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FAMILY PLANNING

Tell them you are planning for the future: Gender norms and family planning among adolescents in northern Uganda

Melissa K. Adams *, Elizabeth Salazar, Rebecka Lundgren

Institute for Reproductive Health, Georgetown University, Washington DC, USA

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ABSTRACT

Objective: To understand how social norms about gender and reproduction shape fertility desires and use of family planning among adolescents in post-conflict northern Uganda. *Methods:* A study was conducted in 2 post-conflict districts in north-central Uganda. Life histories were collected from 40 adolescents (20 males, 20 females). In-depth interviews were conducted with 40 individuals (20 males, 20 females) who were identified as significantly influencing the lives of adolescents in research areas. Data were analyzed through inductive and deductive approaches, facilitated by the qualitative software program ATLAS.ti (v.5.6). *Results:* Rigid gender norms and post-conflict economic realities create an environment in which young people struggle to bridge the gap between idealized and experienced gender roles. Social changes brought about by the conflict, combined with cultural values and gender norms, strongly influence fertility desires and contraceptive use. Despite support for smaller, spaced families, gendered barriers to adolescent use of family planning and access to services are significant, even among married couples. *Conclusion:* The increased recognition of the determining influence of gender on adolescent reproductive health provided by studies such as this can encourage greater investment in gender transformative interventions with the potential to significantly improve sexual and reproductive health across the life course.

1. Introduction

Gender norms—social expectations of appropriate roles for men, women, boys, and girls—are among the strongest social factors influencing sexual and reproductive health (SRH) [1,2]. Inequitable gender norms that emphasize men's strength, independence, and power can translate in the intimate realm into sexual risk-taking and control over partners, increasing vulnerability to unintended pregnancy and sexually transmitted infections [3,4].

Research indicates that armed conflict and its aftermath significantly impact gender roles and relations, aggravating existing gender inequalities. A multi-country study found that, while post-conflict changes in gender roles led to greater economic dependence of men on women, traditional notions of masculinity and femininity remained unchanged [5]. In Uganda, researchers found the inability to fulfill traditional expectations of masculine roles as protectors and providers was humiliating for some men and led them to compensate by emphasizing other gendered expectations, such as control over less powerful individuals [6].

Northern Uganda is recovering from over 20 years of conflict, resulting in massive disruption of health services, internal displacement, and the erosion of traditional social and family structures (17% of children are orphans) [7]. With a total fertility rate of 6.3, nearly 26% of women aged 15–19 years have begun childbearing, and the median age at first birth (17.8 years) is the lowest in Uganda [8]. In total, 65% of ever-married women aged 15–49 years in northern Uganda have experienced intimate partner violence, and high rates of induced abortion (70 per 1000 women) reflect unmet need for family planning (42.5%) [9,10].

Few studies have sought to understand the links between gender norms and family planning in conflict-affected settings, and fewer have included adolescence in this inquiry. The present study, undertaken by Georgetown University's Institute for Reproductive Health, in partnership with Pathfinder International and Save the Children, was designed to explore the influence of social norms on fertility desires and family-planning behaviors among adolescents in northern Uganda. Improved understanding of this relationship is critical because it is during adolescence that gender role differentiation intensifies and hierarchies of power in intimate relationships are practiced. Adolescence represents an opportunity to promote attitudes that positively influence SRH over the life course [11]. The study was part of a larger initiative to develop and test gender-transformative interventions to improve adolescent SRH outcomes.

2. Participants and methods

The present research was conducted in the Lira and Pader districts of northern Uganda between March and October 2011. Life histories were

* Corresponding author at: 4301 Connecticut Avenue, NW Suite 310, Washington DC 20008, USA. Tel.: +1 202 687 5745; fax: +1 202 537 7450.
E-mail address: mka46@georgetown.edu (M.K. Adams).

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collected from 40 adolescents (20 males, 20 females) at points in the life course when adolescents are adopting new roles and responsibilities, and constructing their gender identities—very young adolescence, older adolescence, newly married, and newly parenting (Table 1). Interviews explored gendered experiences of puberty, sexuality, reproduction, and violence. Ethnographers volunteered at youth centers to become acquainted with adolescents and held community-wide meetings to describe the study. Adolescents interested in participating approached ethnographers and were screened for eligibility: aged 10–19 years; belonging to 1 of the 4 transitional life course stages listed above; and representative of a range of sociodemographic characteristics. Occasionally, adolescents were directly recruited by ethnographers based on youth center staff recommendations. Participatory data collection methods, including projective techniques, were used to facilitate richer discussions.

Adolescents were asked to describe individuals who significantly influenced their lives. Forty such individuals (20 males, 20 females) were interviewed. These included parents, adult relatives, peers, elders, community leaders, teachers, and healthcare workers. Interviews focused on gender, violence, SRH, and the adults' perceived influence on adolescents.

All data were collected by same-sex Acholi and Lango ethnographers. Interviews were conducted in Luo, audio-recorded, translated, and transcribed into English by ethnographers. Ethnographers were carefully trained and supervised by the principal investigators to adhere to protocols protecting the rights of study participants. The study protocol and research instruments were approved by Institutional Review Boards at Georgetown University and Makerere University.

Researchers used inductive and deductive analysis approaches to test existing hypotheses and uncover new perspectives. The research design was guided by social norm theory and feminist perspectives that view SRH as rooted in socially constructed gender roles and the balance of power between men and women. Using an iterative process of coding and memoing, researchers formulated tentative hypotheses. Deductive analysis was used to test emerging conclusions using an ecological framework. The qualitative data management software ATLAS.ti version 5.6 (Atlas.Ti Scientific Software Development, Berlin, Germany) facilitated this process by providing a platform for group analysis, which allowed emergent and a priori coding.

3. Results

Results demonstrate how gender norms influence fertility desires and limit family planning among adolescents in northern Uganda (Table 2). Unless otherwise noted, findings for both adults and adolescents are combined.

Table 1
Description of life history and in-depth interview participants.

Life history participant category	Age range, y	Male	Female
Very young adolescent	10–14	5	5
Older adolescent	15–19	5	3
Newly married adolescent	16–19	5	6
Newly parenting adolescent	16–19	5	6
Total		20	20
In-depth interview participant category	**Age range, y**	**Male**	**Female**
Parent of adolescent girl or boy	22–53	2	7
Relative of adolescent girl or boy		4	4
Community member (e.g. teacher, religious leader, elders)		8	3
Peer of adolescent girl or boy		6	6
Total		20	20

Table 2
Gender norms and family-planning behaviors and outcomes.

Gender norms	Ideal women obey their husbands
	Men control women and resources
	Fertility viewed as a core element of masculinity and femininity
	Children bring status and recognition to young couples
Attitudes related to family planning	Couples desire pregnancy
	Distrust of contraception owing to potential effects on future fertility
	View that men should make final decisions regarding use of family planning
Behaviors and barriers	Discussion and use of family planning deterred by threat of violence and/or conflict within the couple
	Couples discuss family planning but men make decisions
Outcomes	Limited access to family-planning services for women
	Men not included in family-planning education and services
	Limited use of family planning
	Covert use of contraceptives
	Unsafe abortions
	Poor timing and spacing of pregnancies
	Subsequent health complications

3.1. Gender norms and roles

Findings reveal that rigid gender norms and post-conflict realities create an environment in which young people struggle to bridge the gap between idealized and experienced gender roles. All participants held traditional notions of masculinity and femininity. Participants characterized ideal men as providers, protectors, and decision makers. Ideal women were described as obedient, submissive caretakers. Being respectful, hardworking, and fertile were considered ideal traits of men and women. Content analysis of the number of times participants mentioned "provider" as an element of ideal masculinity and femininity confirmed the centrality of this role to masculine identity. It also revealed gender differences in perceptions. Men/boys and women/girls frequently used the word "provider" to describe an ideal man and "nurturer" to describe an ideal woman. Women/girls, however, more frequently described an ideal woman as a "provider" as well as a "nurturer."

Participants report the conflict altered gender roles by preventing men from fulfilling their roles as provider and protector and by forcing women to assume new responsibilities. With limited livelihood options within internally displaced persons' camps, women assumed nontraditional roles of selling produce or merchandise and digging in the fields. One man explained, "This war created a gap between women and men. Men would struggle to get something to eat just for themselves and not for the family; very few men cared for their families. But women struggled to bring food for the children. To some extent, men learned that women can do a lot more than them so they have withdrawn from their responsibilities" (male, age 34). Additionally, participants report that women and girls were subject to rape and other forms of violence by soldiers and rebels while husbands and fathers were unable to protect them. Adults concluded that these conditions had long-lasting effects on their culture, families, and relationships. They described continuing gender-related challenges after returning home, including increased divorce and marital discord, alcohol abuse, domestic violence, and loss of traditional lifestyles. "Men became serious drunkards and the only thing they knew was to drink…If a soldier wanted to take your wife, he could come and beat you…I see that men suffered most…" (male, age 28).

3.2. Fertility desires and norms

Social changes brought by the conflict, combined with cultural values and gender norms, strongly influence fertility desires and family-planning behaviors. Children are highly valued and viewed as critical to the household economy, both for the labor they provide early on and for future support through work or bride price. Furthermore,

children preserve the lineage, are perceived to provide security in unstable times, and bring intangible rewards, such as joy and respect. Participants frequently identified having children and forming a family as the foundation of femininity and masculinity. The centrality of fertility to gender identity is illustrated by the following exchange with a 16-year-old girl:

> Interviewer: "Among all your hopes, which one is the greatest? You talked of education, having a job, and giving birth."
>
> Participant: "Giving birth is the most important. In this world if you don't have a child your life is worthless and people insult you".

Boys are also cognizant of the importance of reproduction for their passage to manhood: "When I am among people, I am now seen as mature. I can now sit among the clan. If there are no children in your family, people minimize you and no one comes to visit" (male, age 18).

Young couples are strongly influenced by family expectations. Approximately half of newly married adolescents reported pressure from relatives and neighbors to begin having children. Families expect couples to have a child within the first year of marriage, and if they do not they are shamed by their families and community. Women are especially vulnerable; they may face verbal or physical abuse or be denied access to resources: "The family members on the side of a boy start abusing the girl. The boy has brought them a barren girl yet they want a child and someone who can produce. Sometimes they force the boy to marry another person" (female, age 22).

It is important to note that young men and women in northern Uganda do successfully challenge norms related to procreation. For example, couples sometimes resist pressure to conceive immediately after marriage. One husband explained, "As a man, if your elderly people have started saying anything, you can even call those elders and tell them that you are still planning for your family and no one should be scared that you are not going to produce. You can tell them you are planning for the future" (male, age 28). Some adults agreed, mentioning that times are changing and couples can resist pressure by explaining their decision, or by ignoring others' opinions. It is the boy's responsibility to defend their decision: "The boy's family will say that the girl is destroying their home. That was those days. But these days you have to block your ears to the past laws and plan, because it's you who will have the pressure [of raising the children]" (male, age 50).

Although large families are valued, cultural norms support birth spacing. Men/boys and women/girls acknowledged the benefits of smaller, well-spaced families, citing economic and health benefits. Participants also evoked post-conflict realities to justify smaller families: "The time people were in camps, trees were cut, the land is now old and infertile, it does not bring any good yields. If you continue producing many children, if hunger strikes or sickness falls, you will find many problems" (male, age 19). Indeed, all adolescents supporting child spacing cited post-conflict land and resource limitations.

3.3. Barriers to adolescent use of family planning

Despite support for child spacing and limiting, gendered barriers to adolescent use of family planning are significant, even among married couples. Barriers among married adolescents include concerns about contraceptive side effects, potential effect on fertility, male opposition, and the determining role of men on women's reproductive behavior.

Owing largely to the pronatalist attitudes previously discussed, family-planning methods and services are not considered appropriate for adolescents. Less than half of adults interviewed support providing contraception to adolescents, citing concerns about compromised fertility, promiscuity, and adverse health effects. Adolescents share similar concerns: "I feel I shouldn't use it…because when you start using it before having a child, it can make you barren" (female, age 17). Family planning is only considered acceptable for married couples with at least 1 child.

Generally, men are poorly informed about family planning and suspicious of contraceptive use, viewing female users as promiscuous. A major concern expressed by all adult men, but not by women or adolescents, is women using contraception without partner approval. Men feel disempowered by covert contraceptive use and advocate strongly for male involvement in family-planning services. "Sometimes, the husband just discovers that she is using the method. So, it is looked at as female planning not family planning. The way I see that family planning services can be improved is through engaging both men and women" (male, age 28).

In addition to their doubts about contraception, men may constrain use of family planning by restricting women's access to resources such as health services. Women cannot easily access services without partner approval. Intimate partner violence is widely tolerated because of men's authority and accepted when a woman disobeys or does not respect her husband. Women may be discouraged from using contraception because they fear violence. "If I said I wanted to use a family planning method, he [my husband] would definitely say no! I would go by his decision otherwise it will just cause conflict between us which is not good at all" (female, age 18).

When couples do decide to use contraception, men influence method choice. With the exception of 1 participant, all newly married/parenting adolescents reported that they had discussed family-planning methods, their desired number of children, and timing and spacing of children with their partners. Although participants report that family-planning decisions should be made jointly, couples do not always agree and generally the man's view prevails. "We discussed other methods, but he didn't accept them because of effects like headache, body weakness, weight loss, which might lead to spending a lot of money" (female, age 16).

4. Discussion

The present study confirms that significant social, cultural, and economic shifts (in this case caused by prolonged armed conflict) can exacerbate gender inequalities, thereby influencing fertility desires and family-planning behaviors. Applying life history methodology to key transitional moments from childhood to adulthood enhances understanding of gendered norms, attitudes, and experiences related to fertility and family planning among adolescents in post-conflict northern Uganda. Despite the changing environment, gender norms appear largely static; masculinity and femininity are still embodied by procreation, ideal women are obedient and nurturing, and ideal men are providers with authority over women. Young men and women struggle to reconcile contradictory forces—pressure to have large families to strengthen the clan and the desire for smaller families to respond to economic insecurity. Women's economic roles are changing, challenging men's idealized role as "provider." Alcohol abuse, intimate partner violence, and men's desire to control women's reproduction may be related to the economic disempowerment and gender conflicts that men are experiencing. The fear that women who use contraception will be unfaithful or unable to conceive in the future may be particularly salient to men frustrated with their inability to fully perform the masculine role.

A study limitation is that participants self-selected and, in some cases, were recommended by youth center staff. Nonetheless, ethnographers made a deliberate effort to ensure that participants represented a wide range of situations and perspectives.

The present results indicate that improved services are not the panacea to meet the SRH needs of adolescents. Empowering young women and couples to realize their desired fertility intentions will require interventions that support shifts in gender norms to create an enabling environment for family planning. Efforts could build on cultural norms revealed in the life histories such as respect, healthy timing and spacing of pregnancies, and the nurturing and protective elements of idealized masculinity and femininity. Men's support of birth spacing and desire

to protect their family may serve as a platform for increasing positive male engagement in family planning. However, such efforts alone will be insufficient to address the underlying issues constraining use of family planning. Deliberate initiatives are needed to engage youths in critical analysis of gender roles and their influence on reproduction. Efforts to help young people view gender norms as socially constructed mandates shaped by individuals, social structures, and historical and local contexts can empower them to act in more gender-equitable ways and increase their reproductive control—potentially improving SRH across the life course.

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Conflict of interest

The authors have no conflicts of interest.

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