

Adolescent sexual and reproductive health needs in Uganda

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Valorisation

Adolescents are a critical target population with regards to influencing global public health outcomes (WHO, 2011). In sub-Saharan Africa, including Uganda, many adolescent girls and boys aged 15–19 years continue to face health challenges related to HIV/AIDS, teenage pregnancies, and limited access to sexual and reproductive health (SRH) services. Among adolescent girls aged 15-19 years in Uganda, 19% have had a live birth, and an HIV prevalence of 1.8% was recorded among adolescent girls and 0.4% among boys (UBOS, 2018). Aggravating the health problems in Uganda is that multiple concurrent partnerships are on the rise among adolescents. Yet, the use of condoms among adolescents is still relatively low, and the unmet need for contraception among girls is high. With such intricacies surrounding adolescents and their sexual behaviors, our study focused on understanding the determinants of adolescent sexual and reproductive health needs to guide future programming. This study focused on understanding the socio-cognitive factors and gender norms associated with adolescent sexual behaviors, assessing the effect of adolescents discussing sexual behaviors with key influencers, and understanding why adolescents engage in multiple concurrent sexual partnerships, as well as drawing lessons from an existing adolescent health program for scale-up.

The findings in this thesis show strong associations between perceived behavioral control/self-efficacy, subjective norm, and behavioral intention to use contraception. These findings suggest that increasing self-efficacy and subjective norms towards contraception use may increase intention and actual use. As such, it is important to improve contraception communication among adolescents and their key influencers. More so, the findings evidently show that the majority of adolescent girls and boys were in support of gender inequitable norms such as approval of male dominance in health decision making, and agreement that women who carry condoms on them are cheap. These findings seem to suggest that the design of adolescent health programs needs to consider addressing and changing negative gender norms that hinder the use of condoms, contraception and steer multiple sexual partnerships among adolescents. The findings further point out that parents, health workers, religious leaders, and peers were instrumental in influencing adolescent sexual behaviors. However, challenges such as limited knowledge on the health risks, attitude, use of technical language and giving unclear information were highlighted as barriers to communication with adolescents. The rise of multiple sexual partnering among adolescents in Uganda should not go unnoticed as the findings show that these sexual partnerships often overlap for months or years. Factors such as limited knowledge, peer influence, poor communication with sexual partner and parents, and societal indifference steered the problem. From the experience of an existing adolescent health program, the study findings indicate that the program activities were successfully implemented through collaborative partnerships with service partners and the community and that the program used theoretical frameworks to guide targeted intervention implementation. Lessons drawn from the program include the pertinent need to link income-generating activities to health promotion programs, and adopting activity implementation tools that have been tested and used by other

existing programs. These findings are of interest to governments including health authorities, policy makers, and local leaders to inform nationally driven policy formulation and strategies for adolescent sexual and reproductive health programs. The development and implementing partners including donors, international and national non-governmental organizations, civil society organizations, religious, cultural, and local leaders can use the findings to develop targeted and evidence based adolescent health interventions. The results are of interest to adolescents and their key influencers (parents, health workers, religious leaders) who can use them to be part of their change process as actors/advocates for the cause.

The results presented in this thesis suggest practicable solutions/activities for addressing adolescent sexual and reproductive health needs. The suggested solutions/activities provide a potential direction of focusing on both individual and community-led efforts to address adolescent health behavior change. First, health promotion programs should invest in developing the influencers' communication skills and provide adequate/up-to-date information on sexual and reproductive health to guide dialogue among adolescents and their key influencers including health workers, parents, partners, and peers. Programs should adopt a multi-pronged gender-responsive approach to devise strategies for addressing negative/inequitable gender norms that affect adolescent sexual behaviors. The strategies include using participatory approaches that encourage working closely with both girls and boys to develop intervention efforts; promoting informed peer and partner discussions; community-based education; gender awareness trainings; engaging in progressive community and religious discourses that question gender stereotypes; and engaging in strategic partnerships with parents, religious, political, and community leaders. The use of mass media coupled with face-to-face interaction and public dialogue is pertinent for reinforcing social-change interventions. Further still, it is imperative to recruit champions with a greater influence on the target population. Adequately training and equipping selected champions with skills and updated information is critical. Secondly, linking income-generating activities to health promotion programs is pertinent for reaching adolescents. Livelihood interventions provide alternative options for adolescents to generate income. It is imperative to intensify periodic evaluation of existing adolescent health programs to draw additional lessons for implementation and scale-up.

The findings in this thesis can be used to improve adolescent health programming in Uganda. Currently, Uganda has initiated a nationwide drive of revising the community health workers strategy that aims to harmonize partner interventions as a means to leverage key resources in the health sector. This study indicates that the efforts should focus on defining and endorsing community health workers' roles while providing strategies for training, supervision, remuneration, recognition, career progression and quality assurance. Through routine monitoring and evaluation, phases of continuous learning, improvement, and expansion of coverage should evolve as the community health worker programs grow with new emerging issues widening their operational scope. Additionally, to create a conducive

environment for adolescents and their key influencers such as parents and health workers, strategic partnerships should be formed among development practitioners in the institutional and structural arena. Routine dialogue meetings can be held among policymakers, parents, religious leaders, peer leaders, and health workers to discuss contextual solutions and forge a way forward towards addressing the complex and ever emerging adolescent health needs. Most importantly, the communities and adolescents should be able to contribute to their own change efforts as key stakeholders. They should be involved in the planning and execution of change interventions. Cognizant that the adolescent health agenda in Uganda is grounded in policy, strategic partners should advocate for community demand for gender equity and discouraging harmful social values and practices including early marriages. The policies affecting adolescent health should be effectively communicated (through community dialogue meetings, using mass and social media, and interpersonal communication) to the general public for action and further advocacy for change. Above all, the periodic (quarterly, annual, and ad-hoc) efforts to review and update the national adolescent health policies should consider addressing the emerging needs highlighted in this thesis.