Article

Being an 'adolescent': The consequences of gendered risks for young people in rural Uganda

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Abstract
The behaviour of adolescents is recognised increasingly as having substantial and long-term consequences for their health. We examined the meaning of 'adolescence' in southern Uganda with HIV-positive young people aged 11–24 years. Adolescent girls and boys are described differently in the local language (Luganda). Adolescence is described as a behavioural rather than a life course category and an inherently dangerous one. The practices, risks and consequences of 'adolescent' behaviour are highly gendered. Local understandings of adolescence are likely to have a significant impact on the efficacy of interventions designed to minimise their 'risky behaviour'.

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Introduction

There has been burgeoning global attention and investment in the health of young people over the past few years (Patton et al., 2016; United Nations Committee on the Rights of the Child, 2016). The period of adolescence is now a priority in global public health policy, recognised as both a critical life stage and a pivotal point for health intervention. The increasing recognition of the risks that young people face, particularly in infectious and non-communicable diseases, has generated a growing momentum to invest in and design adolescent-targeted behavioural interventions (Dick and Ferguson, 2015). Developing an understanding of how youth and adolescence are perceived and experienced in the settings that interventions are being implemented is essential to ensure the efficacy of these interventions.

In this article, we present the findings of a qualitative study with young people in southern Uganda. We illustrate and explore the tension and disconnect between how adolescence, as a life stage, is framed at the global policy level and the way adolescence and youth are conceptualised at the local level by young people themselves and those within their household networks. We find that adolescence is considered among our participants as a behavioural rather than a universal life course category. 'Adolescence' represents a deviant phase for some young people engaged in morally transgressive behaviour. This has significant implications for how interventions targeting young people are framed.

Recognising 'adolescence'

The World Health Organization (WHO) identifies the period of 'adolescence' (10–19 years) as the period of human growth and development which occurs before adulthood and after childhood (World Health Organization, 2016). Pubertal change is considered a key element in human development into adulthood (Petersen, 1988; Steinberg and Morris, 2001). Despite its common usage and its evident epidemiological value, the term 'adolescence' and what it depicts are 'unsettling' (Morrow, 2015: 297).

Despite the apparent universality of adolescence as a life stage, as defined within global health, there has long been evidence that differing age and life stage models exist across cultures. Extensive ethnographic evidence illustrates that while physiological pubertal changes are universal, 'the social and cultural reactions to these physical manifestations are not' (Whiting and Whiting, 1988: xvi). Adolescence is therefore a 'cultural concept' and one that can be best understood contextually (Montgomery, 2008).

Critics of the universality of 'adolescence' argue that it is a product of post-industrialised societies in which wealth has generated a relatively luxurious period between childhood and adulthood (Comaroff and Comaroff, 2006). It is a social stage which in many societies is precluded by the effects of poverty, child work and early marriage (Boyden et al., 2012). It is also argued that it is inherently a disempowering term, translated from Latin as 'becoming adult', suggesting that once adult, people are complete (Bendelow, 2003; Morrow, 2015: 276). In addition, imbued within the term is the interface between the biological and the social. Although a relatively protracted debate circulates around cause and effect, adolescence is characterised as a period of experimentation, risk-taking and poor reasoning of consequences (Smetana et al., 2006; Steinberg, 2007).

There is considerable evidence that many risk behaviours commence during this life course stage, accounting for its prioritisation in global health policy (Sawyer et al., 2012). However, this focus risks fixing this period and crucially the individuals within it as being inherently liminal, problematic and dangerous (Crivello and van der Gaag, 2016; Morrow, 2013; Steinberg, 2007). How this negative characterisation feeds into a discourse of adolescence as being challenging and risky has been the subject of much discussion (Koffman, 2015).

Our approach is informed by a conceptualisation of 'relationality' which considers age to be far more social than chronological (Huijsmans et al., 2014). Age 'is constituted in interaction and gains its meaning in interaction in the context of larger social forces' (Laz, 1998: 86). By focusing on the interpretation of the category of 'adolescence', we aim both to trouble the significance commonly given to chronological age and to demonstrate the disconnect between the presumed 'universal' category of adolescence and locally specific considerations and to thus highlight why its decontextualised application and resulting mistranslation could well become significant. Age-normativity as it is applied to an entire life phase, for example, adolescence, risks obscuring the heterogeneity between people of the same age (Laz, 1998: 97). This can inadvertently result in excluding those outside of the target age group in development interventions (Huijsmans et al., 2014). But it also risks ascribing inappropriate attributes to everyone within an age group, disrupting the acceptability of a targeted intervention to both its intended recipients and the broader community.

While we agree that the principles underpinning the focus on adolescent-centred policy are encouraging and necessary (Bekker et al., 2015), in this article we argue that the decontextualised application of the term can inadvertently be divisive, even stigmatising, and that its use may have the effect of undermining the capacity to access, engage and retain young people in harm reduction-based interventions. The primary focus of this article is to explore how adolescence and youth are framed in a setting in Uganda and what implications this may have for targeted intervention design.

Methods

Study design

This qualitative study aimed to trace the process of growing up in a high HIV prevalence setting in a semi-rural district of southern Uganda, a nation where 15- to 24-year-olds make up a quarter of the population (Uganda Bureau of Statistics, 2014). We investigated this process through repeat in-depth interviews with HIV-positive young people (aged 11–24 years) and young people of the same age range whose HIV status was unknown to us.

While we consider that it is vital to focus on the experiences of young people themselves, we also consider it revealing to include socially or biologically related adults. We therefore also interviewed carers/significant others of the adolescents.

This focus is informed by our theoretical position of 'relational agency', which draws heavily on Evans' (2007) concept of 'bounded agency'. Key to our understanding of 'relational agency' is that an individual's experience and capacity to affect change in their lives are shaped by their relationships with others and that these relationships, and

Table 1. Young people sample.

Age (years)	Young people HIV positive		Young people (status unknown)	
	Girls	Boys	Girls	Boys
11–14	4	4	3	3
15–19	1	3	3	2
20–24	5	1	3	3

the fluid but restricted agency that they engender, are dynamic and transformative (Bernays et al., 2017). This echoes the debates surrounding the contingent agency of children and young people, which questions the ascribed dualism of passive agent and how this can be uncritically applied in social interventions (Bordonaro and Payne, 2012: 365). As such, we consider it ineffective to focus singularly on young people, given that doing so ignores the relational context in which they are living their lives (Mizen and Ofosu-Kusi, 2013; Seymour, 2012).

Study site, sample and data collection

In the study site, the main language spoken is Luganda and local livelihoods are based mainly on agriculture (Seeley, 2014). The general population cohort (GPC) established by the Medical Research Council/Uganda Virus Research Institute in 1989 is based there (Asiki et al., 2013). The GPC covers 25 villages with a population of approximately 20,000 individuals. A census is carried out annually with medical surveys conducted every 2–3 years. HIV prevalence in the GPC is 9.4%.

Using semi-structured interviews, we conducted three waves of data collection with 16 HIV-positive young people (aged 11–24) over a 9-month period in 2014–2015. The HIV-positive adolescent sample was purposively identified and recruited from a government-run health centre close to the GPC area. In addition, two waves of semi-structured interviews were carried out with a cohort of 16 young people of the same age whose HIV status we did not know. This sample was randomly selected from households surveyed as part of the GPC. Both samples were stratified by gender to ensure approximately equal numbers of males and females (Table 1). Each of these young people from across both groups was asked to identify a 'carer', someone who has primary responsibility for caring for them, and 32 carers were interviewed twice over the 9-month period. Carers were only approached with the permission of the participating young person and were interviewed by a different researcher to ensure privacy. Those included ranged from parents to adults acting in a parental role (e.g. maternal aunts or grandmothers) and partners (Table 2).

Semi-structured interviews were conducted by the research team with interview schedules based on the broad themes of the experience of growing up in a particular setting, knowledge and understanding of HIV, views on sexual negotiations and relationships, and hopes and aspirations for the future. Interviews took the form of informal conversations in Luganda and were conducted one-to-one in a setting of the participants'

Table 2. Carer sample.

	Carers to HIV-positive young people	Carers to young people whose status unknown to research team
Age (years)		
25–34	3	5
35–44	7	3
45–60	6	6
Carer role		
Biological mother	9	8
Biological father	2	1
Maternal Aunt	2	0
Stepmother	0	3
Partner	3	2

choosing, often at their home. Participants were told that the study was about understanding their experiences and perspectives about what it was like to grow up in this area at that time. Discussions about 'adolescence' arose through questions about how young people were perceived and discussions developed spontaneously into how they saw themselves as distinct from adults and/or their peers.

Two interviewers in their early 20s, a man and a woman, conducted the interviews with the young people. The interviewer and participants were gender-matched. A woman in her late 50s conducted the interviews with the carers. All interviewers were trained and experienced in qualitative data collection, and one who assisted with data analysis is an author. Interviews were audio-recorded with the permission of the participants. All necessary and appropriate ethical approvals were in place for the study.

Analysis

The team who conducted the interviews wrote up the translated interviews into detailed accounts (LeCompte and Schensul, 1999; Schensul et al., 1999). These accounts were a combination of summarised conversation, verbatim quotations, field notes and observations. In this way, they included a large degree of context and served as an initial layer of analysis. The quotes presented in this article are given in third person as they are reported speech. Pseudonyms are used throughout the article.

The accounts were reviewed jointly by the Ugandan and UK research teams via weekly team discussions, and initial themes were developed iteratively. For subsequent phases, individually tailored guides were developed from a standard guide. This approach helped foster rapport, as well as ensured that detailed information was gathered by pursuing lines of enquiry particularly relevant to the individual participant.

The accounts were managed using NVivo software, which assisted thematic analysis. A coding frame was developed and refined to capture and categorise the main areas of experience and perception reported by young people and their carers. Throughout this process, analytic ideas and emergent themes were discussed by the whole research team and written into analytical memos which were further refined through ongoing coding.

In addition, we transcribed sections of the audio recordings to analyse data which required more detailed scrutiny, for example, the meaning of linguistic terms within a particular context.

Results

Adolescence: A gendered performative state

In this article, we explore what being an adolescent involves and what consequences there may be in 'being an adolescent' within the local framework. It is thus important to consider the specific language that is being used by participants (and interviewers) and to reflect on what this tells us.

In the interviews, the researchers used a generalised term to ask about young people, *abavubuka* (young people) and *omuvuuubuka* (young person), which refers to a broad age range of between 11 and 30 years. Participants did not use a term that would be synonymous with 'adolescents'. However, when we asked how these young people behave in their communities, both the young participants and their carers provided two broad categories: those who were well-behaved and those who were engaged in deviant behaviour. Those who were well-behaved were acting in an 'adult way', in that they conducted themselves responsibly, and the terms used for them reflected this status (e.g. *Nabakyala* ['exemplary woman']). Prior to this, they were children. Both young people and carers described this categorisation as binary.

They identified those going through 'adolescence' as a sub-group. Those who were engaged in deviant behaviour were most obviously considered 'youth' or the equivalent of 'adolescent' in that they were in-between child and adulthood. The deviant behaviour that is indicative of 'being' an adolescent was described as being highly gendered. The significance of the consequences of such behaviour also operated on gendered lines.

Young men were more commonly described as engaging in deviant behaviours than young women. The young men who engaged in deviant behaviour were described as *musegge* (fox) or *mugunju* (wildcat). The repertoire of activities which constituted this deviant behaviour included gambling, drinking, taking drugs, having promiscuous sexual relationships, being violent, being idle and sometimes stealing. These young men were said to meet in *bigobero* (specific hideouts) to gamble in *matatu* and *luddo*, meaning playing cards and board games. It was said that as the deviantly behaved male 'adolescents' gambled while playing these games, they also abused drugs like *omwenge* (alcohol), *miyirungi* (khat) and *njaga* (marijuana). This behaviour was often described as being akin to or mirroring adult male behaviour, but in an irresponsible and amateurish way. For example, a young man would be unable to exercise control over the consequences of his drinking.

There is an implicit social sanctioning of such behaviour in many cases. Although transgressive, the behaviour is tolerated as being a part of male maturation, their betwixt and between of 'adolescence'. In many cases, such behaviour occurred not only in groups of peers but also with older men. In mixed age groups, the younger men were said to drink or gamble less proficiently than the adults. A mother described such a situation with her son:

When asked what other things influence John to take these risks apart from group influence, Eunice said that even some local leaders influence the young generation to take those risks because they are also involved in such habits. Eunice said that the young people smoke with them, drink alcohol and use drugs together and they can't report them since they are also in the same boat. (Interview account [IA] of Eunice, 53 years, biological mother of John, 21 years)

Peter, one of the young men interviewed also described this behaviour:

He noted that there are several boys who drink alcohol … He said there are even those who drink and it makes them lose their dignity. He said that they end up abusing everyone that they come across when they are drunk and out of their minds. He said that they drink because of group influence. He does not know the quantity that someone drinks to get drunk but most of them buy sachets [small packets] of empire waragi [local gin]…. He said that if someone drinks alcohol responsibly, he does not have any problem with that as opposed to some people who take it irresponsibly to the extent of losing their memories … he thinks some of them may be 'saving their lives' ['saving their lives' quoted verbatim as spoken in English]. I asked him to elaborate how they save their lives and he said that they do so by having leisure. (IA of Peter, male, 18 years)

This behaviour, although disapproved of, was considered, by the majority, to be a result of boredom or curiosity, a way to escape into a more pleasurable ('leisurely') space. These explanations for such behaviour were configured to form a subtle but implicit justification for the behaviour. So, although it was considered problematic, boys' deviant behaviour was considered a temporary transgression representing a transient risky phase – one which had potentially time-limited consequences and minimal identity-shaping effects. Adolescent boys would probably get a second chance. There were no particular titles given to the young men who behaved well, only to those who did not.

Young women who engaged in deviant behaviour were described as *benzi*, which literally means 'promiscuous'. When asked to elaborate on what these individuals did, participants described female 'adolescent' behaviour as drinking and/or engaging in sexual relations, which was commonly described as a form of prostitution:

She told me that young females become unruly and start doing prostitution and I asked her how risky is that to them. She responded that it means becoming miserable and getting infected with HIV/AIDS because one can't live such a life and fail to get infected with HIV. (IA of Rose, female, 11 years)

Across the accounts, the consequences of female 'adolescent behaviour' (promiscuity) were described as being far more serious than that of their male peers. Becoming pregnant, outside of 'marriage', or contracting HIV was symptomatic of being a *benzi*. Contrary to the way in which male behaviour was characterised, the long-term economic consequences of this behaviour for young women were significant. It could lead to a girl potentially dropping out of school, early and commonly single motherhood, and limited education and skills. Such behaviour during their youth was consistently framed as having a fixing effect on the young woman's identity which would shape their opportunities into adulthood and likely lead to a prolonged cycle of poverty.

As noted above, well-behaved young women were referred to as being 'exemplary women'. When asked to elaborate, participants explained that young people with such a title behaved like mature women by way of advising others how to behave well, avoiding promiscuity and being faithful to their intimate partners.

Not all young people are 'adolescents'

In the accounts of both carers and young people, the life stages of childhood and adulthood were clearly and discretely defined within the accounts of young people and carers. A young person who behaved well could be expected to arrive at adulthood via symbolic major life events, such as supporting themselves financially, getting married, leaving their family home and/or having children. Up until that point, they would remain classified as children.

There was a third category, however, as described above, the deviant youth. Crucially, this was not a universal life stage. It was not a recognised transition stage that everybody went through around a particular age or a series of events. Instead, what might be deemed 'adolescence' within a biomedical framing, that is, the liminal phase between child and adulthood, was constructed as a behaviourally based category which young people only became part of through their engagement in risky, and what were considered deviant, behaviours. A defining feature of these adolescent behaviours is the use of drugs and alcohol. Substance use was described as having increased significantly in recent years, especially among boys, and as having intensely negative and transformative properties. We do not have information to reflect whether there was, indeed, a historical shift in usage or whether this reflects a more prosaic intergenerational characterisation of the loosening morality of youth.

Substance use, promiscuity and related violence were often bundled together in the accounts of both carers and young people as a set of enmeshed behaviours. The powerful effect of group influence was said to increase their participation and embolden them in their actions:

> The young people take marijuana and tobacco leaves. He said he has occasionally met them on the way walking while taking it and there are even some that they met at the well taking it in broad daylight. (IA of Elias, male, 14 years)

> She told me that it is males who chew khat (a mild stimulant) and when they meet them they pretend not be scared but they are actually always scared of them. (IA of Betty, female, 14 years)

> He said that boys have tricks of confusing girls. They buy a bottle of soda and mix it with waragi (gin) and the girls become useless (unaware of their situation) after taking it. He said that in the past, it wasn't easy to find a young person drinking alcohol. But these days youths move with sachets of waragi in their pockets. (IA of Moses, 60 years, biological father/carer to Memory, 19 years)

Substance use was considered harmful because it was thought to make people unpredictable and reckless. However, while adults were considered to be potentially able to exercise some control when under the influence, young people were consistently characterised as incompetent in managing the associated risks to themselves and to others:

> When he (a young man) becomes drunk he just goes with anyone he comes across. There is no screening; no testing, no condom use and some of them have started entering people's houses and stealing their belongings. (IA of Rudo aged 39, husband to Emily, 24 years)

HIV risk was framed in relation to substance use and promiscuity, rather than as a feature of many sexual relations in this high HIV risk setting. This added an additional layer of stigma to being young and HIV positive, which was based on an often-ignorant presumption that HIV-positive young people must have acquired the virus through 'transgressive' behaviour. This association further reinforced the 'deviance' and risk of adolescence.

I'm not/he's not/she isn't an adolescent: Rhetorical distancing

When young participants and carers described their idealised version of young people growing up, 'adolescence' was conspicuous in its absence. Reaching adulthood was described as a point of safety, away from the risks that came from this liminal phase. One mother told us,

> She said that they are planning to get a partner for their daughter so that she can get married. A marriage will protect her from loving several partners. (IA of Alice, 47 years, biological mother to Jane, 20 years)

Many participants described drugs, alcohol and promiscuous sex as common behaviours among young people. However, among most of the study participants, both young people and carers, they were keen to explain that this was not how they or their children behaved:

> She continued that there are children who are well behaved like her. She added though that she sees some other young people smoke cigarettes, tobacco and others drink alcohol. (IA of Esther, female, 12 years)

Participants placed considerable emphasis on distancing themselves and rhetorically positioning themselves or their children as distinct from adolescents. For example, Esther, in describing how she will achieve her goals, frames them in opposition to the actions of deviant young women: '*I will study instead of being promiscuous*, [be] *a good behaved person and listen to my parent's advice*'. Young people, females in particular, described their fear of coming into physical or social contact with these deviant youth. First is because of the immediate risk they posed to them, as Betty describes:

> At times, they find there are those young people who chew khat in the evening when they are going back home. She continued that this is the reason why they fear them as they can kill them. (IA of Betty, female, 14 years)

Second, they feared the subtle contamination that could accompany contact. Adolescence is characterised as being infectious. The behaviour synonymous with 'adolescence' was described as a dangerous pollutant: a toxic peer pressure that young people needed to be

kept away from. '*They take it (substances) due to the group influence. When a young boy or girl has friends, who are drug users, she or he is also taken up'* (IA of Rachel, 47 years, stepmother of Grace, 11 years).

Many participants invested considerable effort in a rhetorical distancing from such 'youth'. This operated as a form of reputational management by both the young people interviewed and their carers. Such displays of adolescent behaviour are considered to not only be socially damaging for the young person as an individual, even if such damage is relatively temporary as in the case of boys, but also contained risks for the household as it was interpreted as a failure of carers to adequately discipline their children. As one carer describes, '*they are already spoiled and it is the parents who have become lazy and some of them know about it and they just keep quiet'* (IA of Olive, 43 years, biological mother of Mary, 20 years).

It was clear that no one wanted to be associated with such behaviour. Carers often described their own ignorance of other young people's behaviour and in professing an absence of knowledge characterised their offspring as having been 'contained' from other 'polluting' young people. This separation was often marked out by describing their physical isolation from other young people to cast them as intemperate:

> When asked what she thinks it is like as a young person growing up in her community now, Lydia said that she spends most of her time in the garden and that she doesn't know how young people behave in her community. She said that her main concern is to discipline her own children, not to know how other children behave in the community. She added that she doesn't even have time to look closely at the behaviour of other young people. (IA of Lydia, 29 years, biological mother of Sarah, 12 years)

The polluting influence of adolescent behaviour was also countered by trying to occupy young people's time in order to deny them the opportunity to stray into deviant behaviour. Efforts were concentrated on avoiding 'adolescence' through distraction and distance:

> She said that they decided that the boy children have to take the cows for grazing and to fetch water in order to see that they don't have time to get involved in groups. She said that all the young children who have started taking khat do so because of group influence …. Halina said that she always advises her son not to behave as his friends do. She said that she told her son that if he starts behaving like his friends, he will not be taken to Kampala by his uncle. (IA of Halina, 44 years, biological mother of Henry, 13 years)

Even so, there was an awareness that young people remained vulnerable. The carers' description of the need to be always watchful illustrates the precariousness of this period in which young people could easily 'slip' into 'adolescence'.

However, despite the predominant personal disassociation from 'adolescent' behaviour, there were some exceptions when carers admitted that their children were involved in such behaviour:

> Eunice said that she can't lie to me; her son is not behaving well. She said that he involves himself in groups; he is good at alcohol drinking, good at smoking and good at using drugs. She said that he can come back home at around midnight. He goes into the bush with his friends and

they stay there while smoking, using drugs and drinking alcohol. (IA of Eunice, 53 years, biological mother of John, 21 years)

The reasons for her admitting this are unclear but may reflect that her son's behaviour was relatively well known within the village, so as the family's reputation was tarnished by his behaviour, she may have expected the interviewer to be aware already.

While carers tended to blame the parents, young people themselves displayed a greater sympathy for other young people. They were more likely to mention an individual's circumstances, rather than their personal failings, as having primary responsibility for their behaviour. They tended to consider such behaviour to be commonly borne out of various forms of poverty, as well as curiosity and peer influence as previously described. Yet, they held such opinions while distancing themselves personally from such behaviour:

She told me that even though young people who are not studying are being chased away from the village, most of them who dropped out of school or those who didn't attend school take marijuana. (IA of Memory, female, 19 years)

Some participants alluded to the dissipation of hope and aspiration that resulted from having to drop out of school because school fees could not be covered. Dropping out of school might lead to drinking, drugs, gambling and promiscuity: '*They drop out of school and then they start taking cocaine*' (IA of Grace, female, 11 years). A consistent message from young people was that in the absence of the structure of formal education and the resultant opportunities, resisting peer pressure to engage in risky behaviours became much more difficult:

[For] some young people, their parents are unable to support or pay for them to continue with their education […] it is so risky because first, they deny her a good future so she fails to have a profession, and second she can be chased away from home and start to look for somewhere else to stay. (IA of Joy, female, 24 years)

Such behaviour was often characterised, therefore, as either an escape or, in the case of promiscuous sex, a rare financial opportunity.

We found there to be very little difference between the experiences and attitudes of those who had an HIV-positive status and those whose status was unknown to the research team. The only distinction was that, given a reported paucity of understanding about the possibility of perinatal transmission, should the positive status of a young person be known about or suspected within the community, it was assumed that they had contracted HIV behaviourally. Because of this presumption, they were classified within this group of 'undesirable young people' by default.

Avoiding places and people: Responsibility, blame and vulnerability

There was an assumption that the behaviour associated with adolescence was infectious and transmitted through peer influence. The responsibility lay with the carer and the young person to avoid social networks and physical spaces which might expose them to

this infection. Young women talked about being vulnerable by virtue of being in or passing through particular places. Most typically, these spaces are the disco, in town, on the way to the well, out on the road, in big towns or in trading centres, but they could also be in more prosaic spaces such as passing through dense vegetation on the way to school or activities, for example, running minor errands to buy something from the shops. Jenny is one of many female participants who described the inherent risks in having to visit certain places where she might encounter young men displaying threatening behaviour synonymous with being a *musegge* or *mugunju*. As she explains, when these young men attempt to engage her she tries to ignore them:

> She told me that sometimes she has met them when she is on her way to the shops. Once one of them came towards her trying to greet her but didn't respond and he abused her. She mentioned one of the trading centres where they drink alcohol and told me that such people there can rape her. (IA of Jenny, female 13 years)

However, this strategy also conveys a sense of responsibility on the part of the individual to avoid particular places and spaces. If something happens to an individual in one of those places, they are implicitly blamed for not having avoided that place. So, while for young women their vulnerability to sexual advances from male peers and older men was acknowledged, becoming involved in any way meant the woman was 'at fault'. Girls and young women are both more vulnerable *and* more responsible. However, the capacity to avoid all risky spaces, places and networks may well overplay the agency of young people to protect themselves from such risks. By framing deviant behaviours as amenable to control through avoidance, there is an assumption that those who engage in, are exposed to or somehow become embroiled in risky behaviour, including where there is coercion and violence, take on an implicit responsibility for the situation that they are in. This blame overshadows any acknowledgement of an individual's vulnerability.

Discussion

In this article, we have examined local understandings of 'adolescence' in the context of southern Uganda. Our aim has been to demonstrate the value of examining this local specificity in order to understand how targeted interventions for young people, particularly around sexual behaviour and risky substance use, might be tailored to improve the success of such interventions. We suggest that the ways in which community narratives of problem youth and risky behaviours intersect warrant further attention from public health commentators. Practitioners designing health service interventions targeting adolescents may intend their interventions to be aimed at all young people. Indeed, they would expect them to be if they are predicated on an understanding of adolescence as a universal and inevitable life stage. Yet, as we have shown, the linguistic nuance which describes adolescents as a sub-set of young people conveys a nexus of social normative ideas and associations which may be missed in translation. Such local framing of adolescence means that being an adolescent is not understood to be something that happens to all young people and has substantially different consequences for young men and young women. To realise the potential benefits of youth studies to the efficacy of interventions aimed at supporting young people to lead healthy lives, there is a need to understand their

lives in relation to the 'wider processes, discourses and institutions to which these connect' (Ansell, 2009: 191).

Such an understanding is vital if interventions targeted at adolescence are to be effective. Depending on the way words are translated, there is the possibility that a programme's focus on 'adolescents' could be interpreted by key actors within the community, including young people themselves, as relating to a stigmatised sub-group. Therefore, acceptability and uptake are likely to be low because young people will not want to associate themselves with 'adolescence', and carers may be ashamed if their children attend programme activities. This is particularly problematic, given the presumed infectiousness of adolescence, as attending activities might pose a risk. The global policy foci on interventions that seek to bring adolescents together and specifically target young women may not be acceptable or well received in such communities. If anything, they could feed into an already problematic way of looking at young people.

This study also provides insights into how young people are very often attributed responsibility for the situations that put them at risk. Adults and young people themselves commonly describe this deviant behaviour as being of the young person's own volition. This ascribes higher levels of agency to a young person than might be reasonably expected, given the complex context of limited economic, social and relational power accompanying youth. This characterisation of adolescents emphasises risk but downplays vulnerability (Aggleton, 2004). The resulting imposition of blame ignores the limited capacity that young people have to affect their situations or to completely avoid risk. This ensures that those involved in such behaviours are socially penalised, the extent of which is broadly defined by their gender. What is framed as personal culpability through an individual's failing (ascribed most commonly to females) arises from a highly gendered structural vulnerability based on a relational power imbalance, which makes it so difficult for these individuals to protect themselves from such risk. This echoes the established evidence base, reflecting the resurgence of an increasingly individualised conception of 'risk', which downplays the effects of the 'risk environment' (Paparini and Rhodes, 2016; Rhodes, 2002; Tyler et al., 2001). But it also highlights the need for interventions aimed at young people to critically engage with reshaping social structures which act as drivers of gendered risk, rather than focusing too narrowly on young people's behaviour in isolation.

There is an urgent need to address the acute risks faced by young people. But the efficacy of ameliorating the risks faced by these individuals and networks in part rests on finding them and then including and involving them in interventions which have community support and are critically engaged with the social structures which produce youth-related risks and gendered penalties in this environment. The devastating consequences of the nexus of negative social meanings of, for example, sexually transmitted infections have long been explored and expounded (Gilmore and Somerville, 1994; Mayaud and Mabey, 2004). It is important that we do not inadvertently through a misaligned understanding of who we mean by 'adolescents' undermine the capacity to effectively engage with this age group by casting the term in negativity.

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Declaration of Conflicting Interests

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