

POSITION PAPER ON THE STATE OF SAFE MOTHERHOOD

AMONG YOUNG MOTHERS IN BUTALEJJA AND MBALE DISTRICTS



This paper outlines Uganda Youth and Adolescents Health Forum (UYAHF)s' position of convening

& facilitating young mothers' forums on the basic concepts of Safe Motherhood as a platform for young mothers and girls at high risk of teenage pregnancies and child marriages to share experiences, dialogue, and learn about fundamental sexual reproductive health and rights and maternal and child health issues.



Uganda Youth and Adolescents
Health Forum



UYAHF is a dynamic youth led, youth serving, health, human rights and girls centred organization that seeks to advance and promote quality and improved health and well-being for adolescents and young people with specific emphasis on promotion of Sexual Reproductive Health and Rights (SRHR), Enhancing Gender

Equality and Empowerment of Women and Girls, and promotion of Youth Livelihoods through; entrepreneurship, skills development and innovations.

According to the Butalejja district health data obtained from the biostatistician, 3,596 adolescent girls between the ages of 10- 19 had attended their 1st ANC in 2019 and 3,633 in 2020, while the registered deliveries for adolescents girls between the ages of 10 -19 years in all district health facilities were 144 in 2019 and 170 in 2020. Mbale district, a close neighbor to the former, also experiences similar indicators. The district health department reports that a total of 731 cases were managed between June 2020 to Sept 2020 in all the health facilities. Data from Mbale District Central Police Station also indicates that, by December 2020, 1181 cases of Gender based Violence ranging from child neglect 193, domestic violence 815, child labour 46, defilement 28, missing child 13, child dissertation 21 had been reported among others.

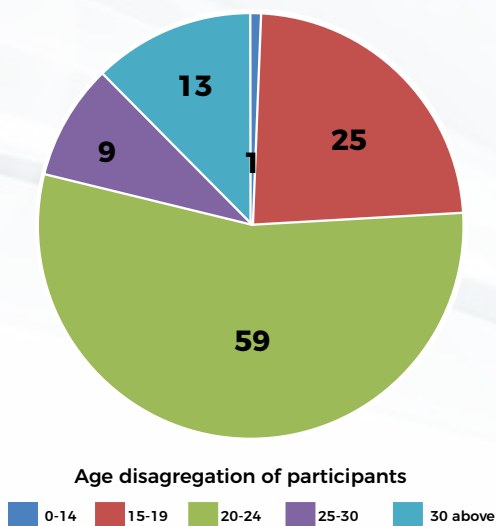
According to a rapid assessment conducted by Uganda Youth and Adolescents Health Forum, to understand young people's experiences, challenges, and best practices on demand, access, and utilization of youth friendly contraceptive services in Mbale district in May 2020, results revealed high sexual debuts starting as early as 13 years among girls and 12 years for boys. The present data shows a significant increase in incidence and prevalence of Sexual and Gender Based Violence (SGBV), teenage & unwanted pregnancies, denial of access to and uptake of contraception information & services, diverse myths and misconceptions on family planning, safe abortion and even on having babies immunized, breastfeeding, nutrition among others. The majority of these issues impact the lives of women, girls, young mothers & their children.

While rights are to everyone, many young mothers have a shadow over their fundamental health and human rights and they are experiencing unbearable & pressing circumstances that sometimes call for their action to flee from their homes (with their children). This is because they lack information & knowledge to make an informed choice on what to do, how to do it, and where to do it without negatively impacting their lives.

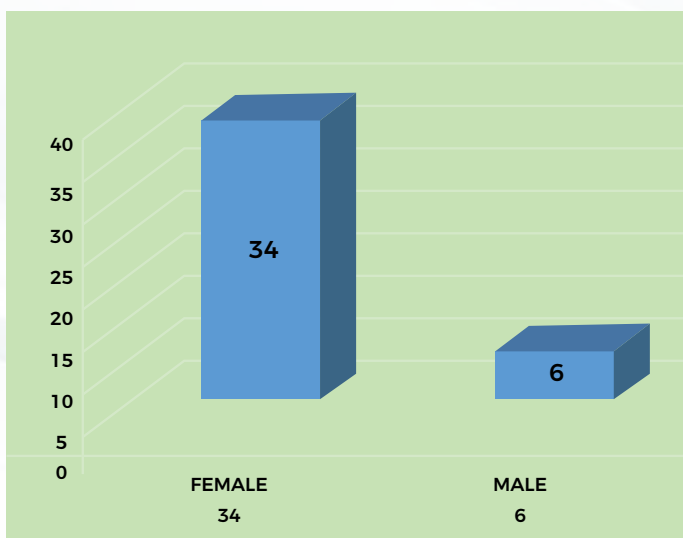
Given the above, UYAHF organizes young mothers' forums (YMFs) as a youth friendly safe space for young mothers too; Provide a platform for young mothers, pregnant teenagers, and adolescent girls at high risk of teenage pregnancies and sexual and gender-based violence to meet, share life stories, experiences, dialogue and learn about sexual reproductive health and rights and maternal and child health obstacles, challenges, and best practices. The main goal of these forums is to increase uptake for essential sexual reproductive health and maternal and child health services like contraception, safe abortion services, antenatal services, postnatal care services and post abortion care services, health facility deliveries, early detection, and recognition of danger signs in pregnancy and complications as part of the birth and emergency planning. The young mother's forum in Mbale was attended by 109 girls and the Butalejja one was attended by 40 adolescent girls and young women.

ADD HERE A PICTURE SUMMARISING THE PARTICIPATION OF THE YOUNG MOTHER'S FORUMS
 (The graphical representation of a graph or Pie chart showing number of girls reached).

Mbale Young Mothers forum



Butalejja Young Mother's Forum



Key advocacy issues identified;

Access to contraceptive services: The current modern prevalence rate among adolescents 15-19 is 30.4% with total demand of 52.3% and an unmet need of 29.3% for young women 20-24 years; with a total demand of 63.3%. This is mainly attributed to a lack of information on contraceptives and a lack of access to youth responsive services. Although mothers are encouraged to engage in child spacing to enable them to give appropriate love and care to their children and the benefit of their health, many young mothers and adolescent girls lack correct information about contraceptives in addition to facing limitations and barriers in access. Additionally, decisions about contraception are almost always left to the male partner. UDHS 2011 showed that about 42% of married women reported that their husbands primarily made decisions on their healthcare indicating women's low participation in decision making regarding their bodies and healthcare. Furthermore, according to a study done by UYAHF in Mbale in assessing young people's experiences on demand, access and uptake of youth friendly health care services, majority of the health facilities in Mbale were found to lack appropriate youth responsive services in place to address the needs of adolescents. Available contraceptive services in most of the health centre IIIs and IVs were characterized by limitations in choice, biases from health care providers as well as stigma and discrimination which all draws young people away.

Antenatal and postnatal care ANC: Antenatal care is very important for pregnant mothers since the routine check ups enable health workers detect unfavourable effects on the health of the mother and child, get more information about pregnancy, all these help us to monitor progress towards reducing maternal and neonatal mortality. Although WHO recommends that all pregnant women should attend

at least four ANC visits as a minimum with skilled attendant throughout pregnancy, as early as the first trimester. Most of the adolescents / teenage mothers is low. According to the data shared by the Mbale district Biostatistician in 2018 15535 girls aged 10 to 24 came for ANC services and 15117 in 2019.

Adolescent girls have several barriers that prevent them from attending ANC and these range from cultural beliefs such as hiding their pregnancies in the early months so that they aren't bewitched, social economic such as waiting for new clothes, their men refusing to accompany them for ANC since they fear taking the HIV tests and service delivery barriers such as negative and judgmental health workers, lack of confidentiality among others. Adolescents are especially vulnerable due to increased biological, social and economic risks associated with early pregnancy and childbirth, yet most pregnancy and childbirth-related complications are preventable through a combination of proven, cost-effective clinical interventions including timely antenatal care (ANC). In order to increase on the number of adolescents attending ANC there is a need to improve the quality of adolescents reproductive health services by incorporating the youth friendly approach that is tailored to their health and developmental needs, hold behavior change capacity trainings among others.

Health facility deliveries: Cultural norms that encourage and support home delivery, poor treatment of women by health workers, resource constraints, and physical inaccessibility are some of the primary barriers as to why adolescent girls continue to deliver at home instead of health facilities. According to the data shared by the Butalejja district biostatistician, the district had 11,384 2020 health facility deliveries in 2020 and 6,756 in 2021.

Over the last decade, maternal mortality in Uganda has decreased from 500/100,000 to 360/100,000 in 2013. Trained health workers attended 65% of births, but 35% are attended by relatives or TBAs. Encouraging young mothers to deliver from health facilities under the attention of skilled health care provider is central to the conversation and learning that young mothers and pregnant adolescents are taken through, during the Young Mother's Forums on Safe Motherhood. The girls are enlightened about benefits of having skilled health care provider attend to them before, during and post child birth and how this reduces their risk to child birth related complications like postpartum hemorrhage, sepsis, obstructed labour, ruptured uterus among others. However, Home deliveries pose a great risk and danger to the pregnant woman and the baby since the untrained birth attendants are informed by some detrimental cultural practices and have limited professional knowledge on how to treat the umbilical cord, among others. The young mothers however have sighted the harsh treatment they receive from midwives during labour including physical and verbal assault. The high charges that come with facility based child birth also push away many young people who suffer financial hardships and are not able to meet out of pocket expenditure for essential items like cotton, mama kits, ...

Prevention of maternal mortality among adolescent and young mothers: Although there has been some reduction in the Maternal Mortality Ratio of Uganda, it remains persistently high at 336/100,000 live births. Almost 28% of maternal deaths in Uganda occur in young women aged 15 – 24 years. The overall adolescent birth rate in the age category 15-19 years is at 135 per 1000 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% of deaths due to pregnancy-related conditions.

Access to safe abortion services: In 2013, an estimated 314,304 Ugandan women risked their life and health by inducing abortion, a 7% increase from the 2003 estimate of 294,000. In 2012 maternal and perinatal death review found that unsafe abortion is the first or second highest contributor to preventable maternal mortality within the facilities that were reviewed. Several factors contribute to the high incidence of mortality and morbidity due to unsafe abortion including stigma and negative attitudes, religious values

that stifle discussion and programs whilst fuelling stigma, and the very restrictive legal framework for access to safe abortion in Uganda. Allowing adolescent girls and young women to access safe abortion services is their sexual reproductive health right and should not be barred. Additionally, access to safe abortion will prevent the number of deaths by young mothers as a result of unsafe abortion.

Access to entrepreneurial and educational opportunities for young mothers: Although significant achievements have been registered when it comes to girls' school enrollment, girls' education still faces an uphill task. There are noted cases of girls dropping out of school especially as they progress to higher classes. One challenge is girls getting pregnant while still in school and failure to re-enter school after delivering. The leading cause for school drop out for girls is pregnancy (34%), followed by poverty (28%) and engagement in early sex/marriage (11%). In Uganda, the challenge of girls dropping out of school due to pregnancies has to be explained by a mix of socio-cultural views, perceptions, and practices surrounding early pregnancy for early forced marriages.

Although the revised guidelines for the prevention and management of teenage pregnancy in school settings in Uganda are in place, in most cultural settings, pre-marital pregnancy among girls is stigmatized both in school and in communities mainly on moralistic grounds, without addressing factors that lead to pregnancy among school girls. Most times school careers of many girls are cut short because of pregnancy either by the girls withdrawing themselves from school or through expulsion with little or no chance of re-entry after delivery. During the Young Mother's Forums in both Mbale and Butalleja, many girls demonstrated the need to go back to school but called for efforts to address the stigma and discrimination they face in both schools and communities. There is a need to sensitize the people in the community and religious-based schools about the revised guidelines for the prevention and management of teenage pregnancy in school settings and formulate by-laws by local governments to address context-specific issues.

Prevention of forced marriage: Uganda has one of the highest child marriage prevalence rates globally with 10% of girls married off before 15 years and 40% before 18. Adolescent fertility is an ongoing problem in Uganda at a rate of 115 in 2014. The UDHS 2016 findings show that 25% of female teenagers had begun childbearing where 19% had already had a live birth while 5% were carrying their first child. The UDHS (2016) also shows that rural teenagers also start childbearing earlier than their urban counterparts (27% versus 19% respectively). One determinant of teenage pregnancy is the level of education where only 11% of girls with secondary education had begun their reproductive life compared to 35% of those with no education.

Recommendations

Community leaders

- Community, cultural and traditional leaders should be keen to address limiting cultural beliefs that hinder adolescents and young women from accessing contraceptive, antenatal and postnatal services. Adolescent mothers should not be stigmatized but rather supported to ensure that the pregnancy does not affect their future. Furthermore, adolescent girls and young women should be able to access correct information to ensure that they prevent unplanned for pregnancies.

Implementing partners

- NGOs, districts and community leadership should partner to organize platforms where parents, male spouses and community gate keepers meet to share and receive information on SRHR and

SGBV. This will in turn increase their involvement, raise awareness on rights especially for young mothers and girls, reduce on impacts of socio-cultural norms that influence uptake of SRHR services, contribute to an increase in uptake rates for contraception, prevention of unwanted pregnancy, reduction of unsafe abortion, and decreasing the global and national maternal mortality rates.

- CSOs, NGOs in Butalejja and Mbale districts should partner with policymakers especially those in the health department to support radio talk shows through which a wide coverage of young people, boys, and men, cultural and religious leaders will be reached out with SRHR information including contraception, abortion, and post-abortion care support, post-rape care support, child marriages, and SGBV support.
- During the selection of adolescent health/SRHR focal persons at community, health facility, up to district level, girls need to be meaningfully involved at all processes and health facilities should put in place mechanisms that facilitate feedback sharing from adolescents and young people on the quality of services..

Health facilities

- Community members should be sensitized about referral pathways for SRHR & SGBV services right from village level to the health facility.
- There is need for provision of psycho-social support services as many young people experience mental illnesses such as depression, stigma, and self-exclusion among others.
- Healthcare workers should undergo training/refresher training on young peoples' rights to SRHR services and how to provide integrated, comprehensive and quality youth friendly services using models like the rights based approach, gender transformative approach and harm reduction model.
- Girls should be involved in selection of focal persons or points of contact for adolescent health/SRHR at community, facility up to district level. The focal persons should be able to relay information to Village Health Teams (VHTs) on young people's concerns especially at community level.

Policy Makers

- In view of the gross impact that teenage pregnancies have on not only the lives of the girls but on the community and the development of the country as a whole, it is pertinent that policy makers expedite and support the passing of supportive adolescent health policies that will enable girls to access essential SRH services like contraceptive services and correct information safe abortion services and information and MCH services. This will foster improvements in prevention of teenage pregnancies, unsafe abortions and the consequent school drop out rates.
- Policy makers should enforce stronger laws against harmful practices like child marriage which are often a result of unplanned for pregnancies among adolescents.

SUCCESS STORIES

Mukwaya Lillian, a teenage mother was grateful for the young mother's forums because they equipped her with a lot of SRHR information that has enabled her to prevent herself from attaining unintended pregnancies. There are so many myths that surround modern contraceptives and abortion services in the community and many young people in the community are biased about their uptake. UYAHF was able to demystify the myths during the forum and I shared this information with my husband, at first, he was angry with me and inquired if I was now engaged in the prostitution business. I explained to him about the advantages of family planning and since we have a 9 months old baby he was eager to find out how we can space our children and we went to the UYAHF adolescent Health Clinic where the nurses explained to us how the various family planning methods work and how to manage some of the side effects of the methods. The nurses also told us about other services offered at the clinic including safe abortion services, antenatal services and post abortion care. My husband and I opted for the implant. Ms. Lillian raised her hand to show other teenage mothers where the implant was inserted. I am glad that I had this done once my daughter was one month to date am not pregnant "if it wasn't for these forums I would be pregnant by now" said Ms. Lillian.

"For many of us here getting pregnant wasn't our own making our parents and guardians traded us for material gains so that our families can have something to eat " said, Morrow Angella. During the 2020 COVID-19 lock down my father came home with a visitor whom I had never seen little did I know that he had come to pay my bride price. The gentleman looked to be around 35 years of age and as he was saying farewell to my father he informed me that he would be back soon for me. After a month the gentleman came back home and my father informed me that I will be leaving with him since he is now my husband. When the time to leave came I cried so much but my father informed me that the man had already paid for my bride's price so I have no choice but to go and leave with my husband. That night he forced himself on me while reminding me how my father exchanged me for money since he couldn't even pay my school fees. He had sex with me without knowing my HIV status can you imagine "said Angella. Shortly after I conceived, although my baby is just 9 months old am already pregnant with my second child. Thanks to this young mothers forum I now know the importance of child spacing, good nutrition, and antenatal visits. I now have a lot of information around several safe motherhood concepts.