

**SEXUAL PRACTICES OF YOUNG PEOPLE AGED TWELVE TO  
SEVENTEEN YEARS IN KABALAGALA**

**BY**

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**DECLARATION**

I hereby declare that this dissertation is my own work and has never been submitted for a degree in this university or any other institution of higher learning for examination or other purposes.

.....  
**SANYU CHRISTINE**

.....  
**DATE**

**APPROVAL**

This dissertation is submitted for examination with the approval of my supervisor.

.....

.....

**SUPERVISOR**

**DATE**

## **DEDICATION**

I dedicate this piece of work to my dear mother Christine Ssemanda for her continued support towards my academics. She has encouraged and motivated me to strive higher in academics. May God richly bless and reward her efforts.

## **ACKNOWLEDGEMENT**

Great thanks go to the Almighty God for helping me accomplish this exercise successfully. I am so grateful for the gift of life, the strength, and provision for every need I have had in order to attain this success.

I appreciate my dear loving mother, Christine Ssemanda for her unending support towards me and my academics.

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I special thanks goes to myself for enduring and persisting amidst all the challenges I have encountered in this academic journey. I bless the Lord for the gift of life, strength, and provision for every need.

And finally, a big thanks to Andrew Remmy Muwaza and Aisha Agaba for being so instrumental in the accomplishment of this entire exercise. You have helped me so much and I will forever be grateful.

## **ABSTRACT**

**The** sexuality of young people is a major area of interest not only in the social work field but also on the global health context because of the associated consequences of young people's involvement in risky sexual behavior. This study gives an account of the sexual practices of young people aged 12 to 17 years in Kabalagala, a suburb of Kampala city. The aim of the study was to “investigate and understand the sexual practices of young people between the ages of 12 to 17 years.” with the specific objectives of identifying how the young people between ages twelve and seventeen years were initiated into sexual practices, the characteristics of the sexual partners of young people, the motivations behind the sexual habits of young people, and the levels of awareness about protection measures.

The descriptive study was conducted in two schools, namely, The African Pearl and Tropical Secondary School. A sample size of 120 students was studied using self-completion questionnaires, individual interviewing and group administered questionnaires.

Overall the evidence from the study findings shows that the sexual partners of young people are their friends, acquaintances, neighbours, strangers and are much older than them. Results also show that the majority of young people have their first-time sexual intercourse at 15 years although, for girls, their first time is at 12 years. Girls are initiated into sexual practices mostly by their friends and under the influence of alcohol and other drugs. In addition, the study indicates that young people have a high level of awareness about contraceptive use especially the use of condoms.

Finally, the study concludes that young people who live with their biological parents have less likelihood to engage in risky sexual practices and therefore I recommend that young people should live with their biological parents whereas orphans should stay in families with healthy marital relationships. Furthermore, student to student sexual relationships was most reported amongst young people who portrayed the influence of social networks on their sexual practices and because of this, a close and keen supervision on the social networks of young people by their teachers and parents should be emphasized. If the debate is to be moved forward, a better understanding of sexual practice of young people in school and those not in schools needs to be developed.

# TABLE OF CONTENTS

DECLARATION .....	i
APPROVAL .....	ii
DEDICATION .....	iii
ACKNOWLEDGEMENT .....	iv
ABSTRACT .....	v
TABLE OF CONTENTS.....	vi
LIST OF FIGURES .....	ix
LIST OF TABLES .....	x
LIST OF ACRONYMS .....	xi
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.1 Background .....	1
1.2 Problem Statement .....	2
1.3 Objectives of the study.....	2
1.3.1 Aim of the study.....	2
1.3.2 Specific Objective .....	2
1.4 The following research questions guided the study; .....	3
1.5 Significance / Rationale of the Study.....	3
1.6 Limitations of the Study.....	4
CHAPTER TWO .....	5
LITERATURE REVIEW .....	5
2.1 Young people .....	5
2.2 Sexual activity among young people .....	5
2.3 Motivations behind the sexual practices of young people .....	6
2.3.1 Social norms.....	6
2.3.2 Gender roles .....	6
2.3.3 Parental factors.....	7
2.3.4 Seasonal Work .....	7
2.4 Levels of awareness about contraceptive use.....	7
2.5 How young people are initiated into sexual practices.....	8

CHAPTER THREE .....	9
STUDY AREA AND RESEARCH METHODS .....	9
3.1 Study area.....	9
3.2 Methodology .....	9
3.2.1 Research design.....	9
3.2.2 Study population .....	9
3.2.3 Sampling Techniques and Sample Size .....	9
3.2.4 Methods of Data Collection .....	10
3.2.5 Data Collection Tools .....	10
3.3 Study Procedure .....	11
3.4 Data Management .....	11
3.5 Data Analysis .....	11
3.6 Ethical considerations .....	12
CHAPTER FOUR.....	13
FINDINGS, INTERPRETATIONS, AND DISCUSSIONS .....	13
4.1 Socio-demographic characteristics of respondents .....	13
4.2 Sexual practices of Young People .....	14
4.2.1 Sexual activity among Young People .....	14
4.2.2 Frequency of Sexual activity and Places where sex takes place .....	15
4.2.3 Sexual Partners of Young People and their Characteristics .....	16
4.3: Age at Sexual Debut and Initiation into Sexual Practices. ....	20
4.3.1 Age at Sexual Debut .....	20
4.3.2 Feelings about their age of sexual debut.....	20
4.3.3 Future intentions regarding sexual activity .....	21
4.4 Contraceptive Use and other Protection Measures .....	22
4.4.1 Contraceptive use.....	22
4.4.2 Experience of pregnancy.....	23
4.4.3 Sexual intercourse under the influence of alcohol and drugs.....	24
4.5 Motivations behind Sexual Habits .....	24
CHAPTER FIVE .....	28
CONCLUSION AND RECOMMENDATIONS .....	28

5.1	Conclusions.....	28
5.2	Recommendation .....	29
	REFERENCES .....	30

## LIST OF FIGURES

Figure 4.1: Percentage distribution of whom the respondents stay with. ....	14
Figure 4.2: Percentage Sexual intercourse engagement amongst the sampled respondents.....	15
Figure 4.3: Percentage distribution of the venues for the respondents' sexual intercourse.....	16
Figure 4.4: Percentage distribution of the kind of person the respondents had sex with the very first time having sexual intercourse. ....	17
Figure 4.5: Percentage variations between the ages of young people and their sexual partners ..	18
Figure 4.6: Percentage of different number of persons respondents have had sexual intercourse with during the past six months .....	19
Figure 4.7: Percentage distribution of how people who considered the idea of not having sex will achieve this.....	22
Figure 4.8 Percentage of respondents who experienced a pregnancy .....	23
Figure 4.9: Percentage distribution of what various respondents use to boost their libido. ....	24
Figure 4.10: Percentage distribution of what influenced the respondents to have sex the first time. ....	25
Figure 4.11: Percentage distribution of the factors that force the respondents into having sex for money.....	25
Figure 4.12: Percentage distribution of what respondents do with their sexual partners besides sexual intercourse.....	26

**LIST OF TABLES**

Table 4.1: Percentage distribution of the socio demographic characteristics of respondents ..... 13

Table 4.2: Reasons as to why respondents regret while others don't regret having sexual intercourse..... 20

## **LIST OF ACRONYMS**

AIDS:	Acquired Immune Deficiency Syndrome
DF:	Degree of freedom
DR:	Doctor
HIV:	Human Immune Virus
LC:	Local Council
SPSS:	Statistical Package for Social Sciences
STDs:	Sexually Transmitted Diseases
STIs:	Sexually Transmitted Infections
UNFPA:	United Nations Fund for Population Activities

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background**

The initiation of sexual intercourse is an important topic in the health sector (Vasilenko, Kugler, & Rice, 2016) as sexual activity is a part of human development for every young person.

Adolescents and children being one of the vulnerable groups, it is so important for us to study about them and find out their interests, needs, problems and the challenges they encounter in negotiating their sexual lives (Breuner & Mattson, 2016).

On the global context, young people have been found to have sex for the first time at about fifteen or seventeen years but do not get married until mid-twenties (Ranganathan et al., 2017). According to MacQuarrie, Mallick, & Allen, (2017) in 2011 to 2013, about 13% of never-married females aged fifteen to nineteen years and 18% of never-married males in that age group still had started having sex before the age of fifteen years.

Amo-Adjei & Tuoyire, (2018) have highlighted that a large variation in the proportion of fifteen to nineteen years old who reported having had sex before the age of fifteen years. Still in the west, central, east and southern Africa where countries have varying values, research still shows that from 2% to 27% and 5% to 26% for males and females respectively reported to have had sex before the age of fifteen years and this is a clear indicator that this issue is not just a mere lifestyle of the young to live but it is becoming a social problem because of the repercussions associated with early involvement in sexual practices.

In Tanzania, statistics show that 32% of adolescents reported being sexually active and 15% of this proportion confessed to having multiple partners. However, nearly 42% of these young people reported having used condoms in their recent sexual acts which indicate their levels of awareness about contraceptive use (Bekker & Hosek, 2015).

Looking into Uganda's statistics, a report study by Perezniето, Walker, Villar, & Alder, (2011) has shown that seventy-eight percent (78%) of pupils in primary schools in Uganda have been sexually involved with teachers. This just opens our eyes to the fact that many young people in Uganda in and out of school were already initiated into sexual habits.

Kabalagala, a suburb of Kampala which is the area of study was cited by Ateenyi, (2016) as a twin to sex and this is because of having many prostitutes, night clubs, bars but also schools and homes where children attain education and reside respectively. Therefore, this study sought to find out whether the environment in which children are raised has a part to play in their involvement in sexual practices at such a tender age.

## **1.2 Problem Statement**

In Uganda, almost every child (if not everyone) is affiliated to at least one religious denomination( Islam or Christianity) both of these holding strong principles concerning sexual purity whereby only the married are entitled to having sex (Katherine et al., 2013). In the same way, both culture and the supreme law, the Constitution of the Republic of Uganda (1995) forbids children below the age of 18 from having any form of sex because they are considered being still minors and cannot make informed decisions. What we know according to Barnett, Giaquinto, Hunter, & AM, (2017) is that even with restrictions, young people still continue to involve themselves in sexual practices. However researchers have not treated the questions of how? When? Where? with whom? and why? Young people engage in sexual practices in much detail.

In addition, previous studies have not dealt with the motive behind the sexual practices of young people. This study explored the sexual practices of young people to unravel some of the mysteries surrounding why the young still involve themselves in sexual habits despite the restrictions imposed on them by the law of the Uganda constitution, culture and religion as well.

## **1.3 Objectives of the study**

### **1.3.1 Aim of the study**

The aim of the study was to “investigate and understand the sexual practices of young people between the ages of 12 to 17 years.”

### **1.3.2 Specific Objective**

The specific objectives were to:

1. To identify how the young people between ages twelve and seventeen years were initiated into sexual practices
2. To find out the characteristics of the sexual partners of young people
3. To examine the motivations behind the sexual habits of young people
4. To assess the levels of awareness about protection measures

#### **1.4 The following research questions guided the study;**

This research thought to address the following questions;

1. How were the young people between the age of twelve and seventeen initiated into sexual intercourse?
2. What are the motives of young people to get involved in sexual intercourses?
3. What are the characteristics of young people with sexual partners?
4. Are the young people aware and practicing uses of protection measures?

#### **1.5 Significance / Rationale of the Study**

This study is important for the following reasons:

1. This study provides an exciting opportunity to advance our knowledge of why young people still involve themselves in sexual practices despite the restrictions put on them by the law, religion, and culture.
2. The results of the study may provide the necessary and recent information to potential policymakers and other interested stakeholders (both public and private) to understand that there is a need for a collective effort in helping the young adjust to the hormonal, psychological, emotional and physical changes that entail human development. We shall realize that it is everyone's role to help the children get through this stage without messing up.
3. The findings of the study will also be submitted to Makerere University for the award of a Bachelor's degree in Social work and social administration.
4. And the study can also be the foundation for future research among scholars both for the local and international reputation that can help them for further readings.

## **1.6 Limitations of the Study**

This study does not provide a comprehensive review as few young people from two schools were evaluated compared to the actual number of young people within the area. However, the purposes of this study, views from respondents from the chosen school were taken to represent all other young people.

Some schools such as St. Janan Luwum and Kabalagala SS did not schedule a time for my study much as a request to conduct a study and the request letter to conduct research was submitted to the Head teacher's office.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Young people**

According to Linnea, (2008), International organizations such as the United Nations have referred to the period between childhood and adulthood as adolescents (10-19), youth (15-24) and young people(10-24). Scales et al., (2016) highlighted that young people are more than a mere age span but rather a dynamic period in life with both great opportunities and risks. This is a transition period from childhood to adulthood, which involves biological, physical and intellectual changes. It is also a time of expanding horizons, self-discovery and emerging independence.

Substance Abuse and Mental Health Services Administration., (2014) reported that worldwide, the youth experience similar physical and emotional changes, but how this period in life is understood varies between cultural contexts. In African society, Johnson, (2018) points out that a child becomes adult after initiation rites followed by marriage and expected childbearing which has been altered and today the emergency of young people is associated with longer schooling and later age at marriage, often leading to pre-mature sex. The new lifestyle of young people is often disapproved by adults and religious denominations and these also mean that more young people are in need of sexual and reproductive health services and information.

#### **2.2 Sexual activity among young people**

There is a consensus among social scientists that the majority of young people are sexually experienced by the age of 20 and that sexual activity is common among 15-19 year-olds (e.g. Ranganathan et al., (2017); Culture & Aug, (2012))

It is well established that sexual activity is a common occurrence in young people in this 21st century especially students who engage in different types of sex such as oral sex, vaginal sex, and anal sex (Colaco, 2016) which has increased the number of young people engage in multiple serial relational and extra-relational (at the same time) sexual experiences according to Rachel, (2009).

Rachel, (2009) puts it clear that the dating behavior is no longer a core of young people relations and students rarely meet others through traditional dating. Although young people understand the concept of formal dating, they do not often engage in this behavior. A vast majority of today's young adults, from a wide range of young people, report some personal "casual" sexual experience as these encounters are often based on sexual desire or physical attraction, are often spontaneous and impulsive, and frequently involve drugs or alcohol.

### **2.3 Motivations behind the sexual practices of young people**

This literature in this section provides some insight into the different reasons why young people get involved in sexual practices. Different scholars have tried to highlight these motivations such as social norms, gender roles, parental factors, and season work as discussed below.

#### **2.3.1 Social norms**

To better understand the how social norms motivate sexual practices, Dawson, Shih, De Moor, & Shrier, (2008) examined associations of psychological characteristics and sexual behavior with types of reasons for episodes of sexual intercourse among youth and it was depicted that societal norms boys proving their manhood leads to engagement of young boys in sexual practices and also the societal norms which dictate that a woman is submissive, makes them vulnerable that they cannot refuse sex advances from men as well as not resisting unprotected sex.

Dawson, Shih, De Moor, & Shrier, (2008) further argued that traditionally in most African communities, uncles and aunts were responsible for providing basic information about sexuality to young people. However, due to changes in family settings, young people no longer get this privilege and therefore end up engaging in sexual practices.

#### **2.3.2 Gender roles**

Romero-Estudillo, González-Jiménez, Mesa-Franco, & García-García, (2014) put it clear that Men and women have different high-risk sexual behaviors and practices. The male considers opportunity and interest in knowing the other person to be more important than the female participants. In addition, young people especially girls engage in early sexual practices because of their economic dependence where they expect gifts and marriage in turn especially from older men

### **2.3.3 Parental factors**

Babalola et al.,( 2016) mentions that close parental supervision and monitoring of teenagers lead to late sexual debut reduces the number of sexual partners and reduced teenage pregnancies among young people and the reverse is true whoever in reality many young people especially adolescents do not seek sexuality information from their parents but rather from their peers and the internet. This has a negative implication because most of them get wrong information about their sexuality that misleads them into sexual practices. They further argue that most teenagers prefer to receive information from their parents but in reality, few have this privilege because most parents are too busy with their work and thus have less time to spend with their children thereby creating a poor parental –child communication system.

### **2.3.4 Seasonal Work**

Isaac, (2006) considers seasonal work as one of the factors as to why young people engage in sexual habits and in his study, he was able to demonstrate that young people who seek temporary work engage in abnormal sexual practices like involving in casual sex that is to say one-night stand because of loneliness, to get money for survival while away from home and to also fit in society as most young people in school, during holidays they go to many places far away from their places of residence.

## **2.4 Levels of awareness about contraceptive use**

Leung, Shek, Leung, & Shek, (2019) mentions that there are several attempts to create awareness about contraceptive use through the introduction of sex education in the national school curriculum among young people, parents, and teachers to provide young people with information and developing their skills in sexual empowerment and negotiating sexual pressure. Evidence from Uganda can be seen whereby the Ministry of Education and Sports introduced the idea of senior men and women teachers in every school to guide young people on their sexuality issues. More still a recent policy proposal to introduce contraceptives in schools and the sensitization of students on how to use them.

Despite the efforts made by various governments to create awareness about contraceptive use, some scholars in their research have shown that young people deliberately refuse to use contraceptives despite the knowledge provided to them. According to Marangwanda et al.,

(2006) most young people are aware of HIV, AIDS and the risk of pregnancy but still engage in unprotected sex. Other authors like (Culture & Aug, 2012) agree with Marangwanda et al., (2006) that although young people may know how HIV is transmitted and prevented, many believe that their risk of infection is minimal. Like their peers in developed countries, young people not only face the risk of becoming HIV- infected, but also experience early pregnancy, substance abuse, and violence, often without the knowledge, skills and social power to make informed decisions for their health and safety.

## **2.5 How young people are initiated into sexual practices**

According to Culture & Aug, (2012) prevalence of sexual intercourse activity is high, with a big number of young people who reported having had sexual intercourse during their lifetime. A high rate of the population of young people had initiated sexual intercourse before the age of 13 years; a small number of the students reported sexual intercourse with four or more sexual partners and about quite a big number of students reported that their first sexual intercourse was coerced.

## **2.6 Conclusions from the Literature**

In conclusion, literature has shown that young people have got different motivations for involving into sexual practices. However, the majority of scholars have stressed the ‘money factor’ as the commonest drive for young people’s involvement into sexual practices. In addition, scholars have shown that young people have enough awareness about contraceptive use but they deliberately refuse to use the different contraceptive methods. Furthermore, the initiation into sexual practices amongst young people has been shown to happen by coercion, peer pressure, and social norms.

Literature has highlighted various motivations behind the sexual practices of young people as explained above. However, most of the scholars have neglected the ‘pleasure factor’ which to me happens to be reasonable and something that shouldn’t be left out or ignored. Young people are sexual beings who have a sexual urge making them prone to sexual desires and feelings. This explains young people’s involvement in sexual practices despite the restrictions put on them by law and religion.

## **CHAPTER THREE**

### **STUDY AREA AND RESEARCH METHODS**

#### **3.1 Study area**

The study was conducted in Kabalagala in Kampala district. The study particularly focused on sexual practices among young people. Kabalagala was selected as a suitable area for this study because of its reputation of having very many hot spots that facilitate and stimulate risky sexual behaviors such as bars that attract prostitution.

#### **3.2 Methodology**

##### **3.2.1 Research design**

A descriptive design was adopted for the study in order to ascertain and describe the sexual practices of young people in Kabalagala. A section of local people in Kabalagala was studied at one point making the study cross-sectional. Both qualitative and quantitative methods of data collection were evaluated in order to ensure that the limitations of one type of data are balanced by the strengths of another. In addition, combining many methods of data collection enriched, and enabled triangulation of data to ensure understanding and integrating of different ways of knowing (Creswell 2007).

##### **3.2.2 Study population**

The study population comprised of students in secondary schools within the locality of Kabalagala, both boys and girls aged 12-17 years, their teachers, and the people in their neighborhood, that is to say, shopkeepers and bar attendants.

##### **3.2.3 Sampling Techniques and Sample Size**

Sampling is the process of selecting a subset of a population for purposes of easy data collection. In this study, the researcher employed two sampling techniques, namely, purposive sampling technique and systematic sampling method.

Of the initial cohort of 126 respondents, 120 were adolescents extracted from two schools of The African Pearl and Tropical Secondary School each with 60 and these were considered as primary

respondents while of the six key informants, two were head teachers and two were matrons in the aforementioned schools and two were community leaders.

The criteria for selecting the respondents involved Purposive sampling of key informants to obtain some vital information and these included the head teachers, school matrons, and community key informants.

Systematic sampling was also applied to select the 120 students that were to be interviewed in the study. Lists from targeted classes were obtained and students were randomly sampled using the systematic sampling method.

#### **3.2.4 Methods of Data Collection**

Data were collected using Self Completion Questionnaires, individual interviewing and Group Administered Questionnaires as discussed;

The self-completion questionnaires were used to collect data from respondents who were not able to give out information right away and needed some time to think. The researcher, therefore, left the questionnaires with some of the students who took their time and filled them at their own convenience. This allowed the respondents to think and give the right information.

The researcher held in-depth interviews on a one-on-one basis with key informants to collect qualitative data and this helped to provide in-depth details.

The group administered questionnaires involved bringing student respondents together in one place and explaining the study topic, then presented the questionnaires to them to fill on their own and collected the questionnaires after. This was used to collect data from students aged 12-17 years in two secondary schools within Kabalagala.

#### **3.2.5 Data Collection Tools**

The researcher used semi-structured questionnaires, a structured interview guide and a focus group discussion guide so as to collect both quantitative and qualitative data about the study.

The semi-structured questionnaires were used to collect primary data from young people within the schools in Kabalagala. The use of a questionnaire enabled the researcher to collect sensitive information from respondents without fear of revealing their personal identity. The instrument was comprised of questions that would require the respondents to pick their answer from alternatives that would be given and open-ended questions as well.

The interview guide used to collect data from the key informants. The researcher ensured that the same general areas of information are collected from each interviewee in a conversational approach.

The focus group discussion guide had a list of themes to be discussed in the focus group discussion, which themes would be few and relevant to the researcher's topic so as to create room for in-depth discussion. This was used to collect data from students aged 12-17 years in two secondary schools within Kabalagala.

### **3.3 Study Procedure**

The researcher was availed with an introductory letter from the Department of Social Work and Social Administration – Makerere University to get clearance from the responsible local authorities (LC I). In turn, head teachers introduced the researcher to the students for security purposes, smooth access to the respondents and not create any suspicions. The researcher oriented the students on how to respond to the questionnaires and the researcher moved from student to student. Thereafter, the researcher interviewed key informants upon fixed appointments to avoid inconveniences. Furthermore, the researcher conducted focus group discussions in two secondary schools within Kabalagala and I sought permission from the school authorities and the students as well to conduct the focus group discussions.

### **3.4 Data Management**

To ensure the reliability and validity of the data, the questionnaire was pre-tested to make necessary changes before the questionnaires are administered. This was to ensure consistency and relevancy during the survey by avoiding changes in the questionnaire during the data collection exercise. The triangulation approach was applied in which questionnaires, focus group discussion guide and the interview guide was used in the study. The researcher and the supervisor discussed the questionnaire, focus group discussion guides and interview guides following which adjustments were made accordingly before the final draft.

### **3.5 Data Analysis**

The qualitative data were processed and analyzed through recording information from the respondents and the researcher critically revised the collected information and selected the most

needed information for effective data analysis and processing. Data was analyzed based on the objectives of the study and by editing the recorded information.

Using the Statistical Package for Social Sciences (SPSS), the quantitative data were descriptively analysed to generate frequency tables, percentages, graphs and associations to interpret the findings. The information given was coded for easy interpretation of the data and for the case of open-ended questions; all responses to questions were noted and arranged into meaningful trends.

### **3.6 Ethical considerations**

Prior to commencing the study, ethical clearance was sought from the School of Social sciences – Makerere University and verbal consent were obtained from the respondents prior to administering any interview guide and questionnaires.

## CHAPTER FOUR

### FINDINGS, INTERPRETATIONS, AND DISCUSSIONS

#### 4.1 Socio-demographic characteristics of respondents

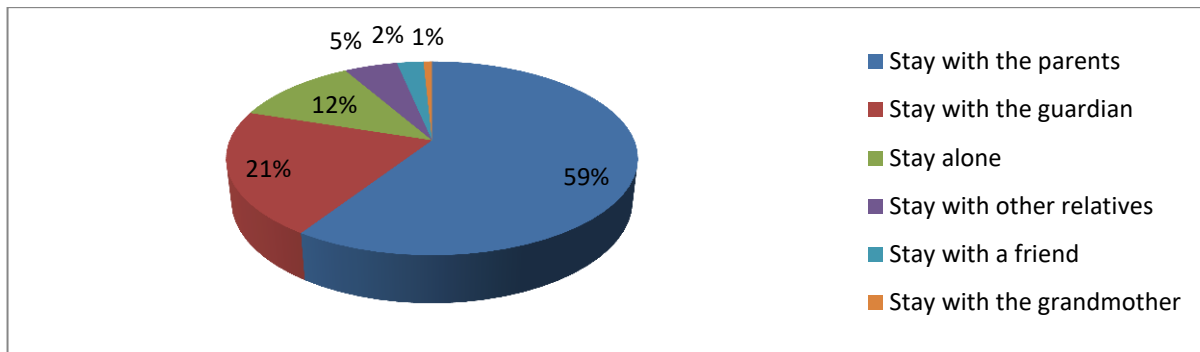
A total of 120 primary respondents from two schools were obtained to achieve the objectives of the study and views from these respondents were taken to represent all the young people although the number is relatively small compared to the actual number of the young people within the locality.

The demographic data showed various categories of respondents were represented in the survey such as gender which had a fair representation of both the male (52.5%) and female (47.5%) which can be attributed to by woman empowerment to improve status of women in order to increase their educational attainment and economic opportunities, and lead to higher decision-making power according to Phan, (2018) but it was noted that sexual intercourse didn't depend on gender at its chi-square p-value(0.213) was greater than the critical p-value of 0.005. All the respondents were below the age of 18 years and it is well acknowledged that at this age the children are not supposed to have been initiated in sex although at the age of sixteen girls are sexually active in Uganda (Bagala, 2011) and the findings showed that sexual practices depended on age as its chi-square p-value(0.000) was less than the critical p-value(0.005).

**Table 4.1: Percentage distribution of the socio demographic characteristics of respondents**

<b>Demographic factor</b>	<b>Response</b>	<b>FEMALE=63</b>	<b>MALE=57</b>	<b>TOTAL =120</b>
<b>Age of sexual partner</b>	same age	8.3	16.1	11.9
	greater than sex partner		38.7	17.9
	sexual partner greater	91.7	45.2	70.1
<b>Age</b>	12	3.2	5.3	4.2
	13	11.1	8.8	10
	14	12.7	7	10
	15	17.5	8.8	13.3
	16	34.9	35.1	35
	17	20.6	35.1	27.5
<b>Residency</b>	my parents	52.6	65.1	59.2
	my guardian	22.8	19	20.8
	Alone	14	9.5	11.7
	other relatives	5.3	4.8	5
	with friend	5.3	0	2.5
	Grandmother	0	1.6	0.8

Type of residence is one of the accelerates to sexual activities and from figure 4.1 the majority (59%) stay with their parents and according to Kataoka, Valerio, Elder, Neuman, & Naudeau,(2011) Children who grow up with responsible parents are less likely to manifest excesses in sexual behavior than those who lack responsible parents however the chi-square test showed that sexual practices do not depend on the type of residence as it P-value(0.027) was greater than the critical p-value(0.005) with 5df.



**Figure 4.1: Percentage distribution of whom the respondents stay with.**

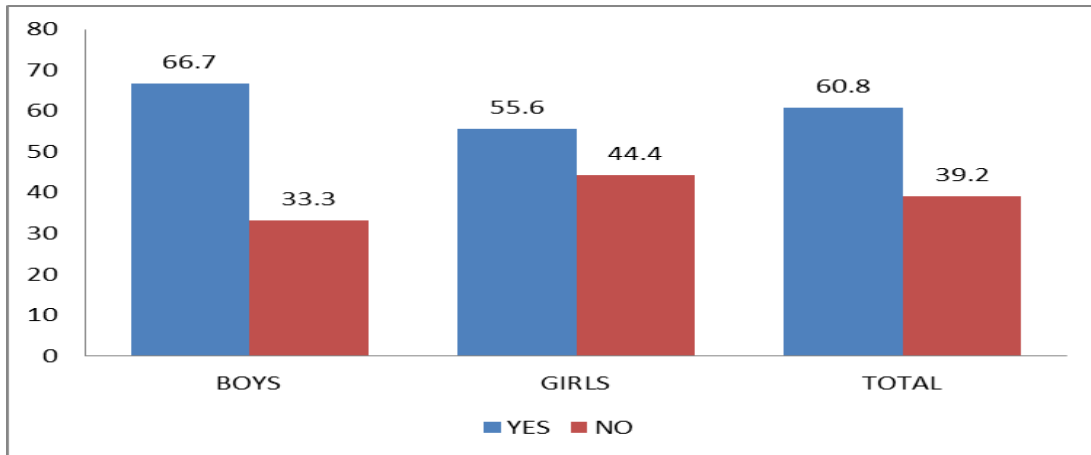
## 4.2 Sexual practices of Young People

### 4.2.1 Sexual activity among Young People

To assess the sexual practices of young people, a questionnaire was used and not surprisingly the majority (60.8%) respondents consented to have engaged in sexual intercourse and 39.2% consented to not have engaged in sexual intercourse. This implies that many young people have been initiated into sexual practices at an early age and according to Tenkorang & Matick-Tyndale, (2008), Initiation of sexual intercourse at an early age contributes to vulnerability to HIV infection by exposing adolescents to more sexual partners and a longer period of sexual activity before they form long-term monogamous relationships as studies in Uganda such as Kibombo, Neema, & Ahmed, (2010) highlighted that early initiator are less likely to know how to prevent STIs, including HIV, not be able to negotiate condom use than are those who delay sexual intercourse.

In regard to gender, figure 4.2 shows more boys were initiated more than girls yet in Uganda girls are sexually activate than boys however some authors such as Durowade et al., (2017)

speculated that the sexual motivation among the females does not necessarily translate into sexual activity hence accounting for the low level of initiation of girls into sexual intercourse. .



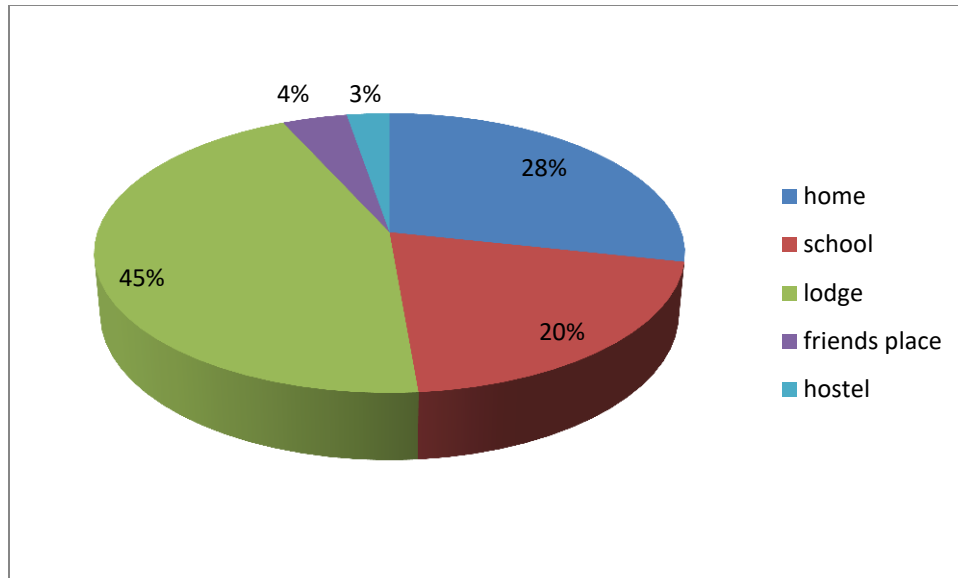
**Figure 4.1: Percentage Sexual intercourse engagement amongst the sampled respondents**

It is apparent from the table that boys were more likely to have engaged in sexual intercourse compared to girls.

It was observed that among the respondents who had sexual intercourse, 88% knew when they had sex first while 12% didn't know when they first had sex.

#### **4.2.2 Frequency of Sexual activity and Places where sex takes place**

Among those who have sexual intercourse, 16.9% have sexual intercourse weekly, 10.8% on a daily basis, 9.2% on monthly basis and 4.6% annually while the rest were not certain. The young people have sexual intercourse from various places as seen in figure 4.6 which implies there are factors influencing the young people into sexual intercourse and there is need to support delays in sexual initiation

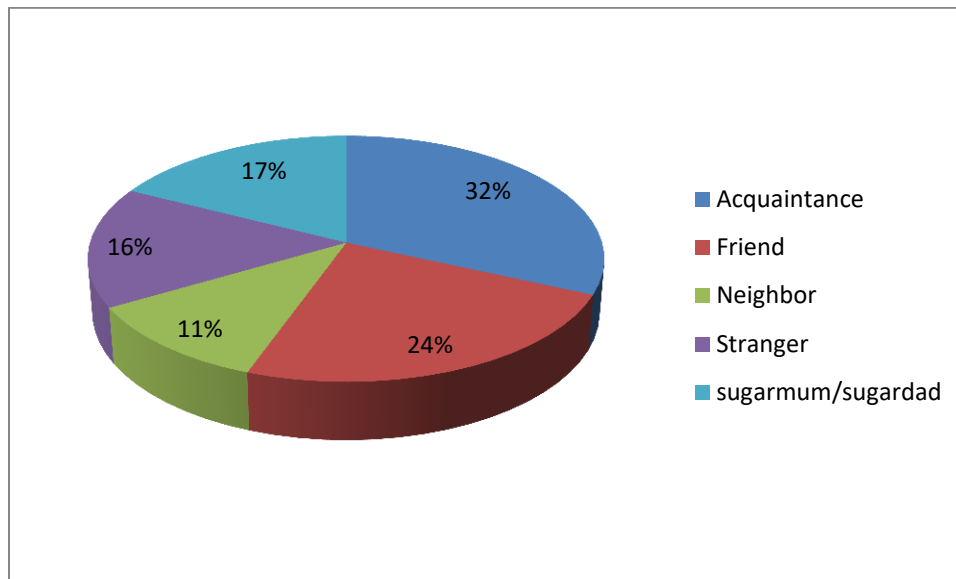


**Figure 4.3: Percentage distribution of the venues for the respondents' sexual intercourse.**

It can be seen from the data in Table 4.3 that young people practice sexual intercourse from lodges and school although the responses from the head teachers show that their students don't engage in sexual intercourse within the school premises. This result may help us understand that the school administrations are not unaware of this truth that their students are actually having sex both from inside and outside school.

#### **4.2.3 Sexual Partners of Young People and their Characteristics**

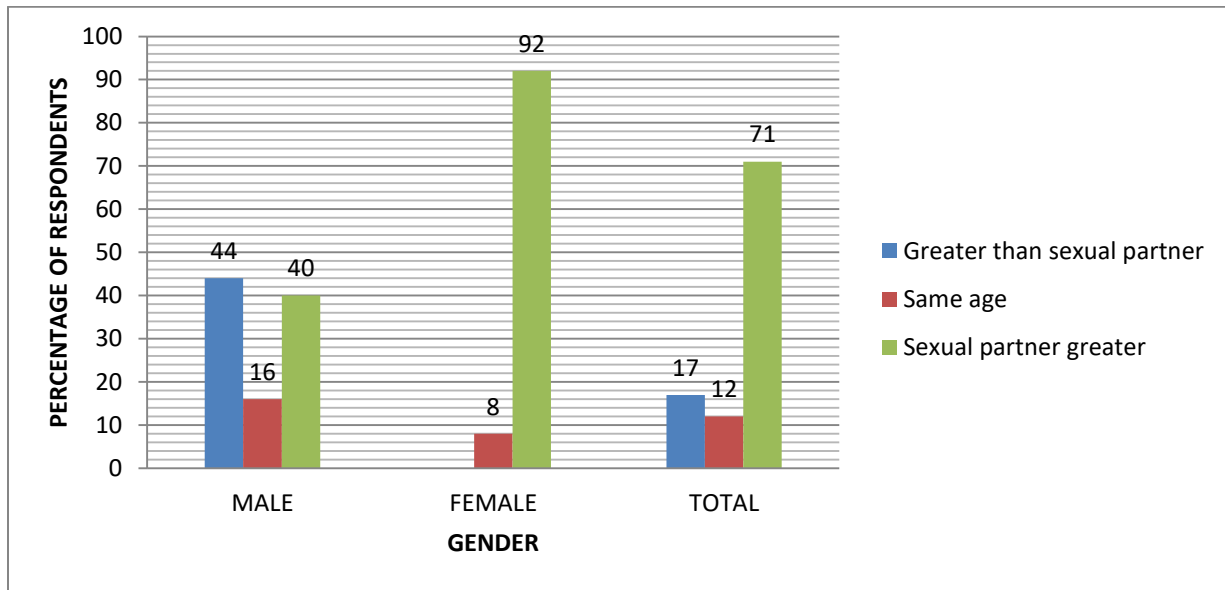
The survey indicated that half (50%) of the respondents knew the age of their partners while the other half didn't know the age of their partner this result suggests that the young people are familiar with their sexual partner while others are not respondents that were sexually active had sex with various people as seen in the figure below:



**Figure 4.4: Percentage distribution of the kind of person the respondents had sex with the very first time having sexual intercourse.**

From the figure above we can see that the sexual partners of young people include friends and acquaintances and the anticipated results were young people engaging with strangers as well as ‘sugar daddies’ or ‘sugar mummies’. This result suggests that most of the respondents are sleeping around with people they are not familiar with which may put them at risk of getting HIV infected.

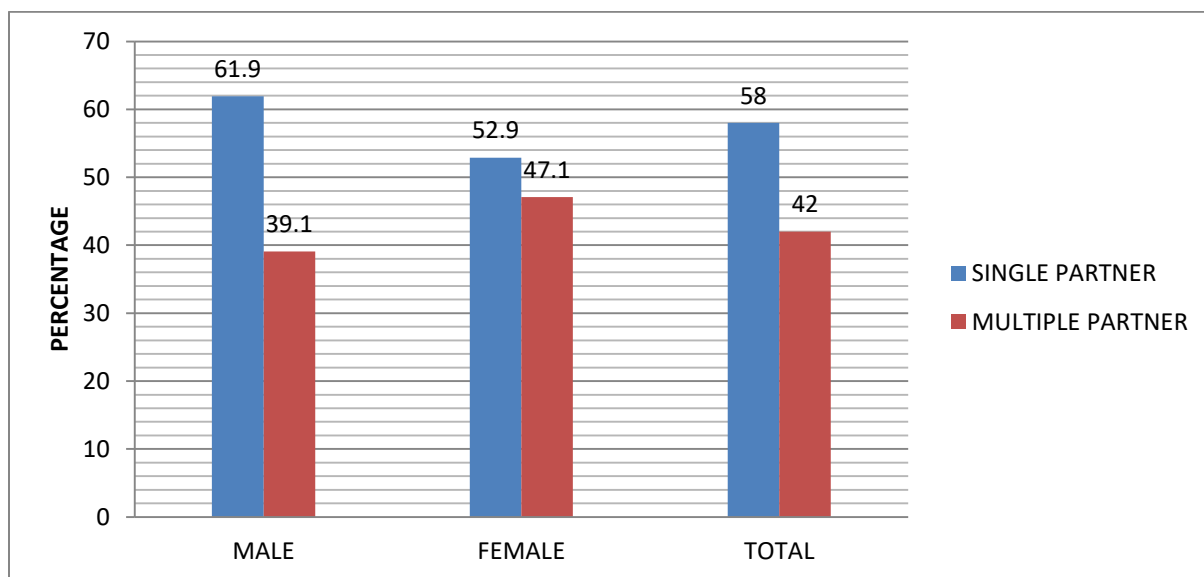
Currently, of the respondents who had ever had sexual intercourse, 94.5% have a sexual partner while 5.5% don’t have sexual partners. Of which 88.4% know their partner’s age while 11.6% don’t know the age of their partner. And the age comparison can be seen from the figure below.



**Figure 4.5: Percentage variations between the ages of young people and their sexual partners**

Tangmunkongvorakula et al.,( 2012) highlighted that young persons frequently engage in, or are subjected to, a variety of behaviors that may expose them to the risk of contracting sexually transmitted infections and experiencing unwanted pregnancies. These include having multiple sexual partners, engaging in unprotected intercourse with various types of sexual partners (steady, casual and paid) and experiencing sexual coercion. This study revealed that the majority(50%) their last sexual partner were students, 16.2% businesspeople, 13.2% had professional jobs, 2.9% were bodaboda, 1.5% were chapatti sellers and 1.5% were unemployed.

Manzini, (2017) highlights that sexual relationships among young people are frequently unstable yet relationships are intended to be mutually monogamous and the finds depicted that the majority are faithful to their partners as in the past six months, 58% of the respondents have had sexual intercourse with single partner while 42% have had sex with multiple partners hence a few are faithful and exposed to getting infected with diseases. With regard to gender 52.9% of the girls have had sexual intercourse with single partner, 47.1% girls have had sex with multiple partners these had sexual intercourse while 61.9% of the boys have had sexual intercourse with single partner, 39.1% of boys have had sex with multiple partners these had sexual intercourse as depicted below. The results show that girls are more likely to have multiple sexual partners than boys.



**Figure 4.6: Percentage of different number of persons respondents have had sexual intercourse with during the past six months**

The respondents who had no partners argued they are abstaining and religious issues while those with single partners said that its only one partner available (45%), Fear for STDs and STIs (35%) and 20% due to religious reasons. Those who had sexual intercourse with more than one partner in the last 6 months felt that it was naturally adventurous (34.3), 32.9% to avoid boredom and 32.9% financial reasons.

Tangmunkongvorakula, Carmichael, Banwellb, Utomo, & Sleight, (2012) highlighted that young people are at the intersection of influences on sexual practices via the modern media and technology and the cultural traditions of earlier generations where Intimate feelings, sexual curiosity, sexual desire, and experimentation are the main reasons young people engage in sexual activity and the study has shown that the majority of the respondents are after money as most (32.9%) of the respondents were attracted you to their last sexual partner because of money, 32.9% sexual pleasure, 28.6% companionship, 4.3% good looks and 1.4% curiosity.

The majority who responded to knowing if their sexual partners have other partners/networks, the majority (53.6%) didn't know, 26.1% their partners don't have and 20.3% their partners have other sexual partners. In addition, the respondents added that their partner's other sexual partner included students and wife/husband.

### **4.3: Age at Sexual Debut and Initiation into Sexual Practices.**

#### **4.3.1 Age at Sexual Debut**

Age at first sex is an important indicator of exposure to risk of pregnancy and sexually transmitted infections among young people (Zaba, Pisani, Slaymaker, & Boerma, 2004) and the results are so surprising that at 10 years, 3.1% of the boy had sex the first time, however, the majority 28.1% first had sex when they were 15 years. For the case of girls, they started having sexual intercourse at 12 years and these were 6.1% however the majority started having sex when they were 15 years.

#### **4.3.2 Feelings about their age of sexual debut**

The young people need more help to feel in control of their sexual activity to ensure they get skills to increase their sexual control and make young people aware of the potential emotional and relationship consequences of early sexual intercourse as most of the respondents (71.4%) didn't regret having sexual intercourse while 28.6% do regret and the regret findings were also similar to Colaco, (2016) findings. And the reasons for regretting and not regretting as rated in Table 4.2 below.

**Table 4.2: Reasons as to why respondents regret while others don't regret having sexual intercourse**

	Response	Female	Male	Total
Regret	Lost virginity	30	-	17.6
	Got pregnant	10	-	5.9
	Forced	20	-	11.8
	Too young at that time	20	28.6	23.5
	Got addicted	10	14.3	11.8
	Painful and clotted blood	10	14.3	11.8
	Religious issues	-	42.9	17.6
Don't regret	Enjoyed the course	46.2	40	42.9
	Received money	38.5	13.3	25
	Personal choice	15.4	6.7	10.7

Loved and trusted the partner	-	26.7	14.3
Gained experience	-	6.7	3.6
Never impregnated the girl	-	6.7	3.6

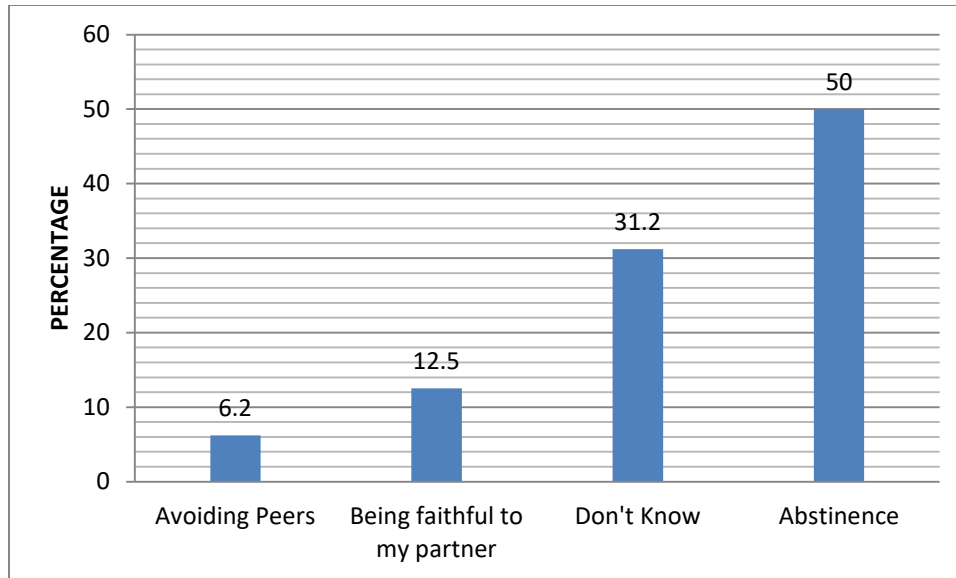
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Young people today have high ambitions but do not always make choices that maximize their likelihood of educational success and sexual behavior is one of the ramifications which was in line with the study findings as the majority (76.3%) of the respondents consented that having sexual relations at their age has affected them socially, academically while 23.7 has increased their social and academic life yet the majority (45.2%) consented to be contented with their sexual life.

#### **4.3.3 Future intentions regarding sexual activity**

According to The Alan Guttmacher Institute,( 2005) study, young people are waiting longer before having sex, however this study was unable to demonstrate that young people are waiting any longer as the majority (40%) who had never had sex in the last six month prior to the study intended to start in weeks to come, 20% when they get married, 20% in years to come and 20% were not sure.

The most striking observation to emerge from the data was that the majority (63.6%) of the respondents have never considered the idea of not having sex till they are married and 36.4% have ever considered an idea of not having sex till marriage and these will achieve his as seen below:



**Figure 4.7: Percentage distribution of how people who considered the idea of not having sex will achieve this.**

The respondents were also asked if they are contented with their sexual life and the majority (45.2%) consented to be contented, 30.1% don't know and 24.7% are not contented.

#### **4.4 Contraceptive Use and other Protection Measures**

##### **4.4.1 Contraceptive use**

Unlike in Kibombo et al., (2010) where young people didn't have the ability to negotiate condom use, the findings depicted that the respondents had the ability to negotiate the use of condoms as the majority 88.4% had used a condom the very first time they had sex hence reducing on the risk of being infected by HIV while 11.6% didn't use a condom and these of these claimed the condom was not available while others loved and trusted their partner.

The level of awareness about protection measures was high as the majority consented to be using these measures such as 88.4% of respondents had ever used a condom while 11.6% have never used a condom and those who use condoms use it for various reasons such as 45.3% to avoid unwanted pregnancy, 39.1% to prevent HIV infection and 15.6% to avoid other sexually transmitted infections.

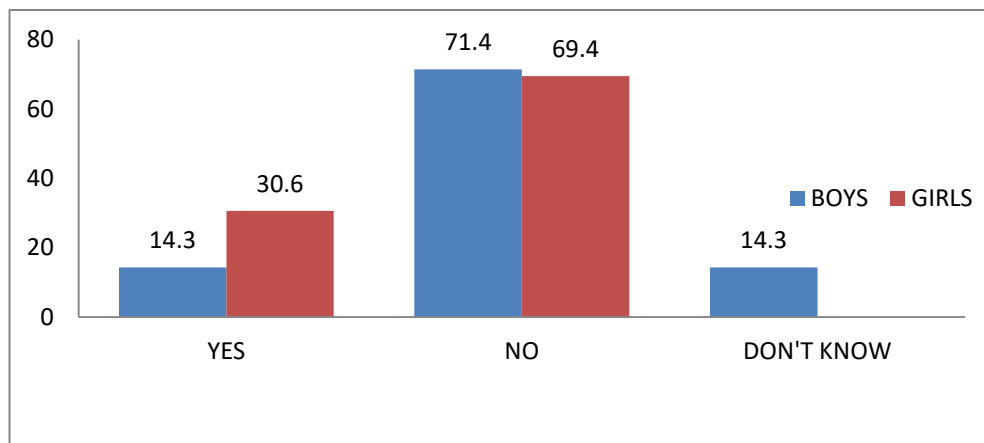
It is noted that access to contraception and the ability to decide when and with whom to have a child are human rights and unlike in Paul, Näsström, Klingberg-Allvin, Kiggundu, & Larsson,

(2016) study where a large proportion of women and their sexual partner were at a risk for unintended pregnancy due to not using any contraceptive method, the results depicted that the majority (55.7%) always has protected sex, 30% don't always have protected sex, 12% don't have protected sex, and 1.4% was not sure.

According to Centre for Reproductive Rights and UNFPA, (2010), there are various means of protection measures such Condoms, sponge, withdrawal, spermicides, Fertility awareness-based methods, Injectable, Pills, Ring, diaphragm, Vasectomy, and hysteroscopy sterilization and among those most respondents (83%) use condom (83%), pills (13.2) and withdraw (3.8%) and it was noted by Giano et al., (2019) that the condom is the only form of contraception that protects against most STIs as well as preventing pregnancy.

#### 4.4.2 Experience of pregnancy

The percentage of boys who have made girls pregnant and girls who have been pregnant can be seen below:

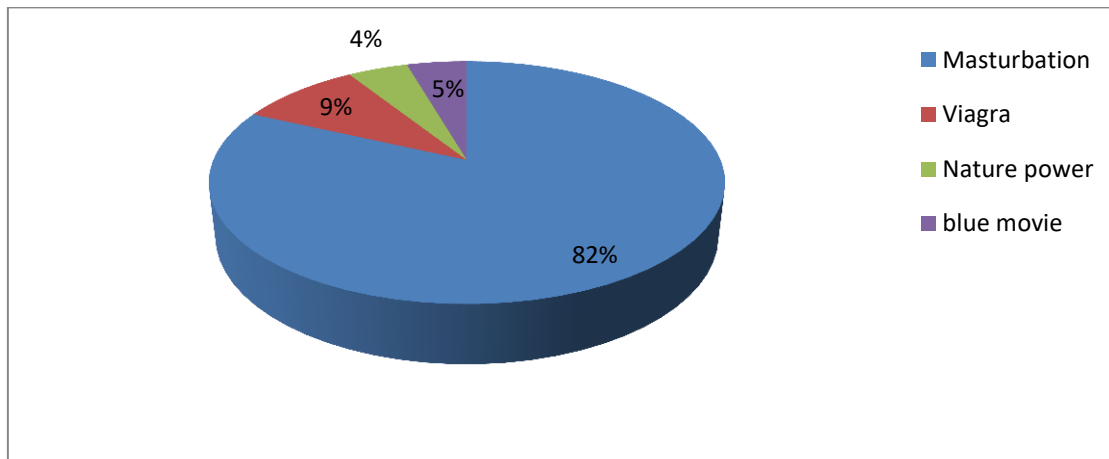


**Figure 4.8 Percentage of respondents who experienced a pregnancy**

The figure above shows that the use of protective measures was concentered by low percentages of pregnancies as seen in figure 4.8 of which 81.8% of these aborted, 9.1% kept the pregnancy and 9.1% got miscarriage yet most (63.6%) respondents their partner suggest the method to be used while (33.3%) suggest by themselves and only 3.1% decide after a mutual conclusion.

#### 4.4.3 Sexual intercourse under the influence of alcohol and drugs

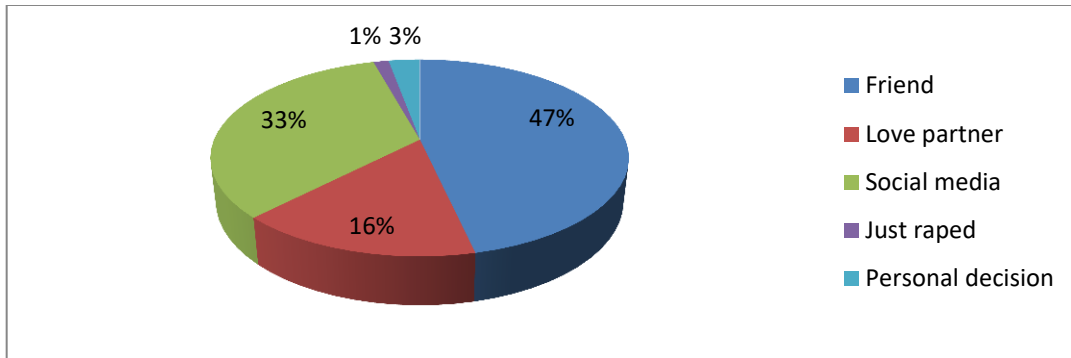
The use of alcohol or other drugs has been proposed as a contributing factor to sexual risk-taking because these interfere with judgment and decision-making which may increase the probability that risky behavior will occur and the findings depicted that the majority (69.1%) of respondents were found out not to be using drugs to boost their libido and 30.9% use drugs to boost their libido which was also in line with Donald A. Calsyn et al., (2010) findings who identified that 40% of men had engaged in sexual intercourse under the influence of drugs although he believed that the substances improved the sexual experience. The small proportion which uses drugs, 65% don't use it every time they having sex and 34.8% use it every time and these use various things as shown in the figure below.



**Figure 4.9: Percentage distribution of what various respondents use to boost their libido.**

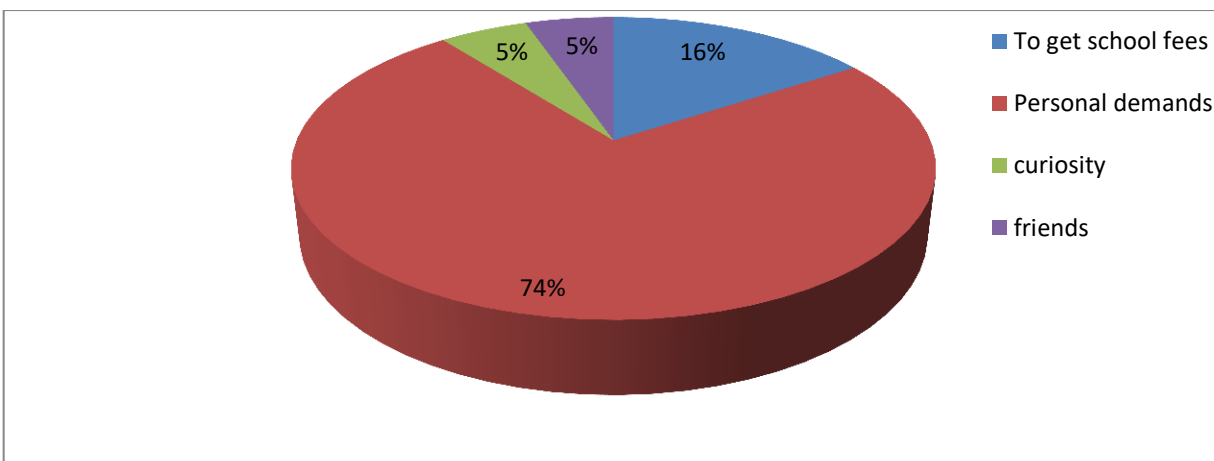
#### 4.5 Motivations behind Sexual Habits

When respondents were asked what influenced them to have sexual intercourse the first time they had sex, (24%) of respondents were influenced due to desire for adventure/experiment, 23% were influenced by need for money, 20% were influenced because they thought they were of the right age and 4.3% were influenced because of peer influence/others were doing. It is important to note that the majority (69.6) of their decision to have intercourse for the first time it happened was influenced as seen in figure 4.4. The findings show that the influence of friends stands out to be prominent and this was also in line with (Ware, Tura, Alemu, & Andarge, 2018) findings where they discovered that majority were influenced by their friends and this might be due to the fact that such students were at higher probability of sharing information regarding their day to day life and in a position to conform to peers' informal rules.



**Figure 4.10: Percentage distribution of what influenced the respondents to have sex the first time.**

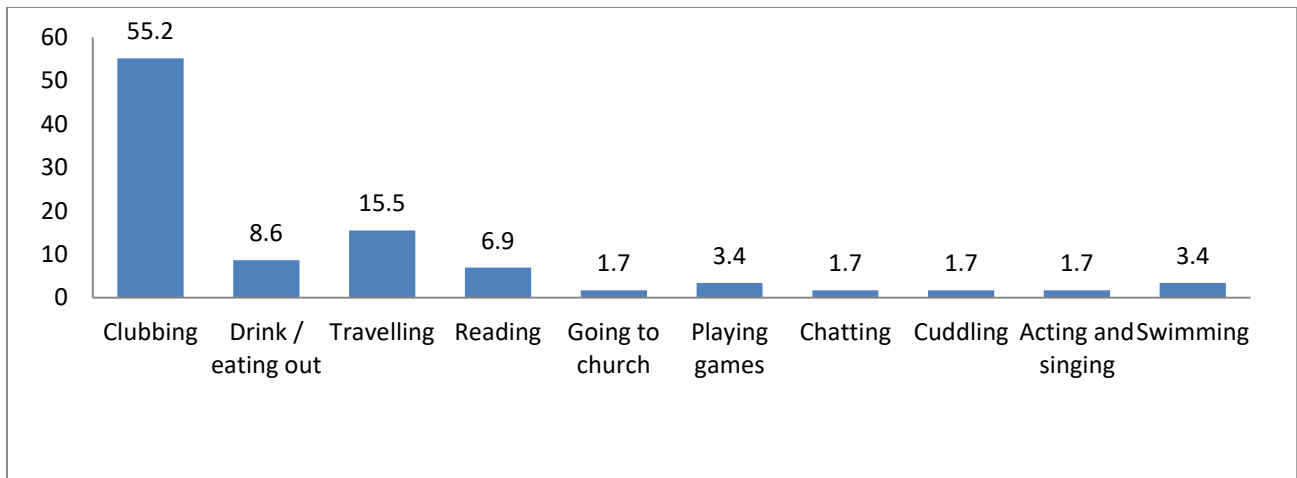
In the six months, 60% of these have had sexual intercourse not for money or gift while 40% have had sexual intercourse for money or gifts of which 36.2% are given money/gifts every time they have sexual intercourse while 63.8% are not given money/gifts every time. For those who get money, the majority(58.3%) get less than Ugsh:20,000/=, 25% get between Ugsh:20,000/= to Ugsh:50,000/= and 16.7% get more than Ugsh:50,000/= while those who are not given money/gifts 85.7% don't wish to be given money and 14.3% would wish to be given money/gifts because of various reasons such as 31.6% need money because they perspective that they are girls and need money, 36.8% as a token of appreciation, 26.3% need for money for survival and 5.3% because they have no parents to give them money and these have some factors that force them into having sex for money as seen below;



**Figure 4.11: Percentage distribution of the factors that force the respondents into having sex for money**

Unlike UNFPA, (2014) where millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) the findings showed that the young people in the study engage into sexual practices willingly as the majority (91.8%) had not been forced or coerced to have sex while 8.2% have been forced into sex and 50% sought for medical help while the rest (50%) did nothing.

Besides having sexual intercourse the respondents engage with their partners in various activities;



**Figure 4.12: Percentage distribution of what respondents do with their sexual partners besides sexual intercourse.**

Connor, Kydd, & Dickson, (2015) elaborated that sex is commonly accompanied by drinking and heavy drinking patterns are associated with more sexual partners, regretted sex, STIs and pregnancy terminations. Gender differences suggest that drinking in this context may be more important for women and the results are clear that the majority of 42% of the respondents their partners drink alcohol although 18.8% claimed that they didn't know if their partners drink alcohol.

Morawska, Walsh, Grabski, & Fletcher, (2015) highlights that parents are the primary sex educators of their children and parents' underestimation and unawareness of their children's sexual experience may have implications and the findings depicted that most of the respondents 79.7% their family is not aware of your relationship with their sexual partner(S) and 20.3% their families are aware although the majority(53.3%) their families have not approved their sexual partner while 46.7% their sexual partners were approved.

According to Glick et al., (2013) Men who have sex with men have higher rates of HIV and other sexually transmitted infections (STI) than women and heterosexual men and the findings show that the respondents are at a low risk of getting rates of HIV and other sexually transmitted infections (STI) because most (81%) of the respondents sexual orientation of their sexual partner are heterosexual, 9.5% straight, 6.3% homosexuals while 3.2% don't know.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Conclusions**

The conclusions are fully based on the findings obtained during the study and partially based on the reviewed literature during the study. The conclusions as per the study objectives are as presented below:

1. The findings of the study depicted that the majority of the students have been engaged in sexual activities and these activities occur in lodges after the influence from their friends although the numbers of those who stay with their parents were high and more likely not to engage in sexual activities.
2. The findings of the study depicted that a significant portion of student sexual activity is in student networks. Furthermore, students who reported having partners who take alcohol were more likely to engage in sexual activity and to have multiple sexual partners than those who did not.
3. Students' perceptions of relationships and sexual practices appeared to be strongly embedded in the desire for money. As a result, students experience an increased risk of and vulnerability to sexual and reproductive health problems because they engage in sexual practices despite their beliefs that condom use cannot prevent them from becoming pregnant or infected with HIV, and fears of the consequences of engaging in sexual practices.
4. Another major finding of our study is that girls who had experienced a prior pregnancy but had not given birth were significantly more likely to be very unpleased and a little upset with adolescent pregnancy. Our results lead us to speculate if subsequent adolescent pregnancies are not intended as the majority aborted.
5. Conclusively, study findings show that schools have neglected sexuality education and therefore students lack the necessary information about their sexuality and use of contraceptives. This has prompted their engagement in risky sexual behavior. Therefore, the pending question is 'what should be done to help schools create the necessary awareness about sexuality'?

## **5.2 Recommendation**

From the findings of the study, the following recommendations are being made to ensure that young people are not at high risk of getting infected as it may seem impossible to completely put away with sexual practices among young people.

1. Emphasis should be put on the important role of natural parents in the development of children and youth. In light of this, where possible children should grow up under the care of their natural parents, and orphans should be looked after in families with sound marital relationships. Parents should be aware that young people are likely to engage in sexual intercourse, so there is a need for parent-child communication on sexual issues.
2. Parents and all those in charge of students should take a keen interest in their children's friends, particularly in regard to habits like smoking, alcohol and addictive drug consumption as well as early signs of sexual activity. STD/AIDS and family life education programs targeting young people should be intensified to help them develop responsible sexual behavior.
3. Further research is needed to assess the attitude and perception towards use of contraceptives such as condoms since most of the young people have been initiated into sexual practices.
4. It would be interesting to compare sexual practice of young people in school and those not in schools.

## REFERENCES

- Amo-Adjei, J., & Tuoyire, D. A. (2018). Timing of sexual debut among unmarried youths aged 15-24 years in Sub-saharan Africa. *Journal of Biosocial Science*, 50(2), 161–177. <https://doi.org/10.1017/S0021932017000098>
- Ateenyi, F. T. (2016). *Legal Regulation of Sex Work in Uganda : Exploring the Current Trends and Their Impact on the Human Rights of*. Retrieved from [https://hrapf.org/images/researchpapers/161228legalregulationofsexworkersinugandastudy\\_updated-1.pdf](https://hrapf.org/images/researchpapers/161228legalregulationofsexworkersinugandastudy_updated-1.pdf)
- Babalola, S., Tambashe, B. O., & Vondrasek, C. (2016). *Parental Factors and Sexual Risk-Taking among Young People in C6te d ' Ivoire*. 9(1), 49–65.
- Bagala, A. (2011). Ugandan girls are sexually active at 16. *Daily Monitor*.
- Barnett, M., Giaquinto, A., Hunter, L., & AM, C. W. (2017). *Age Appropriate Sexual Behaviours in Children and Young People: Information for carers, professionals and the general public*.
- Bekker, L., & Hosek, S. (2015). HIV and adolescents: focus on young key populations. *The International Aids Society*, 18(1), 1–94. <https://doi.org/10.7448/IAS.18.2.20076>
- Breuner, C. C., & Mattson, G. (2016). Sexuality Education for Children and Adolescents. In *American Academy of Pediatrics* (Vol. 138). <https://doi.org/10.1542/peds.2016-1348>
- Centre for Reproductive Rights and UNFPA. (2010). *Briefing Paper the Right To Contraceptive Information and Services for Women and adolescents*.
- Colaco, C. (2016). *An examination of the experience of and the reasons for regretted sex among undergraduate college students*.
- Connor, J. L., Kydd, R. M., & Dickson, N. P. (2015). Alcohol involvement in sexual behavior and adverse sexual health outcomes from 26 to 38 years of age. *PLoS ONE*, 10(8), 1–17. <https://doi.org/10.1371/journal.pone.0135660>
- Constitution of the Republic of Uganda. (1995). . 1–192.
- Creswell, J. W. (2007). Research Design: Qualitative, Quantitative and Mixed Method Approaches. *SAGE Publications*, 203–223. <https://doi.org/10.4135/9781849208956>
- Culture, S., & Aug, N. J. (2012). Patterns of sexual behavior among secondary students in Swaziland, southern Africa. *Health (San Francisco)*, 6(4), 355–367. <https://doi.org/10.1080/1369105041000166871>
- Dawson, L. H., Shih, M. C., De Moor, C., & Shrier, L. (2008). Reasons why adolescents and young adults have sex: Associations with psychological characteristics and sexual behavior. *Journal of Sex Research*, 45(3), 225–232. <https://doi.org/10.1080/00224490801987457>
- Donald A. Calsyn, Cousins, S. J., Hatch-Maillette, M. A., Forcehimes, A., Mandler, R., Doyle, S.

- R., & George Woody. (2010). Sex Under the Influence of Drugs or Alcohol: Common for Men in Substance Abuse Treatment and Associated with High-Risk Sexual Behavior. *National Institutes of Health*, 19(2), 119–127. <https://doi.org/10.1371/journal.pone.0178059>
- Durowade, K. A., Babatunde, O. A., Omokanye, L. O., Elegbede, O. E., Ayodele, L. M., Adewoye, K. R., ... Olaniyan, T. O. (2017). Early sexual debut: Prevalence and risk factors among secondary school students in Ido-Ekiti, Ekiti state, South-West Nigeria. *African Health Sciences*, 17(3), 614–622. <https://doi.org/10.4314/ahs.v17i3.3>
- Giano, Z., Kavanaugh, K. E., Durham, A. R., Currin, J. M., Wheeler, D. L., Croff, J. M., & Hubach, R. D. (2019). Factors Associated with Condom Use among a Sample of Men Who Have Sex with Men (MSM) Residing in Rural Oklahoma. *Journal of Homosexuality*, 1–17. <https://doi.org/10.1080/00918369.2019.1616430>
- Glick, S. N., Morris, M., Foxman, B., Aral, S. O., Manhart, L. E., Holmes, K. K., & Golden, M. R. (2013). Sex With Men and Heterosexual Men and Women. *National Institutes of Health*, 60(1), 83–90. <https://doi.org/10.1097/QAI.0b013e318247925e.A>
- Isaac, K. W. (2006). *Factors Influencing Risky Sexual Behaviour Among the Youth in Kenya*.
- Johnson, J. (2018). Feminine futures: female initiation and aspiration in matrilineal Malawi. *Journal of the Royal Anthropological Institute*, 24(4), 786–803. <https://doi.org/10.1111/1467-9655.12917>
- Kataoka, N., Valerio, A., Elder, L. K., Neuman, M. J., & Naudeau, S. (2011). *Investing in young children : an early childhood development guide for policy dialogue and project preparation*. Retrieved from <http://documents.worldbank.org/curated/en/2011/01/16283743/investing-young-children-early-childhood-development-guide-policy-dialogue-project-preparation>
- Katherine, A., Bugler, L., Denise, K., Dore, M., Waritay, J., & Ann-Marie, W. (2013). *Female Genital Mutilation in Uganda*.
- Kibombo, R., Neema, S., & Ahmed, F. H. (2010). Perceptions of Risk to HIV Infection among Adolescents in Uganda: Are They Related to Sexual Behaviour? *African Journal of Reproductive Health*, 11(3), 168. <https://doi.org/10.2307/25549738>
- Leung, H., Shek, D. T. L., Leung, E., & Shek, E. Y. W. (2019). Development of contextually-relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. *International Journal of Environmental Research and Public Health*, 16(4), 1–24. <https://doi.org/10.3390/ijerph16040621>
- Linnea, W. (2008). Sexual and Reproductive Health Services for Young people in Kenya and Zambia: Providers ' attitudes and young people ' s needs and experiences.
- MacQuarrie, K. L. D., Mallick, L., & Allen, C. (2017). Sexual and Reproductive Health in Early and Later Adolescence: DHS Data on Youth Age 10-19. In *DHS Comparative Reports*.

Retrieved from <https://dhsprogram.com/pubs/pdf/CR45/CR45.pdf>

- Manzini, I. N. (2017). *The role of parents in promoting sexual health among young people in South Africa*. The University of Southampton.
- Marangwanda, C., Kols, A., Nyakauru, R., Chibatamoto, P., & Kim, Y. M. (2006). Promoting Sexual Responsibility among Young People in Zimbabwe. *International Family Planning Perspectives*, 27(1), 11. <https://doi.org/10.2307/2673800>
- Morawska, A., Walsh, A., Grabski, M., & Fletcher, R. (2015). Parental confidence and preferences for communicating with their child about sexuality. *Sex Education*, 15(3), 235–248. <https://doi.org/10.1080/14681811.2014.996213>
- Mturi, A. J., & Hennink, M. M. (2005). Perceptions of sex education for young people in Lesotho. *Culture, Health, and Sexuality*, 7(2), 129–143. <https://doi.org/10.1080/13691050412331321285>
- Paul, M., Näsström, S. B., Klingberg-Allvin, M., Kiggundu, C., & Larsson, E. C. (2016). Healthcare providers balancing norms and practice: Challenges and opportunities in providing contraceptive counseling to young people in Uganda - a qualitative study. *Global Health Action*, 9(1), 1–10. <https://doi.org/10.3402/gha.v9.30283>
- Pereznieto, P., Walker, D., Villar, E., & Alder, H. (2011). *Situation analysis of children and poverty in Uganda: Voices of children*. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7780.pdf>
- Phan, L. (2018). Women’s empowerment and fertility changes. *International Journal of Sociology of the Family*, 39(1), 49–75.
- Rachel, K. (2009). *Hooking Up : Sex, Dating, and Relationships on Campus* (Vol. 23). <https://doi.org/10.1177/0891243208320408>
- Ranganathan, M., MacPhail, C., Pettifor, A., Kahn, K., Khoza, N., Twine, R., ... Heise, L. (2017). Young women’s perceptions of transactional sex and sexual agency: A qualitative study in the context of rural South Africa. *BMC Public Health*, 17(1), 1–16. <https://doi.org/10.1186/s12889-017-4636-6>
- Romero-Estudillo, E., González-Jiménez, E., Mesa-Franco, M. C., & García-García, I. (2014). Gender-based differences in the high-risk sexual behaviors of young people aged 15-29 in Melilla (Spain): A cross-sectional study. *BMC Public Health*, 14(1), 1–9. <https://doi.org/10.1186/1471-2458-14-745>
- Scales, P. C., Benson, P. L., Oesterle, S., Hill, K. G., Hawkins, J. D., & Pashak, T. J. (2016). The dimensions of successful young adult development: A conceptual and measurement framework. *Applied Developmental Science*, 20(3), 150–174. <https://doi.org/10.1080/10888691.2015.1082429>
- Substance Abuse and Mental Health Services Administration. (2014). Improving Cultural

- Competence. In *Treatment Improvement Protocol(TIP)* (Vol. 59). Retrieved from <http://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-2552-1>
- Tangmunkongvorakula, A., Carmichael, G., Banwellb, C., Utomo, I. D., & Sleight, A. (2012). Sexual perceptions and practices of young people in Northern Thailand. *J Youth Stud*, *14*(3), 315–339. <https://doi.org/10.1080/13676261.2010.522562>.Sexual
- Tenkorang, E. Y., & Matick-Tyndale, E. (2008). Factors Influencing the Timing of First Sexual Intercourse Among Young People in Nyanza, Kenya. *International Family Planning Perspectives*, *34*(04), 177–188. <https://doi.org/10.1363/3417708>
- The Alan Guttmacher Institute. (2005). *Adolescents in Uganda: Sexual and Reproductive Health*. New York.
- UNFPA. (2014). *Adolescent sexual and reproductive health*.
- Vasilenko, S. A., Kugler, K. C., & Rice, C. E. (2016). Timing of First Sexual Intercourse and Young Adult Health Outcomes. *J Adolesc Health*, *59*(3), 291–297. <https://doi.org/10.1016/j.jadohealth.2016.04.019>.Timing
- Ware, E., Tura, G., Alemu, T., & Andarge, E. (2018). Disparities in risky sexual behavior among khat chewer and non- chewer college students in Southern Ethiopia: A comparative cross-sectional study. *BMC Public Health*, *18*(1), 1–12. <https://doi.org/10.1186/s12889-018-5405-x>
- Zaba, B., Pisani, E., Slaymaker, E., & Boerma, J. T. (2004). Age at first sex: Understanding recent trends in African demographic surveys. *Sexually Transmitted Infections*, *80*(SUPPL. 2), 28–35. <https://doi.org/10.1136/sti.2004.012674>