

1C.2. Assessing Adolescent Friendly Reproductive Health Services - Utilization and Community Support, Jinja District Uganda

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Background/Significance: Since the year 2000, the Government of Uganda has been implementing a Health Sector Strategic Plan which highlights Sexual and Reproductive Health and Rights as one of the healthcare programs in the minimum health care package. However, most programs by communities, government and Non-Governmental Organizations (NGOs) have not properly addressed the sexual and reproductive health issues among adolescent girls and the sexual and reproductive health needs of boys have not been thought of. As a result the sexual and reproductive health of adolescents has remained poor.

- i. **Main Question/Hypothesis:** What are the current knowledge, attitude, perceptions and behavioural practices regarding adolescent sexual and reproductive health issues among adolescents in Jinja district?
- ii. What is the scope of support from community social and institutional structures in meeting adolescent sexual and reproductive health needs?
- iii. What factors hinder or promote continuity of provision of quality AFRHS in Jinja district?

Methodology: The study was carried out in the five Health Sub districts of Jinja district. Qualitative and quantitative data collection was carried out over a period of 3 months (Mid October 2006 to January 2007). Qualitative data collection was by Focus Group Discussions (FGDs) and Key Informant Interviews (KII). Structured interview (questionnaires) approach was used to collect quantitative data. Qualitative data were transcribed, categorized and analyzed according to the study themes. Quantitative data were entered into the computer using EpiData 3.1. The cleaned or verified data were later exported to Stata 9.0 program for appropriate data analysis".

Data: A total of 1,226 adolescents (15 to 24 years) were interviewed of whom 679 (55.4%) were male and 547 (44.6%) were female. 61% had attained secondary level education, 31.4% primary level, 5% tertiary level and 2.6% no formal education.

Findings:

- Parents, adolescents and district leaders were found knowledgeable about the main sexual and reproductive health problems that affect the youth and factors that expose adolescents in Jinja district.
- Factors that exposed adolescents in Jinja district to the mentioned problems were multiple ranging from lack of knowledge about associated risks; socio-cultural, economic, community / institutional and others. However economic factors significantly poverty / low income at family level and poor parent – child relationships were prominent.
- Female adolescents were nearly twice likely to engage in sex before the age of 18 compared to their male counterparts ($p=0.001$). Although not significant the results suggest that females were less likely to have used a form of protection during the last sexual encounter compared to their male counterparts. Adolescents living with none of their parents are less likely to use protection compared to those in other categories ($p = 0.001$). This category represents a group that is most vulnerable. Students were more likely to have used a form of protection at last sex compared to other occupation categories.
- Most parents were in favor of young people having unhindered access to contraceptives and other ARHS provided it was done under counseling and guidance. Adolescents had equally mixed responses on unhindered access to contraceptives and other RH services for young people.
- Local community support for AFRHS was appreciated mainly from political leaders, religious leaders and some parents/guardians to some extent. Youth were said to be supportive to a lesser extent and cultural leaders were not mentioned.
- Level of district support for ASRHS service delivery varied depending on the roles and responsibilities of the various district departments/sectors. The education department was more evidently involved especially in the area of creating awareness.
- Parents and adolescent were aware of very few organizations working to help youth avoid adolescent health problems while district leaders were aware of more organizations involved in youth activities.
- Various recommendations were made for making reproductive health services attractive to young people. At health facility level recommendations emphasized health systems strengthening. At institutional level, integrating AFRHS in schools/institutions by creating favorable school environment for AFRH activities and collaboration between schools and NGOs/CBOs. At community level need to increase accessibility at family level with active participation from parents/guardians. Youth involvement important in terms of listening and taking up advise from parents. Government support required for training parents/guardians in counseling and guidance and provision of equipment and supplies at youth centres.

Knowledge Contribution: Household level socio-economic status greatly influences adolescents' sexual and reproductive health and health seeking behaviour. Programmatic lessons learned are that despite the high level of awareness about ASRH problems in Jinja district, ASRHS are not prioritized at institutional, community/household and individual level and as result services remain poor. A family/household centered approach with active participation of parents / guardians and adolescents is key in sustaining improvements in adolescent reproductive health.

Recommendations for making RHS more attractive to young people at community level were focused on increasing accessibility at community level but more so at family level with active participation from parents / guardians. Youth involvement was recognized as important in terms of listening and taking up advise from parents. Government support was required for provision of equipment and supplies at community level.