Defusing the teenage pregnancy time bomb

Thembo Joshua highlights the challenges of teenage pregnancy in Uganda

"Getting a pregnancy at a teenage has not just started today, our grandparents gave birth at an early age and it was never an issue of negative debate in the community, instead it was an issue that attracted celebration and great appreciation even amongst the elders".

Cultural leader (name withheld)

Teenage pregnancy in Uganda is a serious public health and multi-sectoral concern that has persisted for decades. This has attracted global and national concern for the health and development of those aged 10-19 years, who constitute a significant segment of the national population. They are a major demographic force with significant potential to shape Reproductive Maternal Newborn Child and Adolescent health (RMNCAH) trends and the broader social economic development of the country. Teenage pregnancy has persisted because adolescents are highly vulnerable and are exposed to various social vices and health risks which have led to long-term health and social problems.

The 2014 national population and housing census stated that Uganda has one of the fastest growing and most youthful populations in the world (persons below 18).[1] Representing 24% of the national population, the youth bear more than 33% of the disease burden. Almost 28% of maternal deaths in Uganda are attributed to young girls aged 15-24 years and 60% of premature deaths among adults are associated with behaviours or conditions that began or occurred during adolescence. The birth rate in the age category 15-19 years is currently at 135 per 1,000 live births, which ranks among the highest in sub-Saharan Africa, driving both total fertility and population growth rates. Adolescents aged 15-19 contribute 17.6% deaths due to pregnancy-related conditions. Stillbirths and child deaths are 50% more likely for babies born to mothers younger than 20 than for those aged 20-29 years.

Uganda still has one of the highest rates of teenage pregnancy in sub-Saharan Africa at 24%, though the number of births per 1,000 women aged 15-19 years decreased from 204 to 135 between 1995 and 2011. This is associated with a range of complications such as unsafe abortions, obstructed labour and obstetric fistulae and a manifestation of early sex debut and unprotected sex. The Uganda eHMIS data for July 2018 to June 2019 report indicated adolescent pregnancy high burdened regions as mid-north (10.1%), east central (8.5%) and mid-west (8.3%).

The teenage pregnancy rate reduced from 31% to 24% between 2001 and 2011, with the health sector development plan (HSDP) target of 14% by end of 2020. Currently, 360,000 teenage pregnancies occur annually. The average rate of reduction in teenage pregnancies has been just 3% per year over the last 10 years. It will be necessary to accelerate annual efforts to at least 9.4% per year if the country is to reach the target of 14% teenage pregnancy rate. These efforts will focus on delaying sex debut and increasing contraceptive use among sexually active adolescents. A comprehensive package to address adolescent health needs should be implemented through the multi-sectoral approaches and using the three-point access model of school, health facility and the community.

A supportive legal and policy framework for promoting young people's rights and expanding education opportunities is being promoted, with interventions across the different sectors of development including health, education, social development and justice, law and order sector.

A new framework

In May 2018 the Ministry of Education and Sports launched the National Sexuality Education Framework.[2] The framework is Uganda's first ever guideline on sexuality education which seeks to create an overarching national direction for response in respect to sexuality education in the formal setting of education for young people. This framework was therefore developed as a blueprint for teaching of age-appropriate cultural and religious sexuality education in schools. Its implementation will therefore promote and facilitate the development and delivery of sexuality education programmes in the education system. Likewise, teachers will also be re-tooled and oriented on sexuality education.

The Ministry of Health is also working in partnership with civil society organizations to support the functionality of youth corners in public health facilities. These corners provide a safe space where young people can freely access youth-friendly sexual and reproductive health services.

The Ministry of Health has also drafted policies that speak to having an enabling environment for adolescent health programmes at national and local levels. Through this, district committees on adolescent health are being set up to address district specific adolescent health challenges. Districts have as a result developed local solutions to challenges like teenage pregnancy.

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In Mukono (Central Uganda) a district adolescent health road map was developed by this committee that highlights key priority areas on adolescent health; other districts have drafted ordinances to criminalise and regulate some risky behaviours that are contributing to teenage pregnancy. The investment case for RMNCAH sharpened plan for Uganda 2016-2020 is being implemented by the Ministry of Health. It provides an overall approach for the sector to accelerate progress towards reduction of RMNCAH targets set in the health sector development plan. Further prioritization of investment packages including adolescent sexual reproductive health components. It is through this that mechanisms such as the RMNCAH Coordination for Adolescents and Youth have been put in place to specifically develop strategies geared towards reducing teenage pregnancy in all regions of Uganda and to contribute to global and regional RMNCAH efforts.

Naguru Teenage Information and Health Center, a model centre in youth-friendly service provision receives on average 150 young people daily. Over the years demand and utilisation of sexual and reproductive health services has increased from 47,850 in 2010 to 379,206 in 2018. This centre is therefore providing age-appropriate information and services to young people. This has contributed to positive behavior and delayed sex debuts among the centre's clients. The centre is also mentoring health workers in public health facilities on youth-friendly service provision, technical support visits and placements. Adolescent health and youth-friendly service provision training targeting health workers and civil society is being conducted. This has helped address issues around stigma and discrimination in health service delivery for young people. Franchise and private not-for-profit clinics have also been put in place in communities by the private sector and non-governmental organisations to extend health services to young people.

Institutions like the Inter-Religious Council of Uganda, which are synonymous with provision of social services in health and education, have also played a critical role in reaching the 98% of the population who ascribe to a religion with family care practice messages through religious leaders. Messages on growth promotion, development and protection are supporting adolescents to grow both physically and psychosocially.

However, even with all these efforts and interventions, violations and harmful practices such as child marriage remain a major challenge for Uganda and contributors to teenage pregnancy. The practice of child marriage affects over 60% of the young girls in Uganda, of whom 15% are married by age of 15 and 49% by the age of 18. This implies that a number of adolescent girls and boys are denied their childhood and their rights to exploit the expanded education opportunities.

Social norms and practices associated with child marriage remain. Premarital teenage pregnancies remain major life experiences for adolescent girls in the studied communities. Structural and institutional drivers have also strongly compounded the practice of teenage pregnancy. At the community level, urbanisation in the communities (socio-economic transformation), peer influence and civil wars and conflict sustain the practice some communities in Uganda. The socio-economic transformation within communities characterised by growth of small village townships that provide entertainment spaces for young girls and boys increase girls' vulnerability to premarital teenage pregnancies. Civil war and conflict in northern Uganda and West Nile regions have led to the breakdown of the family system and social cohesion, poverty and destruction of institutions. These have over time been identified as the core drivers of child marriage and teenage pregnancies in these areas.

Importantly, policy implementation in Uganda still remains a challenge. Communities and local leaders are not aware of existing policies. There has also been a lot of contradictions of policies with cultural and religious values. Corruption has also hampered effective enforcement of the law and policies.

Interventions focusing on retaining pregnant and married girls at school, providing information on sexual and reproductive health to teenage girls, improving access to and information about contraceptive use among teenage girls, improving the socio-economic status of households, strengthening existing local government structures and law enforcement on sexual abuse of girls will go a long way to addressing teenage pregnancy in Uganda.

References

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