Challenges of Contraceptive Use among Pastoral Adolescent Girls in Karamoja in Uganda

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Introduction

Use of contraception prevents unintended pregnancies, reduces maternal mortality, and transmission of HIV/AIDS (Cleland, Conde-Agudelo, Peterson, Ross, & Tsui, 2012; Gribble & Haffey, 2008). Access to information on Sexual and Reproductive Health (SRH) services by adolescents provides the opportunity to make informed choices. However, contraceptive use continues to be low in sub-Saharan Africa (SSA) with only 28.5 percent of women aged 15-49 using modern contraception (World Health Organization (WHO), 2018). Many societies in SSA still resist modern Family Planning (FP) for numerous reasons (Cleland, Ndugwa, & Zulu, 2011). Contextual issues contribute to the low use of contraception by adolescent girls. In Uganda, despite the efforts to reduce unintended pregnancies, unmet need for contraception is still high (30.4 percent) among adolescents aged 15-19; in Karamoja region, a pastoralists community where the study was undertaken only 6.5 percent of married women are using contraception (Uganda Bureau of Statistcs (UBOS) and ICF, 2017). There is limited understating of the contextual challenges faced by adolescent girls in pastoral communities that dictate the use of contraception. The pastoral communities have a unique traditional setting that impacts access to contraception. The purpose of this article was to examine the socio-cultural challenges faced by pastoral adolescent girls in the Karamoja region in the use of contraception and how these challenges influence SRH in the community. The authors used the Health Service Use model by Andersen, 1995, to anchor the study. Examining the problem involved different methods for data collection.

Methods

This was part of a larger study design using qualitative and quantitative methodologies. The article drew on qualitative data to examine how the challenges of contraceptive use of pastoralist adolescent girls define their SRH. The site for data collection was Katikekile and Rupa sub-counties in the Tepeth and Matheniko counties respectively in Moroto district. Purposive sampling was conducted. Data was obtained from adolescent girls aged 15-19 years and key informants

interviews were conducted. A total of 6 Focus Group Discussions (FGDs) of adolescent girls consisting of between 5-10 members per group were conducted. Members of FGDs were emancipated out of school adolescent girls. Ten (10) in-depth interviews (IDIs) were conducted with adolescent girls to talk personal experiences of use of contraception. Twenty (20) interviews with key informants were conducted. The study followed ethical requirements and procedures. Some interviews were recorded because the participants gave consent while others felt uncomfortable to be recorded, so, detailed notes were taken. Data was input into Atlas.ti, a software program that facilitates the analysis of qualitative data. Data analysis was coded to identify key words and grouped to create categories. Themes were developed from the categories. The challenges of adolescent girls' contraceptive use was constructed. Studies that rely deeply on interviews particularly with actors are prone to bias. To minimize this possibility, triangulation of methods of data collection was done. Considerable events reported by the participants were checked for accuracy in literature and for verification. Various findings were drawn from the data.

Findings

The key finding is that nomadic-pastoralism constrains access to contraception for adolescent girls. This is because of frequent movements between the Manyattas (homesteads) and kraals located in far and remote areas. During dry seasons, there is high mobility of the pastoralists in search of water and pasture for the livestock.

Socio-culturally, giving birth to many children brings a high status to women in a home. The Karamojong pastoralists value both male and female children and they are seen as a source of pride. Since having many children is associated with women's status in society, this impedes the use of contraception by adolescent girls.

The experiences of adolescent girls in using contraception defined its use. Experiences were twofold. Those experiences related to side effects one's health and those linked to service provider personnel and actual services. Side effects such as over bleeding and high sexual urge made the adolescent girls discontinue contraceptive use. Also, the attitude of service providers and limited information services caused low use of contraception.

Conclusion

Use of contraception improves the SRH of adolescent girls. Increasing the use of contraception in pastoralist communities requires mobile contraceptive services in the remotest places where kraals are located. Promoting awareness of the benefits of contraception on maternal and child health and for households can help increase use of contraception. Slow contraceptive acceptance is having negative implications on the SRH of pastoral adolescent girls in Karamoja.

References

Andersen, R. (1995). Revisiting the Behavioral Model and Access to Medical Care : Does it Matter? *Journal of Health and Social Behavior*, *36*(1), 1–10.

Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2012). Contraception and health. *The Lancet*, *380*(9837), 149–156. https://doi.org/10.1016/S0140-6736(12)60609-6

Cleland, J. G., Ndugwa, R. P., & Zulu, E. M. (2011). Family planning in sub-Saharan Africa: progress or stagnation? *Bulletin of the World Health Organization*, *89*(2), 137–143. https://doi.org/10.2471/BLT.10.077925

Gribble, J., & Haffey, J. (2008). *Reproductive Health in Sub-Saharan Africa. Population Reference Bureau*. Washington, DC 20009 USA.

Uganda Bureau of Statistcs (UBOS) and ICF. (2017). *Uganda Demographic and Health Survey 2016: Key Indicators Report*. Kampala, Uganda.

World Health Organization (WHO). (2018). *Fact Sheet: Family Planning/Contraception*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception