



ABOUT THE PORTAL BACK GROUND ERS

The Africa Portal backgrounder series offers brief background information and commentary on current policy issues of concern to Africans—especially in the areas of conflict, energy, food security, health, migration and climate change. Written by seasoned, up-and-coming scholars on Africa, the backgrounders are published exclusively on the Africa Portal and are available for free, full-text download. The Africa Portal is an online knowledge resource for policy-related issues on Africa. www.africaportal.org

ADOLESCENT PREGNANCY AND POLICY RESPONSES IN UGANDA

BY ASHLEY WALLACE

SUMMARY

- Uganda has a high adolescent pregnancy rate, which increases the risk of maternal death for teenagers and limits future employment opportunities for pregnant teenagers.
- On paper, Uganda has good policies to address the health challenges associated with adolescent pregnancy. However, these policies are poorly implemented because of funding shortfalls.
- Improved funding and access to education programs are key to reducing adolescent pregnancy rates in Uganda.

With 25 percent of adolescent girls becoming pregnant before the age of 19, Uganda has one of the highest rates of adolescent pregnancy in Sub-Saharan Africa. The country's high adolescent pregnancy rate has two distinct implications.

First, the risk of maternal death is higher in adolescents than in older women. A Uganda government survey on demography and health indicates that there is a higher morbidity and mortality rate among pregnant teenagers and their babies (Republic of Uganda, 2006: 62). Furthermore, pregnant adolescent girls are more susceptible to pregnancy- and childbirth-related complications because they have not yet developed the physical maturity required for a healthy pregnancy. Other common medical problems associated with adolescent pregnancy include obstructed labour, eclampsia, fistula, low birth weight, stillbirths, and neonatal death.

Second, the socio-economic impacts of adolescent motherhood are devastating. Adolescent girls who become pregnant are often unable to complete a secondary education, a fact that diminishes their potential to find employment.

ABOUT THE AUTHOR

Ashley Wallace

Ashley Wallace is a Masters of Arts student in International Development Studies at Saint-Mary's University in Halifax, Nova Scotia. Building on her experience as an intern with Save the Mothers, her research focuses on women's use of maternal health services in Uganda.

In Uganda, education and economic status are factors that influence adolescent pregnancy. Adolescents who have completed secondary school tend to have low pregnancy rates (15 percent) compared to adolescents who have no secondary education (50 percent). From an economic perspective, adolescents from poor households are more likely to become pregnant compared to adolescents from wealthier families. For the former, the pregnancy rate is 41 percent and for the latter the rate is 16 percent (Republic of Uganda, 2006: 62).

Uganda's National Adolescent Health Policy defines adolescents as people between the ages of 10 and 19 years. Twenty-five percent of Uganda's population is comprised of adolescents. A 25-percent pregnancy rate among adolescents in a population of 30 million people is therefore a worrying issue for the government of Uganda (Republic of Uganda, 2006: 62). Concern is further heightened by the fact that 33 percent of the population consists of young people, defined as between the ages of 10 and 24 (Republic of Uganda, 2004b: 11).

The Uganda government has enacted policies to address adolescent pregnancy. These policies set definite targets and are aimed at protecting young girls from unplanned pregnancies. This paper outlines these policies and examines their efficacy.

SOCIAL AND CULTURAL CONTEXT

Traditionally, social, economic and cultural norms in Uganda encourage marriage and childbearing at an early age. As such, female adolescents in Uganda face cultural and social pressure from their families to marry young and begin child-bearing early (Sekiwunga and Whyte, 2009: 120). However, adolescent pregnancy outside wedlock is frowned upon in Uganda. The social stigma associated with pregnancy outside wedlock is further compounded when adolescents are forced to terminate their studies and families feel compelled to send their pregnant daughters away (Atuyambe et al., 2005: 306). The social stigma and the resultant stress often compromise the health and well-being of pregnant adolescent girls and their unborn babies.

Stigma, coupled with lack of support from families and society at large, compels some unmarried pregnant adolescents to seek abortions.

Statistics show that about 15 to 23 percent of female youths aged between 15 and 24 have had an abortion (Ssengooba et al., 2004: 17). This is an issue of concern because abortion, which is illegal in Uganda, is performed by untrained midwives in unsafe conditions, greatly increasing the risk of disability and death for pregnant adolescents. Figures indicate that 13 percent of maternal deaths and 27.8 percent of deaths among adolescents in Uganda are primarily due to unsafe abortions (Ssengooba et al., 2004: 5, 18).

POLICY ENVIRONMENT

Uganda is committed to meeting the targets of the Millennium Development Goals (MDGs), which among other things stipulate the reduction of national maternal mortality rates. Thus far, Uganda has committed to reducing maternal mortality by three-quarters by 2015. This translates into reducing deaths from 505 out of every 100,000 live births to 131 (Republic of Uganda, 2010b: 22). Plans for achieving MDG targets span a 15-year timeline and are outlined in the country's Poverty Eradication Action Plan (PEAP) (Republic of Uganda, 2004a: 221-2).

All national health policies, including those that deal with adolescent and maternal healthcare, operate under the framework of the PEAP to eradicate poverty. For instance, the Health Sector Strategic Plans I and II contain provisions for free basic healthcare services, including adolescent and maternal healthcare (Republic of Uganda, 2000: 3).

NATIONAL POLICIES FOR ADOLESCENT REPRODUCTIVE HEALTH: ACCOMPLISHMENTS

There are various policies designed to delay and protect young women from becoming pregnant during adolescence. These policies include the National Health Policy, the National Adolescent Health Policy, the National Policy on Young People and HIV/AIDS, the Sexual Reproductive Health Minimum Package, the Minimum Age of Sexual Consent Policy (set at 18 years of age), the defilement law and a universal primary education policy (Darabi et al., 2008; 21). These policies also serve the purpose of fostering a supportive environment to encourage adolescent reproductive health.

Notable among these policies is the National Adolescent Health Policy,

introduced in 2004 to address the specific needs of adolescents, including pregnant girls. The policy's objective is to streamline adolescent health needs to national health and development policies. It draws on the roles of parents, teachers and policy makers in various ministries, sets guidelines for promoting information regarding reproductive health and works as a reference for adolescent health concerns. For instance, it aims to increase deliveries in health facilities from 48 percent to 80 percent (Republic of Uganda, 2004b: 15). Other objectives of the policy include plans to increase contraceptive use, encourage safe sex practices and abstinence, build life skills, and improve access to adolescent-friendly services at health centres. The policy also encourages adolescent girls to continue education after delivery.

Additionally, Uganda released the National Policy Guidelines and Service Standards for Reproductive Health Services in order to provide direction for reproductive health service provision and set national rules and regulations (Republic of Uganda, 2001). The guideline calls for increased access to contraception, adolescent-friendly services and post-abortion services, as well as support for unwanted pregnancies and services for single adolescent mothers.

The Uganda government has also enacted laws to protect adolescent girls from pregnancy and sexual coercion. The minimum age of sexual consent was raised from 14 to 18 in the 1990s to help curb the spread of HIV/AIDS (MacKian, 2008: 110). Further, a law governing defilement makes it a criminal offence to impregnate a girl under the age of 18 (Atuyambe et al., 2005: 308).

NATIONAL POLICIES FOR ADOLESCENT REPRODUCTIVE HEALTH: SHORTCOMINGS

One of the major shortcomings of Uganda's health policies is the lack of full and proper implementation. This is mainly because of funding shortfalls that stymie support for dissemination and implementation of these policies across the country (Neema et al., 2004: 11; Republic of Uganda, 2010c: 44). For example, although maternal and child health is identified as a priority by the government, huge funding gaps prevent the health sector from achieving the goals outlined in the National Health Policy (Republic of Uganda, 2010c: 23-4). Health care centres in the country are underfunded,

understaffed and overcrowded, which means adolescent-friendly services are few and far between.

Additionally, various stakeholders lack knowledge about the country's health policies and awareness of individuals' roles and responsibilities in implementing them (Neema et al., 2004: 11). For instance, the National Adolescent Health Policy states that pregnant adolescent girls should be readmitted to school after they have delivered, but Uganda's Education Policy is silent on this issue (Republic of Uganda, 2004b: 15; Darabi et al., 2008; 21). As a result, researchers have noted that "school systems tend not to offer social support to pregnant girls, but rather send them away" (Atumyambe et al., 2005: 308). Terminating studies for adolescent mothers places them in a precarious socio-economic situation. Girls without secondary school education will have greater difficulty finding employment over the long term.

Furthermore, Uganda's health policies fail to recognize the influence of parents and the community on the health of adolescent mothers. Women in Uganda do not make choices for health care independently. Instead, networks that include husbands and other family members, alternative health care providers and traditional notions of health within the community, influence women's health choices and the decision to seek care (MacKian, 2008: 112). In essence, this means the people who have financial resources greatly influence health care decisions for pregnant adolescents (Atuyambe et al., 2009: 792). These may be parents, relatives or boyfriends.

From a legal perspective, although there is a defilement law to protect adolescent girls, males often deny responsibility for pregnancy because they fear the implications of the law (Kaye, 2008: 5). As a result, adolescent mothers face limited safety and security, and emotional and financial support (Atuyambe et al., 2009). Pregnant adolescent girls face rejection from their families and partners, and are at increased risk of physical and physiological violence (Atuyambe et al., 2005).

THE NEED FOR PREVENTIVE MEASURES

Uganda's national health and adolescent health policies recognize the special health needs of adolescent mothers and the need to scale up adolescent-friendly health services and access to contraceptives. The

adolescent health policies make a concerted effort to increase the use of maternal health services and provide preventative services for adolescents to reduce the number of unwanted pregnancies among that age group. Increased funding, improved dissemination of policies and social support programs for adolescent mothers are imperative aspects of adolescent reproductive health that policies must take into consideration to improve the standard of living of pregnant adolescents in Uganda.

REFERENCES

- Atumyambe, L., et al. (2005). "Experiences of Pregnant Adolescents — Voices from Wakiso District, Uganda." *African Health Sciences* 5, No. 4: 304–309.
- Atumyambe, L., et al. (2009). "Seeking Safety and Empathy: Adolescent Health Seeking Behaviour During Pregnancy and Early Motherhood in Central Uganda." *Journal of Adolescence* 32, No. 4: 781–796.
- Biddlecom, A.E., et al. (2007). "Adolescents' Views of and Preferences for Sexual and Reproductive Health Services in Bukina Faso, Ghana, Malawi, and Uganda." *African Journal of Reproductive Health* 11, No. 3: 99–110.
- Birungi H., et al. (2008). "Sexual and Reproductive Health Needs of Adolescents Perinatally Infected with HIV in Uganda." FRONTIERS Final Report. Washington, DC: Population Council.
- Chacko, S., et al (2007). "Knowledge of and Perceptions about Sexually Transmitted Diseases and Pregnancy: A Qualitative Study among Adolescent Students in Uganda." *Journal of Health, Population and Nutrition* 25, No. 3: 319–327.
- Darabi, L., et al. (2008). *Protecting the Next Generation in Uganda: New Evidence on Adolescent Sexual and Reproductive Health Needs*. New York: Guttmacher Institute.
- Hulton, L.A., R. Cullen and S.W. Khalokho (2000). "Perceptions of the Risks of Sexual Activity and Their Consequences among Ugandan Adolescents." *Studies in Family Planning* 31, No. 1: 35–46.
- Kaye, D.K. (2008). "Negotiating the Transition from Adolescence to

Motherhood: Coping with Prenatal and Parenting Stress in Teenage Mothers in Mulago Hospital, Uganda.” *BMC Public Health* 8, No. 3: 1–6.

Kaye, D.K., et al. (2007). “Escaping the Triple Trap: Coping Strategies of Pregnant Adolescent Survivors of Domestic Violence in Mulago Hospital, Uganda.” *Scandinavian Journal of Public Health* 35: 180–186.

Koenlg, M.A, et al. (2004). “Coerced First Intercourse and Reproductive Health Among Adolescent Women in Rakai, Uganda.” *International Family Planning Perspectives* 30, No. 4: 156–163.

Mackian, S.C. (2008). “What the Papers Say: Reading Therapeutic Landscapes of Women’s Health and Empowerment in Uganda.” *Health & Place* 14: 106–115.

Neema, S., N. Musisi and R. Kibombo. (2004). *Adolescent Sexual and Reproductive Health in Uganda: A Synthesis of Research Evidence*. New York: Guttmacher Institute.

Parkhurst, J. and F. Ssengooba (2005). *Access to and Utilization of Professional Child Delivery Services in Uganda and Bangladesh*. Health Systems Development Programme. London School of Hygiene and Tropical Medicine. Available at: <http://www.dfid.gov.uk/r4d/SearchResearchDatabase.asp?OutPutId=179725>

Rassjo, E.B., F.M. Mirembe and E. Derj. (2006). “Vulnerability and Risk Factors for Sexually Transmitted Infections and HIV among Adolescents in Kampala, Uganda.” *AIDS Care* 18, No. 7: 710–716.

Republic of Uganda, Ministry of Health (2000). *Health Sector Strategic Plan 2000/01-2004/05*. Available at: http://siteresources.worldbank.org/INTPRS1/Resources/383606-1201883571938/Uganda_HSSP.pdf.

Republic of Uganda, Ministry of Health (2001). *The National Policy Guidelines and Service Standards for Reproductive Health Services*. Available at: www.k4health.org/system/files/Uganda%20National%20Policy%20Guidelines%20and%20Service%20Standards%20for%20Reproductive%20Health%20Services.pdf.

Republic of Uganda, Ministry of Finance, Planning and Economic Development (2004a). *Poverty Eradication Action Plan (2004/5-2007/8)*. Available at: www.unpei.org/PDF/UG-PEAP2005-2008.pdf.

Republic of Uganda, Ministry of Health, Reproductive Health Division (2004b). *National Adolescent Health Policy for Uganda*. Available at: www.k4health.org/system/files/Uganda%20National%20Adolescent%20Health%20Policy_0.pdf.

Republic of Uganda, Ministry of Health (2005). *Health Sector Strategic Plan II 2005/06-2009/10*. Available at: <http://www.who.int/rpc/evipnet/Health%20Sector%20Strategic%20Plan%20II%202009-2010.pdf>

Republic of Uganda, Uganda Bureau of Statistics and ORC Macro (2006). *Uganda Demographic and Health Survey 2006*. Kampala: Uganda Bureau of Statistics and Macro International Inc.

Republic of Uganda, Ministry of Health (2009). *National Health Policy*. Available at: www.health.go.ug/National_Health.pdf.

Republic of Uganda (2010a). *National Development Plan 2010/11-2014/15*. Available at: http://www.unpei.org/PDF/uganda-NDP_April_2010.pdf

Republic of Uganda, Ministry of Finance, Planning and Economic Development. (2010b). *Millennium Development Goals Report for Uganda 2010*. Kampala: Ministry of Finance, Planning and Economic Development.

Republic of Uganda, Ministry of Health (2010c). *Health Sector Strategic Plan III 2010/11-2014/15*. Available at: www.health.go.ug/docs/HSSP_III_2010.pdf.

Reynolds, H.W., E.L. Wong, and H. Tucker (2006). "Adolescents' Use of Maternal and Child Health Services in Developing Countries." *International Family Planning Perspectives* 32, No. 1: 6–16.

Sekiwunga, R., and S.R. Whyte (2009). "Poor Parenting: Teenager's Views on Adolescent Pregnancies in Eastern Uganda." *African Journal of Reproductive Health* 13, No. 4: 113–127.

Ssengooba, F. et al. (2004). *Maternal Health Review*. Health Systems Development Programme. Makerare University Institute of Public Health.

Wagman, J. et al. (2009). "Experiences of Sexual Coersion among Adolescent Women: Qualitative Findings from Rakai District, Uganda." *Journal of Interpersonal Violence* 24, No. 12: 2073–2095.

ABOUT THE AFRICA PORTAL

The Africa Portal is an online knowledge resource for policy-related issues on Africa. An undertaking by the Centre for International Governance Innovation (CIGI), Makerere University (MAK), and the South African Institute of International Affairs (SAIIA), the Africa Portal offers open access to a suite of features including an online library collection; a resource for opinion and analysis; an experts directory; an international events calendar; and a mobile technology component—all aimed to equip users with research and information on Africa’s current policy issues.

A key feature to the Africa Portal is the online library collection holding over 3,500 books, journals, and digital documents related to African policy issues. The entire online repository is open access and available for free full-text download. A portion of the digital documents housed in the library have been digitized for the first time as an undertaking of the Africa Portal project. Facilitating new digitization projects is a core feature of the Africa Portal, which aims to improve access and visibility for African research.

www.africaportal.org

The Africa Portal is part of the Africa Initiative project.

AFRICA INITIATIVE

The Africa Initiative (AI) is a multi-year, donor-supported program, with three components: a research program, an exchange program, and an online portal. A joint undertaking by CIGI in cooperation with Makerere University (MAK), the Africa Initiative aims to contribute to the deepening of Africa’s capacity and knowledge in five thematic areas—conflict resolution, energy, food security, health, and migration, with special attention to the cross-cutting issue of climate change. By incorporating field-based research, strategic partnerships, and online collaboration, the Africa Initiative is undertaking a truly interdisciplinary and multi-institutional approach to Africa’s governance challenges. Work on the core areas of the initiative focus on supporting innovative research and researchers, and developing policy recommendations as they relate to the program’s core thematic areas.

Copyright © 2011 by The Centre for International Governance Innovation

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of The Centre for International Governance Innovation or its Board of Directors and/or Board of Governors.



This work was carried out with the support of The Centre for International Governance Innovation (CIGI), Waterloo, Ontario, Canada (www.cigionline.org). This work is licensed under a Creative Commons Attribution-Non-commercial — No Derivatives Licence. To view this licence, visit (www.creativecommons.org/licenses/by-nc-nd/3.0/). For re-use or distribution, please include this copyright notice.

First published in 2010 by The Centre for International Governance Innovation



The Centre for International Governance Innovation
57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
www.cigionline.org



57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
tel +1 519 885 2444 fax +1 519 885 5450
www.cigionline.org

