

ABSTRACT

Introduction

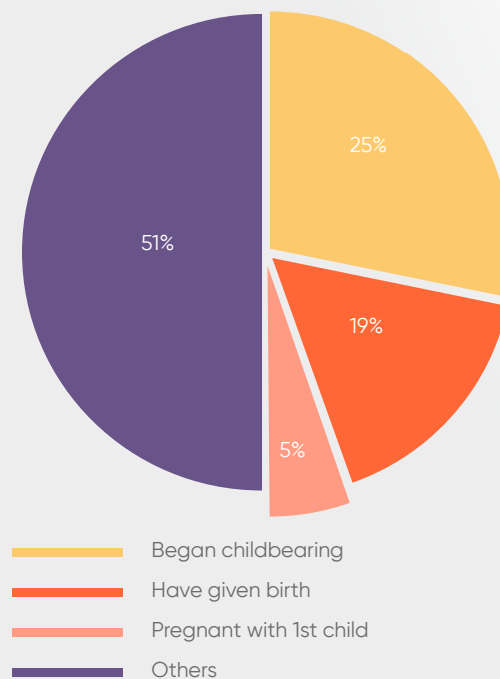
The Human Rights Committee of Parliament of Uganda recently rejected a recommendation by the Uganda Human Rights Commission (UHRC) to compel schools to accommodate pregnant students. According to the members of the committee, the pregnant girls will violate other girls rights and denigrate the values of the country. This worrisome decision by one of the highest policy making organs in the country creates a very dangerous precedence, which will not only exacerbate stigma towards very many young girls in the country but also deny many more, the right to an education. Bearing in mind that the average Ugandan is a 15 year old girl and of school going age, denying a sizable number of Uganda’s population an education based on a values-based philosophy jeopardizes Uganda’s development goals and violates numerous human rights.

Uganda’s teenage pregnancy problem has been debated over the years, extensively - research conducted by the United Nations Population Fund (UNFPA) noted that one in four teenage girls (25%) in Uganda aged 15-19 had had a child or were pregnant and 42% of all pregnancies among adolescents in Uganda are unintended. It’s also important to note that while the teenage pregnancy rates declined from 31% in 2001 to 24% in 2011, there was a rise to 25% as of 2016. This notwithstanding, child marriage that affects many school age going children in Uganda is above the African average of 39%. UNICEF reported that 40% of women aged 20-24 years were married before their 18th birthday while 10% before they turned 15 years with prevalence varying across regions with northern Uganda being the highest at 68%. According to several studies, including the African Human Social Development Report (2013), countries with high rates of child marriage also have the highest rates for maternal mortality, pregnancies and HIV/AIDS infections.

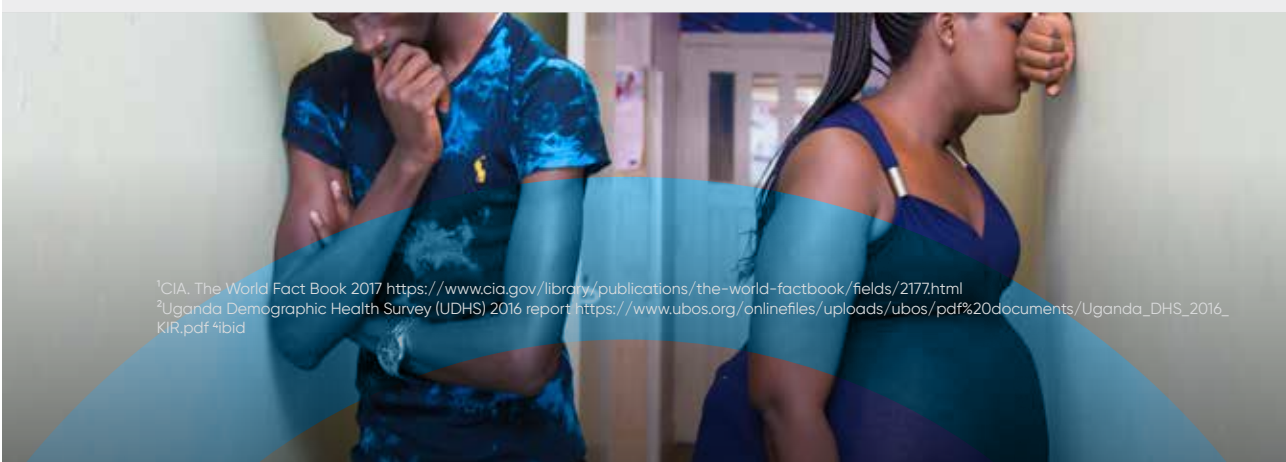
Figure 1: Percentage of teenage pregnancy in Uganda

From the above illustration, approximately 49% of Ugandan teenage girls will have a period in the academic lives where they could potentially miss school due to teenage pregnancy if Parliament’s resolution is considered and approved..

Uganda is not short of national responses to ending child marriages or teenage pregnancies. Policies, frameworks and strategies including the NDP II, the Gender in Education Policy, the National Population Policy 2008, the National Adolescent Reproductive Health policy 2004 and the National Strategy on Ending Child Marriage and Teenage Pregnancy (2014/15-2019/2020) to mention a few. However, holistic measures to end child marriage and teenage pregnancies must be explored including emphasis on sexual reproductive health information and rights.



Source: Uganda Demographic Health Survey, 2016



¹CIA. The World Fact Book 2017 <https://www.cia.gov/library/publications/the-world-factbook/fields/2177.html>
²Uganda Demographic Health Survey (UDHS) 2016 report https://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda_DHS_2016_KIR.pdf

Rationale for pregnant girls to continue with school.

Education is a human right and pregnant girls are no exception when it comes down to enjoying the right to education. Uganda is a signatory to agreements relating to education including the 1959 Convention on the Rights of the Child (CRC), 1967 declaration of the Elimination of Discrimination against Women, to mention a few. In addition the Constitution of the Republic of Uganda, guarantees the right to Education under Article 30.

Education plays a critical role in the development of the personal, social and economic well being of people and societies and education is one of the most powerful ways to reduce poverty and improve health, gender equality, peace and stability in developing countries. The gender inequality reality in Uganda is such that girls are underrepresented in education with rural areas experiencing bigger disparities. Asking girls to take a leave of absence due to pregnancy is a recipe for school dropouts - pregnancy contributes to 25% of the school dropout rate in Uganda. The consequences of this include poverty and others.



Why does teenage pregnancy persist in Uganda: Key Facts

There is widespread lack of information and knowledge on sexual reproductive health- the UDHS indicates that 37.7% of the adolescents lack knowledge on their sexual reproductive health and 51.6% are not involved in making decisions about their health. This culminates into negative health outcomes including the teenage pregnancy and other related complications. While the media is a source of sexual reproductive health information for many young people, it is often inconsistent, inaccurate and seldom age appropriate with little or no influence on young people to enable them to make informed life choices. The 2016 ban on teaching comprehensive sexuality education in schools back tracked existing efforts of many CSOs working to provide age appropriate and accurate information to adolescents.

Access to contraception for young people remains a challenge - according to the 2016 UDHS, 22% of adolescents in Uganda had ever had sexual intercourse and over 10% of the sexually active adolescents aged 15-19 years had their first sexual encounter before age 15. A 2018 cross-sectional survey noted that seven percent of very young adolescents (10-14 years) were already sexually active although most of them were not using any form of protection such as condoms. Despite this, a lot of emphasis on access to both long term and short term contraception has been placed on older adolescents (15-19 years). The 2016 UDHS indicates that the prevalence of any modern contraception among older adolescents stands at 20.7%, thus delaying pregnancy for a very small population of school going children.

The absence of sufficient mechanisms that provide redress for teenage mothers including legal and social frameworks often exacerbate the problem. Responsible stakeholders including parents, the police, local council structures etc. often treat teenage pregnancy and child marriage as a social problem and not a legal issue often ending in monetary settlements and not punitive measures. The existing laws are lenient to perpetrators...

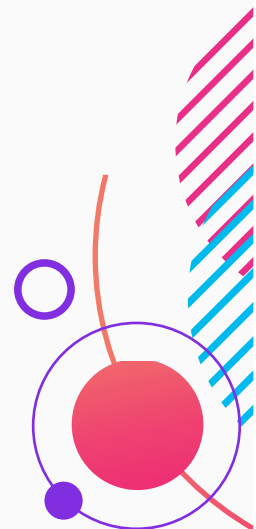
Assessing existing policy interventions

A number of national frameworks and guidelines have been developed to meet the targets. This includes the National Sexuality Education Framework. Other important frameworks committing the country to prioritize adolescent health are the African Union Continental Policy Framework on Sexual and Reproductive Health and Rights (SRHR) and the Maputo Plan of Action, which provides for delivery of quality and affordable health services to promote maternal, newborn and child health and the much anticipated School Health Policy.

Bridging the gap between service delivery and implementation of the policies is important given that nearly 1 in 4 Ugandan girls aged 15-19 have already given birth or is pregnant with her first child and 14% of young women have their first sexual encounter before the age of 15. Inadequate access to sexual and reproductive health services results in affiliated rise in maternal morbidity and mortality, higher HIV/AIDS rates amongst adolescents and greater drop-out rates among school-aged girls.

Uganda has taken an abstinence-only approach in schools for a long time. Policies like the National Sexuality Framework just makes it a matter of national policy. But it doesn't fit the reality. Many young people are already sexually active. We know this from the high rate of pregnancies and unsafe abortions in the country. One of the leading causes of death and disability among young Ugandan women are pregnancy-related. This therefore makes Uganda's abstinence-only approach problematic for a number of reasons. It limits students' choices and it prevents them from trusting, accessing and using contraception. This in turn puts them at a higher risk of pregnancy, sexually transmitted infections and unsafe abortions. The framework also shelters students from understanding and questioning harmful gender roles and stigmatises students who don't adhere to society's morally-accepted norms and values.

POLICY BRIEF



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Recommendations and conclusions

There are many indicators that highlight a need for national sexuality education and evidence-based interventions. A one size fit all program might not achieve the desired impact, considering the complexities and the different contexts of the young people. Most young people are rural based, some urban and some from special areas, not to forget the youth from refugee settlements. Policy makers, programmers and technocrats should think outside the box when programming for these young people.

Establish an Inter-ministerial accountability task team, in partnership with donors and civil societies including youth networks, to monitor and account for the implementation of AYSRH related policies and guidelines. This task team should provide timely updates on the successes, opportunities, challenges and lessons learnt in the implementation of the policies and strategies.

Meaningfully and deliberately engage young people in policy and programming development not as beneficiaries but as equal stakeholders

Implement community-informed and owned programs, including structured and men and boys' friendly health services and parents to child communication initiatives, using evidence proven theories like the Ecological Model.

Scale up innovative information communication technology initiatives to reach young people at the comfort of the place. Interventions targeted at gatekeepers such as religious and cultural leaders to ensure buy-in, community ownership and leadership in enforcing the laws and policies

⁵https://www.newvision.co.ug/new_vision/news/1476060/pregnant-school-girls-maternity-leave

⁶Sexual health of very young adolescents in South Western Uganda: a cross-sectional assessment of sexual knowledge and behavior
<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0595-3>

⁷Rutaremwaga 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

⁸Rutaremwaga 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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