Adolescent sexual and reproductive health needs in Uganda

Summary

Adolescents in Uganda, as in other sub-Saharan countries, are increasingly engaging in risky sexual behaviors such as early sexual debut and multiple and concurrent sexual partnerships, which expose them to health risks of HIV/AIDS and unplanned pregnancies. Adolescents are challenged with limited access to sexual and reproductive health (SRH) services. A complex mix of factors including gaps in the adolescent SRH policy and cultural norms regarding sexuality and fertility limit not only the capacity of the existing health system to address their SRH needs, but also hinder adolescents from accessing available services. There is need to focus on understanding the determinants of sexual behaviors among adolescents aged 15-19 as a distinct group from the often-generalized youth or young adults. Targeted adolescent health programming can improve when development practitioners distinctively assess the determinants or factors associated with sexual behaviors (such as condom use, multiple sexual partnerships, and contraceptive use) among sexually active adolescents.

The studies reported in this thesis focused on two main goals. The first is to describe the determinants of adolescent SRH behaviors and needs. The second is aimed at underscoring the practical experiences and lessons from existing adolescent health programs for future design and scale-up. Results from studies in Chapter 2-6 indicate that the adolescence stage comes with changes of intense sexual desires, often presumed difficult to control thus leading adolescents to engage in sexual activities. The unmet need for contraception among adolescent girls was found to be high. Multiple concurrent sexual partnerships were found to be on the rise among adolescents, with persistent transactional sex and pre-marital relationships that increase the risk of HIV and unplanned pregnancies. Adolescents themselves, however, were found to be more concerned about unplanned pregnancies than HIV risk. We found persistent inequitable gender norms and social pressures that affect SRH service uptake among adolescents. Behavioral intention and self-efficacy to use contraception was found to be moderately correlated with a gender equitable norm towards reproductive health and pregnancy/ disease prevention among both girls and boys. Although adolescents showed awareness of the risks of sexual behaviors such as condom use, contraception use, and risks of multiple concurrent partnerships, their knowledge of SRH issues was inadequate and often laced with a lot of hearsay, myths, and misconceptions. We found strong associations between feeling confident to discuss contraceptive methods with a partner, being comfortable to use contraception, discussing contraception use with someone, and contraception use. Interpersonal communication complemented by mass media messaging was found to be instrumental in reaching and empowering adolescents with health information to make informed choices regarding sexual behaviors.

Several conclusions in designing effective and targeted adolescent SRH programs can be drawn from the findings reported in this thesis. First, the findings suggest the need to continually provide adequate and updated information to clear any misconceptions. Strengthening parental and community support through enhanced collaborative training on communication with and for adolescents is pertinent to enable key influencers and adolescents gain confidence in addressing adolescent SRH needs. Second, changing the negative gender norms/perceptions requires a multi-pronged gender-responsive approach for social change. Working

with both girls and boys, and engaging influential stakeholders such as parents, health care workers, policymakers, community, and religious leaders, who create the environment where gender-related attitudes and world views are formed is critical. Therefore, forming strategic partnerships with various stakeholders for concerted efforts in addressing adolescent SRH needs is required. Third, the lessons identified for scaling-up adolescent health programs include the need to harmonize training and deployment of community champions by development partners, whose efforts should be led by the government through Ministry of Health, recruit audience-specific influential champions, and link income-generating activities to health education interventions.

Above all, experiences from existing adolescent health programs discussed in Chapter 6 of this thesis indicates the need to collaboratively develop and institutionalize effective monitoring and evaluation strategies during the inception and design phases of adolescent SRH promotion programs. This will help programmers achieve appropriate accountability for efforts towards ownership and a continuation of gains.