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Female Teenager's Knowledge and Awareness on Reproductive Health in Uganda: Case of Namasuba Village, Wakiso District

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Abstract
The central aim of the study is to assess female teenagers knowledge and awareness on reproductive health in all its contents and functions. Along with three focus group discussions, 60 respondents were purposively selected who included 50 female teenagers and 10 key informants. About 96% of the respondents were familiar with the reproductive health information that was explored by the study. Female teenagers were well versed with information on Sex education, access and utilization of contraceptives. Informal education by parents through sex education, formal education in schools and modern technology information channels were important avenues of reproductive health awareness by female teenagers. The paper recommends infusion of reproductive health elements with the educational policy of the country for extensive reproductive health information, education and communication and thus improved reproductive health status of the country. To have greater impact on young people's lives, reproductive health should become a priority on the country's development agendas because health is wealth. Mass media can play a vital role to channelize the importance of reproductive health.
Keywords: Female Teenagers, Reproductive Health, Sex Education, Contraceptives, Uganda

1. Introduction

Uganda is the most youthful country in the world where children less than 18 years comprise up to 56.7% of the country's population (Uganda Bureau of Statistics, 2014). Reproductive Health (RH) Knowledge and Awareness remains extremely low in the country as evidenced by early parenthood situations. Uganda has one of the highest teenage pregnancy (34%) in the East African Region and the family planning demand stands only at 27% (ICOMP, 2009). Like other countries in Sub - Saharan Africa, teenage pregnancy remains a big threat to Uganda's girl - child, with one in every four teenage girls between 15 and 19 years of age found pregnant according to the Uganda Bureau of Statistics (Ayebazibwe, 2013). This negatively retards the country's GDP progression due to the costs related to early pregnancies. Early pregnancies often lead to school dropout which makes it difficult for young mothers to find decent jobs to take care of themselves and their children. Poverty swallows up such groups of vulnerable people quickly creating a vicious cycle of misery where their children and their children's' children easily fall prey of early pregnancies, illiteracy and poverty which can be hard to beak and thus a burden to the country. Nowadays, young girls are progressively accessing and utilizing reproductive health information and services for minimizing reproduction. There has been a decline in the age specific fertility rate for age 15 - 19 years, from 204 births per 1000 women since 1995 (UBOS and ORC Macro, 2002), to 134 births per 1000 women since the year 2006 to 2011 (UBOS and ICF International, 2011). There has also been a decline in the percentage of young girls who have started child bearing (Mukasa, 2009). As a result, the traditional norm of having many children has been decreasing. Nalwadda et al. (2010) noted the changing attitudes among both the married and unmarried population towards a small family size. It is also observed that women have been contributing to conserve and use Reproductive Health knowledge for a long time although this knowledge has varied from generation to generation. For instance, we have the traditional contraceptive methods such as periodic abstinence and withdrawal (Andi et al., 2014), and modern contraceptive methods that are noticeable today such as condom use, sterilization, use of pills, and implants. Around 30% of the family planning usage in Uganda is among the female population (Population Reference Bureau, 2013), though this is not surprising for most Ugandan people as controlling child birth is often seen as a woman's responsibility, particularly in marriage. This is partly because of cultural norms that value women in child nurturing, although these values vary greatly from one culture to another (Bornstein, 2013).

Women's participation in reproductive health has improved over time because of the health benefits associated, despite the low contraceptive prevalence in the country (Do and Kurimoto, 2012). Contraceptive use promotes health and saves life and family planning saves money (Guttmacher Institute, 2013). WHO considers both the traditional and modern contraceptive methods to be safe for all persons (Andi et al., 2014). The traditional contraceptive methods are the basis for individual - level decision making in reproductive health, health care and other health seeking behaviors/activities. Such indigenous knowledge is passed down from generation to generation in day to day living. Warren (1991) acknowledged that indigenous knowledge not only adds worth to the culture in which it evolves but also, it is an important ingredient for scientists and planners striving to improve livelihoods. Currently, due to introduction of modern contraceptive methods, traditional contraceptive methods are at a high risk of becoming insignificant. Most people prefer to use the modern

methods because the effectiveness of the traditional methods is often questioned (Andi et al., 2014). In Uganda, women play a vital role as information channels for RH information dissemination. If women do not possess, access and use reproductive health information in their daily lives, they are bound to face problems such as early and unwanted pregnancies, HIV/AIDS infection and other Sexually Transmitted Infections. Thus, the government is continuously playing its role in making the RH services and information available to the people. There are a considerable number of policies designed to protect young females from getting pregnant during adolescence although these policies have not been fully implemented leaving loopholes that are being exploited against the teenage girls (Ayebazibwe, 2013). There is need for excellent Reproductive Health status in Uganda and to ensure the maximum utilization of RH information and services by nationals. Recently, masses are becoming conscious enough about the disadvantages of neglecting reproductive health issues at all levels of society. Moreover, the low levels of contraceptive use, high levels of illiteracy among mothers, poverty and poor access to quality RH services, multiple sexual partners, the low status and limited decision-making power of women, especially with respect to condom use for protection against HIV/AIDS, STIs and unwanted pregnancy have greatly contributed to poor reproductive health status in Uganda. That is why knowledge and awareness on reproductive health is important for achieving social development. This realization seeks special attention from policy makers, researchers and practitioners in social development. Therefore, the study on reproductive health and its documentation is particularly important for a country because, (i) RH is a right with significant utilities if explored, (ii) RH improves the health seeking behavior of young adults, (iii) is of special importance during the reproductive years of women, and (iv) it is an important determinant of survival during one's life span health wise. The reproductive health status of Uganda cannot be totally transformed into a desired one in just one day. Therefore, one cannot easily curb down the high rates of teenage pregnancies and HIV/AIDS infections or the low demand of family planning if vast information on the subject is not gathered. Additional research is needed to make reproductive health a priority for all, to make RH information and services available for all. This paper therefore intends to discover how female teenagers are aware of RH information in both its contents and functions.

2. Knowledge and Awareness on Reproductive Health in Uganda

Reproductive health knowledge and awareness is important for young girls and especially in their reproductive years because in this period, they undergo rapid physiological changes which affect their social relations. The 2000/2001 World Development Report indicated that half of the young women in the world reported being sexually active by age 18. In 8 of 14 countries in sub-Saharan Africa, more than 20% of 15 to 19 year olds had lost their virginity before age 15. In Uganda, Adolescent females account for a significant proportion (46%) of maternal deaths, which are largely due to inadequate health care and supportive services and unsafe abortions as a result of unplanned pregnancies (Uganda Bureau of Statistics and Macro International Inc., 2007). Adolescents start having sex early (Meekers, 1993; United Nations, 1996). The median age at first intercourse in Uganda is 16.7 years and the median age at first marriage is 17.8 years (MOH, 2000). By age 15, 22.6% of females have had sexual intercourse and by 18 years, 67% have had sexual intercourse whereas 53% are married by this age (MOH, 2000). A 2007 Guttmacher Institute study indicated that each year, about 715,000 women in Uganda are pregnant. In four (4) out of ten (10) pregnancies in Uganda are teenage pregnancies. Uganda youths are known to be poor users of contraceptives though it is evident that knowledge about them has increased steadily (MOH, 1999; WHO, 1997). The poor use could however be attributed to accessibility and affordability of costs which sometimes the rural adolescents cannot manage. According to Ministry of Finance and Economic Planning (1995), 45% of teenage parenthood are rural women compared to 31% of their urban counterparts.

Throughout history, societies have attempted to deal with the problem of premarital sex by strictly supervising young girls to make sure that sexual activity does not begin until marriage. Unfortunately in the force of change, parents seem to be reluctant and to have delegated this duty to school authorities. Providing information to young people about sexuality is a very sensitive subject. Parents do not want to discuss sex and too often find it very hard to face the fact that adolescents have sex relationships that result in unplanned pregnancies. Parents expect teachers to counsel the students, while the teachers also expect the same from parents. The traditional community- and family – centered methods of teaching young people about sexual matters (particularly the institution of 'sengas', or paternal aunts) have broken down leaving adolescents with fewer knowledgeable and supportive sources to guide them through their sexual lives (Guttmacher Institute,2006). Most programs to change behavior have included young people, and have provided them with accurate information, provision of recreational facilities, improving the management of young people's sexual needs but lack of access to health related information and services is a common trend across all components relating to adolescent's poor well being in Uganda (MOH, 1999). Limited access to adolescent friendly services and information is a major problem affecting adolescents in a bid to have protected sex or postpone sex (WHO, 1997). Most services in the country are generally offered to all people but, there are few units with adolescent friendly services. Adolescents do not access the services due to lack of confidentiality and rudeness among

service providers, rumors about contraception use and ignorance about the existence of these services (MOH, 1999). Even when there is some information being given, it is usually inadequate. Thus there is need to ensure more appropriate dissemination of information which can be aided by understanding the inhibitions in accessing RH services.

The level of actual use of contraceptives among sexually active adolescents is very low due to poor access and high costs involved. Barriers to practice safer sex practices including contraception are that parents do not wish their children to be exposed to contraception especially condom use. Few sexually active males and females actually use a method, the prevalence being the highest in urban (30% males and 35% females) (Uganda Bureau of Statistics and Macro International Inc., 2007). In rural areas only 13% males and 5% female youths use contraception (Uganda Bureau of Statistics and Macro International Inc., 2007). The use of contraceptives involving condoms is highest among educated adolescents, 15 – 18% (Uganda Bureau of Statistics and Macro International Inc., 2007). At the same time, unmarried adolescents cannot easily obtain family planning services and advice ((Uganda Bureau of Statistics and Macro International Inc., 2007). The youth rarely utilize government health facilities because of inaccessibility due to distance, poor reception of health workers, lack of drugs at health units and lack of financial support (Arinaitwe, 1999; MOH, 1999). Many Ugandan women of child bearing age who do not want to become pregnant are not using a modern contraceptive method. Data shows that the unmet need for contraception – the proportion of Ugandan women of child bearing age who are fertile and sexually active, do not want a child soon or ever and are not using modern contraceptives – is now 33% (Guttmacher Institute, 2006). Among women who live in rural areas, have little schooling or are poor, this unmet need is even higher (36-38%) (Guttmacher Institute, 2006). Distrust of modern methods of contraception is an important reason why levels of use are so low (Guttmacher Institute, 2006).

When Ugandan women who say they want no more children were asked why they were not using a contraceptive method, 25% said that they were afraid of side effects or that contraceptives were inconvenient to use. A further 14% said that their partners were opposed to the use of contraceptives , and 13% said that they did not know where to obtain family planning methods or that they could not get to a site that provides contraceptives. 5% said their religion forbids the use of contraceptives (Guttmacher Institute, 2006). In addition, a substantial proportion of Ugandan women do not use contraceptives at all because they believe that contraceptives are detrimental to women's health. Other themes also emerged from these interviews: the untrustworthiness of men, who sometimes sweet- talk young adolescent girls into having sex by falsely promising that they will protect them against pregnancy (Guttmacher Institute, 2006). Adolescent's lack access to quality, inexpensive and confidential Reproductive Health services (WHO, 1997).

3. Methodology

The mixed method approach to research was used. The qualitative approach was used because it deals with human conduct and motivation especially in the area of sexuality which cannot be captured by the quantitative approach. The quantitative approach was used in order to establish the extent and rate of knowledge and awareness on reproductive health. The study was conducted in Namasuba Village, Wakiso District, Uganda. The purposive selection of Namasuba village was due to the proximity and familiarity of the locale to the researchers. Namasuba village is a semi - urban area, making it bear immense rural and urban realities. The population of people in the village is over 103,225 people with young people comprising over 55% of the village population (UBOS, 2006). A total sample of 60 respondents was purposively selected. These included 50 female teenagers and 10 key informants. The researchers exercised their judgment to include people that were presumed to be typical of the given population about which they sought information. Since Reproductive Health is a sensitive area including issues such as sexuality which require ample time for the respondents to reveal the whole truth about it, a limited number of respondents was favorable. Rapport building is important for reliable data. Therefore, the researchers took help from the local leader of the village to introduce themselves to the female teenagers. The researchers singled out female teenagers because it is normally during the teenage stage that most young people begin to experiment with sex and are exposed to the dangers inherent in the process. Females are the most vulnerable during this period. Data was collected from the respondents using unstructured interviews, a face to face setting from July - August 2015 along with three Focus Group Discussions and some informal interviews, field notes and observations to gain a deeper understanding about the research subject. Personal characteristics of the respondents such as their age, religion, marital status, were included in the study. Thematic and content analysis were used for qualitative data. Quantitative data analysis was done using a computerized programme SPSS to provide descriptive summaries and more manipulations were done by use of Ms Excel.

4. Results

4.1 Socio-demographic Characteristics

4.1.1 Age of Respondents

The results in Table 1 show that the majority (78.3%) of female teenagers were of age 14 to 19 years. Few (5%) female teenagers were of age 13. All female teenagers had pronounced body and behavioral changes in them. Key informants included parents, local council officials and health workers, 25 years and onwards, because they were deemed to be more mature and possessing vital information about reproductive health knowledge and awareness by female teenagers.

Table 1. Age of Respondents

Category	Age (Years)	Number	Per cent (N=60)
Female teenagers	13	03	5
	14	06	10
	15	08	13.3
	16	11	18.3
	17	08	13.3
	18	07	11.7
	19	07	11.7
Key Infomants	25	02	3.3
	28	03	5
	30	01	1.7
	33	01	1.7
	35	02	3.3
	40	01	1.7
Total		60	100

4.1.2 Sex of Respondents

All (100%) teenagers were females. This population shares the greatest burden of reproductive health problems. Most (30%) parents were females (mothers). They were easily accessible because they have the responsibility of nurturing their children. Besides, they know more about the problems children are likely to face compared to males (fathers) who constituted 10%. Local council officials were mostly (30%) males. Female local council officials constituted 10%. This was because women in Namasuba village have not been well established in the leadership roles. Health Workers were equally represented. The researcher managed to get a male who was a doctor and a female who was a nurse. Each constituted 10%.

4.1.3 Religious Affiliation of Respondents

Different religions have different teachings about sex that is why religion was an important variable to have a glimpse at in this study. Table 2 below reveals that the majority of respondents were Protestants, followed by Catholics, Moslems, Seventh Day Adventists, and Born Again Christians. Respondents were asked what their religious views about sex were. According to the Protestants, sex is good when in the right time and age for it. Sex before marriage is bad. The Catholics said sex is a special gift from God in marriage institution. Sex was blessed by God in marriage. The Moslems said according to the Quran, sex is not good for those who are teenagers and youth. The Quran says sex is good at a mature age. It is bad for young children. The Pentecostals said sex is meant for married people. The Seventh Day Adventists said having sex when you are still young is fornication. It is punishable by God. Sex is bad for those below 18 years but good for those above 18 years. These findings are supported by Asiimwe et al (2003) and UNCC (1994) whose studies indicated that religious institutions were said to be at the fore front of encouraging followers to abstain from sex.

Almost all religions mentioned in the study do not accept pregnancy of adolescents before marriage. In fact, these religions do not permit any one to be involved in sex before marriage. Female teenagers who hide under the umbrella of religion to do things contrary to the teachings of the Bible and the Quran could be at a risk of engaging in destructive behaviours which could lead to teenage pregnancy.

Table 2. Religious Affiliation of Respondents

Category	Religion	Number	Per cent (N=60)
Female teenagers and Key informants	Catholics	14	23.3
	Protestants	16	26.7
	Moslems	12	20
	Seventh Day Adventists	10	16.7
	Pentecostals	08	13.3
Total		60	100

4.1.4 Marital Status of Respondents

All (83.3%) female teenagers were single. This was because they were students from different schools and still under parental care. Besides, the Constitution of Uganda (1995) prohibits any marriages before the age of 18 years. Key informants were all (16.7%) married.

4.2. Knowledge and Awareness of Female Teenagers on Reproductive Health

The study explored knowledge about sex education and, access and use of family planning methods.

4.2.1 Sex Education

This sub-section mainly concentrated on finding out whether female teenagers knew anything about sex education. It included how they got to know information about sex education and the preferred source of information on sex education.

4.2.1.1 Knowledge about Sex Education

The researchers wanted to know whether female teenagers had ever received any information about sex education. The content of the information was also vital for the study. The study found that, the majority (96%) of female teenagers had ever received information concerning sex education. The content of that information included: Listening to parent's advice; Not coming home late; Refusing gifts and money from men; Abstaining and avoiding bad groups. It also focused on reading books, and always seeking for advice in case of any problem. Few (4%) female teenagers had never received any information concerning sex education. The reason they gave was that no one had ever talked to them about it. Female teenagers who had never received information concerning sex education could be more at a risk of becoming pregnant or contracting HIV/AIDS and other STIs when they are still young. This could be because they lack information on how to protect their lives. Female teenagers who do not utilize information about sex education could also be at a possibility of becoming young mothers and fall prey of other health related problems. Those who utilize information concerning sex education are more likely to have a healthy living.

4.2.1.2 Sources of Information about Sex Education

The study was interested in identifying the information channels for female teenagers on sex education. Table 3 reveals the sources of information about sex education.

Table 3. Sources of Information about Sex Education

Source	Number of Respondents	Per cent (N=50)
Radios and Televisions	10	20
Teachers	09	18
Parents	08	16
Auntie's	07	14
Friends	05	10
Seminars/Conferences	03	6
News papers (straight talk)	03	6
Sisters	03	6
T.A.S.O	02	4
Total	50	100

Female teenagers mentioned different sources of information about sex education as shown in table 3 above. Radios and Televisions were reported as the main sources of information concerning sex education. Views from one FGD revealed that,

*"On capital FM and Beat FM, the teaching is on protecting ourselves from early pregnancy. They tell us not to sleep with other boys/men anyhow and also to use condoms. They also teach us to only have sex within marriage. Because they repeat the issue of protecting ourselves so much, it brings fear in us and this makes us abstain or to use condoms when we are having sex."(*FGD Female Teenagers, Namasuba Village)

Radio was reported to have helped demystify sex through open discussions on sexual issues in addition to providing a forum for sharing personal experiences thus helping to reduce on the stigma. Reactions from one FGD showed that,

"The radio informs us how to avoid getting HIV/AIDS, early pregnancy and how to have our blood tested before marriage or before having sex with a boy. This information has increased our knowledge and we are waiting for a blood testing center to be built in Namasuba." (FGD Female Teenagers, Namasuba Village)

Female teenagers who do not have access to radios and or televisions could lack access to vital information such as the use of condoms that would help guarantee them safety against unwanted pregnancies. It is usually through radios and televisions that people are easily and mostly informed in this era.

Another source of information about sex education were teachers. Teachers punish female teenagers in case they have done something wrong. They give them encouragements and ensure their cleanliness for example, making sure that they put on clean and ironed uniforms, combed their hair, and brushed their teeth. They also report them in case of bad behaving, and advise them to avoid bad groups. Teachers were the second leading source of information concerning sex education.

Parents were also included as one of the source of information on sex education. According to female teenagers, parents advise them to read hard and punish them in case they have done something wrong. They teach them how to give respect to other people like listening to them and doing domestic work such as cleaning the house, compound and cooking. They also advise them to avoid bad relationships and groups. Expressions from one female teenager had this to indicate,

"If dad sees you conversing with a boy, you're dead." (Female Teenager, 16 years)

This is because parents have the responsibility of nurturing their children. To the female teenagers, aunties teach girls cultural values like respecting people. They preach the information of descent dressing, and good behaviours. Friends were also reported as a source of information on sex education. This is true because some peers tend to listen to their peers and accept what their peers are telling them more than any other person. Female teenagers said that friends advise them to read hard. Sisters were included as another source of information concerning sex education. Female teenagers said that sisters always advised them to focus only on their books. Seminars/conferences are vital in teaching adolescents how to best protect their lives against any dangers. Female teenagers reported the demonstrations on reproductive health concerns for example through plays and poems done during seminars/conferences as useful. Female teenagers mentioned straight talk news paper pull outs as useful information sources as well on reproductive health issues. Straight Talk pull outs published and supplied by Straight Talk Foundation, target adolescents and teachers on matters of Adolescent Sexual and Reproductive Health. However, access to print media in the rural areas was found to be quite limited mainly because, circulation is poor and the purchasing power of the rural population is low. For example, in Namasuba village, Straight Talk pull out magazines were mentioned by only 3 female teenagers as a source of information on sex education. One female teenager pointed out that,

"My first time reading it was Thursday this week and the question which was very interesting was that, can kissing also lead to sex, and the answer was yes. I had no idea that someone can be motivated to have sex through kissing." (Female Teenager, 17years)

NGO's such as T.A.S.O were reported to conduct seminars on HIV/AIDS and pregnancy in the districts where they operate. In addition, staff of these organizations visit and sensitize adolescents in schools. Responses from one FGD asserted that,

"T.A.S.O staff visit us sometime and tell us about AIDS and pregnancy." (FGD Female Teenagers, Namasuba Village)

Although the study by Guttmacher Institute (2006) showed that in Uganda, the traditional community and family centered methods of teaching young people about sexual matters (particularly the institution of 'sengas', or paternal aunts) have broken down leaving adolescents with fewer knowledgeable and supportive sources to guide them through their sexual lives, the findings from this study showed that parents are still taking initiatives to provide sex education to their children. Despite the high knowledge on sex education demonstrated in the discussions, teenage pregnancy still exists at high levels in the country. This could be because of not utilizing the knowledge on sex education.

4.2.1.3 Preferred Sources of Information about Sex Education

The preferred sources of information about sex education were also investigated by the researchers. This was

because different female teenagers have different preferences regarding sex education which in one way or another affects their way of behaviour. The question about the preferred source was paused to the female teenagers. The preferred sources of information about sex education are presented in Table 4 below.

Table 4. Preferred Sources of Information concerning Sex Education by Female Teenagers

Source	Number of Respondents	Per cent (N=50)
Parents	10	20
Teachers	09	18
Auntie's	08	16
Friends	05	10
Radios and Televisions	05	10
Sisters	04	8
Seminars/Conferences	04	8
News papers (straight talk)	03	6
T.A.S.O	02	4
Total	50	100

Table 4 shows that most (80%) female teenagers prefer to get information on sex education from other sources other than parents. Parents constituted only 20%. Female teenagers who preferred parents said they spend most of their life time with them. Reactions from one female teenager had this to indicate,

"It's only my parents to advise me, other people have no right because it is my parents who are taking care of me." (Female Teenager, 15 years)

This means that parents should play a very big role in teaching their children sex education. Teachers were preferred because parents were tough, too busy and had less time for female teenagers. Female teenagers were free with their teachers and could tell them whatever problem they were faced with. For aunties, they were warm and give good advices. Friends were always close to them. Televisions and radios presented one with a choice to both watch and listen or not. Sisters were preferred because they stay with the female teenagers.

Female teenagers who preferred seminars/conferences said that they give exemplary experiences. For example, they carry out demonstrations in form of plays. Female teenagers who preferred newspapers (straight talk) said that they tackle daily life experiences. Female teenagers who preferred T.A.S.O said that they give good guidance and protection.

Despite the above knowledge on sex education demonstrated in the discussions, teenage pregnancy still exists. This could be because of not utilizing the knowledge on sex education.

4.2.2 Sexual Experience

As part of Reproductive Health, the researchers wanted to find out how knowledgeable females teenagers were about sex. According to the findings, 96% of female teenagers knew what sex is. Only 4% had no knowledge about it. Those who had knowledge about sex said, sex is the engaging of a male and a female into intercourse. These findings are further supported by Agyei and Epema (1991) whose study showed that in Uganda, awareness about sex begins at a very early age which exposes adolescents to early and unplanned pregnancies.

The researchers went ahead to find out what the female teenagers thought about sex. According to the findings, 46% female teenagers said sex is good. Female teenagers who said sex is bad were 50%. Only 4% did not know because they had no knowledge about sex. Female teenagers (50%) who said sex is bad gave reasons that it can lead to pregnancy and makes one feel out of place. It also leads to loss of virginity. One can get HIV/AIDS and, it can lead to school drop outs. Beliefs from one FGD had this to elaborate,

"We are too young to play it. It is bad especially when it is a wrong time. They say a man can tear you up and enlarge you." (FGD Female Teenager, Namasuba Village)

Female teenagers (46%) who said sex is good gave reasons that it is interesting. It is enjoyable. It is fun. It helps in reproduction. And, it is pleasure. With such responses, it could probably imply female teenagers practicing it hence leading to teenage pregnancy and other health related problems associated with unprotected sex.

The researchers went further to find out whether the female teenagers had ever played sex. According to the findings, 38% female teenagers had ever had sexual intercourse. Female teenagers who had never had sexual intercourse were 62%. This could probably imply that female teenagers who have sexual intercourse before marriage are at a risk of getting early and unplanned pregnancies. Those who do not involve in sexual intercourse are on a safe side of avoiding early pregnancies. The factors that led the 38% female teenagers into sexual intercourse included; peer influence, love for money and the feeling that they are grownups. The reasons

the 62% female teenagers gave for not having sexual intercourse included to concentrate on books, avoid risks of early pregnancy and reduce on the chances of acquiring HIV/AIDS.

4.2.3 Love Relationships

As part of sexual experience, the researcher was interested in finding out whether female teenagers had started love relationships/had partners or not. The study found out that, 64% female teenagers had started love relationships. Female teenagers who had not yet started love relationships were 36%. Female teenagers (64%) who had started love relationships gave reasons that not being with a boy friend leads to masturbation. One can end up in prostitution acts. It is fun, natural, and normal for someone to have a partner. Opinions from one FGD were,

"*So long as we abstain, be faithful and love each other, being with one is not bad. Being with one can solve some of your problems like the need for money. Because with him, you can share all your feelings. It enables you to associate with him."* (FGD Female Teenagers, Namasuba Village)

Views from another FGD asserted that,

"Love your neighbor as you love yourself, God said so. It is part of life. A boy friend is there for you, protects you when you have got problems." (FGD Female Teenagers, Namasuba Village)

Such female teenagers could be in a position of being easily lured into sexual activity which could imply teenage pregnancy. Female teenagers (36%) who had not yet started love relationships gave reasons that there is time for everything. Love relationships may lead to early pregnancy. They wanted to concentrate on books. They were not interested. And that, one can get along without one. From their understanding, respondents of one FGD emphasized that,

"*At our age, we don't need a boyfriend. He may turn against you and expose you to satanic things. You stay safe and free from HIV/AIDS without a boyfriend and this helps you not to go in bad acts like romances, sex etc.'* (FGD Female Teenagers, Namasuba Village)

This could probably imply a reduction in teenage pregnancies if such female teenagers utilize that knowledge.

4.2.4 Knowledge, Access and Use of Family Planning Methods

This sub-section was concerned with finding out the contraceptive access, knowledge and use by female teenagers. In order to find out this, the researcher asked female teenagers several questions. One of them was whether female teenagers knew about contraceptives. According to the findings, 86% female teenagers knew about contraceptives. Female teenagers who had no idea about them were 14%. This showed that the level of contraceptive awareness among female teenagers is high. These findings are supported by the MOH (1999) and WHO (1997) who showed that knowledge about contraceptives had increased steadily among the Ugandan youths. However the findings could imply that there is low level of use which actually brings about teenage pregnancy.

4.2.4.1 Methods of Contraception Known by Female Teenagers

The researchers went ahead to identify the methods of contraception known by female teenagers. This was because knowledge about these methods could either increase or reduce teenage pregnancy. The methods of contraception known by female teenagers are presented in Table 5 below.

Table 1. Methods of Contraception Known by Female Teenagers

Method	Number of Respondents	Per cent (N=50)
Condoms	25	50
Use of pills	10	20
Safe period	05	10
Masturbation	03	6
Withdrawal	03	6
Injecta plan	02	4
Abortion	02	4
Total	50	100

The most known methods of contraception by the female teenagers were the use of condoms and use of pills. Female teenagers said that these are well advertised and given freely in schools and hospitals especially condoms.

4.2.4.2 Methods of Contraception used by Female Teenagers

The researchers went ahead to find out the methods of contraception that were used by female teenagers. Only 36% female teenagers said they were using contraceptives. Female teenagers who were not using contraceptives

were 64%. Among the 36% female teenagers who were using contraceptives, 30% said they use condoms and 6% said they use pills. This could be because condoms are comparatively cheaper than pills. Responses from one FGD clearly indicated that,

"We have free condoms distributed by community health workers. Condoms are also readily available in the shops. They are sold at 500shs a pack. The use of condoms has been the most important because without them, most of us would be pregnant.' (FGD Female Teenagers, Namasuba Village)

Views from another FGD had this to illustrate,

"For me, I tell my boyfriend that we have to use a condom. I insist and say no condom, no sex. We are serious about condoms. If a boy does not have it, you can't accept to sleep with him." (FGD Female Teenagers, Namasuba Village)

The above findings are supported by the Uganda Bureau of Statistics and Macro International Inc. (2007) whose study showed that the use of contraceptives involving condoms is highest among educated adolescents.

The reasons for not using contraceptives by the other (64%) female teenagers were that they were expensive. It was not the right time. They did not know where to get them. And, they were not having sex at all. These findings are further supported by Arinaitwe (1999) and MOH (1999) whose studies showed that the youth rarely utilize government health facilities because of inaccessibility due to distance, poor reception of health workers and lack of financial support. They lack access to quality, inexpensive and confidential Reproductive Health services.

Therefore, female teenagers who practice sex which is unprotected as a result of failure to use contraceptives could probably be at a risk of becoming pregnant when still young.

4.2.4.3 Sources of Contraceptive Awareness

The study focused on finding out the sources of contraceptive awareness. This was because female teenagers were believed to receive information about contraceptives from different sources. The question about the sources of contraceptive awareness was paused to female teenagers only. The findings are presented in Table 6 below.

Table 2. Sources of Contraceptive Awareness

Source	Number of Respondents	Per cent (N=50)
Mass media e.g. TV's and radios	15	30
Teachers	12	24
Parents	10	20
Friends	08	16
Seminars/Conferences	03	6
Health centers	02	4
Total	50	100

Table 6 shows that most female teenagers get knowledge about contraception from the mass media e.g. TV's and radios. Views from one FGD indicated that,

"There are so many adverts on radio and TV about birth control methods especially the use of condoms." (FGD Female Teenagers, Namasuba Village)

Female teenagers mentioned teachers as another source of contraceptive awareness. Teachers teach them what contraceptives are and how to use them.

Parents were considered as one of the source of contraceptive awareness. This is because they have the responsibility of nurturing their children as they grow up. Ideas from one FGD showed that,

"It is only parents trying to help their children by informing them about contraceptives. We don't see anything the community has done to help adolescents in this area." (FGD Female Teenagers, Namasuba Village)

Friends were also considered as one of the source of contraceptive awareness. Female teenagers reported that they were free to share anything with their fellow colleagues.

Other sources of contraceptive awareness included Seminars/Conferences and Health centers. These constituted the smallest percentages, 6% and 4% respectively. This could be because seminars/conferences are not held every day. People also do not visit health centers unless they have a problem.

Despite the above sources of contraceptive awareness, teenage pregnancy still exists. This could be because of female teenagers not utilizing the above sources.

5. Discussion

According to the findings, the respondents were mostly teenagers in the middle of their teen years. Around this time, it is true that most teenagers are not shy to speak to an outsider. On the other hand, all key informants were

above 20 years because at this stage and beyond, they are considered mature and able to understand real life situations. The greatest percentage of respondents (80%) were Christians. This is because the country is predominantly a Christian country. The findings show that all the selected female teenagers for the study were single. The legally accepted age of marriage is 18 years and above and this explains the situation (Constitution of Uganda, 1995). The current research found that the knowledge of female teenagers about Reproductive Health in terms of sex education and, access and use of contraceptive methods was quite higher. Mukasa (2009), Nalwadda et al. (2010) and UBOS and ICF International (2011) observed similar patterns. Presently the government, non - governmental organizations and mass media in Uganda are campaigning against teenage pregnancies, cross - generational sex, early marriages at all levels of society and numerous advertisements are in place promoting contraceptive use and family planning. Therefore, female teenagers are becoming more aware about the dangers of early pregnancies and pre-marital sex. The awareness raising initiatives on Reproductive Health like Straight Talk Bulletins in Newspapers, Radio and Television RH talks include teenagers as 100% beneficiaries. Thus, female teenagers are becoming more aware on RH Knowledge application. Sex education is traditionally transmitted by social systems where family plays a vital role. The most preferred source of information about sex education was parents (Table 4). Normally young girls in the rural areas help their mothers with the daily home duties such as cooking. The same with the young boys towards their fathers and especially in the farmlands. Through these kind of activities, parents are able to socialize with their children. In Uganda, the formal educational system is far away from Reproductive Health knowledge even though it has been proved that incorporation of this knowledge into educational research can prevent early pregnancies and mitigate its effects, promote gender equality, power balance and sustainable education development (Ayebazibwe, 2013). For example, designing appropriate sex education messages for specific age groups and including them in the school curriculum will broaden the horizon of awareness on reproductive health knowledge which in turn will ensure sound health and wellbeing. The findings also revealed that media generally pays great attention to dissemination of contraceptive use knowledge (Table 6). This is exceptionally practical in Uganda as most of the contraceptive methods are modern methods and they would often require the interaction of the media for people to become aware of their application and description. The modern media puts huge emphasis on the latest inventions. Young people in the contemporary world are more inclined to use modern devices such as phones, television and radios to access information. This leads them to get quicker information by using modern technology although social systems such as family units are still effective as well. Andi (2014) found that demand for modern contraceptive use is high among educated women, since they are highly exposed to modern information and technologies with a strong likeness and skills to use them. This similar relationship is revealed in Table 5 where findings denote that the modern methods of contraceptives are the most known by the female teenagers. Women normally opt for modern methods of contraception because their effectiveness is rarely questioned despite the side effects and health concerns associated with them (Population Reference Bureau, 2013). Reproductive Health Knowledge and awareness is beneficial for young women especially because they are faced with many problems as they are transitioning from childhood to adulthood. They hold all responsibilities to take care of their reproductive health needs. The study revealed that a great number of female teenagers had started love relationships (had boyfriends/partners). As a result, this RH knowledge and awareness becomes a significant part of their behavioral change and development.

6. Conclusion

Most media houses, NGOs, the public and private sector are advocating the improvement of the reproductive health status of Uganda for improved health and survival outcomes especially for young people and youths. In this regard, the present study assessed the awareness levels of female teenagers. The findings show that most of the female teenagers possessed knowledge and were aware about reproductive health. Many female teenagers had knowledge about sex education, and knew about contraceptives though many of them reported having love relationships which can actually put them at a risk of engaging in premarital sex and thus an increase in teenage pregnancy occurrences. The current research finds that sex education has a positive contribution to female teenagers knowledge and awareness on reproductive health. This is very interesting because the education system of Uganda is far away from incorporating sex education in the school curriculums. The reason is that sex education is always assumed a parent's responsibility. Improved reproductive health status of Uganda is possible when people not only become aware but also utilize the RH information.

7. Recommendations

Knowledge and awareness on reproductive health is very crucial for female teenagers. Therefore, more research on RH is needed to deal with the causes of poor reproductive health status in Uganda. Parents as key players in the upbringing of children should be empowered by the government to deal with Reproductive Health problems among adolescents. In addition, the government of Uganda should intensify Reproductive Health Information, Education and Communication activities including counseling targeting adolescents both in and out of school.

Female teenagers should also become responsible with the decisions they make in life. They should consult their elder's whenever they find problems and need help. Female teenagers should always appreciate what they have and always take the advice given to them by their parents.

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