Perceptions of Risk among Adolescents in Uganda: Are they related to their behavior?

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Rationale and Objective

In Sub-Saharan Africa, adolescents are coming of age in region of the world with the highest HIV prevalence and with mixed exposure to information which shapes their beliefs about sexual behavior. Uganda has been hailed a success story in the fight against HIV. According to estimates by the US Census Bureau and Joint United Nations Programme on HIV/AIDS (UNAIDS), national prevalence peaked at around 15% in 1991 and fell to 5% by 2001.[1] Since 1992, the largest and most consistent declines in HIV have occurred among the youngest age groups, particularly those ages 15-19.[2] While many have focused their attention on examining how key behavior changes (Abstinence, Be faithful (monogamy) and Condom use) have contributed to this decline[3], few have studied the relationship between these behavioral changes among adolescents in Uganda and their perceptions of risk. Using data collected in 2003-2004 through focus groups, in-depth interviews and a nationally representative survey, we examine the relationship between perceptions of vulnerability and actual vulnerability among 12-19 year old Ugandans. In this analysis, we treat Voluntary Counseling and Testing (VCT) as a protective measure that at-risk adolescents can adopt.

As the first African country to establish confidential VCT services, Uganda was a pioneer in promoting VCT as a prevention strategy.[4] Assuming Ugandan adolescents who perceive themselves at risk would be more likely to seek VCT services than those who perceive themselves as less vulnerable to possible infection; measuring the level of VCT testing among adolescents who engage in risky sexual behavior can be used to assess how well youth in Uganda are effectively judging their own risk to HIV.

Using a mixed methods approach, we compare behavioral risk to HIV as measured by sexual behavior indicators (sexual activity, multiple sex partners, condom use with casual sex partners) with perceived risk and vulnerability to infection using *risk identification* markers (i.e. “Can people reduce their chances of getting AIDS by not having sex at all?”), measurements of *risk judgments* (i.e “Do you think your chances of getting HIV/AIDS are great, moderate or small, or do you have no chance at all?”) and perceptions of *vulnerability* (i.e. “At this point in your life, how worried are you about getting HIV?”). Finally, we examine the level of VCT testing, intended testing, and reasons for not testing (controlling for possible barriers to testing) among adolescents who engage in risky sexual behavior to estimate how well adolescents in Uganda are able to judge their risk to HIV. We examine the relationships between these variables in the context of age, gender and education status.

Data source and Methodology

This paper uses quantitative and qualitative data collected in 2003-2004 among 12-19 year olds in Uganda. Specifically, the data come from 12 focus group discussions (FGDs), 103 in-depth interviews (IDIs) and a nationally-representative, household based survey of young people in the study country (n=5,112). The focus group participants were selected from both urban and rural areas, representing a mixture of male and female and in-school and out-of-school adolescents. Participants were segregated by sex, urban/rural residence, and school status (in or out-of-school).

The in-depth interviews were conducted with males and females and the samples were selected to have an equal number of urban and rural residents, in-school and out-of-school individuals, and obtain a specified number (12) of males and females with a child-either as married or unmarried. Special populations were also sought out and included: street children, refugees, petty traders, disabled adolescents and adolescents living in juvenile/remand homes and orphanages.

While the FGDs provide information about community norms and expectations, the IDIs and survey offer information about the context of young peoples' lives, the competing risks they face, sexual behaviors and perceptions of risk. The survey also provides information on unwanted pregnancy, knowledge and use of condoms and other contraception, knowledge and awareness of HIV and perceptions of risk to HIV.

Implications for policy

Behavioral intervention programs which aim to get adolescents to recognize their own vulnerability to infection rely on adolescent's accurate perceptions of risk.[5] Given the increasing vulnerability of young people to HIV, it is of program and policy relevance to better understand the relationship between actual behavioral risk and perceptions of risk among adolescents in order to help young people protect themselves from negative outcomes. The ability to accurately judge one's own risk to HIV is an essential element in developing successful strategies for prevention such as seeking VCT services. This paper will provide an understanding of how Ugandan youth judge their risk to HIV. The findings will be helpful to policymakers, program developers, providers of health services, health educators, parents and those who provide support and guidance to adolescents to enable young people to live healthy sexual and reproductive lives.

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[4] Garbus L & Marseille E, 2003, op.cit. (See reference 2)
[5]Millstein S and Halpern-Felsher BL, Perceptions of Risk and Vulnerability, *Journal of Adolescent Health* 2002 (31S):10-27