In Uganda, 4 in 10 girls are wed before they turn 18, and 1 in 10 before 15 (UNICEF, 2017). Of married girls ages 15–19, 30.4 percent have an unmet need for FP and 25 percent have begun childbearing (DHS, 2016). According to Uganda’s Ministry of Education and Sports (2010), adolescent pregnancy is estimated to account for 59 percent of school dropout cases in Uganda.

The Challenge
Uganda has one of the world’s youngest and fastest growing populations—one in four Ugandans is an adolescent. Many of these young people, particularly girls and young women, face major obstacles when accessing sexual and reproductive health (SRH) services. Adolescent pregnancy is not only harmful to young women’s health; it also hinders socioeconomic advancement. Young women who become pregnant are more likely to leave school early, have a lower income, and bear more children at shorter intervals throughout their lifetimes, increasing their risk of poor maternal and child health outcomes. Gender inequality, sexual violence, and lack of correct SRH information, affordable and accessible contraceptive methods, and youth-friendly services free of stigma and discrimination exacerbate the challenges that must be addressed to improve the health and well-being of young people. This is especially true in northern Uganda, which is still feeling the disruptive effects of over 20 years of civil unrest.

Changing Social Norms and Increasing Access to Services: Scaling up “Gender Roles, Equality, and Transformations”
USAID’s Advancing Partners and Communities (APC)—led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda—aimed to reduce the challenges facing adolescents and youth by removing barriers to health service access.

“GREAT” RESULTS

- 43,076 youth reached with SRH information
- 492 peer educators trained on the GREAT model
- 50 youth groups supported

Youth prepare to play the GREAT Community Engagement Game. Credit: Frederick Mubiru, FHI 360
APC followed the GREAT evidence-based model that was developed and tested with USAID funding by the Institute of Reproductive Health and its partners. GREAT aims to change negative gender norms, reduce gender-based violence, and improve SRH outcomes among adolescents. In partnership with the Straight Talk Foundation (STF) and the Concerned Parents Association (CPA), APC implemented GREAT activities in two districts, Dokolo and Agago, in northern Uganda. APC chose this model for its promising evaluation results, which showed that adolescents and adults who participated in the GREAT activities reported positive changes in gender equality, partner communication, FP use, and attitudes toward gender-based violence.

APC’s GREAT team tailored the interventions by age group: 1) very young adolescents [10–14]; 2) unmarried older adolescents [15–19]; 3) newly married and newly parenting adolescents [15–19]; and 4) adults [19 and up]. APC used existing adolescent and community groups such as school-based clubs, adolescent organizations, and village savings and loans associations (VSLA). The centerpiece of the activities was the Community Engagement Game, a dynamic tool that the youth groups used to promote discussion and learning. STF and CPA trained the community’s cultural, religious, and political leaders to ensure buy-in from key community members and parents. Youth group leaders were trained to facilitate dialogue and action on inequitable gender norms, SRH, and gender-based violence.

APC enhanced the GREAT model by linking youth to SRH service delivery through village health teams (VHTs), comprising community members who are selected and trained to provide FP services and information available. APC, through STF, also convened health fairs, which provided an opportunity for the MOH and youth-serving organizations to offer health services and information to the community, especially young people. Many fair attendees received contraceptive methods, including implants, injectables, pills, and condoms. Overall, nearly half of the contraceptive methods provided through APC programming were for youth ages 15–24 years.

**Research Utilization to Reach Young People through Mobile Technology**

To expand young people’s access to SRH information, APC adapted Mobile for Reproductive Health (m4RH). A menu-driven, on-demand SMS health communication program, m4RH was developed by FHI 360 in 2009. Evaluations of m4RH in other countries showed that users find the program to be an acceptable format for receiving SRH information and appreciate the convenience and privacy.

APC developed its m4RH approach using FHI 360’s Research Utilization Framework, which emphasizes fostering evidence-based interventions, dynamic feedback, and iterative processes.

**M4RH MESSAGES INCLUDED INFORMATION ON:**

- Contraceptive methods:
  - eligibility, length of protection, effectiveness
  - management of side effects
  - advantages/benefits and common misconceptions
- Puberty
- Sex
- Pregnancy
- Gender-based violence
- Dual protection for HIV and STI prevention

“We would tell the young people: ‘These messages are not just for you, spread the word to the other youth!’...Even though the project is completed, the youth are still playing the [Community Engagement] Game at VSLA meetings.”

~ PATRICK OCEN, GREAT PROJECT ASSISTANT, CONCERNED PARENTS ASSOCIATION
EMERGING AREAS: UNDERSTANDING THE DRIVERS OF RAPID REPEAT PREGNANCIES

To better understand rapid repeat pregnancies among adolescents in Uganda, APC led a literature review on the prevalence of risk factors, as well as a secondary data analysis to examine patterns along regional and sociodemographic divides. The results indicated a need to improve access to SRH information and services in rural areas. In designing future interventions, the research suggests that fertility preferences and desired family size should be treated as important cultural norms that impact SRH outcomes. In addition, APC did not find any studies specific to Ugandan adolescents’ rapid repeat pregnancies, highlighting the need for further qualitative research on this issue.

A research utilization approach was critical to ensure the m4RH platform was efficient and scalable. To adapt this evidence-based program for the Ugandan context, and specifically for the target population in Northern Uganda, APC conducted concept testing, message development, message testing, and usability testing with young people and key stakeholders. An m4RH technical working group specific to Uganda was also established to provide input to the approach. All the messages are adapted from previous m4RH research and incorporate WHO and country-specific guidelines and global sexual education curricula.

The final product offered a menu-driven, opt-in program for all users in the region. In addition to health information, users had access to details about the nearest health facilities in three languages: English, Acholi, and Lango. m4RH was promoted through posters, radio talk shows, advertisements, and one-on-one interactions through a partnership with the USAID-funded Communication for Healthy Communities program, which is tasked with implementing high-quality health communication across Uganda.

In 9 months, the m4RH platform was accessed 8,616 times, of which 19 percent were unique users. Building on this success, the next iteration of the APC m4RH activity will focus on expanding to new districts, providing voice features, and translating the program into more languages.

接受程度和可行性评估

ACEP在学校的避孕措施提供

ACEP在北方乌干达的一个系列关键信息访谈与政府官员（地方和国家）,学校管理者，和成员青年服务组织。利益相关者支持的信念干预。分析结果和编程推荐具体在防止意外怀孕

Applying What We Learned to Future FP programs

APC is committed to continually improving young people’s access to health and education services. By using evidence-based models and methods, such as GREAT, m4RH, and the Research Utilization framework, APC has shown that multiple means are needed to solve complex problems like adolescent pregnancy. Strong partnerships with existing stakeholders and using community structures are critical to ensure long-term impact. Sustainability with youth-focused activities is vital for helping young people stay in school, participate in the workforce meaningfully, and start healthy families later in life, if that is what they choose.

References


Uganda Bureau of Statistics (UBOS) and ICF. 2017. Uganda Demographic and Health Survey 2016: Key Indicators Report. Kampala, Uganda: UBOS, and Rockville, Maryland, USA: UBOS and ICF.

USAID. USAID/Uganda Youth Assessment Key Findings. Washington (DC): USAID.


MORE ON THE APC SUMMARY SERIES IN UGANDA

Chapter One: Bringing Family Planning to Communities
Chapter Two: Bringing Family Planning Services to More Young People
Chapter Three: Transforming Gender Norms to Improve Health Outcomes with the Emanzi Program
Chapter Four: Developing and Executing Uganda’s Costed Implementation Plan for FP
Chapter Five: Integrating FP and HIV Services in Public and Private Health Facilities
Chapter Six: Using Advocacy Successfully — Drug Shops’ Provision of Injectable Contraception in Uganda

SUPPLEMENTS

Mobile for Reproductive Health (m4RH) Toolkit
Correlates of Rapid Repeat Pregnancy Among Adolescents and Young Women in Uganda
Preventing Unintended and Unplanned Pregnancy among In-school Youth: An Acceptability and Feasibility Assessment