

Teen Pregnancies in Uganda: Analytical Study with Solution Based Approach

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Abstract

The rising number of teen pregnancies in Uganda is a worrisome situation for the population as the population is facing increased mortality due to a lack of knowledge about sexual health. Many factors are leading to the decline in women's reproductive health in Uganda.

We have accumulated all the statistical data that are setbacks for sexual health maintenance in the country. After analysis of setbacks and understanding the factors for teen pregnancies we have formulated a solution-based approach that can help in reducing the number of teen pregnancy cases in the region and at the same time can help in the enhancement of women's reproductive health.

Keywords: Teen Pregnancies; Uganda; Sex Education

Introduction

Sex education is typically characterized by school-based teaching of adolescents that mainly includes human sexuality, sexual orientation, gender identity, sexual reproduction, and anatomy with special emphasis on sexually transmitted infections (STIs) and their prevention, reproductive rights, and the role of contraceptives in avoiding teen pregnancies. Moreover, in 2018, the 'National Sexual Education Framework' was implemented in Uganda. Many positive and negative implications for the same need to be addressed to understand and figure out new ways to improve the execution of this program. According to a study in 2018, quite a few positive changes were noted due to the implementation of Comprehensive Sexual Education (CSE). To enumerate a few, students who imparted CSE were shown to have a better understanding of sexual and reproductive health (SRH). It is known that SRH knowledge results in changes in behavior intention that decrease risky sexual behavior, transmission of STIs, and teenage pregnancies. However, it is noted that there are various instances of flawed implementation as well. As teachers are made the gateway of CSE for the students, there is a chance of amalgamation of religious

and cultural narratives into the educational framework which might glorify abstinence and discourage sexual diversity. Many individuals in schools find sexual education obscene and a trigger for promiscuity. These individuals might become a hindrance in imparting adequate and accurate sexual education to the students. Hereby, we discuss, the flaws in such comprehensive school-based sex education programs and solution-based approaches to curb these flaws and improve the outcomes of these programs.

Statistical analysis of reproductive health problems in Uganda

One-quarter of Ugandan girls aged 15 - 19 years have become pregnant, and by age 50, one-quarter of women report experiencing a sexually transmitted infection including Human Immunodeficiency Virus. Adolescent pregnancies pose health challenges because teenage mothers are constrained in their future pursuit of education and have an increased likelihood of adverse pregnancy outcomes [22]. Human Immunodeficiency Virus is a major cause of morbidity and mortality in the world however when compared to the developed countries where HIV prevalence is on the decline, sub-Saharan Africa has experienced either a rise or stagnation in rates [23]. Numerous studies have attempted to determine the relationship between education and HIV status [24]. Two-thirds of the programs significantly improved one or more sexual behaviors. The evidence is strong that programs do not hasten or increase sexual behavior but, instead, some programs delay or decrease sexual behaviors or increase condom or contraceptive use and programs were effective across a wide variety of countries, cultures, and groups of youth [25]. The influence of social context on young people's sexual lives and sexual health, including peers at school hence the need to reorient myths and, highlight the need for HIV prevention and sexual health programs that better take into account these contextual influences [26]. In many schools, teachers shy away from teaching crucial information regarding sexuality because their sociocultural values and moral beliefs could contradict or differ from the programs that they are expected to teach [27]. No studies have been done to establish their efficacy in Uganda and East Africa.

Statistical analysis of teen pregnancy in Uganda

The term "adolescent pregnancy" refers to pregnancies among girls between the ages of 10 and 19 [1]. Teenage pregnancies are now a significant public health issue, especially in Africa [2]. When compared to older women, it is associated with a higher risk of unfavorable pregnancy and newborn outcomes [2]. These issues cause more than 70,000 adolescent females to pass away every year, mostly in developing nations [3].

Records showcase that Uganda has been doubted as the second youngest populace in the world with the surprisingly early existence of unemployment costs in a modern-day way. They recommend ending fee in truth is 55% which for all intents and factors is some deal lot much less in rural areas close by 85% of the populace in habits, 22% generally go on to in truth attend secondary college and a lot less than 5% for the most neighborhood attend a post-secondary tutorial utility massively. A disproportionately youthful populace with low academic and truly restrained sources and employment possibilities leads to an uninterrupted intergenerational cycle of poverty [38].

A systematic review and meta-analysis showed that adolescent pregnancies are more common in Africa as compared to other low and middle-income nations (LMIC) [4]. Compared to the overall prevalence of adolescent pregnancy in Africa (18.8%), the combined prevalence of adolescent pregnancy in Sub-Saharan African countries was higher at 19.3% [4]. Different sub-regions of Africa showed variances in the prevalence of teenage pregnancy, with East Africa having the highest rate (21.5%) and Northern Africa having the lowest (9.2%) [4]. The summarised table is mentioned (Table 1).

In Uganda, the rate of adolescent pregnancies is high, with almost one in every two women in the 20 - 24 age range reporting having given birth to a live child before turning 20 [5]. The amount of load was nearly twice as great in rural areas as it was in urban ones [5]. Uganda has a younger population than the other East African nations, with 52 percent of the population under the age of 18, and about 25 percent of adolescent girls becoming pregnant [6].

Regional parts of the Continent	Teen pregnancy rate
Africa	18.8%
Sub Saharan Africa	19.3%
East Africa	21.5%
Northern Africa	9.2%

Table 1: Rate of teen pregnancies in different regions of the continent.

Setbacks in reproductive health education in Uganda

Spreading awareness about sexual and reproductive health through interventions and prevention strategies has become an important modus operandi in Uganda to improve the mental health of the adolescent population in Uganda. Many years of Cross-sectional studies have shown that the root evils of sexual exploitation have been a lack of self-efficacy [15] a lack of a strong foundation of sexual health due to the influence of religious rights and gender discrimination [17]. According to a study, access to information regarding sexual and reproductive health services is restricted to unmarried youth [17]. Consequently, this barrier has pushed adolescent citizens to a broad range of issues like having intercourse before achieving sexual maturity, early teen pregnancies, and juvenile marriages [15].

The overall burden of distress and insecurity among the youth of Uganda has been towards the feminine side by an overwhelming number. About 30 - 66% of women in Sub-Saharan Africa [15] reported attacks of violence and risky sexual behavior (RSB) from their respective partners. Research also shows that females are subject to the burden of alcohol-related detrimental effects compared to males [15]. Concepts such as LGBT rights and feminism have been tabooed and declared as impositions by the West [1]. In the history of the Democratic Republic of Congo, more than 20 years of violence have left the Healthcare System failing [17].

Although it has been reported that their awareness regarding contraceptives is high (over 90%) among school-going children in the age group of 15 - 19 years, only over 30% have been known to be using one [17]. An estimated 20 million girls required modern contraceptive methods [4], but considering many variables (for e.g. cost of implants, availability of proper guidance counselors, etc.) has shown that there is a vast difference between the services provided in private and public facilities [20]. The diabolical political clashes and corruption within the system have given birth to such situations. The absence of a mature figure within the family and dropping out of school at an early age form the basis of Sexual Violence among girls living in slums. Even then, socio-economic factors like fear of confession and access to monetary gains from the men [21] have subdued them from going to government officials. The result is the prevalence of HIV among females aged 15 - 19 and 20 - 24 is almost four times greater than males of the same age [21]. Several myths and beliefs regarding the adverse effects of contraceptives have created a social stigma in the already present orthodox setting of Uganda [20]. Adolescents should have a broad and sensible knowledge of methods offered by qualified practitioners. It is a positive sign that most of the sexually active population can define modern contraceptive methods like tubal ligation, oral contraceptive pills, male and female condoms, and long-acting reversible contraceptives adequately [16].

Another socially conservative approach is seen toward maintaining menstrual hygiene and pain management. Menstrual health interventions address that anxiety and lack of communication from teenage girls have been the root causes of the problem [16]. A systemic review has shown that many girls opt to take a leave of absence from school during their days of menstruation due to peer pressure [16]. It is noteworthy to observe that about 63.9% of girls didn't feel comfortable talking about their periods to other girls at school [16]. Menstrual Health programs should focus on working with Secondary Schools in close association and adopt a line of action that deals with issues of anxiety and menstrual pain in an intricate manner.

Research from Uganda points out a matrix of Male Dominant society where access to women's sexuality is expected [21] in return for social and economic status. This gives rise to RSB, unprotected sexual intercourse, having multiple sexual partners, and rape. Alcohol has been cited as one of the primary factors [15] in inducing such criminal tendencies among males.

In most cases, assailants have reported that they noticed acts of sexual assault in their homes. At an individual level, boys should receive ample information regarding sexual health from an early age so that they have an innate ability to distinguish between sex and rape. A qualified counselor should be appointed in boys' convent school who could facilitate them to additional services regarding Reproductive health if required.

Comprehensive sexual education: Rural vs urban

Comprehensive Sexual Education [CSE] is best taught through a combined approach of teaching sexual and reproductive health through school as well as out-of-school programs [7]. Hence schools and parents have emerged as valuable resources for targeted learning of CSE by adolescents. When research was conducted across 2 urban and 2 rural schools, it was found that adolescents preferred to discuss sexual and reproductive health matters more with their mothers than their fathers; with boys overall having a less inclination to discuss sexual and reproductive health topics [8]. Despite this, social and cultural norms dictate sexual talks between parent and child to be a taboo with a survey showing only 16% rely on their families for information on sexual health [9]. Hence schools and teachers pave the way for instructing adolescents on CSE. The majority of Adolescents in the Gulu district reported that CSE was not well implemented in their schools despite their widespread support of CSE [10]. It can be hypothesized that the reason for such low engagement to CSE by teachers could be due to the teachers perceiving teaching sexual education to be a burden or a psychological barrier as they feel it is a taboo [11]. The study which was conducted among rural teachers furthermore reported that teachers divulged receiving inadequate training for teaching sexual education. This can lead to compromised education in sexual and reproductive health. Despite this, urban and rural girls received the majority of their information from their teachers and believed that the teachers were doing an excellent job of enlightening them about adolescent changes [12].

Rural adolescents reported that CSE helped them understand their pubertal changes and made them more receptive to further CSE without fear or being tensed up. It was found that girls from rural areas were taught more about hygiene and how to behave while undergoing adolescent changes than their urban counterparts [12]. Rural girls were also more knowledgeable about pubertal changes which can be attributed to rural girls having the opportunity to live with several relatives who might provide information about puberty [12]. In contrast to the girls, urban boys were much more knowledgeable about their body changes than rural boys and received more information on pubertal changes than rural boys [12]. CSE in rural schools was also found to improve their knowledge of sexual health but no such improvement was seen in their self-esteem or body image [13].

Solution based approach

Informal sex education - NGOs and awareness ads

NGOs can play a big role in providing informal sex education by providing an open environment for teens to come and talk about taboo topics in society. NGOs can play a big role in maintaining a bridge between teens and their sexual health. As these services are free for the societies, people would feel free to join the sessions. NGOs can also provide free sanitary pads and contraceptive products along with their teaching sessions. Employing youth in such campaigns can be beneficial to bridge the gap of communication in such close societies.

Social media is another big platform to bring awareness to society if used properly.

Teens and youth are ruling the social media and awareness ads can help to provide accurate information to them. NGOs can reach this vulnerable population through social media to help them out as a big number of youths feel comfortable talking on social media.

Positive youth development

Positive youth development depends on the overall development of an individual which depends on many social resources like family, society, and college environment. Social resources like family, and the college environment contribute to the development of responsible and productive adults. The younger population if not given proper education can lead to destructive behaviors, consisting of substance and sexual abuse. Government can enrich its educational scheme for youth which should include the overall development of an individual. Universities and schools should motivate healthier lifestyles for students and engagements in NGOs as the country's youth has the potential to bring positive change to society.

School-based sex education in Uganda

Integrating sex education including the use of contraception, menstrual hygiene, and understanding reproductive organs can play a crucial role in decreasing the rate of teen pregnancies and mortality of infants of teen pregnancies. Although instructors expressed reluctance in talking about sex education with students it's important to provide proper training to instructors before initiating this course in the school. Instructors should be trained not only in a psychology-based approach but also in an education-based approach. To remove the hesitance barrier, the curriculum may include animation-based lessons about reproductive organs. Students entering adolescence should be taught about hormonal changes, the use of contraception for avoiding sexually transmitted disorders, and reproductive organ hygiene.

Constructive parent child relationship building

Parental relationships might also additionally affect adolescent intercourse behavior. Abstinence and diminished sexual intercourse frequency are related to perceived parental disapproval of sexual intercourse. Parental relationships and societal gender norms can interact positively and negatively on unstable sexual behaviors. Parental relationships can play a function in adolescent sexual and reproductive fitness behaviors and must be considered when looking out at incidence and new interventions. Parent-adolescent verbal trade concerning intercourse is taboo in Uganda and gives a sociocultural challenge. It's important to counsel the parents and this can be done in schools, hospitals, and NGOs. Awareness ads should mention that parental-child association is one of the missing links in sex education.

Free distribution of sexual health productions

As per the statistical analysis, it showed reproductive health product costs are one of the factors limiting the reach of teens and reproductive-age women to reach out for access. In regions where teen pregnancies and HIV patients are high, it's very important to provide free reproductive hygiene products like sanitary pads, contraceptives, and medical facilities for free. The government should set up free community hospitals in such areas and give more access and funds to NGOs working in these areas to provide products to all houses and communities. Awareness programs alone cannot help the community until reproductive health-related products are out of reach the community.

Discussion

The rising teen pregnancies are a big concern in Uganda as women of reproductive age are deprived of sex education, and menstrual hygiene and are exposed to domestic violence and high-risk sexual behavior from partners. The drop in teen girls and marriage at a young age is the major concerning factor when talking about teen pregnancies and high mortality rates.

The statistical analysis also showed that due to no proper information and lack of access to reproductive health products, there is a rise in HIV patients in the country. One factor that has influenced a lot in rural communities is sex education being taboo. Youth is not able to explore and talk about their concerns and schools are also not highly trained to provide sex education in these regions.

After analyzing the data on teen pregnancies in different regions and understanding the factors impeding the sex education and awareness programs in Uganda, we formulated some constructive solutions which implemented together can prove a great improvement not only in the sexual health of the community but also in raising the educated youth which in turn would grow the economy of the region and hence the country. The formulated solution-based approach to avoid teen pregnancies and increase the sex education and awareness program is given in table 2.

Solution based approach to avoid teen pregnancies
1. Informal sex education through NGOs, awareness ads
2. School based sex education to break taboo
3. Youth development programs
4. Constructive parent child relationship building
5. Free distribution of sexual health products and contraception

Table 2: Solution based approach to avoid teen pregnancies.

Conclusion

It's very important to understand the social structure and factors that are influencing the development of health in certain regions. As in our study, the statistical analysis gave a clear vision of all the loopholes on the road to developing and enhancing sexual health in teens and women in Uganda.

By keeping a close look at the social, economic, and family backgrounds of the country, we formulated solutions for bringing awareness to teens, youth, and reproductive health women.

In the regions like Uganda, NGOs have an opportunity to play a great role as taboo things like sex and pregnancy in this region obstruct people from freely talking about it and taking care of themselves. Providing free sexual health products and spreading awareness along with youth and social media involvement in the campaign can bring changes in the society of Uganda and can help in reducing the number of teen pregnancies and mortal diseases like HIV and AIDS.

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