

## Module 4: Adolescent pregnancy - Adolescent health and development with a particular focus on sexual and reproductive health - Assignment

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### **The Policies and guidelines in place**

Quite a number of favorable policies and guidelines are in place in Uganda that illustrates the fact that adolescent pregnancy is a public health priority. An example of this is the Adolescent - Friendly Health Service Standards and Guidelines for Uganda. However, most of these have not been fully disseminated or utilized. Additionally, many of these policies and guidelines do not address the underlying social, cultural or economic factors that lead to a high rate of adolescent pregnancy in Uganda, such as gender and income inequalities. There is need to popularize the policies and guidelines more widely, especially to the lower levels of administration, and to the grassroots. The policies and guidelines can be strengthened through advocacy for increased and sustained resource allocation. In order to address the overarching challenge of unsafe pregnancy, teenage pregnancy has to be mainstreamed into these interventions to make it integral to the interventions, and ensure that adolescents can access the country specific essential package of pregnancy care. There is therefore need to develop a consistent and unambiguous policy framework on adolescent pregnancy.

### **The Programmes in place**

There are some adolescent programmes addressing adolescent pregnancy in Uganda, and the number is growing. Nevertheless, these programmes tend to be mainly in urban areas, are more available to the more highly educated, and of limited or patchy coverage. Additionally, by and large, they are supported by external donors. The programmes often do not address the specific needs of adolescents who have not yet become sexually active, have dropped out of school and need more information. Innovative programmes such as Straight Talk, or radio talk shows are trying to demystify the changes. The programmes in place often do not inform the adolescents about their rights. There are relatively few clinics offering youth friendly services. As a result, needed services to prevent unwanted pregnancy or unsafe abortion are few. There is need to increase the scope and number of clinics offering antenatal, delivery as well as post natal services for both married as well as unmarried adolescents, and those with special needs such as those that are disabled or living with HIV/AIDS. Research data shows that in Uganda, adolescents are the least likely age group to actually utilize such services consistently and completely.

The impact of the programmes is as a whole limited, and Ugandan adolescent pregnancy rate is still unacceptably high at 25% and the Contraceptive Prevalence Rate low (11% compared to the national level of 24%). There is need to adopt evidence-based interventions, and best practices from different places to understand better how Uganda's situation could be reversed.

## The Laws in place

There are a number of laws that directly or indirectly impact upon the prevalence of adolescent pregnancy, or Sexual and Gender Based Violence. For example, sex-whether forced or consensual- with a 'minor', that is, a person below the age of 18, is an offense under Ugandan law, and many males charged with defilement are in prison. A law against Female Genital Mutilation was passed recently; additionally, it is also illegal for a person below the age of 18 to get married. Abortion is legal in Uganda, but it is restricted to instances when a woman's life is endangered by pregnancy. Some of these laws are enshrined in Uganda's Penal Code. There is also free primary school education, but this is of debatable quality, and some reports of young people who have completed Primary school education, but can neither read nor write have been reported. However, it is now acceptable for girls who become pregnant while in school to continue their studies after giving birth.

A general comment is that all these laws need to be publicized and enforced. Needless to say, adolescent pregnancy can only be adequately tackled through a multifaceted approach, since the factors that promote or cause it are multifaceted and multidimensional.

## Assignment Story

Teenage pregnancy causes many health and social problems.

What are the three main factors that contributed to this?

- Biological and Health factors:
  - Teenage pregnancies are generally risky pregnancies, because a mother's body is not ready.
  - Risk to offspring born to teenagers: greater likelihood to have complications and neonatal deaths.
- Social aspects: discrimination, sometimes unable to look after the children, child abandonment ('dumping of children'), dropping out of school. Teenagers generally lack experience, income and education.
- Lack of access to services.

What can be done by families and communities to prevent this happening to other girls?

- Offer protection against pregnancy, preferably dual protection against both pregnancy and sexually transmitted infections such as HIV.
- Educate the girls so that they have basic information and can access the necessary services.
- Community leaders can take the lead in ensuring that the young girls are given timely and appropriate information.
- Empower the girls to make the right choices and decisions, on consequences and costs of pregnancy, how and where to access services.

What can the Ministry of Health do to reorient the health care system to meet the needs of girls such as the one who story you have heard?

- Ensure that policies and guidelines are made operational, and support them with financial resources and political capital.
- Provide Youth friendly services.
- Promote the enactment of laws that foster girls going back to school after childbirth.
- Work in stronger partnership with the ministries of gender, Labor and social Development, Education and Justice respectively. Strengthen links with the community leaders, NGOs working in adolescent health, human rights, social affairs.

## **Assignment document**

1. [Camacho AV, Chandra-Mouli V. Adolescent pregnancy: a global perspective. Paper presented at: Training Course in Sexual and Reproductive Health Research; 2010 Sep 18; Geneva.](#)