ADOLESCENT FERTILITY AND SEXUALITY IN UGANDA: DETERMINANTS, CONSEQUENCIES AND MANAGEMENT

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Being a paper prepared for submission to the Workshop on Social problems in Eastern Africa held in Arusha, August ~~1987~~ 8-14, 1987.

Summary

In Uganda, adolescents constitute almost half of the total population and being of reproductive age, they contribute more to fertility than any other categories of persons. Moreover, adolescents have unique problems related to their fertility and sexuality and their position in society. These include increased health risks to the young mothers and their babies. Other consequencies of adolescent fertility are examined in this paper and possible ways to manage this adolescent fertility discussed. Lastly, an attempt is made to locate adolescent fertility and sexuality in the socio-cultural context of the prevailing Uganda enviornment.

Introduction

Like many other African countries, Uganda has a high population growth rate. Currently, Uganda's population is estimated to be about 15 million with an annual growth rate averaging about 3 per cent per annum. (Source : The provisional results of the Uganda population census, 1980). The Uganda government is understandably concerned about the effects of such a high population growth rate. So too are population oriented international and local agencies. If the present high rate of population growth continues unchanged one can expect the population of Uganda to double within the next twenty five years. This prospect is likely to have serious negative consequencies for the country as a whole. It may lead to shortages of food, scarcity of housing and diminished employment opportunities.

It should be noted straight away that Uganda is going through a very difficult period as a result of the mess and chaos created by past regimes. In light of what has been stated above with regard to the population issue, I feel that now more than ever before there is a need to plan ahead. One of the most important areas in the population field, that needs careful study and planning is the problem of adolescent fertility and sexuality. The justifications for a concern with the problems of adolescent fertility and sexuality are many. In Uganda, just like in many other African countries, adolescents[1] constitute almost half of the total population. Indeed, in Uganda, youth aged 15 - 19 years constitute 10% of the population and are the fastest growing segment of the population. Furthermore, there is evidence that in Uganda, these adolescents are sexually active with many of them initiating sexual intercourse by the age of 15. As intimated already, being of reproductive age, these adolescents contribute more to fertility than any other categories of

persons. There is evidence for example to show that by the age of 20 most Ugandan women have had at least one child. Also the age specific fertility rate among Ugandan women aged 15 - 19 is 199.7 per 1000 live births. Additionally, adolescents aged 15 - 19 contribute 16.4% of total fertility. (Source : Youth in Society Magazine, 1985). A comparison with our neighbour, Kenya, clearly reveals that fertility among Ugandan adolescents is higher than that of their counterparts in Kenya where for example the age specific fertility rate among the 15 - 19 age group is 168 per 1000 live births. (Source : Gyepi - Garbrah,(1985) Adolescent Fertility in Kenya, Mimeograph).

In the sebsquent sections, this paper presents an overview of the adolescent fertility situation in Uganda, both for boys and girls. However emphasis will be placed on the girls because they are the ones who suffer most from the consequencies of this fertility. Special attention will be put on the determinants, consequencies and possible solutions to this adolescent fertility and sexuality. To put the asolescent fertility situation in Uganda in a global perspective, rererences will be made to studies conducted in other regions of the World.

Determinants of adolescent fertility

In Uganda, many reasons account for the observed high incidence of adolescent fertility. Not all these reasons are well defined or understood. Nevertheless, in this paper I isolate what I consider to be the major determinants of adolescent fertility in the country. Some of these are socio-economic, others are psychological while others relate to the adolescents contraceptive experience.

By all accounts, there is a general impression that in Uganda the attitude of young persons of school age towards sexual matters is tending towards a more liberal acceptance of pre-marital coitus. This is evidenced by the increasingly permissive behaviour of many adolescents especially those in urban areas. Even a casual inspection of the behaviour of the adolescents around Kampala will not fail to reveal that most adolescents are moving in the direction of greater sexual promiscuity. Many young persons smoke and drink hard liquor and some of them are initiating sexual relations before the age of 15. Teenage pregnancies are on the increase and so too are abortions among adolescents. Many parents are perplexed about what to do for their increasingly promiscuous youngsters.

Southworld (1973) captures the parents' agony on this matter most concretely when he says:

> Many girls start having sexual relations as soon as they are capable. No girl has permission to have pre-marital sex; it is just that it is very difficult to stop them. (page 165).

In order to put adolescent fertility in Uganda in a wider perspective, I believe it is important to point out that other African nations are having similar problems with regard to their adolescents although the magnitude of the problem may be bigger in Uganda. Oransaye and Odiase (1983) writing about the Nigerian scene report that in their survey, 21% of the adolescents interviewed had had sexual intercourse before the age of 15. A similar situation has been reported in Zaire where a study of 4000 deliveries at Mama Yemo Hospital in Kinshasha in 1973 showed that 4.2% were to adolescent mothers (Pauls, 1983).

To my mind, there are a number of socio-cultural and economic factors that account for the high fertility situation among adolescents. In the Uganda case, I wish to opine that the greatest factor that is associated with adolescent fertility and sexuality is the general breakdown of the people's moral fibre and values brought about by 25 years of civil war and sectarian conflict that have been endemic to Uganda since she attained independence in 1962. These wars and crises have ushered in an era of untold economic and social hardships for the Uganda populace. As a response, many people especially adolescents, have resorted to casual sex and other forms of heterosexual relationships. The "economic war"[2] declared by Amini in 1972 and the emergence of the "Mafuta Mingi"[3] class have all served to compound and confound the problem of adolescent fertility.

Apart from the general breakdown in the moral fibre of the Uganda people, there are other social factors that account for the observed increase in teenage fertility and its associated ills. One such factor is rural-urban migration. More and more young persons are leaving rural areas for the urban. The pull and push factors that lead to this process are not the subject of this paper, suffice to say that rural-urban migration tends to undermine the authority of the traditional family patterns. Urbanization in Uganda, despite its limited extent, has led to a breakdown of societal norms and restra.int

especially with regard to matters related to appropriate sexual practices by adolescents. Not only has urbanization led to the disintegration of the kinship system but of family life itself. Consequently, prohibition of sexual intercourse among young boys and girls is not easy to enforce. The role of urbanization in bringing about changes in sexual behaviour and practices is given further credence by Tsafrir (1974), whose review concludes that in Africa urbanization and social change is breaking down traditional fertility controls and the problems of adolescent pregnancy, out-of-wedlock pregnancies and abortion are increasing.

Let me hasten to add that what I have stated above should not be construed to mean that in the past there were no problems of pre-marital sex among adolescents. The volume by Molnos (1973) clearly exposes that in most Ugandan traditional societies adolescent sex was practiced. The difference from today's situation is that in the past adolescent sex was carefully regulated by a well developed system of norms. For example among the Baganda of Central Uganda, Kisekka (1973) reports that a girl would be secluded for her first menstruation and that during this seclusion her SSENGA (aunt) would instruct her on many issues especially those pertaining to sex practices behaviour, family life and responsible parenthood. In similar fashion, young men would be instructed by their uncles and other paternal kinsmen about appropriate attitudes and behaviour with regard to sex matters. Overall there was a theoretical value attached to pre-marital chastity which served to keep in check adolescent fertility and sexuality. For example in Buganda society seducing a young unmarried girl was called OKWONOONA (to spoil) and if a boy got a girl pregnant he was bound to get in trouble not only with his own parents but the girls parents as well and might be forced to marry the girl. So too would parents beat their daughter if they believed that she was sleeping around. In Uganda of today, it is precisely these kinds of societal norms and checks that seem to have given way in the face of urbanization and modernity.

It should be realized though, that not all adolescents in Uganda engage in casual sexual relations. I am of the impression that a young persons socio-economic class plays an important role in determining attitudes towards sex matters and eventual practice. The poor and less educated adolescents are more likely to have problems associated with their sexuality than their better educated and well-to-do

brothers and sisters. This is necessarily so because the poor and less educated tend to belong to population groups which live under difficult and strained conditions. Sex may be the only outlet for their frustrated energies. This point is collaborated by Pauls (1974) whose Zairean study found that almost all the adolescent mothers in the investigation came from a lower economic and social background.

Let me now turn to some of the possible psychological factors that might be related to the observed high incidence of adolescent fertility among Ugandan adolescents' Experts agree that adolescence is very stressful period for most people even those who describe themselves as "normal". Matters are compounded by stress among the parents of the adolescents who may be undergoing their own middle age adjustment, creating an intolerable crisis in the family. Some adolescents try to resolve this crisis with impulsive action for example by getting pregnant (Eisman and Covan, 1982). Other researchers (see for example Blondel et.al; 1982, and Dickens and Allison; 1983, have also pointed to powerful psychological factors that may help to explain adolescent fertility and sexuality. Many adolescents are lonely and isolated. They may feel that sexual intercourse offers a means to be held and emotionally loved. More importantly many girls may desire sex and subsquent pregnancy to reaffirm their femininity and motherhood. Some may also engage in casual sex as a reaction to anger and aggression towards authority in general and parental control in particular. I do believe that some or all these psychological forces are at work in the Uganda situation with respect to adolescent fertility. Regretably, I have not done much research in this field and neither have my colleagues. My submission on this aspect must therefore be regarded as tentative.

The last factor linked with adolescent fertility in Uganda to be highlighted in this paper, concerns the contraceptive experience of Ugandan adolescents. I am conscious of the fact that the issue of contraceptive use by adolescents is contentious. Some would argue for example that the increased availability of contraceptives to adolescents may have contributed to an increase in adolescent fertility in Uganda. On the contrary I wish to take the position that lack of adequate contraceptive provisions for adolescents is more to blame for the increase in adolescent fertility in Uganda. My own study in Kabarole District of Western Uganda (Rwabukwali, 1985) revealed that the high rate of sexual activity among adolescents is not matched by

effective contraception. Few adolescents in the Ugandan society use any form of contraception despite their active involvement in sex. World wide several studies have come up with similar findings (See for example, Pathfinder, 1984; Rinck et. al, 1983; Huggins, 1983). All these studies and many others reveal that the majority of sexually active adolescents do not make use of effective contraception and that many adolescents have inadequate knowledge and information concerning contraception which might account for their negative attitudes towards the various contraceptive methods.

Consequencies of adolescent fertility

Adolescents have many unique problems related to their position in Uganda society. Some of these problems are a direct outcome of their fertility and sexuality. In this section I attempt to delineate what I consider to be the most important consequencies of adolescent fertility, bearing in mind that girls generally suffer more from the outcome of the adolescent fertility than boys, simply because it is they who may get pregnant as a result of sexual intercourse with all the ramifications that this entails.

One of the most dramatic consequencies of adolescent fertility is demographic. The long term effects of child-bearing adolescents will be felt by the whole of the Uganda society as well as by individual families. This is likely to be so because as stated earlier on, child-bearing youth are a major component of the total population and hence an increase in their fertility patterns will have the greatest long run and lasting impact. Simply stated, continued adolescent fertility will lead to a dramatic increase in the total fertility of the Uganda population. The net result of all this will be continuing rapid population growth as members of the under 16 age group, who make up almost half the total population of Uganda, move into the prime reproductive periods of ages 20 - 29. The consequencies of this rapid population growth for the Uganda society, would require a complete paper on its own, suffice to say that this rapid population growth will put severe strains on the economy and make it very difficult for the Uganda government to realize its objectives of improving the general welfare and living conditions of the majority of Ugandans.

Adolescent fertility has serious social consequencies for the youngsters involved. For example in most Ugandan schools, a girl who gets pregnant is usually expelled from school.

Obviously getting expelled from school is a serious matter and may prove to be a serious handicap for such a girl. It destroys her future and jeopardizes her ambitions. In a society where parents and children alike place so much premiun on education, the social consequenceies of a girl getting pregnant and subsquently being expelled from school are therefore grave indeed. It would appear that a similar situation obtains in other African countries (see for example Chibungo (1974) on the Zambian situation.

In Uganda there is a tendency for young unwed mothers to move into urban areas like Kampala and Jinja. Unfortunately they move into a situation of even greater sexual permissiveness so that they have greater chances of repeat pregnancies. Furthermore, many of these young girls find it difficult to get employed in the formal sector since they lack the prequisite educational standards and experience. Many therefore end up with marginal employment as street vendors or as "Bayaye"[4]. At worst some of them may be driven into prostitution. Indeed some studies have revealed that teenage prostitution in Uganda particularly in the city of Kampala does exist (see Bakwesegha, 1974, unpublished).

The marital implications of adolescent fertility cannot be overlooked. In some of the Ugandan cultures for example Kigezi in Western Uganda, if a girl gets pregnant she may be compelled to marry the putative father. Such an early marriage deprives such a girl of a bright future and condemns her to successive child-bearing and hence an even greater contribution to total fertility (see Sacker and Neuhoff, 1972, for a comparative perspective regarding the situation in the developed world). Early marriages for boys is equally disadvantageous. It interferes with the boys education and further career. All this may lead to child abuse and neglect.

Perhaps nowhere are the consequencies of adolescent fertility felt more directly than in the family. Adolescent pregnancy is both an individual crisis and a family crisis. It tends to disrupt the established social relations and social networks. The mother may lose her friends and the trust and confidence of her parents as well as brothers and sisters. The fact of the matter is that in most Ugandan societies, unwed mothers are socially unaccepatble despite their ever increasing numbers.

Let me now discuss some of the more important medical and health risks that are associated with adolescent fertility in Uganda. Like in many other countries, in Uganda, one of the major risks of adolescent fertility must include the likelihood of pre-marital pregnancy and the risk of abortion(see for example Huggins, 1983; Oronsaye and Odiase, 1983; Straton and Stanley, 1983). The problem of adolescent abortion in Uganda is considerable. This is so because usually adolescents are likely to hide their pregnancies from their parents and to procure abortions from non-medical personnel. All sorts of medical complications including death have been reported among adolescents following abortion. It should be noted that abortion is unlawful in Uganda. It is not easily available to pregnant women who may desire it. Most of the doctors who engage in the provision of abortion tend to be expensive. Although I do not have up-to-date figures of what it costs to procure an abortion in Uganda today, figures from Kenya indicate that doctors there charge between US $75 - US $175 depending on the doctors sense of risk taking (Joseph, 1979). I suspect the situation in Uganda is comparable if not slightly higher. As it is, in Mulago hospital, medical interns and other young doctors are reported to be doing a booming trade in the illegal abortion business. The situation has become so serious that the operating theatre in the emergency gynaecological ward nowadays is closed at night. It was found that many young doctors used the absence of the more senior consultants at night to perform illegal abortions using hospital equipment and facilities. I doubt though, whether the closure of the theatre has hampered these doctors from performing the abortions. My feeling is that they are still carrying on these abortions albeit, in less than hygienic conditions. Similarly "quack" doctors and traditional healers continue to do a brisk business in illegal abortions. One only needs to read some of the dailies in Kampala to realize the danger paused to the life of the pregnant adolescent by such practices.

Whether a young girl manages to procure an abortion or decides to carry the pregnancy to term, evidence from the world over indicates that there are many serious medical risks that face the teenage mother and her child (see for example Straton and Stanley, 1983). If she decides to have an abortion she may suffer from such medical complications as injury to the cervix or uterus, pelvic infection and heamorrhage. Depending on the technique and the stage of the

pregnancy she may even die. In the long run such a girl may become infertile, suffer from ectopic pregnancy or cervical incompetence leading to spontaneous abortion, Straton and Stanley (1983). If she gives birth her child is likely to be low in terms of birth weight and peri-natal death has been reported to be common among teenage mothers.

There are other health hazards associated with adolescent fertility in Uganda. These include the risk of infection with sexually transmitted disease (STD) and more alarmingly AIDS[5]. The National Committee For the Prevention of AIDS in Uganda (NCPA) has received evidence that adolescents have one of the highest incidences of AIDS in the country. Finally, in a poor country like Uganda, poverty, inadequate health care, and nutritional deficit all consipire to make the life of an adolescent mother particularly risky.

In this consideration of the consequencies of adolescent fertility, let me lastly outline some of the psychological implications of adolescent pregnancy and abortion. Most experts agree that in general most adolescents tend to show overwhelming ambience towards their pregnancy. If they decide to have an abortion they may feel frustrated at having to give up their future baby. This frustration is likely to be greater if they had to give up schooling in the process. They may suffer from psychological conflict arising out of the desire to have or not to have a child. All this may lead to behavioural and psychiatric problems(see for example Pauls, 1974). In Uganda there have been cases of adolescents commiting or attempting to commit suicide after an abortion or delivery.

Even where the adolescent decides to carry her pregnancy to term, important psychological problems emerge. Her prestige and standing in society suffers. She may begin to think of herself as a second hand woman. All this may result in child neglect and abuse. Many adolescent mothers show ambivalence towards their pregnancy and eventual offspring. The clearest evidence of this are the many babies who are left abandoned at the gates of nursing homes especially Nsambya Babies Home in Kampala. Experience shows that many of these babies are ambandoned by teenage mothers. A number of them come to reclaim their children several years later.

How to manage adolescent fertility

It is abvious from the presentation so far that in Uganda the problem of adolescent fertility exists. What follows in this section is a discussion of what can be done if not to eliminate this problem completely then at least to manage it. The following approaches at the management of adolescent fertility in Uganda will be presented and critically evaluated, bearing in mind the financial constraints on the country and the existing socio-cultural conditions: sex education, in the widest sense of the word, provision of family planning and other fertility control measures, outreach programmes for adolescent mothers both hospital and community based and the need for further research/socio-cultural and psychological / into determinants of adolescent reproductive behaviour.

One of the mostly commonly advocated strategies in an attempt to deal with the problem of adolescent fertility, is the introduction into the school curriculum of upper level primary school and senior secondary schools, of sex education. In Uganda, a tentative beginning in this direction has already been made. The new primary school curriculum on Science for Health being implemented in 1987, includes the teaching of sex education, sexually transmitted diseases and AIDS at the level of primary six and primary seven as part of Family Life Programme which is ongoing from primary one. I wish to argue that this development is healthy, especially when one notes that an estimated 60% of all Uganda children aged 6 - 13 and approximately 10% of all adolescents 14 - 19 attend school. Given the urgent need to educate Ugandans about the danger to Uganda's future and that of its citizens, of continued high birth rates especially among adolescents and the need for behavioural changes in the direction of health preserving sex practices, it makes much sense to target special efforts at the adolescents in the school system. The Ministry of Health in Uganda seems to have come to a similar conclusion. Sex education in schools is seen as part of public health care, prevention and primary health care.

However, it should be pointed out than in Uganda the issue of sex education in schools is explosive and controversial. In many Ugandan cultures sex matters tend to be highly private and are hardly ever discussed in public. In fact many people refer to sexual matters by use of euphemisms. Therefore the introduction of sex education in the school system has aroused the hostility of the

more conservative members of society. In fact currently there is a kind of tug of war on this issue between the Ministry of Health, which generally takes a liberal position on sex education matters and the Ministries of Education and Information which are conservatively inclined.

Some people question the introduction of sex education in schools from a religious point of view (this is particularly pronounced among those of the Catholic faith), while others reject it on the grounds that primary school children are too young to be exposed to sex matters. Others disagree with the content of what is actually taught. To me, this debate and controversy is inevitable. Even in developed and allegedly more liberal societies like the United States of America not everyone in those societies has embraced the advent of sex education in schools. Huggins (1983) and others like him for example is of the view that there should be increased sex education at an early age, while Jandl-Jager (1982) cites evidence that adolescents in the United States have received little benefit from their sex education classes, largely because the information that was given was too vague and adolescents had problems applying it to themselves.

What the above discussion points to is that, in advancing sex education in schools as a solution to adolescent fertility, there is need to address not only the students themselves, but also a reorientation of the attitudes of their parents, teachers, and other key opinion leaders in Ugandan society. The teachers and parents in particular must be well informed on how children change from childhood to puberty, on to adulthood. Issues of contraception must be discussed with both boys and girls.

Given the fact that not all adolescents attend school, channels of communication with those groups that are outside the school system must be explored. In this connection, I wish to opine that the feasibility of revitalizing traditional tribal customs linked to the initiation of the young including sex education, which used to be common in most of the traditional Ugandan society must be explored. Local healers and chiefs should be mobilized for purposes of sex education especially for out-of-school youths. In a campaign to educate youths on appropriate sexual behaviours adolescent girls and women of fertile age should be singled out as a special target group

to which health education messages should be channelled. This can be done through women's organizations, traditional healers as well as formal and informal networks of women.

A suggested second possible approach for the management of adolescent fertility in Uganda is strengthening the ability of government and non-government organizations (for example the Family Planning Association of Uganda) in their ability to provide better family planning services generally but more specifically to adolescents. I am aware that this suggestion might prove controversial. There are those who will argue that increased accesibility of adolescents to fertility regulating services will not necessarily lower adolescent fertility. No doubt they will point to the situation in the United States where contraceptive supplies and information have been available to adolescents for many years yet adolescent fertility has not shown any decline. However, in developing nations there is concrete evidence that increased access to family planning programmes by adolescents is likely to lead to lowering of fertility among this group (see for example Huggins, 1983). In Kenya for example a study found that even an occassional use of contraceptives reduced the risk of adolescent pregnancy considerably (Jandl-Jagger, 1982). In this regard I concur completely with the editorial in Population Education News (Feb 1983) which stated;

> As an adolescent becomes sexually active, regardless of his/her age, it appears reasonable to extend lawful access to fertility regulation, information and services. (page 2.3)

In my opinion, a third area through which the problem of adolescent fertility in Uganda can be tackled is the development of programmes both hospital and community based specifically designed to deal with problems of the adolescent parents. Basically what is envisaged is the deployment of certified midwives, community health workers and others to counsel potential adolescent parents during the pregnancy and after the pregnancy. These adolescent services are important because in the current Uganda health delivery system, the needs of adolescents are ignored. Yet most experts agree that if properly cared for and counselled adolescent mothers can give birth normally. As Joseph (1979) points out pre-natal care can eliminate some of the problems of adolescence pregnancies and improve outcomes.

To be realistic though, the development of programmes for adolescent mothers in Uganda, is likely to be problematic. This is because the country as a whole is suffering from overall critical shortages both of finance, personnel and equipment. Nevertheless, I am of the view that despite the above mentioned constraints, simple programmes can be developed that will help adolescents resist premature sexual activity and provide instructions and incentives for contraceptive adoption. These modest needs of adolescents can be integrated into the existing health system without adding too much to overall costs.

In Uganda, a central problem is that not enough is known about the socio-cultural and personal factors that influence the sexual behaviour of young persons and what variables need to be addressed to deal with the problem of adolescent fertility. My last prescription for dealing with the problem of adolescent fertility in Uganda is a plea for more research into the socio-cultural factors that influence adolescent fertility and sexuality. It is o only when this is done that the adolescent programmes and services mentioned earlier can have a chance of success. It is my contention that adolescent fertility management programmes can only be properly conceived when baseline information regarding such issues as the adolescents' perception and attitudes towards sexuality and fertility is obtained. There is need to find out what adolescents know about fertility regulating methods and what they do about it. Ideally the end result of this research should be widely disseminated especially to government and non goverment policy makers and those organizations engaged in the provision of fertility regulating services so as to create general awareness among the populace so as to influence population policy and facilitate the evolution of alternative interventionist programmatic approches to the problem of high fertility among adolescents.

Conclusion: Towards a reconceptualization of adolescent fertility and sexuality in Uganda.

This paper has shown that certain problems are common universally among all adolescents regardless of their location. However, adolescence in its manifested patterns particularly its sexuality, is culturally specific. Even when we are talking about Uganda, wide variations exist between adolescents from the diverse cultural regions.

This is necessarily so because the parametres of acceptable behaviour are set by the socio-cultural environment. Thus it is the view held by this author that the problem of adolescent fertility and sexuality must be tackled from the perspective of a specific culture.

In this regard, the picture that emerges is that many adolescents in Uganda are potentially sexually active. There is evidence that many young persons are initiating sexual intercourse at an early age as evidenced by increased teenage pregnancies and abortions with dire consequencies for the mother and her child. Increasingly many adolescents are presenting with symptoms of sexually transmitted diseases and more shocking is the appearence of the deadly disease AIDS among these young persons.

We have argued in this paper that this state of affairs in the main is brought about by the loosening of societal morals. The social norms of traditional society regarding sex matters no longer constrain most adolescents. Additionally in the Uganda of today, economic pressures make it very difficult for young girls to resist sexual advances especially when it is from well to do but promiscuous adults.

In the final analysis though, life must continue. As long as there are adolescents in society, adolescent fertility and sexuality will be with us. What is suggested here is that socio scientists, planners, policy makers, and programme administrators must use all resources at their disposal to put into practice the recommendations made in this paper for dealing with the problem of adolescent fertility and sexuality. Ultimately, the hope is that the behaviour and attitudes of adolescents will change in the direction of safer sex.

NOTES

This paper is based partly on my report, "Family Planning Attitudes in A Rural Area of Kabarole District Using Focus Group Research", submitted to the Pathfinder Fund, March, 1985 and on my ongoing research into "Sexual Bahaviour Among Primary School Children in Kampala : Implications for AIDS control", funded by UNICEF.

1 Adolescents are defined by WHO as people aged between 10 and 20 years who show characteristics typical of that period.

2 "Economic War" is a term that was coined by dictator Idd Amini to characterize his expulsion from Uganda of British Asians and the subsquent transfer of their property to Ugandans.

3 "Mafuta-Mingi" translated literally as too much fat, is a term that is used in Uganda to describe that class of rich businessmen and traders who became rich as a result of generous loans and property acquired almost free-of-charge during Amini's infamous "Economic-War". Many of the Mafuta-Mingis tend to be promiscuous and are responsible for initiating young girls into sexual relations, usually by offer of bribes like money and fancy clothing and promise of a "good" time.

4 "Bayaye" these are young persons who engage in self-employment usually in the informal sector. Many "bayaye" work as hawkers or street vendors.

5 AIDS is the Acquired Immune Deficiency Syndrom disease. This is a new and deadly disease in Uganda where it is commonly known as "Slim" because of its association with extreme loss of weight. AIDS is invariably fatal and has been reported rampant among promiscuous hetero-sexual persons including adolescents (see for example Harden (1986) "Uganda Battles AIDS epidemic. Disease reported rampant among promiscuous heterosexuals", Washington Post. June 2; 109 (179): A1, A18.)

REFERENCES

Blondel, F. et. al. (1982) "Who requests Voluntary interruption of of pregnancy?" Soins. Gynecologie, Obstetrique, Puericulture, Pediatrie. Nov, (18) 21 - 5 :

Chibungo, M.M. (1974) "Pregnancy and Abortion as it exists in Zambia". Paper presented at the WHO meeting on Pregnancy and Abortion in Adolescence, Geneva, June 24 - 28.

Dickens, H.O. and Allison, D.M. (1983) "Teenage Pregnancy". In: Bongiovani, A.M. ed. Adolescent gynecology : a Guide for Clinicians. New York, Plenum Medical, pp. 89-118.

Elsman, H.D. and Covan, F.L. (1982) "The emotionally disturbed pregnant adolescent." In: Stuart, I.R., Wells, C.F., ed. Pregnancy in adolescence: needs, problems and management. New York, Van Nostrand Reinhold. PP 314-36.

Huggins, G.R. (1983) "Contraceptive Use among Adolescents". In Bongiovanni, A.M. Adolescent gynecology ---, op. cit.,

Jandl-Jager, E. (1982) "Adolescent fertility and family planning: a review of selected research studies. London, England, International Planned Parenthood Federation.

Joseph, F.G. (1979) "Efforts of unappropriate Laws in developing countries - - an illustrative case". Public Health Sept, 93 (5) PP. 317-22.

Kisekka, M.N. (1973) "The Baganda of Central Uganda". In: Molnos, A. ed. Cultural Source Materials for Population Planning in East Africa, Nairobi, East African Publishing House, PP. 148-162.

Molnos, A. (ed) (1973) "Cultural Source Materials for Population Planning in Eastern Africa" Vol. III, Beliefs and Practices, Nairobi, East African Publishing House.

Oransaye, A.U. and Odiase, G.I. (1983) "Attitudes Towards Abortion and C ntraception Among Nigerian Secondary School Girlss", International Journal of Gynaecology and Obstetrics; 21 : PP 423-426.

Pauls, F. (1974) "The Adolwcent and Pregnancy in Zaire" paper presented at the WHO Meeting on Pregnancy and Abortion in Adolescence, Geneva, June, 24-28.

Rinck, C. et. al. (1983) " A Survey of Attitudes Concerning Contraception and the Resolution of Teenage Pregnancy." Adolescence, vol. XVIII no 72 Winter.

Rwabukwali, C.B. (1985) "Family Planning Attitudes in Rural Area of Kabarole District Using Focus Group Research", Mimeo. Prepared for the Pathfinder Fund, Boston.

Southwold, M. (1973) "The Baganda of Central Uganda" In: Molnos, A. ed. Cultural Source Materials for Population Planning in East Africa, Nairobi, East Africa Publishing House.

Sacker, I.M. and Neuhoff, S.D. (1982) "Medical and Psychological Risk Factors in the Pregnant Adolescent." In: Stuaty, I.R. and Well, C.F, ed. Pregnancy in adolescence - - -, op. cit.

Straton, J.A. and Stanley, F.J. (1983) "Medical Risks of teenage pregnancy". Australian Family Physician. June, 12 (6) pp. 474.

Tsafrir, J.S. (1974) "Pregnancy and abortion in adolescence in developing countries." Paper presented at WHO Meeting on Pregnancy and Abortion in Adolescence June 24-28.