



married by 15, 40% are married by 18⁵ and the country has a very low primary survival rate of 33%⁶, indicating a serious dropout phenomenon⁷.

Doctors with Africa CUAMM is active in Oyam district (one of the rural post-conflict districts in northern Uganda), since the late 1980s. Oyam has a total population of 383,644, out of which 52,524 are girls, and 51,636 are boys aged 10-19. In 2014, 3,362 girls aged 12-17 already experienced pregnancy⁸.

A CUAMM study⁹ conducted in 18 health facilities between 2013 and 2015 showed that:

- **Adolescents** accounted for **30% of deliveries** in Oyam district (higher than national average);
- About 80% of first-time pregnancies at Aber Hospital (referral hospital for Oyam district) were among adolescents¹⁰;
- Adolescents contributed substantially to live births (26.7%), still births (19.2%), low birth weight infants (42.7%) and referrals (17.3%) (Fig. 1);
- More adolescents delivered at the HC IIIs, whereas the HC IIs referred more adolescents than the other facilities;
- On average, 23.3% of pregnant adolescents used ANC1, and 25.8% used ANC4;
- 44.7% of pregnant adolescents used HIV counselling and testing services;
- Contraception and family planning services remain largely unmet needs;
- There are no adolescent sexual and reproductive health services;
- There are no adolescent-friendly services.

Keywords: rural context; district approach; peers' influence

TEENAGE PREGNANCY

Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. When a girl becomes pregnant, her life changes dramatically. She will likely drop out of school, which means her future employment prospects also diminish, making her more vulnerable to poverty, exclusion and illness¹. In fact, pregnancy is the second leading cause of death after self-arm globally, among girls aged 15-19. It is associated with higher risks for the mother and the new-born, including mortality, anaemia, stillbirths and prematurity. The situation is worse for girls living in low resources settings, characterized by poverty, restricted access to care, weak health systems, lack of education and employment and weak social safety nets².

TEENAGE PREGNANCY IN UGANDA – OYAM DISTRICT

Teenage pregnancy in Uganda is a major challenge. According to the Uganda Demographic and Health Survey of 2011, 24% of teenagers (15-19) have begun childbearing, with girls living in rural settings beginning childbearing earlier than their urban counterparts (24% vs 21%)³. Teenage pregnancies are particularly high in the East Central, Eastern, and Karamoja regions (30%) compared to other regions, with the Southwest region having the lowest (15%) and Central region the second lowest (19%)⁴. Furthermore, in Uganda, 10% of girls are

ADOLESCENTS' DELIVERIES AND NEWBORN OUTCOME AS SHARE OF TOTAL DELIVERIES Oyam district - 2013-2015

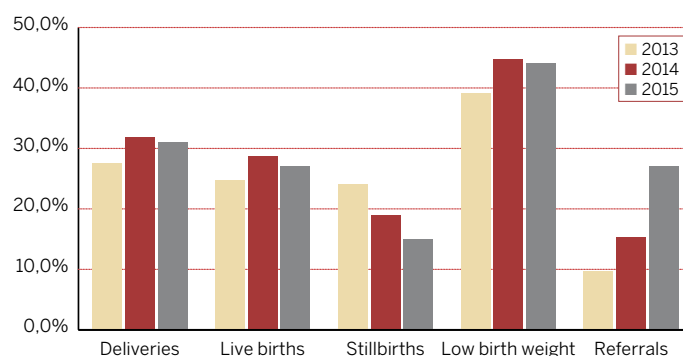


Figure 1: Adolescents' deliveries and newborn outcome as share of total deliveries Oyam district - 2013-2015. Massavon, 2016.

THE WAY FORWARD

Teenage pregnancy is a complex phenomenon requiring multifaceted interventions. Strategies to tackle teenage pregnancy in Uganda should be designed and implemented putting the adolescent and her/his needs at the centre, while acknowledging the role of the health care system, the

school system, the community, and of adolescent peer-groups dynamics. Among them:

- Create teenage-friendly dedicated services at PHUs and Hospitals along the continuum of care, from pre-pregnancy to antenatal visits, to birth and post-natal visits;
- Design and implement community and family-based approaches to address adolescents SRH needs and issues;
- Identify and train adolescent peer-educators and counsellors for adolescent counselling on sexual and reproductive health issues at health facilities and in the communities;
- Create a system in partnership with schools to a) monitor pregnant teenagers, in order to make sure they receive assistance and they are assured education during and after pregnancy; b) enrich students' curricula with educational activities on life orientation, teenage pregnancy, HIV/AIDS, sexually transmitted infections and family planning;
- Strengthen operational and impact research to better understand a) social and health determinants of teenage pregnancy in low- and middle-income countries (L&MICs); b) which approach and intervention is effective to prevent and manage teenage pregnancy.

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- ¹ UNFPA, 2016. Adolescent Pregnancy. [Online] Available at <http://www.unfpa.org/adolescent-pregnancy> [Accessed 19 January 2017].
 - ² Rehana A. Salam, Jai K. Das, Zohra S. Lassi, Zulfiqar A. Bhutta, 2016. Adolescent Health and Well-Being: Background and Methodology for Review of Potential Interventions. [Pdf] Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026682/pdf/main.pdf> [Accessed 22 December 2016].
 - ³ Uganda Bureau of Statistics, 2012. Demographic and Health Survey 2011. [Pdf] Available at <https://dhsprogram.com/pubs/pdf/FR264/FR264.pdf> [Accessed 25 January 2017].
 - ⁴ UNICEF, 2015. The national strategy to end child marriage and teenage pregnancy. [Pdf] Available at https://www.unicef.org/uganda/NATIONAL_STRATEGY_ON_CHILD_MARRIAGE-PRINT_READY.pdf [Accessed 25 January 2017].
 - ⁵ Uganda Bureau of Statistics, 2012. See note 3.
 - ⁶ Survival rate being the number of children starting together in primary 1, progressing through the cycle with their peers still being together when finishing the primary cycle in primary 7.
 - ⁷ UNICEF, 2014. Out of School System Study in Uganda. [Pdf] Available at https://www.unicef.org/uganda/OUT_OF_SCHOOL_CHILDREN_STUDY_REPORT_FINAL_REPORT_2014.pdf [Accessed 6 February 2017].
 - ⁸ Uganda Bureau of Statistics, 2014. National Population and Housing Census 2014. Subcounty report – Central Region. [Pdf] Available at http://www.ubos.org/onlinefiles/uploads/ubos/census_2014_regional_reports/Census_2014_Report_Northern_Region.pdf [Accessed 25 January 2017].
 - ⁹ Massavon W., 2016. Adolescent Pregnancy and Outcomes: A Baseline Assessment of Utilisation of Services and Health System Gaps in Oyam District, Northern Uganda. (CUAMM unpublished document).
 - ¹⁰ CUAMM, 2016. Aber Hospital 2015 Report, unpublished.