UYAHF

Uganda Youth and Adolescents Health Forum

RIGHT HERE RIGHT NOW

# FULFILLING CONTRACEPTIVE NEEDS OF ADOLESCENTS AND YOUNG PEOPLE:

## POLICY BRIEF

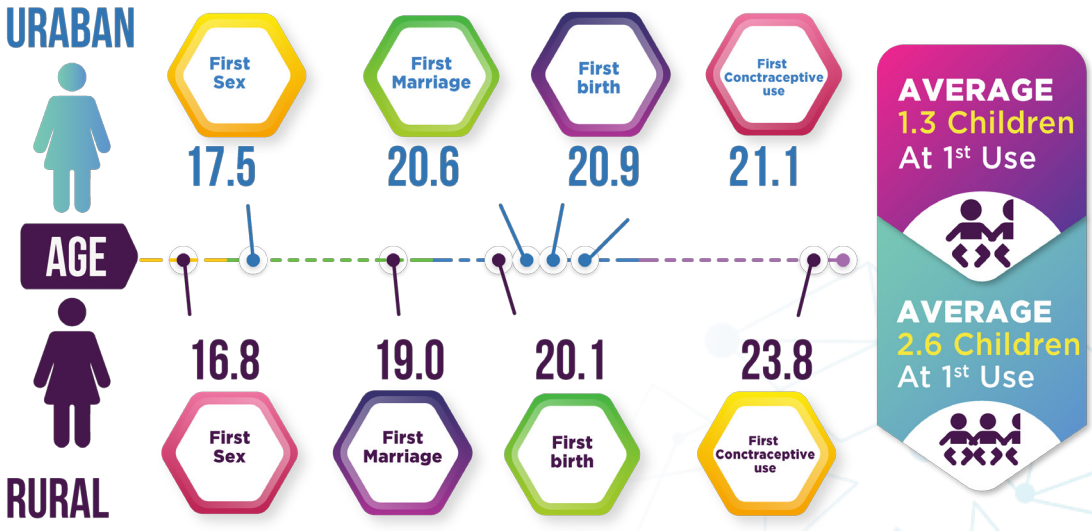
## Introduction

Today there is unprecedented opportunity to improve adolescent health and respond more effectively to adolescent needs. The Global Strategy for Women's, Children's and Adolescents' Health (2016 -2030) identifes adolescents to being central to achieving the SDGs, while progress towards Universal Health Coverage requires a transition from adolescent-friendly projects to adolescent-responsive health systems.

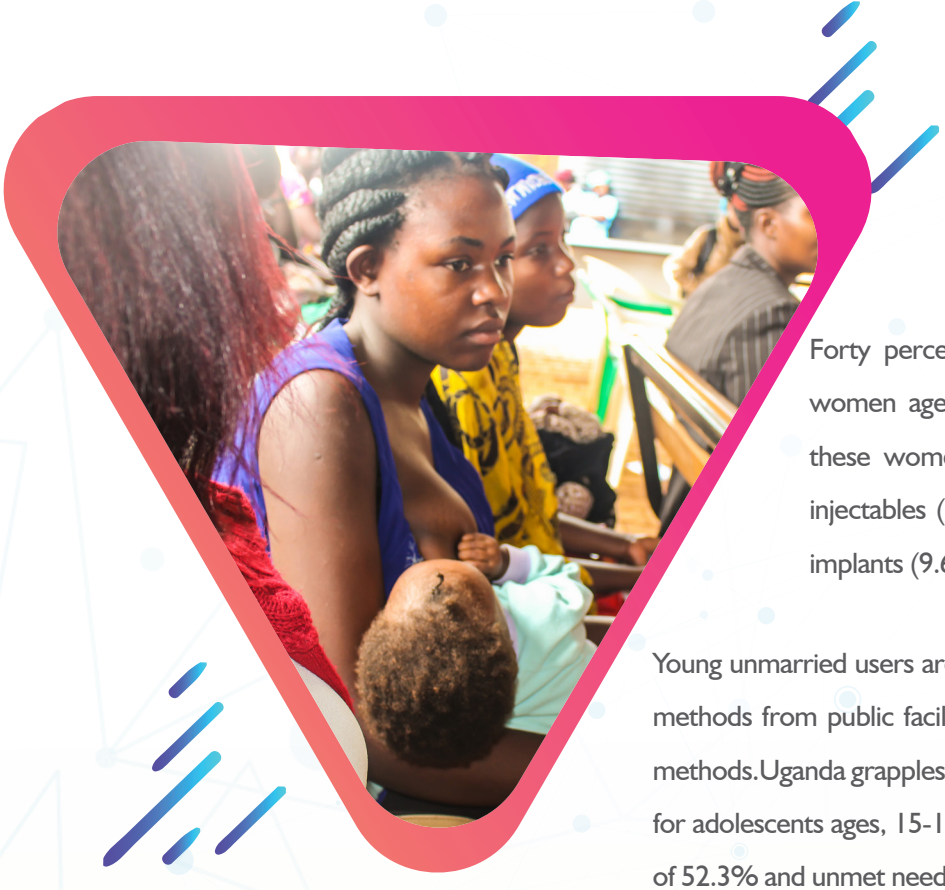
Adolescents (10 -24 years) have significant needs for health services. They pose different challenges for the health-care system than children and adults, due to their rapidly evolving physical, intellectual and emotional development. In this age group there is high risk taking behaviour, exploration and experimentation that expose them to alcohol and drug abuse that may alter and affect appropriate decision-making processes, and that may lead to risky sexual behaviours resulting into unwanted pregnancy, early marriages and HIV/STIs.

Uganda has a large adolescent and youth population with majority living in rural areas . The teenage pregnancy rate has stagnated at 25% over the last 10 years and the adolescent birth rate (15-19years) is among the highest within the sub-Saharan region (109 per 1000 women). There are pronounced disparities in early marriage, early childbearing and timing of first contraceptive use exist between women in urban and rural areas.

### Median Age** At Events Related To Reproduction




*(Figure 1).*



Forty percent (40%) of unmarried sexually active women aged 15-24 use a modern FP method; of these women, more than 42% use intramuscular injectables (32%), subcutaneous injectables (9.6%), implants (9.6%) or male condoms (10.1%).

Young unmarried users are less likely than in-union users to access methods from public facilities and to receive counseling on other methods.Uganda grapples with high unmet need for family planning for adolescents ages, 15-19 estimated at 30.4% with total demand of 52.3% and unmet need of 29.3% for young women 20-24 years with a total demand of 63.3%.

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.

## Major challenges hindering demand, access and uptake for family planning services among adolescents and young people.

Knowledge of family planning is an important determinant of increased FP uptake. The majority of Ugandans know at least one method of contraception. However, youth often remain ignorant about family planning and contraception, and the engagement of parents in the sexuality education of their children is low. Modern contraception uptake is challenged by misconceptions or misinformation and misinterpreted side effects. Available services are also note youth friendly and lack trained health services providers with knowledge in delivery of adolescent friendly services. Culture and religious ties also serve as substantial barriers to increasing the mCPR. Other barriers to FP use include personal or partner opposition to contraceptive use, reliance on breastfeeding or postpartum amenorrhea as an FP method, and fear of adverse health effects. Furthermore, amongst women who start using contraceptives, 43 percent discontinue within 12 months; and of the 43 percent, at least 16 percent can be attributed to the fear of side effects or other health concerns. In Uganda, gender inequalities commonly affect women's ability to make decisions in the household. The power dynamics in many cases limits a woman's ability to use contraceptives, resulting in low FP uptake. In addition, even when men are not opposed to women's FP use, they often consider family planning a women's issue. There is a well-accepted belief in Uganda that religion prohibits the use of modern FP methods. This creates an impediment for demand.

## Government of Uganda commitment for adolescent Family Planning

**The revised FP2020** commitments (2017), provide for allocation of at least 10% of the RMNCAH (GFF) resources annually to adolescent Family Planning. However, the Motion Tracker policy brief of May 2019 indicates that there were no funds specifically allocated to adolescent health SRH on the FY2018/19 annual health sector budget. FP partners (White Ribbon Alliance, Uganda Youth and Adolescents Health Forum - UYAHF, Reproductive Health Uganda, Civil Society Budget Advocacy Group) are engaged in advocacy efforts aimed at increasing domestic resources for RMNCAH in the FY 2018/2019.

**In the revised FP2020 commitments for 2017:**

- Uganda Committed to prioritize young people in its development Agenda
- Uganda committed to use a Multi-sectoral approach to implement the national Adolescent Health Policy Action Plan to increase access to quality sexual and reproductive health services for adolescents and young people.

Based on Motion Tracker May 2019 policy brief, Uganda Christian Medical Bureau and Uganda Pentecostal Medical Bureau in collaboration with Institute for Reproductive health convened a meeting to strengthen capacity in FP service delivery by Faith Based Organisations. This was done with support from other key government and CSO partners.

- Uganda committed to train health service providers on youth friendly service provision to reduce provider biases and negative attitude (Renewed FP2020). Based on the Motion Tracker May 2019 Policy brief, NaguruTeenage Health Information Center trained health workers in provision of youth friendly services, UYAHF trained providers in Kyegegwa district, other organisations that trained health workers were EngenderHealth, Jhpiego which trained and mentored health workers while, youth led organization like UYAHF, Reach a Hand Uganda, Public Health Ambassadors Uganda, the SRHR Alliance are creating demand for service among young people and training peer educators.

## Uganda FP CIP Strategic priorities

- One of the five strategic priorities is Priority # 1: Increase age-appropriate information, access, and use of family planning amongst young people, ages 10–24 years. The cost of implementing priority 1 was estimated at $7.6 million USD over a period 2015-2020.
- Uganda estimated to a funding need of $3.6 million USD for implementation of Commitment 8: Roll out youth-friendly services in all government Health Centre IVs and district hospitals

## Expected FP CIP strategic Outcomes (SO)

**Demand Creation (SO) – Output 3. Young people 10–24 years old are knowledgeable about family planning and are empowered to use FP services**. To increase the knowledge and empowerment of young people, peer educators will be engaged and supported; media (print and online) targeting youth will be disseminated; and "edutainment" community events will provide the opportunity for knowledge exchange amongst young people and empower adults to help youth avoid teenage pregnancy.

**Service Delivery (SO) 9. Youth-friendly services are provided in clinics.** To increase the availability of youth-friendly services, youth-friendly corners will be established, and health workers will be trained on youth-friendly services. In addition, FP service delivery hours will be increased to include outside school hours to accommodate adolescents and youth in school.

**Brief summary on progress and implementation of adolescent and youth related strategic outcomes and targets of the CIP.**

- The Government of Uganda has created an adolescent Health division within the MOH
- 663 health workers from 8 Humanitarian districts trained on provision of Adolescent health and sexual gender based violence, increasing coverage of Adolescent friendly services to 80% facilities (AHSPR 2017/18) -Pg 87

**The Investment Case for Reproductive Maternal Newborn and Child Health – Sharpened Plan for Uganda (2016/17 – 2019/2020)**

Uganda commits to accelerate its annual efforts to at least 9.4% per year in its target to reduce the teenage pregnancy rate to 14% by 2020. 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.

## Key recommendations for action

1. Create a budget line and allocate resources for adolescent health
2. Finalize the approval process of the National Health Policy for Adolescents (2019)
3. Ensure adolescents have access to correct, age appropriate and non-judgmental sexuality education.
4. Develop a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents, through facilities, referral,outreach and other innovative mechanisms.
5. Train healthcare providers in technical competencies for adolescent health, and to respect, protect, and fulfil adolescent's rights to information, privacy, confidentiality, non-discrimination, respect and choice.
6. Ensure that adolescents can access a full range of contraceptive methods including post abortion and postpartum FP
7. Target vulnerable populations, including refugees and poor communities to ensure that they have access to free family planning services.
8. Use evidence-based data to inform adolescent programmingUganda,

## References:


1. *Family Planning Evidence Brief – Accelerating uptake of voluntary, rights based Family planning in developing countries: WHO/RHR/17.07*
2. *Harnessing the Demographic Dividend. Accelerating Socioeconomic Transformation in Uganda. The National Planning Authority. Republic of Uganda. July 2014*
3. *Uganda Bureau of Statistics (UBOS) Uganda Demographic and Health Survey 2016. Kampala, Uganda, and Calverton, Maryland, USA*
4. *PMA2018., Uganda Round 6 Adolescents and Young Adults Health Brief*
5. *UNFPA., 2018. Family Planning: the right investment to drive Uganda's socio-economic transformation*
6. *Republic of Uganda., 2018. National Population Policy (2018)*
7. *Ministry of Health., 2014. Uganda Family Planning Costed Implementation Plan (2015-2020)*



**Uganda Youth and Adoloscents Health Forum**
Plot 1238, Bukoto I - UCB Zone, PO Box 25914 - Kampala, Uganda
**Email:** info@uyahf.com **Website:** www.uyahf.com
For more information call our lines
+256 776385819
+256 200902407
Uganda Youth and Adolescents Health Forum
uyahf1
uyahf
UYAHF
Uganda Youth and Adolescents Health Forum