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Social norms and premarital use of family planning among adolescents and young people in Uganda

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Many countries struggle to achieve universal access to sexual and reproductive health services (SRHS), including family planning. In Uganda, the median age at first sex is 16.4 years yet the legal age for marriage is 18 years. This study explores how social norms impact unmarried youth's access to SRHS. We conducted 24 FGDs with adolescents and young women and men (15-24 years) from refugee and non-refugee districts. The findings revealed a negative perception of premarital sex. Young people engaging in premarital sex face discrimination and are subjected to other negative community sanctions including physical beating, imprisonment, and forced marriage fines. Refugees engaging in premarital sex may be socially forced out of their communities. Those who have premarital sex are often seen as prostitutes and encounter difficulties in finding marital partners. These negative attitudes towards premarital sex deter young people from seeking services and information. Those who seek out sexual and reproductive health resources like condoms do so with the fear others may judge them. Childless individuals who seek services also risk receiving unfair treatment from providers who demand parents' or partners' consent. Negative experiences with providers often discourage young people from accessing services, which in turn leads to unsafe sex practices, putting them at risk for STIs and unintended pregnancies. The findings further revealed that becoming pregnant before marriage was associated with many social, physical, emotional, and financial consequences.

Young people are faced with compounding realities of early sexual initiation, and low access to, and utilization of, family planning due to the negative social norms prevailing in many low-income countries. There is a need for human-centered family programs that cater to all categories of young people to reduce unwanted teenage pregnancies and the associated consequences.

Keywords

Early sexual debut, premarital sex, family planning, contraceptives, adolescents, young people, Uganda

Background

Adolescents and young people aged 10–24 make up one-quarter of the world's population [1]. Globally, Sexual and reproductive health is a challenge, and a lot of work remains in the effort to achieve relevant UN Sustainable Development Goals (SDGs), especially among young and adolescent people. One SDG focuses on ensuring universal access to SRH services by 2030, including family planning and education. In Uganda, median age at first sex is 16.4 years[2], yet the legal age for marriage is 18 years. In addition, teenage pregnancy and HIV infection rates remain high. According to the most recent data available, 570 adolescent girls and young women (AGYW) become infected with HIV every week in Uganda, 58% of 15-19-year-old AGYW have experienced physical or sexual violence, one in every two adolescent girls is married before legal age, and one in four teenage girls is pregnant or has had a child [3, 4]. Although there has been an increase in modern contraceptive usage among adolescents, the unmet need for family planning services remains high [5]. This need is a major driver of early pregnancy, unsafe abortions amidst restrictive laws, as well as increased risk of HIV infection and poor maternal and newborn outcomes [6]. Social norms are defined as the perceived informal, mostly unwritten, rules that define acceptable and appropriate actions within a given group or community, and act as a guide for human behavior. However, little is known about the role of social norms in the utilization of services, especially among young people. This study explores the social norms and attitudes hindering unmarried youth from accessing sexual and reproductive health services and information in Uganda.

We conducted 24 face-to-face focus group discussions (FGD) among AGYW and adolescent boys and young men (ABYM) in Mayuge, Namayingo, Madi Okollo and Terego Districts. The study team coded the interviews in Nvivo 14.0 and conducted deductive and inductive thematic analyses. The themes included Social norms and sanctions related to premarital sex, Stigma and discrimination in health facilities and communities, consequences of unintended pregnancy and overcoming negative social norms to access family planning

Findings

Social norms and sanctions related to premarital sex

Generally, the community considers unmarried adolescents and young people as still being under the care of their parents or guardians. In the study areas, engaging in premarital sex is considered unacceptable behavior. Our findings suggest that young people who do have sex before marriage are discriminated against and face a variety of societal challenges.

Negative community sanctions included physical beating (often inflicted by caregivers or guardians) and, in some cases and especially among refugees, forced marriage. Data show that these sanctions vary by sex. For example, in some cases, boys were taken to authorities to receive a range of punishments including fines, forced departure from the community or imprisonment, especially when the female involved was under the age of consent (18 years).

> *"Payment and marriage…as soon as the community finds out; they will immediately take you to the boy responsible for having sex with the girl for marriage."*
>
> *"Making the boys who slept with the girls pay and sometimes taking them to prison for correction purposes..."*
>
> FGD with male refugees aged 18-21 in Madi Okollo

Consequences for AGYW were more commonly related to forced marriage. In some cases, parents viewed unmarried girls engaging in sex as a sign of maturity and use forced marriage as an opportunity to get a bride price from the husband. In some cases, parents forbid their daughters from engaging in sex in order to get a better price. In general, girls who have premarital sex are seen as irresponsible and undeserving of respect; the community believes they will fall short of their academic goals and often refer to them as prostitutes. Many AGYW reported that parents will stop paying their daughters' school fees once they start engaging in sex because they believe that they will not be able to concentrate on their studies.

"Usually when such things happen some parents may choose to drop you out of school by stopping to pay the child's school fees". FGD with male refugees aged 18-21 in Madi Okollo

In addition, participants said that community members worry about the influence of AGYW and ABYM engaging in premarital sex on other young people within the community.

> *"They will say Betty is a prostitute…The community will think she or he is a bad person and each and everyone in the community will isolate the person including stopping their children from having any contact with the person in the hopes of the person not spoiling their children too."*
>
> FGD with female refugees aged 15-19 in Madi Okollo

Stigma and discrimination in health facilities and communities

Young people expressed fears around going to health facilities to access SRH-related services because they would be seen and judged by other, older women in the community. Young people feared being categorized as prostitutes by others because of the stigma surrounding family planning and its association with having multiple partners and being unsuitable for marriage. Overall, the fear of discrimination derailed young people's utilization of SRHR services in the community.

> *"They say when you start using family planning at an early age, you will start having sex with multiple sexual partners and eventually become a prostitute and no man will come to ask for your hand for marriage."* FGD with female refugees aged 15-19 in Terego

Even those who overcome the fear of stigma and seek services often face challenges accessing them. Young women asserted that they faced discrimination by health workers as well as health educators who visit schools. When health educators go to schools to orient students about condoms, the demonstrations are limited to boys. At health facilities, AGYW are denied access to condoms because health workers assume they are too young.

> *"When they (trainers) come, they only call the boys alone; I guess it's because those condoms are worn by the boys so it is them to learn how to wear them, not the girls. I think even if the girls are called too, they will not turn up. They will be shy...at the health facility, the young girls and women are not given family planning because they tell them that they are too young to be given family planning."*
>
> FGD with female refugees aged 20-24 in Terego

Health workers reportedly demand partners' approval in order to providing family planning, especially among those without children. In many cases, women either had no partner or had a partner who was unsupportive of using contraception because they believed it would lead to promiscuity. To overcome these barriers, some women resorted to asking other men to act as their partners at health facilities. Further,

married refugees are expected to produce children and therefore many who use contraception do so in secret and typically do not even disclose their use to partners.

"The men who move to Sudan and are not staying together don't want their wives to use family planning because in their absence they may have sex with other men and they will not be able to know since you cannot conceive."

"Other men think that since they married the women and paid a lot of money, the women must pay by having children. They (health workers) will tell you after injecting a family planning method not to tell people anyhow, you should only tell your husband because some people in the community like relatives will not be happy that you are not producing for their son."

FGD with female refugees aged 15-19 in Terego

In refugee settings, young unmarried people lack autonomy and are expected to obtain their parents' consent before they access and use family planning. Since parents have negative perceptions of premarital sex and believe that family planning will encourage engagement in the sex industry and may even cause side effects such as infertility in the future, young people face serious challenges accessing the contraception they need. *"Like us the young girls, if we come to the health facility and they give us a family planning method, the parents and other people in the community will come to the health facility and tell the health workers that they are misleading their girls, that they are young and are encouraging them to start misbehaving and engaging into sex work."* FGD with female refugees aged 15-19 in Terego

Consequences of unintended pregnancy

Stigma around premarital sex, and the associated challenges young people face accessing information and family planning services that would help equip them to practice sex safely, puts unmarried young people at risk for unintended pregnancies. Participants discussed several consequences for unmarried AGYW and ABYM who experienced pregnancy.Many participants in the FGDs with ABYM expressed a desire to use family planning to avoid unintended pregnancy, given the consequences they would face. AGYW also said that if an unmarried girl became pregnant, her partner would likely run away to either avoid the responsibility of fatherhood or the societal punishment they would face. This was especially true for non-refugee boys who feared being arrested.

"They [boys] run away because they will be arrested if they impregnate a girl. They fear responsibilities. And more so, the system this side is, when a girl gets pregnant, they run to the boy's side to arrest him so, that's what they fear most."

FGD with female non-refugees aged 20-24 in Namayingo

Among the refugee population, however, ABYM were expected to play an active role in pregnancy and fatherhood even if unintended or outside of marriage. Many expressed a sense of responsibility for taking care of a pregnant partner, as well as taking care of their child. Further, healthcare workers were perceived to treat boys and men well when they were accompanying a pregnant partner to health facilities.

"On seeing the man with his partner [the healthcare workers] will be happy and well assured that the man will take proper care of the pregnant partner therefore they will give you the necessary advice on what to do as a man in order to take proper care of your partner. The health workers will be happy and agree that this man is the kind that can take proper care of a woman, in that case they will offer you advice on how to take care of your pregnant wife, how to avoid things that might cause miscarriages and advise on how to take care of the baby and when it comes to giving birth.

FGD with male refugees aged 18-21 in Terego

Some unmarried AGYW who become pregnant are abandoned by partners who flee from responsibility and/or punishments; many also lack support from friends and family members who are unwilling to help. Young women, in many cases, cope with their pregnancies on their own in addition to facing ridicule and judgment from members of the community and healthcare providers.

"In my village, if a girl has been advised but she does not listen and gets pregnant…you feel ashamed, you do not want to go back to school, and you do not want anyone to know and fail to find a way to go to a health facility. If you go to the health facility you may find people who know you, so in case you get an STI you persist with your sexually transmitted disease because you did what you were not supposed to do and did not listen to advice." FGD with female non-refugees aged 20-24 in Mayuge

Induced abortion

Many participants suggested that unmarried AGYW who become pregnant want to have an induced abortion. However, given the illegality of abortion in Uganda, they are discouraged by people in the community and by providers in health facilities, especially among refugee populations. Refugee boys and girls both reported that if a girl became pregnant, she would be advised to keep the baby and get married, and healthcare workers would not provide abortions.

> *"[If a girl gets pregnant, the community members] will sit her down, and assure her of not being the first to get pregnant, secondly, they ask her who is responsible for the pregnancy and then take her to the man's place for marriage. They will ask her how she became pregnant and secondly advise her on how to take proper care of herself, then thirdly not entertain any ideas of abortion. And in case she wants marriage they can accept her to get married or go back to school after giving birth."*
>
> FGD with male refugees aged 18-21 in Terego

> *"Many girls in the community don't want many people in the community to know that they are pregnant. Some girls say when you come to the health facility, they will not help you to abort instead they will tell you to keep the child yet you don't want."*
>
> FGD with female refugees aged 15-19 in Terego

In many cases, girls were afraid to tell anyone about their pregnancy or their abortion plans, and had no interest in going to a health facility for safe services. Some cited the illegality of induced abortion, while others mentioned the fear of judgment from others in the community who might see them walking into the facility. Girls also must navigate their pregnancy and abortion process alone, as many do not want to inform their parents or anyone else within their support system. For these reasons, seeking unsafe abortion from herbalists or other untrained medical providers was common practice.

> *"I think the main reason why these girls do fear, is because… maybe, they have been at school, their (parents/guardians) have paid money, and then come back with pregnancy. People will talk, I will fear to be ashamed. I fear my parents to be ashamed. So, I will just hide anywhere. I will get these local herbalists, instead of going to the hospital because even, I will arrive at the hospital and they ask me, "At that age of yours, why are you giving birth?" they will talk a lot. So, to avoid that, I will just keep myself on that side, as I get herbal medications."*
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> *FGD with female non-refugees aged 20-24 in* amayingo

Overcoming negative social norms to access family planning

Despite negative community level perceptions and fears expressed by most respondents, young people in both refugee and non-refugee settings understood the importance of using family planning. Students learn about family planning in school and sexually active students are encouraged to practice safe sex so they

can avoid unplanned pregnancy and stay in school. Participants agreed that using family planning would benefit their lives long-term, including reducing the likelihood of dropping out of school and experiencing other consequences like living in poverty.

> *"The advantages are: when you are using family planning, it reduces poverty and it is good for one to space children because it will be difficult for you to manage them or pay for them at school...the other one is that now most people are well educated and whoever knows the benefit of school doesn't want to drop out. ..... It is because they protected themselves using family planning."*
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> FGD with female refugees aged 20-24 in Madi Okollo

Conclusion and recommendation

Many young people are faced with compounding realities of early sexual initiation and low access to, and utilization of, family planning due to the negative social norms prevailing in many low-income countries. There is a need for human-centered family programs that cater to all categories of young people to reduce unwanted teenage pregnancies and the associated consequences.

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