Reproductive Health Education Needs in Uganda

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1. Introduction
Adolescent pregnancy and motherhood have remained significant health and social concerns in Uganda. For many women, pregnancy is desired and planned, but for adolescents, it is often unintended. Although context-based information and needs of the target population are valuable inputs for the development of appropriate interventions, this type of information has not been available in many rural areas. A needs assessment and situational analysis were conducted with Shanti Uganda, a non-governmental organization working to improve maternal and infant health in the Luweero district, Uganda.

2. Methods

<table>
<thead>
<tr>
<th>Survey</th>
<th>Semi-structured Interviews</th>
<th>Observation / Secondary-Data</th>
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<tbody>
<tr>
<td>Young Women (N=55)</td>
<td>- Main Stakeholders (N=31)</td>
<td>- Reproductive health education &amp; services</td>
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<tr>
<td>Young women aged 14 to 26 in the community</td>
<td>- School teachers</td>
<td>- Staff of organizations</td>
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<td>- Government officials</td>
<td>- Health workers</td>
<td>- Adults</td>
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<tr>
<td>* Workshops</td>
<td>* Field Practicum Location</td>
<td>* Workshop Handbook</td>
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3. Objectives
1) Identify primary sources of reproductive health information and services for adolescent girls
2) Identify priority unmet needs, barriers, and constraints limiting reproductive health services for adolescent girls
3) Determine the promising options to meet the unmet needs identified during the field practicum

4. Results
Most common barriers to access of reproductive health education (n=87)

- RHE is not available anywhere nearby: 27%
- I do not know where to get RHE: 24%
- I am too embarrassed or shy to get RHE: 23%
- RHE is expensive: 21%
- My parents do not want me to know about RHE: 15%
- It is morally wrong to know about RH in my age: 10%
- It is against my religion to know about RH at my age: 2%

Main source of information

- Reproductive health and health information (n=55)
  - School: 57%
  - Parents: 40%
  - Friends: 33%
  - Doctors: 22%
  - Newspapers or magazines: 14%
  - Television: 12%
  - Radio: 11%
  - Adult relatives: 7%
  - Church/Mosque: 3%
  - Sisters, brothers, or teenage relatives: 2%
  - Boyfriend: 2%

Preference of people/place with which to discuss reproductive health issues (n=55)

- Health center/worker: 58%
- School/Teacher: 26%
- Home: 7%
- Counselor: 4%

Reproductive Health Knowledge Test
(Evaluation of Teen Girls Workshop, n=32)

- Q1: Physical changes of puberty: 51%
- Q2: Menstrual periods: 82%
- Q3: Causes of pregnancy: 79%
- Q4: Methods of preventing pregnancy: 7%
- Q5: HF: 26%
- Q6: Symptom of AIDS: 88%
- Q7: Causes of AIDS: 63%

5. Conclusions
- Young girls face tremendous risks related to reproductive health.
- The primary source of information for adolescents is school.
- Lack of sex education and limited educational resources are still significant obstacles to getting proper RH information.
- Many girls have incomplete knowledge of the menstrual cycle, STDs and methods for preventing pregnancy.
- There are also cultural, social and traditional constraints preventing young women from getting this information either at home or even in school (Fear and Shame).
- Reproductive health programs, even when carried out over a relatively short period, have positive impacts on crucial aspects among adolescent youth.

6. Recommendations
To improve existing teen girls programs of Shanti Uganda:
- Improve planning and promotion
- Increase participation of interns and other knowledgeable women who can share their knowledge and experiences
- Create safe places for young women to speak freely (Youth-friendly Spaces)
- Upgrade curriculum and manuals

To incorporate reproductive health education into schools:
- Train programs for teachers
- Produce and disseminate low-cost educational materials on important concepts

7. Acknowledgements
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- * Workshop: Pad making session
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- * Workshop: Pad making session