in the study. They included English newspapers for example; The New Vision, Straight Talk, the Red Pepper and a Luganda newspaper called Bukedde. Newspapers were mentioned by both rural and urban participants. There seemed to be reasons for recalling particular ones. For instance,

particular messages were attributed to particular newspapers. Some papers mentioned showed the potential of the media in taking over the role of some traditional avenues of sex education as well as an attempt to go against the existing restrictions about communication about sexuality. The mentioned newspapers seem to be favourable because they work on articulating sexual vocabulary.

For example, a school enrolled boy expressed this by citing three different newspapers along with the messages.

“Bukedde (a luganda news paper: There is a section called Senga. Here, advice is provided on dress code, marriage, behaviour and also disclosure of secrets about sex.”

Red Pepper: They publish naked people.

Straight Talk and Young talk: People put their problems and they are given advice. 9(B, I, U)

Straight Talk’ is a Ugandan development and communication nongovernmental organisation mostly working to reach adolescents on issues of reproductive health through radio and print as well as face to face meetings and school clubs.

Television (TV)

This source of media was only mentioned by participants in the urban areas. It is important to note that in comparison with the radio, television (TV) was less mentioned. The question is, why? It can be argued that prices of the TVs are higher than those of the radios and radio prices vary from the lowest to the highest. This makes it possible for many people to access the radio more because the radio is more affordable than the TV sets, given the economic context of many Ugandans. They indicated that they got the messages through TV soaps and talk shows and Films. Participants noted that they received messages about relationships.

“For example: Media: there is a programme on NTV. Its name is “Be a man” they say that one should build a relationship with the opposite sex not for sex but for respect.” 10(B, I, U)

“TV soaps: like Never say good bye. It’s about sex and relationships.” 9(G, I, U)

“Films: Nigerian Movies – and Blues. Message: To have one partner. 4(B, O, U)

“Watching films; love stories and Nigerian movies” 3(G, O, U)

Posters along the road

Posters along the road were another source mentioned under the media. Just like the Televisions, they were also only mentioned by participants in the urban areas. This may not necessarily imply that there may not be posters along the road in rural areas. However, it can be argued that most of the people, particularly in the rural areas may be illiterate despite the existence of universal education in Uganda. The posters may be noticed but have no meaning or impact. This implies that the posters may be noticed by all but only make meaning to those who are literate as well as those with the ability to evaluate it as useful. The above noted, the posters seemed to show messages that were emphasised by the government on the health agenda at the time.

For instance, a school enrolled boy said: *“Public posters put along the road. One reads, “Say no to cross generational sex”. There is also one that says, “Abstain until marriage.”*

Other people’s experiences

Some participants noted that they got messages from stories told to them by their peers about consequences experienced by people as noted by one of the school going girls in urban areas:

“My fellow students, they tell me stories about their friends who got pregnant at an early age and then they dropped out of school, then even worse, their parents chased them from home, they lost their dignity.” 8(G, I, U)

While others were living with and observed people who are experiencing consequences which included HIV. One girl sadly noted:

“You see me; it’s the same disease (referring to HIV/AIDS) that killed our father. So, even seeing other people suffer from the disease has taught me to be patient. If he (referring to her father) had been patient, if he had waited, he would not have died.” 2(G, O, U)

Whereas another boy recalled having observed someone’s experience while still in school and the influence it had on him:

“Even through observation, when I was still in school, our teachers brought us a man who was suffering from AIDS. From that moment, I started fearing AIDS.”

All the quotes under experiences show that experiences do not occur in a fixed social context, rather, they are everywhere.

Conclusion on theme two

This section has been a discussion of the various sources of sex education that were mentioned by the participants. It can therefore be argued that there is no fixed source or time for sex education. Rather, sex education can take place anywhere, anytime with anyone. The main sources discussed include: aunts, parents, the school sources, peers, media and people's experiences. The section has also shown examples of quotes that indicate the various messages to the corresponding sources. The received messages comprised warnings and restrictions with phrases like, ("Should not", "avoid", "Be careful", "and Do not"), advice and information on different issues as well as instructions. Participants' perceptions of some sources have been discussed while those of other sources will be discussed later in the theme of 'who they turn to' in order to avoid repetition. In view of all the above, it is important to know what the adolescents think of the various sources.

4.4 Theme 3: What is the adolescents' evaluation of the messages provided?

After the discussion about the sources, it is important to also look at the participants' perceptions of the messages provided. As noted in the presentation of theme one, one of the perceived aims of sex education was to give knowledge. To this effect, some adolescents recognised that they indeed received knowledge. However, the findings show that knowledge was on many different aspects. These included general information on AIDS, on prevention of AIDS and STIs, personal and body hygiene, culture and good morals.

Some responses indicated that new information had been acquired. Both rural and urban participants admitted that they had acquired new knowledge. For example:

"I now know that AIDS kills. It is a catalyst; it kills the white blood cells. I also know that I have to go for testing" 10(B, I, U)

However, an out of school colleague in the rural areas said that, *"I know that I have to test before sleeping with a girl"* 23(B, O, R)

There was a further discussion on the evaluation of the messages and this revealed that adolescents tended to evaluate the messages in relation to knowledge and action. One of the major findings in this study was that some adolescents receive the knowledge but do not take action as desired by particular messages. One out of school boy in the rural areas expressed this by noting that:

“I don’t use condoms in my life but I have never made a girl pregnant.” 6(B, O, U) (he said he uses withdrawal according to the interview.)

But he had earlier said that one of the messages that were being delivered to him was:

“You can make a girl pregnant when you don’t use a condom”

In relation to the above, it should be noted that adolescents have varying levels of evaluation skills and these may influence their decisions. For instance, his colleague received the message and although he didn’t put into action what the message was emphasising, he had the made an evaluation and eventually a choice. As he is quoted saying:

“I also know that abstinence is the best option of them all. But you know it is not easy to abstain” 12(B, I tech, u)

Instead, he further noted that one of the benefits he got out of the messages was that:

“Everything I do I am aware of its consequences as regards sex. For example that if I sleep with a girl minus a condom, she can get pregnant, so I use it” 12(B, I Tech , U)

On the other hand, some of the participants revealed receipt of knowledge, with no explicit action but a change of attitude:

“Yes, from what I have seen, I have a strong heart. I can wait” 2(G, O, U)

“I cannot have sex with an unprotected man” 14(G, I, R)

“I cannot have more than one partner” 2(B, O, R)

The study also revealed that some of the action taken is not necessarily accredited to knowledge alone but also individual expectations of perceived direct personal consequences of the decisions taken. Both boys and girls had personal reasons for taking action and these are discussed below: education, health, peer pressure. For example; one of the girls in the rural area took an action because of perceived consequences to her education because she said:

“Messages about abstinence have helped me to abstain because I know that if I abstain, I cannot get pregnant, there by being able to continue with my studies” 15(G, I, R)

While her out of school colleague made the decision for health reasons: fear of contracting HIV/AIDS and fear of being heartbroken. She said:

“I can refuse any advances from boys. I know they are all sick; I cannot put myself on diseases I can’t manage. Some people can even make you pregnant and you don’t see them again” 20(G, O, R)

Their colleagues in the urban areas had issues related to self control in the face of peer pressure.

A girl said: *“I avoid groups with wild girls because I think they may mislead me” 1(G, O, U)*

The boys on the other hand had their personal reasons too. These included economic and health consequences. For example one said:

“I have been able to abstain and this has made me save my money. When you start having sex with girls, you have to make sure you give them money to satisfy their needs. I will wait to have sex until the right time and before anything, we have to go for blood testing, then if I find out we are both okay we can go ahead and marry” 22(B,O,R)

However, some of his colleagues made the decision to act in light of perceived health consequences in the era of HIV/AIDS. They all has a similar quote that said that,

“I don’t share sharp objects with others, so, this has helped me to stay negative” 16(B, I, R) also 17(B, I, R)

In some cases, action taken was in view of knowledge received as well as perceived social consequences of the decisions taken as well as behaviour. As mentioned in the above sub theme, both girls and boys still had their reasons. One of the girls' decisions to abstain not only by the messages but also her fear of the stigma expressed toward HIV positive people in her society. She said:

"I fear AIDS a lot because of the man who I saw had it. So, because of this, I have been able to abstain. If people know that you have AIDS, you can never remain peaceful anymore because they even stop sharing with you anything because they have it in mind that you will spread the disease to them" 5(G, O, U)

On the other hand, the boys' decisions reflected societal expectations of their sexual behaviours. They were aware of the social sanctions of bad sexual behaviours and feared breaking certain norms because of the social sanctions attached to them. One decided not to have sugar mummies because society is (usually) against cross generational relationships and the other feared the sanction of name calling. They respectively noted:

"I avoid sugar mummies" 11(B, I, U)

"I have been able to avoid going around sleeping with girls because I fear to be called a womaniser" 5(B, O, U)

This means that the messages alone cannot cause action; rather, action is interplay of other factors.

Conclusion on theme three

All the above reasons and expectations work to influence the adolescents decision in light of the message received. Overall, this section has revealed that personal factors like self efficacy attention and evaluation skills, expectations of personal and social consequences and practice influence individual behaviour. However in light of the messages, the influence of environmental/social factors cannot be ignored.

4.5 Theme 4: What would the adolescents like to know?

In light of the messages received and the participants' evaluation about them, it was important to find out what they would like to know. This study revealed that there is a relationship between what adults say and what adolescents would like to know; the adults say *'what should/can be done'* while the adolescents ask *'how should/can it be done?'* and are even in need of more information and clarification on some issues.

This section will be organised in such a way that the advice and restrictions from the adults and questions are juxtaposed against reality and the adolescents' questions.

As noted earlier in the previous themes, adolescents are aware of the fact that their bodies change during this period of their life cycle. However, the study revealed that they do not always understand all the reproductive changes or that there are differences between them as a group. A school enrolled girl in the rural areas was puzzled about the differences as she said:

"I would like an explanation why some girls skip their periods for example myself." 13(G, I, R)

The study also revealed that adolescents may not only have questions about their own biology but also the biology of the opposite sex as expressed by this out of school boy in the rural areas:

"I also want to know about menstruation in girls." 23(B, O, R)

As seen in the previous section of the messages, adolescents are advised about peer pressure, given the possible problems related to it. However, the study revealed that adolescents may be lacking in the skills needed against peer pressure. For instance, one of the school enrolled girls in the urban areas wanted to know:

"How to avoid peer pressure." 8(G, I, U)

Adolescents are often restricted against engaging in relationships with each other, despite the fact that in reality, they have developed feelings of attraction towards the opposite sex. They are further restricted from cross generational relationships. In reality, some are having such relationships. For those who are not; they may lack the skill of assertiveness in view of the existing power relations. For instance, this school enrolled girl desired advice on:

“How to say no/ build confidence when an older man proposes to you for a relationship.” 8(G, I, U)

The restriction on relationships is usually followed by advice and restrictions on sexual debut. With the threat of increasing early pregnancies, AIDS epidemic and other STIs, and the fact that they share a mode of transmission which is sexual intercourse, more emphasis has been put on abstinence as a way to restrict sexual behaviour. This is usually irrespective of whether some are sexually active or not. However, some participants expressed one of the concerns of the adolescents about whether abstinence is possible and if it is, whether when to stop abstaining in view of the growing feelings of attraction to the opposite sex. For instance:

“How to be friendly to girls without any intention of being lovers. (Having sex with them)” 5(B, O, U)

“Messages about the particular age to start having sex.” 11(B, I, U)

While a school enrolled boy expressed impatience in relation to abstinence:

“I would like to learn how people have sex. I want to learn how to do it.” 17(B, I, R)

In reality however, some adolescents have intentions of and/or have already started having sexual intercourse and they need some other information other than that about sexual debut as shown in the following quotes:

“Those about love making especially some more sex styles, so that I can keep my man to myself.” 19(G, O, R)

“Messages that teach me other styles to use when making love with my boyfriend.” 3(G, O, U)

These quotes are both from out of school participants. This may imply that there is a relationship between school attendance and sexual debut. Interestingly, they were both females, in different contexts asking for the same information. Compared to their male counterpart before, they asked for sex styles and he just wanted to know how to have sex.

The study further revealed that females have complex responsibilities. They are not only obliged to please their partners in bed but also work on other areas. These areas are usually hinted upon during preparation for marriage but the how part of it did not seem clear to these participants, who still needed advice on maintaining successful relationships:

“How I can be with my partner in harmony for a long time when he is happy and at the same time I am happy too.” 3(G, O, U)

“How to prevent quarrels in marriages when we reach there.” 8(G, I, U)

“How to look after a man in a home when I get married.” 19(G, O, R)

As noted earlier, adolescents’ sexuality is restricted so as to protect them from the risk of STIs. However, some expressed ignorance of what the STIs are and solutions if any for those who are already having sex. These worries are shown respectively in the quotes below.

“I also don’t really know what STIs are. I just hear them talking about them.” 1(G, O, U)

“Messages on how to prevent STIs and solutions to STIs in case I contract any.” 12(B, I, U)

Alongside the restrictions of sexual behaviour, advice is usually given. It was noted that this advice included that on three issues: On being faithful, condom use as well as voluntary counselling and testing (VCT).

Those who were thought to be in relationships were advised to be faithful as a way of preventing the spread of HIV/AIDS and STIs. However, one of the participants indicated that adolescents may have different sexual urge which implies that action towards such advice is dependent on individual capability. For example she said that she needed advice not only on being faithful but the skills of:

“How to be faithful to my partner because I find it hard to have only one partner.” 3(G, O, U)

Advice on condom use was provided to cater for those who could neither abstain nor be faithful. The study revealed that adolescents still needed information on condom use. Specifically, some required information on practicalities when using condoms, for instance one female participant needed:

“Messages about condom use. How to wear it and the number of times one can use it” 15(G, I, R)

On the other hand, some required an evaluation on the effectiveness of condoms as shown in the quotes below:

“Those on strength of condoms. “I ask myself, if I use a condom, does a girl get pregnant?” 18(B, I, R)

“Messages about the dangers of using condoms. They just say that if you can’t abstain, then use a condom but they don’t tell us the dangers.” 8(G, I, U)

While others needed some clarification about the abstinence, be faithful and use condom (ABC) strategy. For instance, two boys suggested:

“Let them tell us the safest means of prevention but not all of them for example all the ABC.” 12(B, I, U)

“Prevention measures of AIDs leave alone the ones I have been told.” 16(B, I, R)

Some of the adolescents (though few) mentioned voluntary counselling and testing (VCT) as another measure they had been told in addition to the ABC. However, they expressed a lack of knowledge of the measure and showed the need for more information and clarity as indicated in the following quotes:

“Messages about VCT. I just hear about it but it is not clear to me.” 11(B, I, U)

“I want to know about VCT. It is not clear. They should explain to me at what age I am supposed to test.” 23(B, O, R)

Even though some participants had made endeavours to find out more about how they can avoid pregnancies, they still were not well informed about the measures they had chosen. As one female said she needed:

“Information about safe days, because I want to learn about them and how to use them”. 15(G, I, R)

Due to the recognition that in reality, sexual intercourse is not the only means of transmission, some wanted to know other means through which HIV/AIDS is transmitted. For instance, one said he wanted to be told about:

“Other ways through which HIV/AIDS is transmitted, putting aside sexual intercourse.” 5(B, O, U)

The study further revealed that even though the adolescents may require information on prevention of HIV/AIDS, some are living positive and others are living with parents or guardians or friends who are positive. They therefore require information that goes beyond prevention. One of the out of school boy in the rural areas wanted information on positive living, care and support for HIV patients as well as dealing with stigma. He asked:

“How can an HIV patient live for some long time (I think he wants to be told about positive living)?” 22(B, O, R)

“Care and support for HIV/AIDS patients, how they can look after themselves in order to be healthy, how they can live without infecting others and how to live without worrying about the disease.” 22(B, O, R)

“How to live in harmony with an HIV positive person without stigmatising them.” 22(B, O, R)

Others required messages on socially acceptable behaviours

“Some more information on good morals. How to behave well among my elders and peers.” 5(B, O, U)

“Messages that stress more about our culture, especially dressing.” 9(G, I, U)

Conclusion on theme four

The discussion above has shown that there is a relationship between what adolescents are told and what they would like to know. They are usually told the “*what*” but they always want to

know the “*how*”. Adolescents’ sexual behaviour is restricted by fear of the risks that may befall them and their consequences. They are advised against peer pressure, engaging in relationships between age mates and people of older generations. They are also advised on prevention of HIV and other STIs through abstinence, being faithful, using condoms and having voluntary counselling and testing (VCT). On the other hand they are told about how to have successful relationships and marriages as well as having good morals. Some messages are gender specific, in that they are asked by specific genders and not the other. However, the talk about sexuality seems to be restricted. This may imply that they are given partial information and need to know more. The discussion has also shown that adolescents are different and have different needs as well as different questions. But in the face of the restrictions and their inquisitiveness, sensitivity becomes an important issue to consider and has implications on whom they would turn to in case of getting answers to some of the “*Hows*” as well as more information about sex and sexuality.

4.6 Theme 5: To whom would the adolescents turn in case of questions related to sex and sexuality?

A recap of the previous theme brings to light the argument that adolescents are given information about sex and sexuality. However, the information seems to be partial such that they have questions about it and they are still in need for more information. One of the reasons for the incomplete information is the restrictions against communication about sexuality that are passed on across generations.

In view of the above, even though adolescents may want to know the “*how part*” and even require more information and clarification, the topic of sex and sexuality is a sensitive one. This may have implications on the sources the adolescents turn to when in need of information, the reasons for their choice as well as questions asked. It also has implications on the approach that may be taken by a particular source to pass on the information. In such a situation, the study further revealed that issues such as trust, openness, gender, knowledge

ability, age become important. This is because such issues may help both the sources of sexuality information and the adolescents to deal with the issues of sensitivity as it arises.

Trust was one of the factors that influenced some participants to turn to certain sources for information on sexuality and thereby helped them deal with the issue of sensitivity. Trust seemed of great importance in situation where the participants had to turn to human sources. Participants expressed fear of any source breaching confidentiality of any conversation on issues about sexuality.

For example, an out of school urban boy said:

“I turn to my friends and siblings. This is because I’m free with them since we have been together for a long time. So, for that, we know each other very well [...] so it is only them that I can tell my secrets. Before I talk to anyone, I first ask myself whether that person will be able to keep what I have told him or her as a secret.” (5, B, O, U)

Whereas his rural counterparts chose to turn to adults for the same reason as indicated in the following quotes;

“Any other older person that I trust.” (15, G, I, R)

“[...] they (referring to his grandmother and uncle) [...] are good at keeping secrets.” (16, B, I, R)

Openness was another factor that influenced some participants to turn to particular sources. Rather, they had to feel that the sources were open and ready to give them the information they needed no matter the restrictions.

The sources also tried to deal with sensitivity by designing their approaches of communication in a way that tended to neutralise it. But it was the same approaches that created preference of particular sources over others. This can be explained below.

The study revealed that parents usually have two kinds of communication; being indirect and having one on one talk. Of the two approaches, using coded messages (being indirect), whereby they use metaphors to mean something else when interpreted seems to make it possible for openness on the side of the message giver, without fear of going against the restrictions. They are able to pass on a message and at the same time remain loyal to the cultural restrictions on sexuality communication.

However, being indirect seems to be favoured by parents but not the inquisitive adolescents as they feel it is an obstruction to openness about the issues they would like to know. It is for this reason that they have been criticised by adolescents for being shy and indirect as shown in the quotes below:

“They (those giving the message) should be open because I think am old enough. For example, my parents are shy.” 11(B, I, U)

“Our parents should not be shy. They should tell us the truth. For example, that if you have unprotected sex, you get diseases. But what they instead say is that, “what you are doing is not good.” 14(G, I, R)

The second kind of communication used by parents was one on one communication. However, this seems to down play the influence of speaking indirectly in reducing sensitivity. This is because it creates a feeling of guilt from the side of the adolescents who is uncertain whether thinks the parent is talking to him or her just to give him information or just because they suspect they are engaging in sexual behaviour or any forbidden relationships. One of the participants implicitly expressed this by saying that:

“Mum tells me at night (before sleeping) all that stuff. But she should leave me alone because I think she disturbs me. I am feeling shy if she tells me.” 4(B, O, U)”

Putting the issue of gender aside, even if the mother may be direct, personalisation of the conversation makes the issue more sensitive.

It is for the above reason that some adolescents prefer to receive messages from sources that are not “too personal”. One of the sources that did not seem personal was teachers. This is because they passed on the message, to a group, but not to an individual hence being able to deal with sensitivity.

For instance, a follow up of the latter respondent (in the previous quote), reveals that although no longer enrolled school he still preferred teachers to his mother. He reasoned that:

“Mum should leave me alone but master should continue because he is talking to the whole class [...].” 4(B, O, U)

This however does not mean that teachers are more open than parents. In fact, several studies have revealed that adolescents perceived that teachers also “*beat around the bush*”. For instance, a school enrolled girls noted:

“Some teachers bring things in a hidden way. For example, he finds a couple romancing but he comes and tells the whole class, ‘you people be careful about your lives’. He should tell us what they were doing” 9(G, I, U)

On the contrary, one of the schools enrolled participants preferred to have a one on one conversation about sexuality with the senior woman teacher. It was not because the teacher talked to them in a group always, but because the teacher is assigned the specific role of sexuality education in the school. This delegation tended to neutralise the sensitivity surrounding the topic and create a sense of freedom and openness on both parties.

However, openness does not always guarantee trust of confidentiality. This implies that even though the adolescent may talk to the senior woman teacher, there is a limit regarding the extent of communication and a limit on which questions the adolescent may ask as well as trust of confidentiality.

One of the participants explained why she did not trust the senior woman teacher or other teacher:

“[...] they (referring to her teachers) have no privacy. They go straight and report to the headmaster (a name for the head of the school). A certain girl was pregnant and she talked to the senior lady but she reported her to the headmaster (head of the school) who expelled her and she missed her exams. I just can’t trust them.” 13(G, I, R)

Such levels of distrust derived from face to face interaction create a vacuum for sources that have no obligation for face to face interaction but still provide opportunity for questions to be asked. This means that lack of personal contact can help deal with sensitivity. It was the media that presented such opportunity.

The radio, newspapers and television were among the preferred sources because of the opportunity of anonymity. One of the rural participants gave justification for their preference of the above mentioned sources respectively as she suggested that:

“The messages should be passed over the radio. In this case, the person presenting cannot see me and neither can I. So this becomes easy for the person presenting to answer my questions freely and for me to ask questions freely.” 15(G, I, R)

“Messages should be passed through newspapers like Straight Talk. These are easy to read because I fear talking to a person” 15(G, I, R)

“They should put programmes over the television where viewers can ask questions. In this case also, no one is seeing the other, so none fears the other.” 15(G, I, R)

Adolescents (usually) like what they are going to be told, but they like it uncensored. However, this may not always be the case as the media is also sometimes limited by restrictions on communication about sensitive issues like sexuality. Although the radio and television provide anonymity, they may not exhaust the questions or if they do, the time given to such programmes is limited. More so, as noted in the theme about sources and messages, some of the shows are in English. This seems to be a strategy that helps deal with the sensitivity since using the local language may make the issues appear more sensitive than they already are. In fact, moralists have tended to blame the media for spoiling their children. However, this creates a tension with what adolescents would like to know as the adolescents may prefer the same strategies that may make the issue more sensitive because these situations seem to make them understand better the issues on sexuality. For instance, one of the rural participants made a suggestion to resolve the situation:

“They should put the programmes in Luganda and they should give them enough time.” 17(B, I, R)

The above is an indication that language is an important factor in sex education, even though it may create more sensitivity.

Gender preference was another factor that helped both the message givers and the adolescents go about sensitivity. As noted earlier, the girls turned to females whereas the boys turned to males. Same gender creates a sense of freedom and openness between the two parties. It also helps forge a sense of trust hence reducing sensitivity. For example earlier noted at the beginning of this theme was respondent number 4 in the urban areas who preferred his master (teacher) at school to his mother at home because her gender made him feel uneasy. This unease with gender was not limited to one context. For example, his rural colleague shared

the same idea as he gave reasons for turning to his brother in law and not his sister yet they were living in the same house:

*“He (referring to his brother in law) is free with me. There are things I cannot tell my sister but can tell everything to my brother in law.”*22(B, O, R)

While the girls also expressed that they were free with females as indicated in the quotes below:

“My mum, she is free with me and she settles all my problems.” 13(G, I, R)

“My mother, this is because I am free with her too.” 15(G, I, R)

*“My mum, I am free with her and she is closer to me.”*19(G, I, R)

Sometimes gender does not matter to some. What seems to matter is how approachable the person makes themselves and their command of knowledge of the topic. A male participant justified why he may turn to females:

*“I ask older women who are not shy.”*4(B, O, U)

While another thought that his mother had had the same experience as him:

“Mum, because I think she has the experience about problems I may be having and so she is better qualified.” 9(B, I, U)

It should be noted that age also created an atmosphere whereby the participants are able to open up about matters of sexuality. Here, individuals tend to feel free with people in their age groups, hence dealing with sensitivity. Adolescents therefore tend to be freer with their peers than adults. Peer influence can therefore not be ignored. One of the out of school boys in the urban areas noted:

“I talk to my big brother and friends. I am free with them so I can talk anything with them. I don’t talk to my mother because I fear her.” 6(B, O, U)

Conclusion on theme five

Sensitivity is a major issue that influences who adolescents turn to. However, sources of information and the adolescents are affected by sensitivity. Factors like trust, openness, knowledge ability, gender as well as age are of great importance. It is such factors that are used to deal with sensitivity. As adolescents ask the questions related to sex and sexuality, they need to deal with sensitivity by turning to those sources that are knowledgeable with the topic, can freely as well as openly communicate, are approachable but can keep secrets. Some sources also develop strategies to help them deal with sensitivity. These may be the reasons for preference of some sources over others.

Chapter 5

Discussion

Choice of research topic, design and theoretical framework

Adolescents in Uganda are confronted with risks which include HIV/AIDS, unwanted pregnancies and sexually transmitted infections among others. As a result sex education is seen by adults as one of the options to reduce these risks. However, it has been documented that adolescents' views have tended to receive limited attention. Such a background motivated me to carry out an exploratory study on perceptions of adolescents on sex education strategies. The immeasurable nature of perceptions necessitated methods of a qualitative nature in order to capture the in depth information. The choice of the social learning theory as a theoretical framework was mainly based on its success in HIV/AIDS prevention work and sex education programs in Africa and the consideration that the theory is in support of the adolescents' agency. In this case, adolescents are not passive but should be considered to be active agents who are able to comment on the strategies.

The positionality of the researcher

It is possible that my position as a former researcher in an HIV/AIDS related field could have affected the research process especially at conception of the idea, as I chose the topic that I felt I was most comfortable with. It is unlikely that this position negatively influenced responses obtained and the themes that emerged during analysis as this was my first time to research on the theme of adolescents' perceptions on sex education strategies. Instead, since I was enthusiastic to find out what the participants' views were, neutrality was imperative. My experience equipped me with good listening and interviewing skills which I used to probe further for more information whenever I felt something was missing or cross check and ask whether I had heard the participant right. My position and my young age could have affected the data collection in a positive way in that it helped me gain the participants' trust such that they were able to open up and discuss with me. It is probable that, because of the generational gap and the restrictions on the topic of sex, an older person would have found problems getting such detailed data.

Limitations of this study

This was an exploratory study with a purposively selected sample of only 23 participants. The sample size was mainly limited by time and resources rather than saturation. This implies

that the sample may not have reached saturation as there was still a possibility for new information which was not explored for reasons already mentioned above. The study was carried out in two districts, with participants conveniently selected from different areas. It is possible that other eligible adolescents in the same contexts could have been excluded. There is need for further research with other research designs and methodology for example a survey of all districts in order to understand perceptions of adolescents on sex education strategies in the whole country.

However, the above limitations should be considered in light of the strengths of the study. Despite the fact that the study set out to explore a sensitive issue of sex, I was able to gain the trust of the selected participants such that they felt free to communicate with me. This enabled collection of rich data reflecting a diversity of views. In order to answer the research questions of the study, data were skilfully analysed to come up with the emerging themes. The data collected in this study therefore provide an insight into the understanding of adolescents' perceptions on sex education strategies in Uganda.

Summary of key findings

Adolescents' understanding of sex education

One of the research questions was concerned with capturing the adolescents' understanding of sex education. The study revealed that in addition to HIV/AIDS prevention, adolescents perceived sex education to include other issues like preparation of girls for marriage, elongation of the labia, basic information on sexual and physical development, obedience and respects of adults. This is not in agreement with Luwaga (2004) whose study about parent adolescent communication on sexuality in Uganda revealed that adolescents perceive sex education only in relation to HIV/AIDS prevention. Perhaps her finding is not a surprise considering that HIV/AIDS campaigns are strongly backed by most states and heavily funded by international agencies because of its fast spreading nature and adverse effects on population. Parikh (2005) argues that HIV/AIDS campaigns introduced the formerly private sex talks into the public sphere. Although there is a tendency to assume that sex education and HIV/AIDS education is one and the same thing, the latter is part of the former. However, considering the variety of issues mentioned in this study, it can be argued there is more to sex education than HIV/AIDS education.

Adolescents' perceptions of the sources of sex education

There is Cultural silence that acts as a norm to restrict talk about sex in many African societies. For this reason, the paternal aunt was a symbolic person to carry out sex education. In this study, the low mentioning of the paternal aunt as a source is an indicator that this traditional source is weakening in its role. Muyinda et al (2004) have documented the weakening role of this traditional source, noting that globalisation and migration are some of the contributing factors. Adolescents may also be reluctant to consult their aunts as a source due to the aunts' tendency to have low educational levels. Perhaps it is just 'modern' not to consult the aunt as a traditional source. On the other hand, it can be argued that the aunts today are not taking an active role in initiating sexuality talks with adolescents. If they did, then adolescents might perhaps feel free to consult them and also confide in them about questions related to sexuality.

The study also revealed that, in addition to the traditional source, adolescents are also exposed to a variety of sources. The social learning theory states that learning occurs in a social context. In this study, participants mentioned various sources from which they received messages. However, these sources sometimes differed based on their contexts ranging from receiving messages from the paternal aunt among participants in rural areas, teachers amongst school going participants and to receiving messages mostly from the media amongst those in urban areas.

The media was the most mentioned source in this study. Bohmer and Kirumira (2000) note that the media has a large influence on adolescent sexuality. In this study, participants mentioned various media. In this study, the radio was the most mentioned source among the media. According to the UDHS (UBOS & Macro International Inc, 2007), each week among youth aged 15-19, 85% of boys and 75% of girls listen to radio. In contrast, only 14% watch television and 21% read a newspaper. This implies that the radio as a medium is quite unrivalled. The social learning theory emphasises observation as a key aspect to learning, whereby children observe the behaviour of symbolic models through the media and then reproduce it. However, radio talk shows that were mentioned are not observed but are only listened to. The theory is therefore inadequate in explaining why sometimes learning may take place as a result of listening.

Radio talk shows broadcast in Luganda were more often mentioned than English ones by both rural and urban participants. The English radio talk shows were particularly mentioned by those who were in school. This implies that the participants were more in favour of the local language. Studies by Namayanja et al (2008) and the '*Straight Talk*' annual report (Straight Talk, 2007) in Uganda have revealed that language is an important element of sex education which increases adolescents' understanding of messages. In consistence with Parikh (2005) the study also revealed that some participants mostly listened to radio programs with an 'aunt'.

Newspapers were the next most mentioned source among the medium, with '*Straight Talk*' taking the lead. An assessment of the '*Straight Talk*' foundation media initiative by population council (2006) also reveals high exposure to Straight Talk's radio and print.

The social learning theory recognises learning that occurs in a social context. Based on the accounts of the participants, the school was the second most mentioned source in the study. This implies that school provides a context for learning. This may not be surprising considering that most studies and programs in sub Saharan Africa tend to target school children, since they are easier to monitor and organise than those who are out of school. This partly explains the differences in knowledge and practice of reproductive health between in school and out of school adolescents in Kabarole district of Uganda which was revealed in a study by Ndyabangi et al (2004). The implication here is that the school has the capacity of reaching a reasonable number of adolescents. Teachers were preferred since they talked to groups, and that students did not have to write during the sex education messages.

Despite the introduction of universal primary education and universal secondary education, many Ugandan youths are out of school (Deininger, 2003). Among the reasons mentioned for this scenario by the participants included; poverty due to death of parents, caning at school, delay of fees by parents such that some children get tired of being sent home for fees, preferential education by parents whereby some were told to drop out of school and do casual jobs so that their siblings also study. These out of school youth miss out on receiving messages from teachers who are a potential significant source of sex education in school.

However, teachers could not be trusted with secrets. Senior women were preferred since they were delegated to carry out sex education in the school, but could also not be trusted to keep secrets. This implies that trustworthy relationships between students and their teachers are important if the adolescents are to open up about their reproductive needs.

Parents were also considered by participants an important source. According to the participants, mothers were more concerned about sexuality but did not talk directly, whereas fathers were concerned about security. Mothers mostly talked to both girls and boys while fathers mostly talked boys and seldom to girls. Participants were concerned about the vagueness of their parents' messages, a trend that has been noted in other studies (Luwaga, 2004; Taffa et al., 1999). Participants were also concerned about the one on one approach of communication that made them feel guilty and also the schedules at which the parents decided to talk to them. Messages mostly included restrictions in relation to having early sex with a threat of getting infected by the HIV/AIDS and causing the family 'economic problems'.

Some participants preferred peers as a source because they offered an environment that helped others open up. However, adolescents can only discuss their problems with a peer if that person proved they can be trusted with secrets. The ideas of peers may also act to influence the evaluation of messages by fellow peers through discussion. However, adolescents may have varying views about their peers as a source of information. In this study, some participants perceived their peers as a bad influence, others doubted the credibility of the messages, while others doubted whether their peers were knowledgeable of the topics, considering their young age. This finding has implication for those who are trying to implement peer education as a strategy to provide sex education. Peer training programs should teach adolescents how to build and maintain trustworthy relationships.

Adolescents' evaluation of messages provided

The social learning theory recognises a reciprocal relationship between the personal, behavioural and environmental factors. After receiving messages from various sources, which are within their various environmental contexts, participants were asked to evaluate the messages. It is through evaluation that participants can influence their behaviour and at the same time their environment. According to the social learning theory, evaluation is among the personal determinants. Evaluation can take place at individual level. It can be argued that

since adolescents are different individuals they have different evaluation skills and therefore can evaluate the same message differently. In this study, there were variations in evaluation of the messages received.

However, it is possible that adolescents may evaluate something as a group. Group evaluation is not highlighted as an important determinant in the social learning theory.

The social learning theory further states that learning is an internal process that may not change behaviour. In this study, some participants reported only a change in attitudes. This is an indicator that learning can be internal. However, since attitudes are internal, it is difficult to ascertain the extent to which a person has learnt and the extent to which a change in attitudes affects safe sex behaviour. This cannot be explained by the social learning theory and requires further research. The study finding above relates to findings of Hulton et al (2000), whose qualitative study on adolescents behaviour in Mbale district of Uganda revealed that there is a gap between knowledge about safe sex behaviour and safe sex behaviour. The underlying factors to behaviour change are rooted in economic, social and cultural contexts of young people's lives, power balance in their intimate relationships given that some engage in relationships with older men, and self efficacy. Here, we see the reciprocal relationship between the environmental factors and personal factors coming up again. Of the factors discussed above, self efficacy is a very important factor. Bandura (1995) defines self efficacy as the belief in one's capabilities to organise and execute courses of action required to manage prospective situations. In other words, self efficacy is the person's belief in his or her ability to succeed in a particular situation. This implies that self efficacy can be assessed at an individual level. It may affect how people think, behave and feel. In relation to safe sex behaviour, having strong self efficacy can lead to behaviour change while a lack of self efficacy leads to inaction.

The study further revealed that expectations of economic, health and social behaviours also influence adolescent sexual behaviour. The impact of expectations on behaviour change has also been noted among youth in a study of barriers to behaviour change as a response to STIs including HIV/AIDS by Amayunzu et al (1999). According to the social learning theory, assumption of expectations indicates that an individual may choose certain behaviour over another, not necessarily due to direct reinforcement from other people, but from other forces like disease and financial factors.

What adolescents want to know

The study revealed a relationship between what adults say and what adolescents would like to know; the adults say what should/can be done while the adolescents ask 'how should /can it be done' and are even in need of more information and clarification on certain issues. In relation to the social learning theory, this reveals a reciprocal relationship between the personal and environmental factors. However, this relationship also indicates that adolescents are active agents. If they were passive, they would just keep quiet and not ask any questions. The implication of this is that we as adults have to give adolescents detailed and accurate information and also inquire whether they would like to know anything else, instead of assuming that we know all they need to know. Such a reciprocal relationship is important as also noted in the social learning theory.

The study revealed that adolescents tend to have different needs and these needs require different messages. For instance, those who have not yet had sex need messages on abstinence and on skills of assertiveness. But the ones who have already started having sex need other messages which include advice on having successful relationships, being faithful and the use of condoms among others. On the other hand, some are already HIV positive and therefore need messages on positive living, while others have relatives who are living with HIV/AIDS and require information on treatment and care for HIV/AIDS patients.

Participants also wanted to know more about STIs. This finding is related to that of Neema et al (2004) who found that knowledge of other STIs is lower than knowledge about HIV/AIDS. The adolescents also reported having limited knowledge about their own biology and that of others. The study also revealed a need for clarification about ABC strategy, specifically on the effectiveness of using condoms. The implication of this is that there may be misconceptions about the strategy that need to be clarified about.

Contribution to gendered understanding of young people's sexual and reproductive needs

The study revealed that adolescents have gendered needs. This was evident in the questions that participants asked about the topics they needed to know about. The female participants' sex education needs included: advice on female responsibilities in marriage, advice on how to maintain successful relationships through prevention of quarrels, skills for assertiveness, as well as knowledge about sex styles which they noted could help them keep their men. The female participants reflected expectation of submissiveness to males. The male participants

on the other hand needed information on how to have sex. One explanation of this is that during adolescence, most young men are under pressure to prove their manhood (Twa-Twa, 1997). However, skill development is as important for young men as it is for young women since intimate relationships involve at least two persons.

Pragmatic validity of this study

To ensure quality and rigor in a qualitative study two major aspects have to be put into consideration; validity and reliability. The concept of validity is “a contingent construct that is unavoidably grounded in the processes and intentions of particular research methodologies and projects”(Winter, 2000, p. 1) . This implies that different methodologies as well as researchers may have different terms in relation to validity. Validity can be interpreted as ‘the extent to which an account accurately represents the social phenomena to which it refers’ (Hammersley, 1990, p. 57)

Qualitative research is concerned with studying phenomena in its natural state. This means that the context in which research took place was a multivariate one, where independent variables could not be accounted for or controlled; it may be difficult to measure the validity of a qualitative study, unlike a quantitative one. The findings of this study are worth noting, in that they help provide a better understanding of adolescents perceptions of sex education, the sources and messages provided as reported by the participants.

Reliability on the other hand relates to consistency of study findings. Patton (2002, p. 14) argues that “credibility/ reliability of a quantitative study depends on the construction of the instrument, in qualitative research, the researcher is the instrument” . This means that the credibility of the qualitative research depends on the ability and effort of the researcher. The experience gained during my work as a research assistant at Katwe ADP enabled me to acquire good interviewing skills that were used to obtain trust of the participants and eventually collect rich data. In addition to note taking, the interviews were also recorded to ensure greater accuracy. I also kept a diary in which I noted all critical decisions made during the course of my data collection, research data analysis and writing up process. Keeping a diary enabled me to have critical self awareness of how my research was done, realise the impact of the critical decisions I made along the way and helped my memory during the writing process. Data analysis was also done using a systematic process (See chapter 3) while

cross checking with the original interview transcriptions to ensure originality of the data for all emerging themes.

It is possible and probable that some of the emerging themes in this study may reoccur in another context. However, generalisation of the findings into the larger adolescent population should be done with the awareness that the context in which qualitative research takes place cannot be controlled, rather, it is always changing. Generalisation about the phenomena must therefore be done with caution. There is a need to carry out a larger study and surveys on perceptions of adolescents of sex education strategies in other parts of Uganda. However, research tools need to be adjusted to suit the different contexts.

Conclusion and policy recommendations

We can learn a lot from adolescents' perceptions, experiences and reflections if adolescents are given a chance to express their views. However, the issue of trust is important as it creates a favourable environment for openness in communication about sex and sexuality.

Based on the findings of this study, the following policy recommendations are worth noting:

Adolescents need to be given platforms to express their views regarding their reproductive needs as well as evaluation of sex education sources and messages provided. Adolescents should not be seen as passive recipients but as active agents in the communication process. This helps in the implementation of adolescent friendly services.

Adolescents should not be denied complete and accurate information in the name of 'cultural silence'. Denial of such information may only increase anxiety among adolescents. They keep on asking 'how?' as shown in theme four and may decide to learn by experience. Policy makers should incorporate good aspects of culture into sex education while discarding the bad ones that put adolescents at risk.

Based on theme five, the stakeholders need to create trustworthy relationships with adolescents if adolescents are to open up about their reproductive needs. Participatory appraisals should be carried out among adolescents to ensure identification of persons they trust such that these people are trained in maintaining trustworthy relationships as well as trained in sex education.

Since the media was the most mentioned source, it tends to attract more attention than other sources. This advantage should be exploited by the policy makers by increasing programmes related to sex education in the media. This is because through the media adolescents can be entertained while they learn something.

There is a need for more radio programmes in the languages best understood by adolescents in different contexts all over the country. This will enable better understanding of the messages provided.

'*Straight Talk*' newspapers should be published more often, in various languages, with more copies distributed in schools located in both rural and urban areas. However, effort needs to be taken to ensure that out of school youth also access *Straight Talk*' newspapers. This is because many of them dropped out of school and are therefore unable to read.

A favourable environment needs to be created to encourage children to get enrolled and stay in both primary and secondary school.

Policy makers need to come up with programmes like public rallies in various areas to cover the out of school adolescents.

Parents need to listen to their children. Strategies of communication about issues related to sexuality should change such that they do not make the young people feel guilty.

There is need for provision of more knowledge on adolescent biology, STIs. There is also need for clarification on the ABC strategy.

There is need for training in life skills for both in school and out of school adolescents. The study revealed that participants had information but lacked skills to put the information in practice. For instance; some lacked skills of assertiveness in avoiding peer pressure as well as advances from older men.

References

- Adams, V., & Pigg, L. S. (Eds.). (2005). *Sex in development : Science, sexuality and morality in global perspective*. Durham and London: Duke University Press.
- Akers, L. R., & Lensen, F. G. (Eds.). (2007). *Social learning theory and the explanation of crime: A guide for the new century* (Vol. eleven): Transaction Publishers.
- Amayunzu, M., Wambua, T., Babishangire, B., Nyangero, N., Yitbarek, M., Matasha, M., et al. (1999). Barriers to behavioural change as a response to STDs including HIV/AIDS: The east African experience. In J. C. Caldwell, P. Caldwell, J. Anarfi, K. Awusabo-Asare, J. Ntozi, I. O. Orubuloye, J. Marck, W. Cosford, R. Colombo & E. Hollings (Eds.), *Resistances to behavioural change to reduce HIV / AIDS infection in predominantly heterosexual epidemics in Third World countries* (pp. 1-11). Canberra, Australia.: Australian National University, National Centre for Epidemiology and Population Health, Health Transition Centre.
- Bandura, A. (1963). *Aggression: A Social learning experience*. Englewood Cliffs: NJ: Prentice Hall.
- Bandura, A. (1977). *Social learning theory*. New York: General learning press.
- Bandura, A. (1995). *Self efficacy in changing societies*. Cambridge: Cambridge University press.
- Bandura, A. (1999). A Social Cognitive theory of Personality. In L. Pervin & O. John (Eds.), *A Handbook of Personality* (pp. 154-196). New York: Guilford Publications.
- Bandura, A. (2002). Social Cognitive Theory of mass communication. In J. Bryant & D. Zillmann (Eds.), *Media effects: Advances in Theory and Research*: Lawrence Erlbaum Associates.
- Barnett, T., & Whiteside, A. (2002). *AIDS in the twenty-first century*. Basingstoke: Palgrave Macmillan.
- Barth, F. (1995). *Cosmologies in the making: A generative approach to cultural variation in Inner New Guinea* (Cambridge studies in Social Anthropology). New York: The Press Syndicate of the University of Cambridge.
- Berry, A. K., Markee, N. L., Fowler, N., & Giewa, R. G. (2000). Interpreting what is rural and urban for western U.S countries. *The professional geographer*, 52(1), 93-104.
- Blum, W. R. (2004). Uganda AIDS prevention: A,B,C and Politics. *Journal of adolescent reproductive health*, 34, 428-432.
- Bohmer, L., & Kirumira, E. K. (2000). Socio-economic context and the sexual behaviour of Ugandan out of school youth. *Culture ,Health and Sexuality*, 2(3), 269-285.
- Brannon, L. (2001). *Gender : Psychological perspectives*. (3 ed.). Old Tappan, New Jersey: Ally & Bacon Incorporated.
- Chege, J. (2007). *Operations Research for HIV 2006*. Lusaka: World Vision.
- Collins, C., Alagiri, P., & Summers, T. (2002). *Abstinence only vs comprehensive sex education: What are the arguments? What is the evidence?* San francisco: AIDS research insitute, University of California.
- Connell, W. R. (2007). *Gender*. Cambridge: Polity Press.
- Daniel, M., Apilia, M. H., Bjørgo, R., & Lie, T. G. (2007). Breaching cultural silence: enhancing resilience among Ugandan orphans. *African Journal of AIDS Research*, 6(2), 109- 120.
- Davies, C. A. (1999). *Reflexive Ethnography: A guide to researching selves and others*. London and New York: Routledge.
- Deininger, K. (2003). Does cost of schooling affect enrollment by poor? Universal Primary Education in Uganda. *Economics of Education Review*, 22(3), 291-305.
- Denzin, N., & Lincoln, Y. (Eds.). (2000). *Handbook of Qualitative research*, (2 ed.). Thousand Oaks, CA: Sage.
- Ebanyat, F. D. (2002). Teenage pregnancy at 31 per cent. *New vision Uganda*. Retrieved 2nd march 2008,
- Eske, A. T. (2003). *Schools should help children to survive in the real world*. *SIECUS Report*, 31(4), 17.

- Feldman, J., & Middleman, A. B. (2002). Adolescent sexuality and sexual behaviour. *current opinion in obstetrics and gynaecology*, 14(5), 489-493.
- Feldman, S., & Rosenthal, D. (2000). The effect of communication characteristics on family members' perceptions of parents as sex educators. *Journal of Research on Adolescence*, 10(2), 119-150.
- Fishbein, M., Bandura, A., Triandis, H. C., Kanfer, F. H., Becker, M. H., & Middlestadt, S. E. (1991). *Factors influencing behavior and behavioral change. Report from a workshop, Washington D.C.* Maryland: National Institute of Mental Health(NIH).
- Foucault, M. (1990). *The history of sexuality*. New York: Vintage Books.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59.
- Hammersley, M. (1990). *Reading Ethnographic research: A critical guide*. London: Longmans.
- Herling, A. (2004). *Delaying sexual debut among Uganda's Youth: Evidence and implications*. Paper presented at the CCIH annual conference, Canada.
- Howard, A. J., & Hollander, J. (1997). *The Gender Lens : Gendered Situations, Gendered Selves*. Thousand Oaks, London, New Delhi: Sage Publications Inc.
- Hulton, L. A., Cullen, R., & Wamala, K. (2000). Perceptions of risks of sexual activity and their consequences among ugandan adolescents. *Studies in Family Planning*, 31(1), 35-46.
- Hutt, L. E. (2001). Paying Research subjects: Historical considerations. *Health Law review*, 12(1).
- International HIV/AIDS Alliance. (2008). *Sexuality and Life-skills: Participatory activities on sexual and reproductive health with young people*.
- IPPF. (1996). *International charter on sexual and reproductive rights*. London: IPPF.
- Jaccard, J., Dodge, T., & Dittus, P. (2002). Parent-adolescent communication about sex and birth control: A conceptual framework. *New Directions for Child and Adolescent Development*, 2002(97), 9-42.
- Kibombo, R., Neema, S., Moore, M. A., & Ahmed, H. F. (2008). *Adults' perceptions of adolescents' Sexual and Reproductive Health: Qualitative Evidence from Uganda*. New York: Guttmacher Institute.
- Kinsman, S. B., Romer, D., Furstenberg, F., & Schwarz, D. F. (1998). Early sexual initiation: The role of peer norms. *Pediatrics*, 102(5).
- Kirumira, E. K. (1998). Studying adolescent sexual health: Uganda experiences. In A. Hardon (Ed.), *Beyond Rhetoric: Participatory Research On Reproductive Health*. Amsterdam: HET Spinhuis.
- Lie, T. G. (2008). Ethical dilemmas in Adolescent Reproductive. In K. Klepp, J. Flisher & F. Kaaya (Eds.), *Promoting Adolescent Sexual And Reproductive Health in East and Southern Africa* (pp. 76-95). Capetown: HSRC Press.
- Luwaga, C. N. L. (2004). *Parent-adolescent communication on sexuality in the context of HIV/AIDS in Uganda: An exploratory study*. University of Bergen, Norway, Bergen.
- Measer, L., Tiffin, C., & Miller, K. (2000). *Young people's views on sex education: Education, Attitudes and Behaviour*. London: RoutledgeFalmer.
- MOH. (2006). *Uganda HIV/AIDS Sero-Behavioral Survey 2004-2005*. Calverton, Maryland USA: Ministry of Health Uganda.
- Mosher, W. D. e. (2005). Sexual Behaviour and selected measures: Men & Women 15-44 years of age, United States, 2002. *Advance data 2005*(362), 1-56.
- Muyinda, H., Kengeya, J., & Pool, R. (2001). Traditional sex counselling and STI/HIV prevention among young women in rural Uganda. *Culture, Health and Sexuality*, 3(3), 353-361.
- Muyinda, H., Nakuya, J., Whitworth, J., & Pool, R. (2004). Community sex education among adolescents in rural Uganda: Utilizing indigenous institutions. *AIDS CARE*, 16(1), 69-79.
- Nakkazi, D. (2001). Communication between mothers and their adolescent daughters on the subject of sexuality and HIV/Aids in Uganda. *Gender Issues Research Report Series.14. Organisation for Social sciences Research In Eastern and Southern Africa*.

- Namayanja, E., Watson, C., Kyosimirwe, A., Bainomugisha, B., & Kagoro, B. (2008). *Synergies of Straight Talk Foundation's radio and print: The primacy of local languages in behaviour change communication*. Paper presented at the Adolescent youth conference 2008: Investing in young people's health and development. Research that improves policies and programs.
- Ndyanabangi, B., Kipp, W., & Diesfeld, J. H. (2004). Reproductive health behaviour among in-school and out of school youth in Kabarole district, Uganda. *African Reproductive Health*, 8(3), 55-67.
- Neema, S., Musisi, N., & Kibombo, R. (2004). *Adolescent Sexual reproductive Health in Uganda: A synthesis of Research Evidence* (No. 14): Makerere Institute of Social Research.
- Neema, S., Ssekiwanuka, J., & Ssedyaabule, D. (2000). Children living in difficult circumstances: Vulnerability and coping mechanisms of child-headed households in Rakai, Uganda.
- Odek, T. (2006). *Cultural challenges and sex education in Mageta islands, kenya*: African regional sexuality resource centre (ARSRC).
- Okiror, B. (2008, may 17 2008). Use holidays for sex education. *Saturday Vision*, p. 27,
- Parikh, A. S. (2001). "Don't tell your sister or anyone that you love me" : *Considering the effect of adult regulation on Adolescent sexual subjectivities in Uganda's time of AIDS*. Paper presented at the Gender, sexuality and HIV/AIDS: Research and intervention in Africa.
- Parikh, A. S. (2005). From Auntie to disco: The bifurcation of risk and pleasure in sex education in Uganda. In V. Adams & L. S. Pigg (Eds.), *Sex in development: Science, sexuality and morality in global perspective* (pp. 125-158). Durham and London: Duke University press.
- Patton, M. Q. (Ed.). (2002). *Qualitative evaluation and research methods* (3 ed.). Thousand Oaks, CA: Sage Publications Inc.
- Population council. (2006). *Annual report 2006: Global reach, global impact*.
- Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied social research. In Brynam & Burgess (Eds.), *Analysing Qualitative data*, (pp. 173-194). London: Routledge.
- Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out Qualitative analysis. In J. Ritchie & J. Lewis (Eds.), *Qualitative research practice : A guide for Social Science Students and Researchers*. London: Sage.
- Rogers, E. (2000). Supplement 2000: International perspectives. *Journal of Health communication*, 5(3).
- Silverman, D. (Ed.). (2005). *Doing Qualitative Research* (2 ed.). London: SAGE Publications Ltd.
- Singhal, A., & Rogers, E. (1999). *Entertainment education: A communication strategy for social change*. NJ: Lawrence Erlbaum Associates.
- Singhal, A., & Rogers, E. (2000). Entertainment Education in Asian Nations. *Asia Pacific Media Educator*(9), 1-14.
- Straight Talk. (2007). *Straight Talk Foundation Annual Report* Kampala: Straight Talk Foundation.
- Taffa, N., Haimanot, R., Desalegn, S., Tesfaye, A., & Mohammed, K. (1999). Do parents and young people communicate sexual matters? The situation of family life education in a rural town in Ethiopia. *Journal of Health and Development.*, 13(3), 205-210.
- The Alan Guttmacher Institute. (2005). Adolescents in Uganda: Sexual and Reproductive Health. *Protecting the next generation*(Series. No. 2), 1- 4.
- Twa-Twa, J. (1997). The role of the environment in the sexual activity of school students in Tororo and Pallisa districts of Uganda. *HealthTransition Review*, 7, 67- 81.
- UBOS, & Macro International Inc. (2007). *Uganda demographic health survey 2006*. Calverton, Maryland, USA: UBOS and Macro International Inc.
- Uganda AIDS Commission. (2008). *UNGASS country progress report Uganda*. Kampala: Government of Uganda.

- Uganda AIDS Commission (UAC), & Uganda HIV/AIDS Partnership Committee. (2006). *Accelerating HIV prevention; the road map towards universal access to HIV prevention in Uganda*. Kampala.
- UNAIDS. (2007). 2007 AIDS epidemic update: Global Summary (Publication. Retrieved December, from UN: <http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/default.asp>
- UNFPA. (1995). *International Conference on Population and Development (ICPD) ,1994*. Cairo, Egypt.: UNFPA.
- UNFPA. (2002). *Women gender and inequality. State of the world population 2002 : People poverty and possibilities*. (Publication. Retrieved retrieved 26th february 2009, from UN: <http://www.unfpa.org/swp/2002/english/ch4/page3.htm>
- UNFPA. (2003). Making 1 Billion count: Investing in adolescents' health and rights (Publication., from UN: http://www.unfpa.org/swp/2003/pdf/english/swp2003_eng.pdf
- UNFPA. (2008). Human Development Report Uganda (Publication., from UN: http://hdrstats.undp.org/en/2008/countries/country_fact_sheets/cty_fs_UGA.html
- USAID. (2002). *What happened in Uganda? Declining HIV prevalence, behavioural change and the national response*. Washington DC: USAID.
- Varga, C. A. (2003). How gender roles influence sexual and reproductive health among South African Adolescents. *Studies in Family Planning*, 34(3), 160-172.
- WHO. (1993). *The health of young people: A challenge and a promise*. Geneva: World Health Organisation.
- WHO. (2007). Global online database (Publication., from UN: <http://apps.who.int/globalatlas/>
- WHO Department of HIV/AIDS. (2003). Principles and Practices: The implementation of ethical guidelines for research on HIV (Publication. Retrieved 8th may 2009, from UN: <http://www.who.int/hiv/strategic/mt020603/en/>
- Wight, D., Plummer, M. L., Mshana, G., Wamoyi, J., Shingongo, Z., & Ross, A. D. (2005). Contradictory Sexual norms and expectations for young people in rural Northern Tanzania. *Social Science and Medicine*, 62(2006), 987-997.
- Winter, G. (2000). A comparative discussion on the notion of validity in quantitative and qualitative research. *The Qualitative report*, 4(3 &4).

Appendices

Appendix 1

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



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Universitetet i Bergen
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Vår dato: 08.05.2008

Vår ref:18907 / 2 / PB

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 06.04.2008. All nødvendig informasjon om prosjektet forelå i sin helhet 07.05.2008. Meldingen gjelder prosjektet:

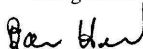
18907	<i>Perceptions of Adolescents on Sex Education Strategies/ Approaches in Uganda: What Can We Learn from Them?</i>
Behandlingsansvarlig	Universitetet i Bergen, ved institusjonens øverste leder
Daglig ansvarlig	Gro Therese Lie
Student	Justine Namakula

Etter gjennomgang av opplysninger gitt i meldeskjemaet og øvrig dokumentasjon, finner vi at prosjektet ikke medfører meldeplikt eller konsesjonsplikt etter personopplysningslovens §§ 31 og 33.

Dersom prosjektopplegget endres i forhold til de opplysninger som ligger til grunn for vår vurdering, skal prosjektet meldes på nytt. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html.

Vedlagt følger vår begrunnelse for hvorfor prosjektet ikke er meldepliktig. Prosjektet kan settes i gang.

Vennlig hilsen


Bjørn Henriksen


Pernilla Bollman

Kontaktperson: Pernilla Bollman tlf: 55 58 24 10

Vedlegg: Prosjektvurdering

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Uganda National Council For Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Your Ref:..... **SS 2103**

26/06/08

Our Ref:.....

Date:.....

Ms. Justine Namakula
Makerere University
P.O Box 7062
Kampala

Dear Ms. Namakula,

RE: RESEARCH PROJECT, "PERCEPTIONS OF ADOLESCENTS ON SEX EDUCATION STRATEGIES / APPROACHES IN UGANDA: WHAT CAN WE LEARN FROM THEM?"

This is to inform you that the Uganda National Council for Science and Technology (UNCST) approved the above research proposal on **June 05, 2008**. The approval will expire on **August 05, 2008**. If it is necessary to continue with the research beyond the expiry date, a request for continuation should be made in writing to the Executive Secretary, UNCST.

Any problems of a serious nature related to the execution of your research project should be brought to the attention of the UNCST, and any changes to the research protocol should not be implemented without UNCST's approval except when necessary to eliminate apparent immediate hazards to the research participant(s).

This letter also serves as proof of UNCST approval and as a reminder for you to submit to UNCST timely progress reports and a final report on completion of the research project.

Yours sincerely,

Jane Nabbuto
for: Executive Secretary

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Appendix 3

VERBAL INFORMED CONSENT

Hullo, my name is **Justine Namakula**. I am a student doing my masters in Gender and Development. I am here to conduct an exploratory study on adolescents' perceptions of adolescents on sex education strategies in Uganda.

Before we begin, I would like to take a minute to explain why I am inviting you to participate and the importance of the information you provide me with.

This study will help us understand how the adolescents evaluate the sex education strategies they have been exposed to and explore their perceptions about those strategies. I will use the information as a basis for writing my master thesis. This information will also be important for both government and other Non Governmental Organisations dealing with adolescent reproductive health and HIV/AIDS prevention.

Interviews will be held among adolescents' ages between 15-19 years. The interviews will be held for approximately one hour each. Your participation is completely voluntary. I am going to take notes. However, I would also like to tape record this interview to remind me of all the information you provide. I will keep the original recordings under lock and they will only be accessed by me. I will ensure that the information you give me is confidential and that your name does not appear in the final report. The information will be analysed and a report will be written.

Your participation in this study will help me obtain information regarding knowledge of the sex education methods/ strategies available to adolescents in Uganda and also obtain the adolescents, perceptions about these strategies.

If you have any questions, feel free to ask now, or at the end of the interview.

Are you interested in participating in this study?

Appendix 4

INTERVIEW GUIDE

The interview guide for this study is going to be divided into two themes. The first theme is about adolescent's knowledge. The second theme is a merging of both messages received as well as adolescents' perceptions of such messages and their suggestions where possible.

Below are some of the questions I intend to ask. This will be done through in depth interviews.

Theme one: Knowledge about sex education strategies

Questions under this theme are intended to get information about how much knowledge the participants have about the sources of sex education available to them in their respective placements in society.

The following questions will be asked under the theme of knowledge about sex education strategies.

- What do you understand by sex education?
- Through what means do you get messages about sex and sexuality?
- Who do you turn to when you have questions related to sex and sexuality?
- Why?

Theme two: Messages and perceptions

Questions under this theme are intended to provide information on pieces of information provided through messages from various sources and the participants' evaluation of theme.

- In your opinion, what messages are being delivered?
- Are the messages clear to you?
- If yes, what messages are clear to you?
- If no, how are they unclear?
- Have the messages been helpful to you?
- If no, why in your opinion do you think they are not helpful to you?
- In your opinion, which messages would be more helpful to you?
- In your opinion, what suggestions would you give to make the messages more helpful to you?

Appendix 5 : Data analysis Framework

- a) **Data Familiarisation:** Listening to recorder, transcription, reading through transcripts and field notes, Comparison of field notes and recordings, attaching codes to participants.
- b) **Identification of key themes:** Identification of common phrases. Case from theme 5.

Factors influencing who is turned to: The table below shows a summary of common phrases used to explain why adolescents turned to a particular person.

Analytical term	Phrases
Freedom	"Free with me"
	"Free with them"
	"I fear her"
Knowledgeability of the related topics	" know alot"
	"[...] have had the same experience "
	"says she is a counsellor of [...]"
Trust	"I trust her/him"
	"[...] to keep a secret/secrets"
	"[...] goog at keeping secrets"
	"[...] shares with me his things and I also [...]"
	"take me seriously" This can also fall under another category)
Sex	"he is a boy"
Recognition of adult love and responsibility	" I[...] does not want me to go stray"
	"She is the best"
Proximity and availability	"I stay with them"
	"I do not stay with them"

- c) **Merging themes: This includes two processes**

C1) Finding analytical categories. Example: Analytical categories for theme 5.(see next page)

Analytical term	Participants	Notable quotes		
Freedom	3, 5, 6, 10, 11, 13, 15, 17, 19, 21, 22	"am free with them and they take my problems seriously" (3,G,O,U)		
		"I turn to my friends and siblings. This is because I am free with them since we have been together for a long time. So, for that, we know each other very well [...]" (5,B,O,U)		
		"I talk to my big brother and friends. I am free with them, so I can talk anything with them. I don't talk to my mother because I fear her." (6,B,O,U)		
		"My mum, because I am free with her" (10,B,I,U)		
		"My parents. I trust them and I am free with them. I also think they know me best" (11,B,I,U)		
		"My mum, she is free with me and she settles all my problems" (13,G,I,R)		
		"The senior woman teacher at school. She is the one we are supposed to talk to about such things. So, I am free with her."(15,G,I,R)		
		"My mother. This is because am free with her too.(15,G,I,R)		
		"I am free with him therefore I cannot fear asking him anything" (17,B,I,R)		
		"My mum, I am free with her and she is closer to me"(19,G,O,R)		
Trust	3,5,15,16,17,23	"am free with them and they take my problems seriously" (3,G,O,U)		
		"I turn to my friends and siblings. This is because I'm free with them since we have been together for a long time. So, for that, we know each other very well [...] So it is only them that I can tell my secrets. Before I talk to anyone, I first ask myself whether that person will be able to keep what I have told him or her as a secret"(5,B,O,U)		
		"Any other older person that I trust" (15,G,I,R)		
		"[...] They (my grandmother and maternal uncle) [...] are good at keeping secrets."(16,B,I,R)		
		"In addition, he helps me out and he is good at keeping secrets" (17,B,I,R)		
		"My brother. Because he also tells me his things and I also tell him mine" (23,B,O,R)		
		Gender	3,16,17,22	"I have many friends, but I turn to only two of them. It is a female and male friend and they are older than me [...]"(3,G,O,U)
				"My grandmother and maternal Uncle[...]" (16,B,I,R)
				"My friend. He is a boy." (17,B,I,R)
				"He is free with me.[...]There are things that I cannot tell my sister but can tell everything to my brother in law" (22,B,O,R)
"My mum, because I think she has the experience about problems I may be having and so she is better qualified." (9,B,I,U)				
"There is also a girl at school who says she deals with counselling matters, so I ask her"(15,G,I,R)				
"They (my grandmother and maternal uncle) know a lot [...].In any case, I don't think I can go to my peers because I think they don't know so much"(16,B,I,R)				
"I have a doctor friend who tells me. I feel free with him" (21,B,O,R)				
Recognition of adults' love and responsibility	1,9,2,20,22			"my mum, because she is the best"(1,G,O,U)
				"My mum, because she doesn't refuse to converse with me"(2,G,O,U) "[...] secondly, she can tell me what is right because she does not want me to go astray" (9,B,I,U)
		"My auntie and my grandmother. They have to tell me because if they don't, who will? Mum died and I know I have to listen to them because if I don't, I know I will regret. I don't have a mother but they treat me well and I feel like I have. When I sleep, I think about what they tell me. It is useful" (20,G,O,R)		
		"[...] and helps me out when I tell him(my brother in law) about my problems" (22,B,O,R)		
		Proximity and availability	2,5,14	"My mum, because she doesn't refuse to converse with me"(2,G,O,U)
"I would turn to my father but he is rarely at home. He spends most of his time in the village"(5,B,O,U)				
"My mum,[...] my aunties are very far and I don't visit them"(14,G,I,R)				
Confidence of the message provider	4,12	"I ask older women who are not shy" (4,B,O,U)		
		"The chaplain at school. It is a catholic institute so he is a father. They(chaplains) are really open" (12,B,I,U)		
Messages that work...	12,13	"I go to VCT counsellors at school. They give me advice depending on my experience"(12,B,I,U)		
		"My mum, she is free with me and she settles all my problems"(13,G,I,R)		
Friendship	3,21	"I have many friends, but I turn to only two of them. It is a female and male friend and they are older than me [...]"(3,G,O,U)		
		"I have a doctor friend who tells me. I feel free with him" (21,B,O,R)		

C2) creating sub-categories. An example from theme 5.

Category	Respondents	Notable Quote
Trust and openness		
Trust	15,16,17,3	<p>"Any other older person that I trust" (15,G,I,R)</p> <p>"[...] They (my grandmother and maternal uncle) [...] are good at keeping secrets."(16, B,I,R)</p> <p>"In addition, he helps me out and he is good at keeping secrets" (17,B,I,R)</p> <p>"I have many friends, but I turn to only two of them. It is a female and male friend and they are older than me [...]"(3,G,O,U)</p>
Openness	3,4,5,6,10,11,12,13,15,17,19,22,23	<p>"am free with them and they take my problems seriously" (3,G,O,U)</p> <p>"I turn to my friends and siblings .This is because am free with them since we have been together for a long time. So, for that, we know each other very well...[...]" (5,B,O,U)</p> <p>"I talk to my big brother and friends. I am free with them, so I can talk anything with them. I don't talk to my mother because I fear her." (6,B,O,U)</p> <p>"My mum, because I am free with her" (10,B,I,U)</p> <p>"My parents. I trust them and I am free with them. I also think they know me best" (11,B,I,U)</p> <p>"My mum, she is free with me and she settles all my problems" (13,G,I,R)</p> <p>"The senior woman teacher at school. She is the one we are supposed to talk to about such things. So, I am free with her."(15,G,I,R)</p> <p>"My mother. This is because am free with her too.(15,G,I,R)</p> <p>"I am free with him therefore I cannot fear asking him anything" (17,B,I,R)</p> <p>"My mum, I am free with her and she is closer to me"(19,G,O,R)</p> <p>"I have a doctor friend who tells me. I feel free with him" (21,B,O,R)</p> <p>" He is free with me.[...]There are things that I cannot tell my sister but can tell everything to my brother in law." (22,B,O,R)</p> <p>"I ask older women who are not shy" (4,B,O,U)</p> <p>"The chaplain as school. It is a catholic institute so he is a father. They(chaplains) are really open" (12,B,I,U)</p> <p>"My brother. Because he also tells me his things and I also tell him mine" (23,B,O,R)</p>
Trust and openness	3,5,13	<p>"am free with them and they take my problems seriously" (3,G,O,U)</p> <p>"I turn to my friends and siblings .This is because I'm free with them since we have been together for a long time. So, for that, we know each other very well...[...]So it is only them that I can tell my secrets. Before I talk to anyone, I first ask myself whether that person will be able to keep what I have told him or her as a secret"(5,B,O,U)</p> <p>"My mum, she is free with me and she settles all my problems"(13,G,I,R)</p>
Gender		
Male	16,22	<p>"My grandmother and maternal Uncle[...]" (16,B,I,R)</p> <p>" He is free with me.[...]There are things that I cannot tell my sister but can tell everything to my brother in law" (22,B,O,R)</p>
Female	14	<p>"My mum,[...] my aunties are very far and I don't visit them"(14,G,I,R)</p>

	Male and Female	3,17	"I have many friends, but I turn to only two of them. It is a female and male friend and they are older than me [...]"(3,G,O,U)
			"My friend. He is a boy." (17,B,I,R)
Knowledgeability		8,9,12,15,16,21	"At school it is the teachers I turn to. This is because they know me more and I also believe that they have the experience. At home, it is the guardians, because they also have the experience and know a lot about such things" (8,G,I,U)
			"My mum, because I think she has the experience about problems I may be having and so she is better qualified." (9,B,I,U)
			"There is also a girl at school who says she deals with counselling matters, so I ask her"(15,G,I,R)
			"They (my grandmother and maternal uncle) know a lot [...].In any case, I don't think I can go to my peers because I think they don't know so much"(16,B,I,R)
			"I have a doctor friend who tells me. I feel free with him" (21,B,O,R)
			"I go to VCT counsellors at school. They give me advice depending on my experience"(12,B,I,U)
			"I have a doctor friend who tells me. I feel free with him" (21,B,O,R)
Recognition of adult love and responsibility		1,2,9,20,22	"my mum, because she is the best"(1,G,O,U)
			"My mum, because she doesn't refuse to converse with me"(2,G,O,U) "[...] secondly, she can tell me what is right because she does not want me to go astray" (9,B,I,U)
			"My auntie and my grandmother. They have to tell me because if they don't, who will? Mum died and I know I have to listen to them because if i don't, I know I will regret. I don't have a mother but they treat me well and I feel like I have. When I sleep, I think about what they tell me. It is useful" (20,G,O,R)
			"[...] and helps me out when I tell him(my brother in law) about my problems" (22,B,O,R)

d) **Interpretation:** This includes; searching for key findings under each theme, comparing and finding associations, providing explanations and meanings