

**ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH IN
TORORO DISTRICT: WHOSE RESPONSIBILITY IS IT?**

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EXECUTIVE SUMMARY

Background

There is an increasing concern about adolescents and their health and development problems worldwide. The health problems are mainly related to reproductive health, an area about which the adolescents usually become confused and/or embarrassed. UNICEF-Uganda in 1995 to 2000 launched an Adolescent Friendly Health Services initiative in five districts, and the Ministry of Gender and Social Development with the help of UNFPA started the PEARL project in a few districts, of which Tororo was one. This was to enhance the health and development of adolescents/young people (aged 10-24 years) both in and out of school, married or unmarried, by providing health services that are accessible, affordable, accepting, welcoming, and confidential for the adolescents when in problems.

The proposed minimum package would include: recreation; information; life skills education; and counselling. Other health services focused on substance abuse prevention and control; enhancing reproductive health with focus on HIV/AIDS prevention; and providing links to family planning services. The home, school, health centre, community and media were to provide avenues for promoting, referring and providing AFHS. However, little is yet known about the attitudes of parents, teachers, religious leaders, health workers, policy-makers, administrators and the adolescents themselves, or their views about openness on sex and reproductive health of the youth.

The main goal for this study was to explore the views and perceptions of parents, teachers, health workers, policy makers/administrators, religious leaders and adolescents themselves, about adolescent sexual and reproductive health/development issues in Tororo District. It was also to examine the coverage by the existing programmes, quality of the services, knowledge of the service providers in different settings, the gaps, and development needs of the adolescents.

Methodology

The study was both a qualitative and quantitative one, carried out in all the three counties of Tororo district, in both the urban and rural areas and schools. Respondents were: parents, teachers, religious leaders, health workers, policy makers/administrators, and adolescents (in and out of school). Data was collected using questionnaires and topic guides for focus group discussion (FGDs) and key informant (KI) interviews. FGDs were differentiated by gender.

Findings and conclusions

This study has shown that the main adolescent sexual and reproductive health problems are related to high risk behaviours associated to sexuality, socio-economic, and environmental factors or influences. These problems were identified as:

- Lack of information regarding their sexual development and reproduction;
- Lack of appropriate services for adolescent sexual and reproductive health and STDs;
- Poor parenting and relationship between adolescents and their parents;
- Absence of proper guidance and counselling at home, school, and community;

- Generally negative attitudes from the community about adolescents and their behaviour, well as lack of knowledge and understanding about youth problems and needs;
- Bad peer influences or pressure and other socio-cultural influences e.g. through the media.

All these factors hinder the youth in achieving educational and vocational skills for attaining employment to enable them to stand on their own (independence) financially and materially, especially the girls.

The adolescents expressed fear of going to health facilities for assistance due to non-existing confidentiality of services, privacy, or discrimination against them, especially when having STDs, and the unwelcoming attitude of health service providers, plus demand for money for treatment. They mentioned economic factors in and outside home like poverty, poor parenting or lack of meaningful relationships with parents and domestic problems; and an intolerable environment in the community, school or home, with no chances for recreation or constructive use of their leisure time, and lack of employment.

Service linkages through referrals that could be appropriately made were not coordinated, and there was a general lack of information from health unit to health unit. This was evident, as most health providers did not have any idea about AFHS in the district, even in units where PEARL was operating. Those who handle the programme have never briefed the rest on the services, and do not teach their colleagues on the job, even after attending several seminars or workshops on adolescent health services. They do not pass on the skills, let alone practice what they have learnt in their places of work.

The following major gaps in the health services delivery need urgent attention, in order to help us educate the youth on the reproductive issues and be able to refer to different levels of operation: the need for using of IEC materials and mass media for RH education; supply of contraceptives, especially condoms to the youth in and out of school; services for management and treatment of STIs and HIV/AIDS (that is screening, treatment, and counselling), youth guidance and counselling; services for substance abuse and control (appropriate laws, rules, policies), life skills development; recreation and leisure activities.

Recommendations and Way Forward

- Youth representatives at all levels of local government must be involved fully in youth issues to enable them to spread information to all. This was evidenced by many of them, saying they were not aware of the adolescent programmes in the district.
- The few peer educators in the PEARL piloted areas seem to have had no impact on the youth. Such programmes should have involved all levels of youth in the initial stages of development. There is need to focus in particular on involving the youth directly as peer educators with skills through appropriate training.

- The youth should be involved at the initial phases, starting with their own needs assessment and prioritisation as well as planning, implementation, monitoring and evaluation of the services, if real success is to be achieved.
- Services should be focused on the identified needs and local issues especially with the socio-cultural, political, and economic context of the youth in mind.
- The following persons/partners in development of adolescent health and sexuality should be fully involved: parents, health workers, teachers, religious leaders, community development workers, probation/welfare workers, the police, lawyers, youth workers, and any other women's and youth groups/organisations capable of mobilising them for development.
- Setting up of adolescent-friendly services at all service delivery points and in the local community structures. All those concerned should be sensitised about the need to accept or appreciate the youth, and to advocate for the promotion of adolescent and young peoples' needs and development goals.
- Data should be collected and made available to whoever is present in the unit, and used for planning for adolescent health services at all levels.
- The office of the DDHS should have a technical officer (focal person) specifically to coordinate SRH issues of adolescents and their other reproductive health programmes.
- The main referral hospital dealing with youth in Tororo should have a youth-friendlier approach or focus, and stop charging the youth who expressed difficulty in accessing the services, especially for STD treatment and related problems.
- Advocacy talks in all schools in the area should be held that should involve the school nurses and other private providers in the programme.

