

SUSTAIN UGANDA'S PROGRESS BY PREVENTING ADOLESCENT PREGNANCY IN THE DISTRICTS

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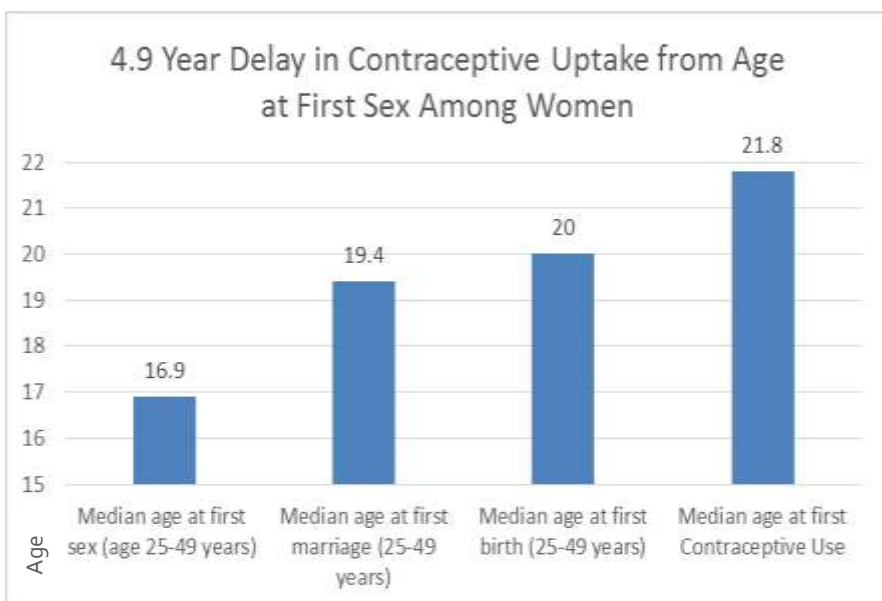
ADOLESCENT FAMILY PLANNING

Uganda's National Adolescent Health Policy of 2004 set a target to halve the proportion of women who have their first child before 20 years of age from 59% to 31% [1]. Today, 51.7% of Ugandan women are still having their first child before age 20 [2].

The government of Uganda is committed to helping adolescents to delay or space childbirth; since the country's FP2020 Commitment, youth-friendly family planning services have been scaled up to 50% of the government's Level IV Health Centres and 100% of district hospitals [3]. Yet, uptake of effective contraceptive methods remains insufficient to achieving set goals. **To sustain Uganda's progress, there is need to make the environment more conducive for young people to delay and space childbearing.**



The IUD is one of the most effective contraceptive methods suitable for adolescents



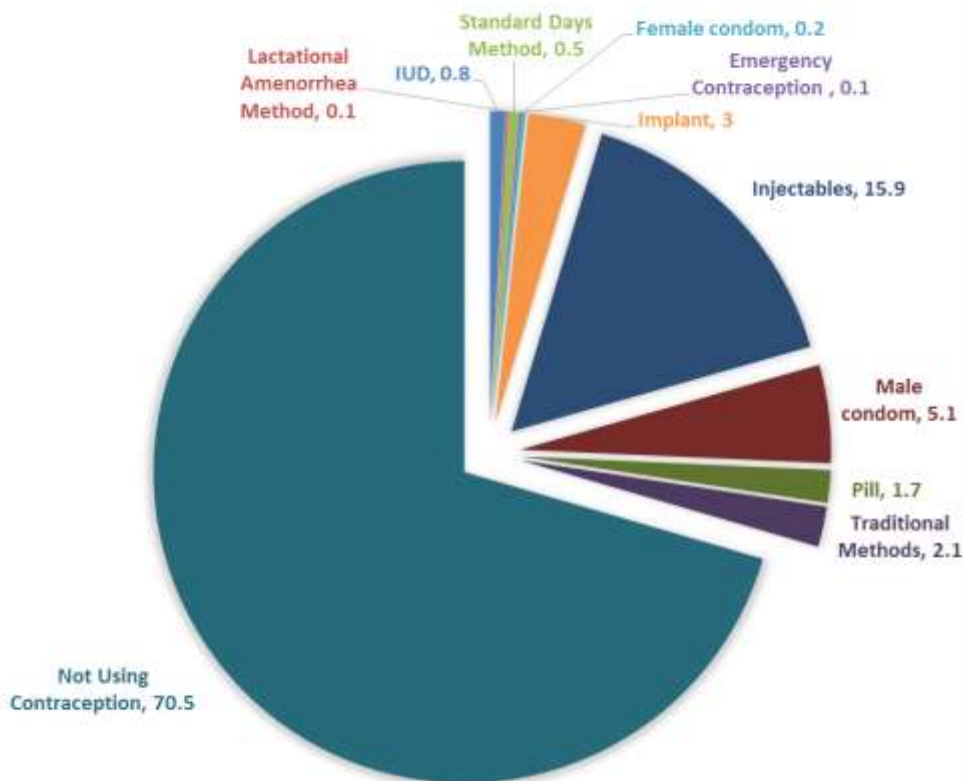
Source: PMA2015/Uganda

UNMET NEED FOR FAMILY PLANNING AMONG ADOLESCENTS

Seven in ten sexually active young women are not using any form of contraception, including three in ten who express a desire to delay childbearing [4]. Resulting pregnancies among adolescents contribute to 24% of maternal deaths. Among women aged 15-19, 24% are either pregnant or are already mothers, and 24% of women aged 15-24 have had an abortion [4]. These statistics show that the reproductive health needs of young people are not being met.

Based on the experiences of women aged 25-49, adolescents may face a 4.9 year gap between median age at first sex and contraceptive use. This includes a 2.5 year delay between the median age at first sex and marriage [2].

CONTRACEPTIVE USE AMONG SEXUALLY ACTIVE WOMEN AGED 15-24 YEARS



7 IN 10 SEXUALLY ACTIVE WOMEN AGED 15-24 DO NOT USE CONTRACEPTION

Of sexually active women aged 15-24, only 29.5% report using any method of contraception. When seeking family planning services, 38.3% of adolescent women are not told of other methods, and 45.5% are not counseled on side effects [2].

Key reasons for contraceptive non-use among adolescents include:

- Pregnancy or desired pregnancy
- Stigma surrounding premarital sex
- Barriers in accessing services and information
- Concerns of side effects [5]

WHAT DISTRICT HEALTH OFFICERS CAN DO TO PREVENT ADOLESCENT PREGNANCY:

- Dedicate public health facility space and at least 4 hours each week for health centre staff to provide information and services to young people. Set aside particular times during the week where quality information and services, are voluntarily and confidentially provided solely for young people.
- Retrain family planning counselors using recent guidelines on appropriate contraceptive methods for youth (including long-acting reversible methods).

REFERENCES

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