

INADEQUACY OF SRHR INFORMATION AND ITS EFFECT ON YOUNG PEOPLE IN UGANDA

Abstract

The Ministry of Education developed the National Sexuality Education Framework, that uses abstinence-only methodology¹. The research is clear that abstinence-only education is not effective in delaying sexual debut or decreasing teenage pregnancies.² In order to achieve better health outcomes, a multi-sector approach should be utilized. This includes increasing access to medically-accurate, evidence-based sexuality education, socio-economic development programmes that prevent and mitigate poverty and unemployment and other HIV risk factors, and targeting girls and young women in order to develop employment skills and life skills.³

Introduction

Uganda is rated by several Uganda Demographic and Health Survey (UDHS)⁴ and United Nations Population Fund (UNFPA) reports as the country with the highest adolescent pregnancy rate in sub-Saharan Africa.⁵ Roughly 43 per cent of girl children are pregnant or have given birth at least once by age 17, with serious repercussions on their health. It is important to note that the pregnant adolescent is at increased risk of pregnancy complications such as eclampsia, premature labour, prolonged labour, obstructed labour, fistula, anaemia and death. For her baby, there is a greater risk of premature birth, low birthweight, health problems and death. Many girls end up dropping out of school and in some instances are married off, Child-bearing and sexual activities start as early as 14 years.⁶ The evidence is there on the nature, magnitude and consequences of sexual violence against children in Uganda and the picture is lamentable.

The prevalence of HIV among children aged 0-14 is 0.5% which corresponds to approximately 95,000 children living with HIV in Uganda. Among young adults, there is a disparity in HIV prevalence by sex. HIV prevalence is almost four times higher among females than males aged 15 to 19 and 20 to 24. HIV prevalence is nearly three times higher in men and women aged 20-24 compared to those aged 15-19.⁷ Young girls may not have correct information about HIV and AIDS and they tend to be a target as sexual partners by older men who themselves maybe infected. The young girls are vulnerable to new HIV infections partly because of biological factors and also for structural reasons.

Why is sexuality education important for in and out of school young people?

Reproductive health problems, HIV/AIDS and Sexual Gender Based Violence (SGBV) share common root causes such as poverty, limited SRH information and services, gender inequality and social marginalization of vulnerable groups. Sexuality education is essential in equipping young people with information about their sexual health so that they are able to make healthy choices about their sexual and reproductive health.

Lack of access to complete information regarding sex and sexuality has real consequences for women and families and does not align with the lived experiences of Ugandans. 14 percent of Ugandan girls report that their first sexual experience was before 15. One in four Ugandan girls between 15 and 19 have already given birth or are currently pregnant with their first child. Children born to young mothers are at increased risk of sickness and death. Teen mothers are more likely to experience negative pregnancy outcomes and are often unable to complete their education.



¹ National Sexuality Education Framework, 2018

² <https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/119376/UNFPA-68-090518.pdf>

³ <https://theconversation.com/ugandas-new-sex-education-framework-will-do-more-harm-than-good-98634>

⁴ Developing sexual health programs, A Framework for Action by WHO, https://apps.who.int/iris/bitstream/handle/10665/70501/WHO_RHR_HRP_10.22_eng.pdf;jsessionid=2E2E58556A0EC6DCBA705E6FADA08F5A

⁵ Uganda Demographic and Health Survey, 2016

⁶ https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT%20PREGNANCY_UNFPA.pdf

⁷ <https://www.monitor.co.ug/OpEd/Commentary/Why-sexuality-education-in-schools-will-not-be-effective-/689364-4929550-jbb1vsz/index.html>

⁸ The Uganda Population-Based HIV Impact Assessment (UPHIA) 2017

⁹ https://www.unfpa.org/sites/default/files/pub-pdf/addressing_violence.pdf

¹⁰ https://www.unaids.org/sites/default/files/media_asset/ITGSE_en

¹¹ Rutaremwa Gideon. Factors Associated with Adolescent Pregnancy and Fertility in Uganda: Analysis of the 2011 Demographic and Health Survey Data, Social Sciences. Vol. 2, No. 1, 2013, pp. 7-13. doi:10.11648/j.ss.20130201.12

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Existing policy interventions

It is against the backdrop of the shocking statistical facts about teenage pregnancies, high HIV/AIDS prevalence rates among young people and the risky behaviours involved with certain age groups and the sexual harassment of children especially young girls that the Ministry of Education and Sports launched the National Sexuality Education Framework in May 2018. This de facto sex education school curriculum seeks to deliver age-appropriate content focused majorly on basic sexual anatomy – reproduction, contraception, abstinence and a rundown of sexually transmitted diseases as well as ways to protect against them. The ultimate intent is to create a sexually violence-free childhood by pre-emptively empowering school going children with the requisite sexuality-related knowledge and competencies to help curb unprotected sex, teen-age pregnancy, school dropouts, and sexually transmitted diseases (STDs), including HIV/Aids.

In the current National Sexuality Education Framework, the Ministry of Education and Sports names a commitment to teaching “premarital abstinence and marital faithfulness” and “skills that will enable one to avoid any form of premarital sexual activity”. This framework purports abstinence as the only healthy sexual behaviour a young person can adopt. Although abstinence is a healthy behavior option for teens, abstinence as the only option for adolescents is scientifically flawed. Research shows that abstinence-only education programs are not effective at delaying the initiation of sexual activity or in reducing teen pregnancy.

Policy Recommendations

Progressive sexuality education for in and out of school children, adolescents, young people to equip them with SRH information to make informed life choices. Implement young people and adolescent relevant policies, including a well formulated school health policy targeting young people in school and out of school.

Progressive sexuality education does not lead to earlier sexual activity or riskier sexual behaviour. In fact, these programmes reduce risky behaviours: About two thirds of evaluations show reductions in targeted risky behaviours. About 60 percent of programmes had a positive effect on at least one behavioural or biological outcome, such as increased condom use or reduced unplanned pregnancies.

Reviewing the criteria for socio-economic development programmes (for example operation wealth creation, youth livelihood funds, women poverty funds) to ensure a focus on addressing issues that predispose young men and women to new HIV infections.

Preventing new HIV infections requires a multi-sectoral approach. Research shows that HIV risks are closely related to experiences of poor education and unemployment, among other factors.

Re-design Social Behaviour Change communication campaigns targeting young girls, the process of any intervention should involve individuals, group or community (as integrated with an overall program) to develop communication strategies to promote positive behaviors.

¹¹ (UBOS and ICF International: Uganda Demographic and Health Survey 2011. In. Kampala, Uganda and Calverton, Maryland: Uganda Bureau of Statistics (UBOS) and ICF International 2012.

¹² (UBOS and ICF International: Uganda Demographic and Health Survey 2016. In. Kampala, Uganda and Calverton, Maryland: Uganda Bureau of Statistics (UBOS) and ICF International 2017.

¹³ <https://uganda.unfpa.org/en/news/government-uganda-launches-national-sexuality-education-framework>

¹⁴ National Sexuality Education Framework (Rep.). (2017). Kampala, Uganda: Ministry of Education and Sports.

¹⁵ Trenholm C, et al., Impacts of Four Title V, Section 510 Abstinence Education Programs Final Report. Princeton, NJ: Mathematic Policy Research; submitted to U.S. Dept. Health & Human Services, Assistant Secretary for Planning and Evaluation, 2007.

¹⁶ <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040275>

¹⁷ <http://www.sidastudi.org/resources/inmagic-img/dd2891.pdf>

¹⁸ http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf

¹⁹ Comprehensive sexuality education. (2016, September 30). Retrieved July 4, 2019, from <https://www.unfpa.org/comprehensive-sexuality-education>

²⁰ Kalichman, S. C., Simbayi, L. C., Kagee, A., Toefy, Y., Jooste, S., Cain, D., & Cherry, C. (2006). Associations of poverty, substance use, and HIV transmission risk behaviors in three South African communities. *Social Science & Medicine*, 62(7), 1641-1649. doi:10.1016/j.socscimed.2005.08.021

