



Socio-cultural perceptions of sexuality influencing the sexual and reproductive health of pastoral adolescent girls in Karamoja sub-region in Uganda

Stella Achen^{*}, Charles B. Rwabukwali, Peter Atekyereza

Department of Sociology and Anthropology, Makerere University, P.O Box 7062, Kampala, Uganda

ARTICLE INFO

Keywords:

Adolescent girls
Culture
Karamoja
Perceptions
Sexual and reproductive health
Uganda

ABSTRACT

Sexual and Reproductive Health (SRH) is indispensable to individual health and well-being. SRH ushers young men and women into reproductive life and years beyond yet it is regarded as a personal matter. Issues concerning this matter are rarely addressed openly. Culture and health are intertwined and manifest through values, norms, and beliefs of the people in society. Ignoring the influence of culture on SRH undermines the effective provision of appropriate adolescent SRH services. In this paper, we explore the socio-cultural perceptions of sexuality and their influence on SRH among adolescent Karamojong girls. Using qualitative methods, data were obtained through In-Depth Interviews, Focus Group Discussions, and Key Informant Interviews involving married adolescent girls aged 15–19, elderly women, and key informants. Audios were recorded and field notes taken during interviews. Thematic data analysis was done using Atlas.ti-computer software for qualitative data analysis. Study findings revealed that culture influences the SRH of adolescent girls. Traditionally, sexual intercourse is not only allowed among the officially married but also as a sign of marital engagement. Girls are seen as a source of wealth and labour which puts them under pressure to marry at an early age. Such socio-cultural perceptions negatively impact the SRH of pastoral adolescent girls in Karamoja. Thus, understanding the socio-cultural perceptions governing sexuality among pastoral communities and creating community awareness on them is critical for the effective provision of SRH services to adolescents in traditional, vulnerable, and marginalized settings.

1. Introduction

Sexual and Reproductive Health (SRH) is indispensable to individual health and well-being. It ushers young men and women into reproductive life and years beyond (Chandra-Mouli et al., 2015; Grover, Garg, & Kaur, 2017). Often, SRH is regarded as a personal subject, and issues concerning this matter are rarely addressed openly, leading to inaccurate information which can result in low use of SRH care services (WHO, 2018a). SRH complications acquired during adolescence are damaging and could transition to adulthood resulting in a lifetime of ill-health. The SRH of adolescents is linked to sexual behaviors patterned by culture. In fact, according to Makhoulouf (1999), the notion of SRH is a cultural construction that requires embracing a set of various cultural values and norms. Izugbara (2005), agrees that SRH is associated with the context. Similarly, Horton and Hunt (1984) argue that the actions and feelings of sexuality in human beings are culturally controlled because sexual

behaviors are governed by sexuality norms. However, they stress that sexuality behaviors vary from one ethnicity or group to another. This implies that research on cultural perspectives of sexuality could, therefore, aid in addressing SRH issues. Sexuality is related to a particular order of reasoning. Davidson (1987) argues that it is a creation of a system that conditions one to mentally think and behave in a particular manner or style. Horton and Hunt (1984) further argue that sexual behaviors are learned as a result of a specific agreed process by society, of relieving sexual tension which becomes the norm in that group or society. Communities develop rules, values, and beliefs about sexuality which ultimately become standard rules that control sexual relationships and are taught to adolescents from an early age (Mudhovozi, Ramarumo, & Sodi, 2012). This results in sexual attitudes, practices, and norms among individuals and groups that either promote SRH or put the lives of individual adolescent girls at risk of poor SRH (WHO, 2006). Sexuality norms and values could principally set the age of sexual debut

^{*} Corresponding author.

E-mail addresses: stella.achen@mak.ac.ug, achenstella@yahoo.com (S. Achen).

<https://doi.org/10.1016/j.ssaho.2021.100191>

Received 24 April 2019; Received in revised form 10 June 2021; Accepted 14 July 2021

Available online 19 July 2021

2590-2911/© 2021 The Authors.

Published by Elsevier Ltd.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

among adolescents (Blum & Mmari, 2005) for norms of behavior, sexual values and practices are imparted during initial reproductive years (WHO, 2006). The pressure to conform usually drives adolescents to participate in norms that are harmful to SRH (Santa Maria et al., 2018). Consequently, the disparities observed in the SRH of adolescent girls may well be attributed to the socio-cultural context. Morris and Rushwan (2015) state that the SRH of adolescents is strongly linked to their socio-cultural environment. Depending on the context, adolescent girls are expected to assume socially defined gender roles and responsibilities that affect the decisions they make regarding their SRH (WHO, 2018b). Some scholars (Bisika, 2008; Izugbara, 2005; Ugwu & De Kok, 2015) have recognized the impact of socio-culture on SRH and have called for the investigation of socio-cultural values and beliefs that shape sexual behavior and affect SRH. To promote SRH in pastoral communities, it is critical to understand and consider the socio-cultural perceptions of sexuality that control sexual behavior among adolescent girls. Lack of evidence on these perceptions may affect the design, implementation, and provision of SRH services to adolescents in the community. This article explores the socio-cultural perceptions of sexuality and their influence on the SRH of adolescent girls in pastoral communities of the Karamojong in Moroto District. SRH is affected by contextual factors at varying levels including the individual, interpersonal, community, societal, and policy levels (WHO, 2017). We postulate that contextual factors such as culture and its value system play an important part in forming perceptions of sexuality that define the SRH of adolescent girls of pastoral communities. We draw on the Ecological Model of Sexual Behavior (EMHB) to argue that socio-cultural perceptions of sexuality can promote or hinder SRH in a community. EMHB posits that there are multilevel sources of behavioral influence to consider when addressing health behavior (Sallis, Owen, & Fisher, 2008). The EMHB also considers the environment as a major element in which all the multilevel components function to attain healthy behavior. As such, interpersonal relationships including family and peers directly or indirectly convey socio-cultural norms, values, attitudes, and beliefs of sexuality that either facilitate or hinder SRH among adolescent girls. Adolescent girls, for example, believe in sexual practices such as premarital sex as the standard courtship behavior before marriage. This is especially more so when sanctions against such behavior are lacking in the community. In this regard, we argue that culture shapes perceptions of sexuality that influence the SRH of adolescent girls. The impact of these perceptions causes and promotes premarital sex, early pregnancies, child and forced marriages among adolescent girls. These differences in the SRH of adolescent girls are attributable to the socio-cultural perceptions of sexuality. Hence, there is a need to understand and consider contextual factors that affect the SRH of adolescent girls particularly those in vulnerable and marginalized communities such as those of pastoralists.

2. The Karamojong context

The Karamojong are traditionally pastoralists who inhabit the semi-arid savanna grassland of northeastern Uganda (Egeru, Okia, & Leeuw, 2014). Their major source of livelihood is pastoralism and cattle form the basis of their economy (Gelsdorf, Maxwell, & Mazurana, 2012; Stites, Akabwai, Mazurana, & Ateyo, 2007). However, due to the dwindling cattle population, the Karamojong have adopted agro-pastoralism due to the inability to carry out raids among the neighboring ethnic groups (Demp, 2017; Gelsdorf et al., 2012; Gray, 2000). The Karamojong are a largely poor and non-literate population (UBOS & ICF, 2018). In this region, adolescent pregnancies stand for 23.6 percent among girls aged 15–19, compared to the national rate of 25 percent. The Total Fertility Rate (TFR) among the Karamojong is 7.9 compared to the national rate of 5.6, with noticeably low demand for family planning (FP) at 27 percent characterized by low contraceptive uptake at seven percent among both married and unmarried women (UBOS & ICF, 2018). The cattle are traditionally valued as a sign of wealth and prestige in society. Marriages are based on payment of bride

wealth inform of cows. For a woman to be fully married, all procedures of traditional marriage including the payment of bride wealth must be followed (Knighton, 2007). Bride wealth is believed to stamp marriages. In instances where a couple is cohabiting and the woman has produced children, she can leave the man, taking her children along to marry another man who can pay bride wealth to her family and raise these children. The children traditionally belong to the man who has paid the bride wealth, not the biological father (Hopwood, Porter, & Saum, 2015). The Karamojong live in temporary settlements called manyattas. A manyatta comprises several huts forming a unit within a common fence enclosed with dry thorny wood for protection. Within a manyatta is a communal livestock kraal. Traditionally, women are responsible for providing basic needs to the family and cultivating the land during the rainy seasons. Adolescent girls are required to learn all these responsibilities and perform all the required roles as proof of readiness for marriage. This is required of them to show that they can solely take care of their families as husbands have to leave the manyattas during dry spells to herd cattle in far and remote places. They look after the children, construct huts and wooded fences for the family, collect water and firewood, provide food, occasionally water the animals, and take care of the vulnerable and the sick.

3. Research methods

The target population of the study was married adolescent girls aged 15–19 of the Karamojong pastoral communities in Moroto District. The study employed the ethnographic study design using qualitative methods of data collection. Purposive sampling was conducted to select adolescent girls who met the criteria i.e. married or in a stable union, Karamojong, and aged 15–19 years to provide the required data. The design facilitated an in-depth understanding of the socio-cultural perceptions of sexuality influencing SRH. The study used Key Informant Interviews (KIIs) with district technical and political officials, community leaders, and leaders of Non-Governmental Organizations (NGOs); In-depth Interviews (IDIs); and Focus Group Discussions (FGDs) to obtain data. The data collection sites were the two sub-counties of Katikekile and Rupa in Moroto district. Two parishes were chosen from each sub-county and included Musupo in Katikekile, and Rupa and Lobunet in Rupa. Data were collected by a female researcher who is a doctoral student with the help of two female research assistants who were parish chiefs and actively involved in tackling concerns of SRH among the youth in Moroto District. This made it easy for participants to open up. The research assistants were trained on the requirements for data collection and the kind of data needed before starting fieldwork. They also played the roles of translators, interpreters and note-takers during interviews. Prior to the commencement of the study, the researcher made two preliminary visits to the communities where the participants live and had interactions with some of them. This established a relationship and trust with the study participants. During these visits, the participants were informed of the reasons for the research and why their participation in the research was essential. Before commencement of interviews the participants, particularly adolescent girls and elderly women, chose their preferred locations for interviews, essentially in the front shade of one's hut, inside the wooden fence enclosing the hut or under a tree. Face-to-face interviews were conducted during the day, when non-participants, particularly men, were out of the manyattas. These interviews were audio-recorded for participants who gave consent. Audio-recorded data was transcribed before analysis could begin. The FGD participants were indigenous pastoral Karamojong adolescent girls consisting of both school dropouts and non-literates. Ten IDIs with adolescent girls and five IDIs with elderly women were conducted. Five KIIs and five FGDs of about 4–7 adolescent girls in each, were conducted. Groups were not segregated according to literacy levels. IDIs with adolescent girls and elderly women were repeated three months after the initial interviews. This was after a degree of trust had been built with participants, following continuous interactions, on

different occasions including walks to the market. The field notes taken during interviews helped in data analysis by explaining the context and interpretation of the study findings. Participant observations were made by the researcher. Transcription of the data was done. Before analysis, the researchers read through the transcripts to familiarize with the data. The researchers analyzed verbatim statements from participants to form codes which were used to form categories which were later reduced to themes. An initial list of codes was generated which reduced the data into smaller amounts to make meaning. Open coding was done for each transcript. Codes were used to identify relevant features of the data and assessed to provide meaning. Inductive coding was done through highlighting, underlining and coloring texts in the transcripts (Braun & Clarke, 2006). The researchers, examined data within a particular code and this led to the combination of codes to form categories and creation of sub-themes. The atlas ti computer software program facilitated the analysis. The Ecological Model of Health Behavior (EMHB) was considered while generating themes. Themes developed included: the socio-cultural practice of premarital sex, perceptions of girls, and perception of adolescence. This model was used because it considers the contextual issues such as the environment and socio-cultural concerns influencing the SRH of adolescent girls in the study.

3.1. Ethical considerations

The study protocol adhered to ethical requirements and procedures and was approved by the Research Ethics Committee of Makerere University's School of Social Sciences. It was also registered with the Uganda National Council of Science and Technology (UNCST), the body that oversees all research carried out in the country under registration number SS 4698. Informed consent, voluntarism, and confidentiality were discussed with all participants. The consent form was read out to all participants, seeking their verbal and written consent. The researchers observed confidentiality and anonymity for both participants and the data collected.

4. Results

This section presents the results obtained from the field findings. On average, interviews with IDIs lasted approximately 40 min while those with FGDs lasted one and a half hours. The section explains how the socio-cultural perceptions of sexuality influence SRH of indigenous adolescent Karamojong girls in pastoral communities. The results have been presented according to themes which include: the socio-cultural practice of engagement sex, socio-cultural perceptions of girls, and perception of adolescence.

4.1. The socio-cultural practice of engagement sex

Study participants identified different socio-cultural practices of sexuality that were linked to the SRH of indigenous pastoral adolescent girls. One of the sub-themes that emerged was engagement sex, a common practice among the study communities in Moroto District. A Key Informant (KI) stated: *engagement sex is a forced encounter where men capture girls for sex with the intent of making them their wives* (KI-01, MIFUMI-Moroto). The study participants reported that *engagement sex* is premarital sex where a man captures an adolescent girl or young woman and forcefully has anal knowledge of her. This practice is reportedly still common especially in the rural areas despite government interventions. Capturing adolescent girls for marriage is a traditional practice among the indigenous Karamojong in the study communities in Moroto District.

In the study, some adolescent girls and a majority of the elderly women reported their first sexual encounters as being forced (*engagement sex*), either by the men they courted or those who admired them. According to participant 3, FGD-01 of adolescent girls in Rata village:

The men capture the girl in an isolated place and rape her. Thereafter, they carry her to the home of the offender and lock her up in a hut. You cannot know his sexual health status, whether he has a STI or not.

These first sexual experiences, according to the participants occurred while away from home, usually while collecting firewood or water, gardening or while walking along lonely village paths. The majority of women aged 40 and above reportedly got married to their husbands as a result of such premarital sexual encounters.

According to the elderly women participants, girls are advised to always move in groups. An elderly woman said: *I tell my granddaughter to keep in the company of other girls for safety. In case she is captured they can collectively fight back against the man* (KI-03, elderly women cluster, Musupo Village). According to the participants, before the sexual encounter, a group of boys suddenly appear from the bush and surround the girl. They capture and hold her down for the admirer to have sex. A message is later sent to her family by the boy's family, informing them of her whereabouts, and their intention of marriage.

4.2. The perceptions of girls

The community held diverse perceptions about girls. This was especially related to the social expectations which determine their roles and how they are expected to behave. These perceptions reflect the norms, beliefs, values and practices of this society. The study found that women and girls are not only valued for the roles they play in raising families and keeping homes but more importantly for the wealth associated with them. In this study, it was reported that girls are perceived as and associated with family labor force. A KI revealed that:

The view of girls as a labor force translates to a heavy workload because of the roles and responsibilities assigned by culture. She further stated: women are supposed to stay at home to do work in the home including the construction of huts, raising children and cultivation (KI-02, a district councilor, Moroto District).

Culture requires that the females engage in activities for the daily running and sustenance of the family. These are learnt from childhood. According to an elderly woman participant:

Girls who are approaching puberty are required to learn roles and responsibilities to be able to keep a home. Every adolescent girl has to prove that they can perform these roles solely including construction of huts to be married (KI-01, elderly women cluster, Nakiloro Village)

It was reported that the ability for a woman to execute these chores is necessary because the husbands leave the manyattas in search for water and pasture for livestock during dry spells in far off and remote places. The women thus take charge of the homes and manage home affairs in addition to performing activities outside the home.

In this study, it was also revealed that girls are perceived as a source of wealth. This is in terms of the cattle given as bride wealth to the girl's family when she is married. Both adolescent girl participants and KIs revealed that more girls in a family mean more wealth for the family. The community perceives girls as born for the purpose of marriage. Thus, according to an elderly woman, *females have no right to decide not to get married as this is culturally not acceptable and is perceived as denying the family wealth* (KI-04, elderly women, Isingila slum). It was reported that such a decision could attract physical assault and curses from the parents and family members.

In one of the FGDs with adolescent girls, they reported that: *parents look forward to marrying us off for cows to obtain wealth. A girl who does not marry is seen by the community as denying her family wealth* (participant 6, FGD-02 of adolescent girls, Lorukumo Village). In the same FGD, the girls stated: *we look forward to getting married and bearing our children*. In another FGD with adolescent girls they stated:

In our community, girls are valued because they can bring wealth to the family and relatives. When they get married their bride wealth is paid in terms of cows which is valued in our culture (participant 1, FGD-04 of adolescent girls, Nagis Village).

However, in a separate interview with one of the KIs, it was observed that the perception of girls as a source of wealth has negative consequences on their SRH. She explained:

Valuing girls as a source of wealth is a problem in this society because it causes early marriage of girls. Other girls are forced into marriages by their family members because they see that the girl has grown and it is time to receive bride wealth, this has resulted in early sex and adolescent pregnancies (KI-02, Straight Talk, Moroto).

In an in-depth interview, an adolescent girl narrated her experience with her first pregnancy.

When I was pregnant, I continued with my daily chores because there was no one to relieve me. In the last two months of pregnancy I depended on relatives and friends to help me with essential chores (Adolescent girl aged 16 years, IDI-08, Isingila slum).

An adolescent girl in another in-depth interview explained that:

When I was pregnant I found it hard to attend Antennal Care (ANC) because of the responsibilities here at home. There was no one to help me with my house chores. Also, I do not stay next to a health center, it takes some time for me to reach the health center (Adolescent girl aged 19, IDI-05, Musupo Village).

Pregnant mothers engage in heavy workloads because the work they do is seen as a woman's role.

4.3. The perception of adolescence

Different traditions perceive and observe the period of adolescence differently. The way it is culturally perceived defines how it is managed and the practices that go along with it. The length of the phase is determined by each culture depending on its values, beliefs, and norms. In this study, adolescence is understood as a phase when girls and boys begin to develop adulthood features. Traditionally, it is looked at as a stage where girls are getting ready for marriage by learning the roles and responsibilities adult and married women engage in. Parents, particularly mothers, have a responsibility to prepare their daughters to participate in activities that expose them to opportunities for marriage. In an interview, an elderly woman stated that:

I gave permission to my daughters when they were adolescents to go and participate in traditional dances (edonga) as a way of finding suitors. Also, I would make beads for my daughters of different colors. Buy them new clothes to wear to make them attractive to potential suitors (KI-02, elderly women cluster, Rata Village).

Colored beads are meant for girls to decorate themselves so as to attract suitable men for marriage. Beads are accessories that enhance the beauty of a girl and make her feel attractive. Girls particularly get attracted to wearing beads during adolescence.

On the question of how they perceived adolescence, participants provided different descriptions as summarized below:

a period when girls begin to grow breasts; a phase when girls adopt adulthood behaviors; a stage when girls begin to sleep in the girls' hut; a time when girls are learning to do work in preparation for marriage; a time when girls associate more with other girls; a time when girls start to participate in traditional dances; and a phase when girls start menstruation (IDIs of adolescent girls, KIs of elderly women participants and FGDs of adolescent girls in the study communities).

This community perception of adolescence displays the influence of tradition and context. The girls are expected to behave according to acceptable norms and traditions, such as sleeping in a separate hut within the manyatta. An elderly participant explained:

Girls who have reached adolescence sleep together in the same hut to prevent them from sneaking in men at night. A man cannot come into that hut because he knows that there are many other girls in the same hut. He can only come and call out a particular girl of interest to come out of the hut (KI-05, elderly women cluster, Nagis village).

It is a common traditional practice among the study communities that girls who have reached puberty are let out of the parent's hut into another hut within the manyatta where only girls sleep. In one of the FGDs, adolescent girls explained that:

Either the grandmother sleeps in the same hut as the girls or her hut is built next to that of the girls. We are not supposed to respond to the men calling us to come out at night, that is the role of the grandmother. If she rejects the call, the girl being called cannot come out of the hut (participant 4, FGD-05 of adolescent girls, Musupo Village).

The grandmother's permission is required by the girls to get out to meet the men seeking to see them. According to the girls, grandmothers are respected and trusted to offer good advice in dating men. However, the girls informed the researchers that if the grandmother permits the girl to get out, she eavesdrops on the conversation between the girl and the man.

Adolescent girls acknowledged that sleeping in the same hut with other girls is important because they support, advice and counsel one another in issues concerning adolescence and dating. They also provide information to one another concerning SRH services.

We tell one another of where SRH services may be found. If a girl gets pregnant when she is not yet married, we help her and buy for her requirements for the baby. We also counsel one another in case of a heart break (participant 3, FGD-03 of adolescent girls, Lorukumo Village).

The girls informed that these girls form a social support group. They form a team to protect each other from boys and men who may wish to sexually assault them. They move together to do various activities including to traditional dances.

5. Discussion

5.1. The practice of engagement sex and SRH

This study revealed that *engagement sex* is a traditional practice among the indigenous Karamojong in the study communities. Traditionally, the act is not perceived as rape but a way of finding women for marriage (Conant, 1966). *Refugee Law Project (2012)* concurs that this practice is a pre-cursor to marriage. It often marks the beginning of marriage for females and eventual child bearing. A similar practice is documented among the Zulu and Xhosa communities in South Africa, a bride is captured and later forced to have sex with the man for the purpose of marriage (McKendry-Smith & Jenkins, 2016; Nkosi & Buthelezi, 2013; Rice, 2018; Steiner & Becker, 2019). In all the communities highlighted, the intention of the act is not to dishonor or humiliate the female but it is performed by the man to mark her for marriage. However, this form of culturally inspired sexual behavior predisposes adolescent girls to several SRH risks. This is because the 'offender's' sexual health status in regard to STIs is often unknown. Also, the practice is directed towards adolescent girls whose bodies are not yet mature to begin child birth this may result in complications arising from pregnancy and childbirth (Grover et al., 2017; Morris & Rushwan, 2015). *Engagement sex* thus, places girls at a high risk of poor SRH resulting from early sexual debut which may lead to contracting STIs

such as HIV/AIDS, early pregnancies and child birth (Izugbara, 2005; Morris & Rushwan, 2015; Salam et al., 2016). The practice is a reflection of the challenges adolescent girls of indigenous pastoral communities in the study area face in regard to SRH. By its nature, the practice encourages child and forced marriages which are some of the commonest challenges faced by adolescent girls in Karamoja sub-region (UBOS & ICF, 2017). Looking at the EMHB, individual adolescent girls interact with the environment within a social system to influence SRH (Sallis et al., 2008). Poor SRH reflected by adolescent pregnancies resulting from *engagement sex* are endured by adolescent girls because of the knowledge and attitudes they possess. This makes them appreciate the traditional practice because it has been indoctrinated over time. It occurs in combination with the way other people such as family, peers and friends perceive the practice. This encourages the continuation of the practice by men. The communities perpetuate *engagement sex* by maintaining that it is a traditional way of men finding women for marriage. The socio-cultural environment encourages its existence since it is not traditionally indictable. However, taking action within the multiple levels of this model at the same time is necessary in promoting the SRH of pastoral adolescent girls through prevention, control and interventions that target change at each level of influence. Often, adolescent girls living in remote villages who become victims are unable to obtain redress from the formal authorities against their offenders because they do not get chance to report the cases. Further, it also depends on her attitudes, abilities, cognitive skills and the means to get to the formal authorities. This encourages the continuation of the practice. Thus, the SRH challenges experienced by pastoral adolescent girls.

5.2. The Karamojong perception of girls

Among some groups in Moroto District, workload is seen as a measure of a girl's readiness for marriage. Indeed, upon marriage, girls are charged with the responsibility of household welfare. They play the critical role of providing their families with basic needs which is one of the most important female roles in the study communities (Refugee Law Project, 2012). Unquestionably, young women getting married are expected to offload their mothers-in-law with most responsibilities and tasks. Female responsibilities are independent of males. Perceiving girls as assets who provide labor lowers their status as women, and severely affects their SRH. This explains the low use of post natal care and family planning services by women in this region (UBOS and ICF, 2017). Moreover, the social expectations and the need to belong makes pregnant women to engage in heavy workload. As such, women hardly find time to go to a health facility for ANC and routine health checkups (Berhane, Gossaye, Emmelin, &). Also, this leaves them with insufficient time to rest during pregnancy and after childbirth (Berhane et al., 2001; Hopwood, Porter, & Saum, 2018). This could result in adverse effects on maternal health further increasing the risks of maternal mortality and morbidity in the Karamoja sub-region (Izugbara & Ngi-langwa, 2010; UBOS & ICF, 2017).

Furthermore, looking at girls as wealth suggests that they are valued for what they can bring to their families in form of bride wealth when married. A family without daughters will be poor because they cannot obtain wealth from the bride wealth. When girls get married and bring bride wealth home, it is used by the brothers to marry. At times, the father may use the bride wealth from his daughters to marry more wives (Demp, 2017). However, in a home where there are no girls the boys too need to marry wives. This implies that the boys from such a family will need to work harder to get cows to be able to marry. According to Refugee Law Project (2012), some men turn to cattle theft to obtain cows for marriage which was common before the government of Uganda outlawed the practice of cattle raiding. Nonetheless, expecting girls to marry suggests that the girls in these communities are under pressure to marry. It also implies that they have no right to decide not to marry since it is considered as denying their families wealth and an act of disobedience and disgrace to their families. This can attract physical abuse

from the parents and brothers. This may lead to forced marriages at an early age where girls are expected to immediately start child bearing because they are under pressure from their in-laws to begin child birth. This is a violation of the Sexual and Reproductive Rights (SRHR) of girls which infringes on the wellbeing of girls (Khosla, Say, & Temmerman, 2015).

5.3. Adolescence in the Karamojong culture

The descriptions of adolescence indicate a boundary between the end of childhood and the start of adolescence. However, there is no clear distinction provided by tradition between the end of adolescence and the beginning of adulthood. Chen and Farruggia (2002) concur that some cultures have no distinct separation between start and end of adolescence especially those that have no rites of passage. The transition can only be recognized through the physical features on the girl and her ability to engage in certain activities that prove her maturity. This suggests that the period of adolescence is not observed by the calendar years but, by one's ability to perform roles and tasks as a mature woman. This reveals that the age of sexual debut among adolescent girls is influenced by cultural forces often driving them to start sexual activity early while preventing them from accessing SRH services especially contraception (Smith, 2020). Also, the cultural perception of adolescence leads to adolescent pregnancies which can result in maternal morbidity and mortality as a result of complications arising during pregnancy and child birth because their bodies are physically immature to start child bearing (Neal et al., 2016). Further, the emphasis on work performance and not on physical maturity is a form of pressure by the family and community with a hidden agenda of marrying the girl off with the aim of obtaining bride wealth. Thus, the definition of adolescence by the Karamojong in the study communities is highly fluid and causes poor SRH among adolescent girls as it encourages early sexual debut.

Furthermore, the practice of assigning girls who have reached puberty to sleep in a single hut is a traditional practice marking adolescence. It is a form of protection of girls against sexual exploitation by men at night. It is also a traditional way of protecting girls against illicit sexual behavior to prevent early sexual debut and early pregnancies. The practice also restrains girls who may wish to sneak in men at night. Further, this practice is necessary because it offers the girls opportunity to bond and keep close to avoid *engagement* sexual assaults by men seeking girls to marry. Similarly, the practice is a traditional way of adolescent girls organizing themselves to form teams to psychologically and socially support and protect one another through the phase of adolescence and beyond. However, the role of grandmothers in promoting the SRH of adolescent girls in the study communities is crucial and undeniably important since they play a role in the courtship of girls and influence the kind of men to marry their granddaughters. The grandmothers guide the adolescent girls in choosing suitable men for marriage. Mudhovozi et al. (2012) agrees that in African tradition it was a common thing for adolescents to be educated about sexuality issues by senior members in the community. The proximity of the grandmother guarantees a form of protection for the girls against men who might sexually wish to exploit them. Often, girls who insist on their choices of future partners risk them being rejected by the family unless the men have enough cows to give as bride wealth. Likewise, the grandmothers educate girls on the character of men who are suitable for marriage.

There are variations in societies in understanding the concept of adolescence (Chen & Farruggia, 2002). Often, there is no clear demarcation of adolescence and adulthood but usually a sudden change from childhood to maturity (Chen & Farruggia, 2002; Smetana, Campione-Barr, & Metzger, 2006). However, according to Smetana et al. (2006) change is occasionally socially defined in terms of marriage with no universally acceptable period of adolescence. Cultures vary and have much influence on the concept of adolescence. Despite the cultural contribution to adolescence, much literature has tended to look at

adolescence in biological and psychological terms thereby disregarding cultural influence (WHO, 2011).

6. Conclusion

The SRH of indigenous Karamojong pastoral adolescent girls is influenced by the socio-cultural perceptions of sexuality. The perceptions set the age of sexual debut as they lead adolescents to conform to prescribed cultural norms that govern sexuality. These perceptions affect SRH of adolescent girls at multilevel. The traditional practice of *engagement sex* is a non-punitive way of finding women for marriage. It is a practice that harms the SRH of pastoral adolescent girls as it can lead to adolescent pregnancies and contracting STIs. Additionally, girls who are sexually assaulted are obliged to marry the perpetrators resulting into adolescent pregnancies and marriages. Also, the perception of indigenous pastoral Karamojong adolescent girls as wealth and a labor force puts pressure on them to marry and start child bearing. It is a traditional way of assessing maturity of girls with the aim of marrying them off at an early age before their bodies are fully mature to start child bearing. This can lead to maternal mortality because of complications during pregnancy and child birth. Further, adolescence is a unique phase among the Karamojong and is governed by the cultural norms. The perception of adolescence can cause poor SRH among adolescent girls. Also, the grandmothers are important in promoting the SRH of pastoral adolescent girls. They have much influence on the kind of men that marry these girls. Thus, educating them on the SRH of adolescent girls is essential in enhancing SRH in these communities among adolescent girls. However, attaining SRH among the indigenous pastoral Karamojong adolescent girls requires modification of some social norms regarding sexuality and the manipulation of the socio-cultural context while taking a series of measures for adolescent girls to achieve SRH such as building the capacity of girls to reject harmful culture. This should be tailored to the local settings since context determines the applicability of an intervention. Alternatively, instituting tougher laws against the practice of forced *engagement sex* will reduce the incidences.

CRedit authorship contribution statement

Stella Achen: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing – original draft, Writing – review & editing. **Charles B. Rwabukwali:** Conceptualization, Methodology, Supervision, Writing – review & editing. **Peter Atekyereza:** Conceptualization, Methodology, Funding acquisition, Supervision, Writing – review & editing.

Declaration of competing interest

The authors declare no conflict of interest.

Acknowledgement

This study was funded by the Swedish International Development Cooperation Agency (SIDA). The authors wish to recognize the contributions of Julius Ecuru of International Centre of Insect Physiology and Ecology for his valuable contribution towards this paper. We also wish to thank Betty Nakiru and Hellen Alaka for data collection.

References

- Berhane, Y., Gossaye, Y., Emmelin, M., & Hogberg, U. (2001). Women's health in a rural setting in societal transition in Ethiopia. *Social Science & Medicine*, 53(11), 1525–1539. [https://doi.org/10.1016/S0277-9536\(00\)00441-X](https://doi.org/10.1016/S0277-9536(00)00441-X).
- Bisika, T. (2008). Cultural factors that affect sexual and reproductive health in Malawi the Directory of Community Health Services the ideal reference for anyone working in this sector. *BMJ Sexual and Reproductive Health*, 34(2), 79–81.
- Blum, R. W., & Mmari, K. N. (2005). *Risk and protective factors affecting adolescent reproductive health in developing countries*, 20. Avenue Appia, 1211 Geneva 27,

- Switzerland. Retrieved from http://apps.who.int/iris/bitstream/10665/43341/1/9241593652_eng.pdf.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>.
- Chandra-Mouli, V., Svanemyr, J., Amin, A., Fogstad, H., Say, L., Girard, F., et al. (2015). Twenty years after international conference on population and development: Where are we with adolescent sexual and reproductive health and rights? *Journal of Adolescent Health*, 56(1), S1–S6. <https://doi.org/10.1016/j.jadohealth.2014.09.015>.
- Chen, C. S., & Farruggia, S. (2002). Culture and adolescent development. *Online Readings in Psychology and Culture*, 6(1). <https://doi.org/10.9707/2307-0919.1113>.
- Conant, F. P. (1966). The external coherence of pokot ritual behaviour. *Philosophical Transactions of the Royal Society of London - Series B: Biological Sciences*, 251(772), 505–519.
- Davidson, A. (1987). Sex and the emergence of sexuality. *Critical Inquiry*, 14, 16–48. <https://doi.org/10.4324/9780203760130>. Autumn 1987.
- Demp, M. H. (2017). *Ateker Generation-Set Systems Revisited – field facts and findings, and a systematisation*, 49. Retrieved from <http://pubman.mpdl.mpg.de/pubman/item/escidoc:2472727/component/escidoc:2472726/mpi-eth-working-paper-0183>.
- Egeru, A., Okia, C., & Leeuw, J. De (2014). *Trees and Livelihoods in Karamoja, Uganda. Kampala, Uganda*. https://doi.org/10.12774/eod_hd.december2014.egeruetaal.
- Gelsdorf, K., Maxwell, D., & Mazurana, D. (2012). *Livelihoods, basic services and social protection in northern Uganda and Karamoja*. ODI secure livelihoods research consortium working paper 4, 6. <http://community.eldis.org/5a0b0243> (Livelihoods basic services and social protection in Sri Lanka.pdf).
- Gray, S. J. (2000). A memory of loss: Ecological politics, local history and the evolution of karimojong violence. *Human Organisation*, 59(4), 401–418. <https://doi.org/10.17730/humo.59.4.jv233363240n8656>.
- Grover, S., Garg, N., & Kaur, B. (2017). Awareness about reproductive health, contraceptive methods, STDs including HIV/AIDS, and HPV vaccine, among adolescent girls in district Faridkot in Punjab. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, 6(5), 2003–2009.
- Hopwood, J., Porter, H., & Saum, N. (2015). *Karamojong women and the extremes of insecurity*.
- Hopwood, J., Porter, H., & Saum, N. (2018). Resilient patriarchy: Public authority and women's (in)security in Karamoja, Uganda. *Disasters*, 42, S140–S158. <https://doi.org/10.1111/disa.12272>.
- Horton, P. B., & Hunt, C. L. (1984). Sexuality and sex roles. In C. Mediate, A. Murphy, & J. R. Belser (Eds.), *Sociology: International student edition* (6th ed.). McGraw-Hill International.
- UBOS, Icf. (2018). *Uganda Demographic and health survey 2016*. Kampala-Uganda. Retrieved from <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.
- Izugbara, O. C. (2005). The socio-cultural context of adolescents' notions of sex and sexuality in rural south-eastern Nigeria. *Sexualities*, 8(5), 600–617. <https://doi.org/10.1177/1363460705058396>.
- Izugbara, C. O., & Ngilangwa, D. P. (2010). Women, poverty and adverse maternal outcomes in Nairobi, Kenya. *BMC Public Health*, 1–13. <https://doi.org/10.1186/1472>. December 2010.
- Khosla, R., Say, L., & Temmerman, M. (2015). Sexual health, human rights, and law. *The Lancet*, 386(9995), 725–726. [https://doi.org/10.1016/S0140-6736\(15\)61449-0](https://doi.org/10.1016/S0140-6736(15)61449-0).
- Knighton, B. (2007). Globalising trends or identities through time? The longue durée in Karamojong ethnography. *Journal of Eastern African Studies*, 1(3), 466–483. <https://doi.org/10.1080/17531050701625433>.
- Makhlouf, O. C. (1999). The cultural context of reproductive health: Implications for monitoring the Cairo agenda. *International Family Planning Perspectives*, 25(25), 550–555.
- McKendry-Smith, E., & Jenkins, T. (2016). Wife capture. *Encyclopedia of Family Studies*, 1–3. <https://doi.org/10.1002/9781119085621.wbefs269>.
- Morris, J. L., & Rushwan, H. (2015). Adolescent sexual and reproductive health: The global challenges. *International Journal of Gynecology & Obstetrics*, 131, S40–S52. <https://doi.org/10.1016/j.ijgo.2015.02.006>.
- Mudhovozi, P., Ramarumo, M., & Sodi, T. (2012). Adolescent sexuality and culture: South African mothers' perspective. *African Sociological Review*, 16(2), 119–138. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie_ip,shib&db=awn&AN=asr-88695&site=ehost-live%5Cnhttp://www.ajol.info/index.php/asr/article/view/88695.
- Neal, S., Mahendra, S., Bose, K., Camacho, A. V., Mathai, M., Nove, A., ... Matthews, Z., et al. (2016). The causes of maternal mortality in adolescents in low and middle income countries: a systematic review of the literature. *BMC Pregnancy and Childbirth*, 16(352). <https://doi.org/10.1186/s12884-016-1120-8>.
- Nkosi, M., & Buthelezi, T. (2013). The nature and causes of bride abduction cases in KwaZulu-natal, South Africa. *Studies of Tribes and Tribals*, 11(2), 161–178.
- Refugee Law Project. (2012). *Gender realities: Assessing attitudes, definitions, Values and Perceptions of gender based Violence in kotido district. Kampala-Uganda*. Retrieved from http://www.refugeelawproject.org/files/briefing_papers/gender_realities.pdf.
- Rice, K. (2018). Understanding ukuthwala: Bride abduction in the rural eastern cape, South Africa. *African Studies*, 77(3), 394–411. <https://doi.org/10.1080/00020184.2018.1464752>.
- Salam, R. A., Faqqah, A., Sajjad, N., Lassi, Z. S., Das, J. K., Kaufman, M., et al. (2016). Improving adolescent sexual and reproductive health: A systematic review of potential interventions. *Journal of Adolescent Health*, 59(4), S11–S28. <https://doi.org/10.1016/j.jadohealth.2016.05.022>.
- Sallis, F. J., Owen, N., & Fisher, B. E. (2008). Ecological models of health behavior. In *Health behavior and health education: Theory, research, and practice* (pp. 465–485). <https://doi.org/10.7326/0003-4819-116-4-350.1>.

- Santa Maria, D., Rafferty, J., Lau, M., Guilamo-Ramos, V., Tebb, K., Chadi, N., et al. (2018). Advocating for adolescent and young adult male sexual and reproductive health: A position statement from the society for adolescent health and medicine. *Journal of Adolescent Health*, 63. <https://doi.org/10.1016/j.jadohealth.2018.08.007>.
- Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). Adolescent development in interpersonal and societal contexts. *Annual Review of Psychology*, 57(1), 255–284. <https://doi.org/10.1146/annurev.psych.57.102904.190124>.
- Smith, J. (2020). Improving adolescent access to contraception in sub-Saharan Africa: A review of the evidence. *African Journal of Reproductive Health*, 24(1), 152–164. <https://doi.org/10.29063/ajrh2020/v24i1.16>.
- Steiner, S., & Becker, C. M. (2019). How marriages based on bride capture differ: Evidence from Kyrgyzstan. *Demographic Research*, 41(August), 579–592. <https://doi.org/10.4054/demres.2019.41.20>.
- Stites, E., Akabwai, D., Mazurana, D., & Ateyo, P. (2007). *Angering Akujū : Survival and suffering in Karamoja. A report on livelihoods and human security in the Karamoja region of Uganda*. Tufts University Feinstein International Center.
- UBOS, & Icf. (2017). *Uganda demographic and health survey 2016: Key indicators report*. Kampala, Uganda: UBOS, and rockville, Maryland, USA: UBOS and ICF. Kampala, Uganda. <https://doi.org/10.1136/jcp.56.7.497>.
- Ugwu, N. U., & De Kok, B. (2015). Socio-cultural factors, gender roles and religious ideologies contributing to Caesarian-section refusal in Nigeria. *Reproductive Health*, 12(1), 1–13. <https://doi.org/10.1186/s12978-015-0050-7>.
- WHO. (2006). *Defining sexual health: Report of technical consultation on sexual health 28-31 january 2002, geneva*. Sexual health document series. http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf.
- WHO. (2011). *The sexual and reproductive health of younger adolescents: Research issues in developing countries*, 49. <https://doi.org/10.1055/s-2001-11704>. Geneva, Switzerland.
- WHO. (2017). *Family planning evidence brief- reducing early and unintended pregnancies among adolescents: WHO/RHR/17.10. Family planning*. Retrieved from http://www.who.int/reproductivehealth/publications/family_planning/pregnancies-among-adolescents/en/.
- WHO. (2018a). *Health topics: Sexual and reproductive health*. Retrieved from <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/sexual-and-reproductive-health>.
- WHO. (2018b). *What works to improve young people's sexual and reproductive health: Research highlights interventions which improve sexual and reproductive health outcomes for young people*. Retrieved from <http://www.who.int/reproductivehealth/topics/adolescence/what-works-ASRHR/en/>.