



MINISTRY OF HEALTH

REPORT OF THE 1ST SYMPOSIUM ON TEENAGE PREGNANCY IN UGANDA



**THEME: TEENAGE PREGNANCY AN OBSTACLE TO MATERNAL
HEALTH; LET US STOP IT NOW!**

IMPERIAL ROYALE HOTEL, 5TH NOVEMBER 2013

PARTICIPANTS AT THE SYMPOSIUM



A cross section of participants at the Symposium

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EXECUTIVE SUMMARY

Every year, the ministry of Health (MoH) commemorates the Safe Motherhood week in October. The national commemoration this year (October 2013) was held in Apac district in Northern Uganda. As part of the events for the week, MoH and its partners held a symposium on the theme: “Teenage pregnancy an obstacle to maternal health; let us stop it now!”. This report therefore contains proceedings of this symposium that attracted safe motherhood partners from across the country.

Teenage pregnancy is a major issue for maternal health and partners in the area of reproductive health came together in this symposium to share their experiences and most importantly to discuss how they could individually and collectively make better progress in addressing the challenge of teenage pregnancy.

In this report you will find discussions and useful insight on the problem of teenage pregnancy, its magnitude in Uganda, as well as the interventions that are being undertaken. You will also find challenges to its control as well as recommendations by different stakeholders on what needs to be done to tackle the problem in a more effective way.

Some of the main issues that emerged during the symposium included; the continued existence of harmful cultural practices to girl children, expulsion of pregnant teenagers from school, inadequate collaboration between actors, health workers’ (HWs) fear to testify in courts, lack of sexuality education as well as the apportioning of blame for teenage pregnancies on the girls and not both the boy and the girl.

The report also contains general recommendations about dealing with teenage pregnancies which include; a regular forum to be organized annually to discuss issues of safe motherhood and teenage pregnancy, MoH to engage the ministry of Education and Sports on full operationalization of the school health policy and regular interaction with the media and other stakeholders to ensure that accurate information on teenage pregnancy and other reproductive health (RH) issues is being disseminated and to reach out to the Inter-Religious Council of Uganda so that they complement the efforts of other partners through their religious organizations.

LIST OF ACRONYMS

HIV:	Human Immuno-deficiency Virus
AIDS:	Acquired Immune Deficiency Syndrome
UNFPA:	United Nations Population Fund
MoH:	Ministry of Health
MakSPH:	Makerere University School of Public Health
LMICs:	Low and Medium Income Countries
WHO:	World Health Organization
CDC:	Centers for Disease Control
UPE:	Universal Primary Education
USE:	Universal Secondary Education
ICT:	Information Communication and Technology
KAGEI:	Kasese Girl Education Initiative
GEM:	Girl Education Movement
YP:	Young People
PLE:	Primary Leaving Examination
MoES:	Ministry of Education and Sports
MDGs:	Millennium Development Goals
SE:	Sex Education
IEC:	Information, Education and Communication
VHT:	Village Health Teams
IRCU:	Inter-Religious Council of Uganda
SGBV:	Sexual and Gender Based Violence
UACE:	Uganda Advanced Certificate of Education
UCE:	Uganda Certificate of Education
NGOs:	Non-Governmental Organizations

1.0 INTRODUCTION

The Ministry of Health in collaboration with its partners organized a symposium on teenage pregnancy as one of the activities for the safe motherhood week. The theme for the symposium was *“Teenage Pregnancy an Obstacle to Maternal Health; Let’s Stop It Now.”* Although a lot of efforts have been made to meet the 2015 MDG targets, indicators under MDG 5 continue to be problematic. Uganda’s teenage pregnancy rate is one of the highest in East and Southern Africa. Each year, out of every 1000 female Ugandan adolescents aged 15-19 years, 135 give birth. Teenage pregnancy is associated with a range of problems that include early mortality, unsafe abortions, vesical vaginal and rectal fistulas, sexual and verbal abuse, domestic violence, exclusion from society, and school dropout among others. It is in light of the above that the ministry and like-minded partners sought to start a frank discussion on the challenges of addressing teenage pregnancy with the ultimate aim of forging a way forward to minimizing incidence and reducing the morbidity and mortality stemming from this big public health problem.

1.1 Background to the Symposium

Adolescent pregnancy in Uganda occurs in a complex environment. The existing laws do not comprehensively lead to the curbing of teenage pregnancy, nor do they contribute to the complete mitigation of problems faced by the pregnant teenagers. While the Adolescent Health Policy explicitly states that pregnant adolescent girls should be readmitted to school after they have delivered, the Education Policy is silent about it. Hence pregnant adolescents are often denied a chance to continue with their education. Indeed in districts where teenage pregnancy rates are well above 50%, school dropout rates have been reported to be as high as 84%. According to the 2011 Uganda Demographic and Health Survey, only 20 % of teenagers (15- 19 years) had some secondary education, 56.7% had some primary education, 16.9% completed primary education and lastly 5% had no education at all. Teenagers who drop out of school are not able to maximize their potential and they end up in the lower socio economic classes which have an increased risk of maternal and newborn death. School dropout potentiates an uncertain future full of poverty related challenges and this further propagates poor health seeking behaviour and inability to afford health services.

Contention also exists in the Ugandan laws regarding the ages of marriage and sexual consent with some degree of cultural and religious acceptance of early marriage. This has contributed to cases of defilement going without being addressed or in some cases negotiation between the concerned parties to settle the cases out of court. Other social factors include poor social support

for adolescent parents, unwillingness by some adults to have children taught about sexual issues like condom use as well as rampant cases of sexual abuse and harassment of girls both at home and at school.

Therefore, tackling the problem of unwanted adolescent pregnancy has a great potential to prevent maternal and infant mortality, improve access to full education and subsequent economic empowerment, in addition to promoting psychological and social well-being of women. Although facilities in Uganda are expected to provide adolescent friendly services these services are generally lacking in most parts of Uganda. Furthermore, teenage pregnancy is a complex problem that requires to be addressed using a multisectoral approach that goes beyond the health sector. This symposium therefore provides an opportunity to address this problem more comprehensively.

1.2 Objectives of the Symposium

1. To bring together policy makers, implementers, researchers, scientists, and other stakeholders to deliberate and agree on interventions for reducing the high rates of teenage pregnancy.
2. To provide key recommendations for reducing teenage pregnancy to policy makers and Government based on good practice and successful strategies.

1.3 Symposium Outputs

- To provide visibility to the problem of teenage pregnancy and guide the development of multisectoral initiatives for reducing the high teenage pregnancy rate and mitigating its effects.
- Specific recommendations to guide subsequent planning around adolescent pregnancy
- A summary report of undertakings for reducing teenage pregnancy and improving maternal and newborn health outcomes based on the deliberations from participating partners.

1.4 Symposium Participants

The symposium brought together stakeholders from line ministries, academic institutions, civil society organizations, development partners, teenage mothers, as well as young people. In addition, the symposium attracted participants from upcountry districts including Kasese and Mubende whose participants made presentations at the event.

2.0 OPENING CEREMONY



The Official Opening Ceremony at the Symposium, left to right Dr. Collins Tusingwire, Ag. Commissioner, RH, MoH, Ms. Cecile Compaore, UNFPA Deputy Country Representative and Prof. Pius Okong, Chairperson Health Service Commission

2.1 Welcome Remarks by Dr. Collins Tusingwire, Ag. Commissioner RH, MoH

Dr. Tusingwire welcomed participants to the symposium and expressed his happiness at having been able to attend such an important meeting where issues affecting young people were to be discussed. He noted that indeed teenage pregnancy was not a simple issue as the repercussions from it are not only long term but life changing for most of the victims in both the social and physical arenas. There was no way, he argued, Uganda would make progress towards achieving MDG No. 5 without effectively tackling the problem of teenage pregnancies. He thanked all organizers and sponsors of the symposium and invited participants to embrace the meeting and share all their varied experiences to benefit other interventions against teenage pregnancy across the country.

2.2 Keynote Address by Ms. Cecile Compaore, Deputy Country Representative, UNFPA

Ms. Compaore observed that teenage pregnancies remained a critical stumbling block for the success of many young girls due to the complications that come with it. She stated that there was a high cost to pay for teenage pregnancy including fistula, bleeding, death, obstructed labor, societal judgment, school dropout and many others that have continued to wreck livelihoods across the country. She added that the symposium was an important part of the dialogue that stakeholders must have if the problem of teenage pregnancy was to be addressed. She highlighted some of the measures that she believed would go a long way in addressing teenage pregnancies:

- Sexuality education both at school and in learning environments as they provide a great opportunity to reach large numbers of young people especially with the high numbers for UPE and USE.
- Expanding and strengthening youth friendly sexuality related services across the country especially in rural areas.
- Strict implementation of laws and policies relating to sexuality especially the defilement law.
- Addressing traditional and religious practices that accelerate the teenage pregnancy problem.
- Actively engaging males in the fight against teenage pregnancy as girls do not make themselves pregnant.

Ms. Compaore ended her keynote address by stating that investment in girls' education was not an option because when girls are educated and healthy, have the opportunity to reach their full potential and claim their human rights. They are also more likely to marry later, delay childbearing, have healthier children, gain productive or employable skills and therefore earn higher incomes, she further noted. She concluded by stressing that every young girl, no matter what part of the country she is from, has the right to live free from teenage pregnancy

and fulfill her potential thus all partners should focus their efforts to secure this right for the girl child.

2.3 Official Opening by Hon. Elioda Tumwesigye, Minister of State for General Duties, MOH Statement was read by Prof. Pius Okong, Chairperson Health Service Commission.

The minister acknowledged that while there was great knowledge and awareness of the teenage pregnancy problem in general, there remained a gap in focus yet to be addressed. This, he said, was the tackling of teenage pregnancy as a significant and preventable cause of maternal mortality among teenagers in Uganda. He highlighted what he called the ugly consequences of teenage pregnancy:

- Teenage mothers face a higher risk of experiencing serious complications during pregnancy and child birth.
- The adverse effects of adolescent childbearing also extend to the health of their infants. Perinatal deaths are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20 -29 years. Babies of adolescent mothers are also more likely to be of low birth weight, with the risk of associated long term effects.
- Adolescent pregnancy in many cases leads to dropping out of school which in turn leads to an increased risk to maternal and newborn death.
- Males often deny responsibility for pregnancy because they fear the implications of the law. As a result, teenage mothers face limited safety, security, emotional and financial support.
- Pregnant teenagers also often face rejection from their families and partners, and are at increased risk of physical and psychological violence.

He expressed hope that the debate and dialogue anticipated in the symposium would provide useful insights and recommendations regarding how Uganda could deal with the problem of teenage pregnancy.

3.0 PLENARY PRESENTATIONS

3.1 The Lives of Girls and Women in Uganda

Presentation by Dr. Florence Muhanguzi, School of Women and Gender Studies, MaK

Dr. Muhanguzi shared results from a study, “the lives of girls and young women in Uganda” which concluded that adolescent girls’ attainment of their full potential in various capability domains is shaped and constrained by discriminatory formal and informal laws, norms and practices prevalent in the communities where they live. She said this was happening despite an enabling legal and policy framework capable of addressing adolescent girls’ vulnerabilities as they prepare for crucial transitions to adult roles.

She also presented voices from respondents in the study on the different findings as follows:

Girls voice 15-year-old girl puts it plainly: ‘For us girls, what are we expected to do? It looks like we are not liked in many places including home. Look at the boys - they are allowed to build themselves huts and forever stay at home. Yet for the girls, the boys are not even allowed to build for us! It’s like everybody wants you to get out of the way. Tell me what’s wrong with being a girl?’

Male Voice: God created us differently, the men and the women. That’s why culture also treats us differently. It is government that is spoiling things. How can my son cook, bathe the children, wash my clothes, or fetch water when the women and the girls are there? ...God would curse me if I did.

Young girls Voice: At school, accidents happen and we get red maps on our dresses. Our teacher who is male says that we scandalize him and tells us to go and pad ourselves properly. The boys laugh at us and the teacher does not stop them, he sometimes laughs along with them.

She summed up her presentation saying adolescents still face a myriad of challenges rooted in discriminatory social norms, attitudes and practices. This, she added, was being compounded by conditions of poverty and lack of quality service provision that constrain overall opportunities and development.

3.2 Kasambya Parent’s School Support to Student Mothers

Presentation by Mr. Lumbuye Lawrence, Head Teacher, Kasambya Parent’s SSS.

Mr. Lumbuye shared experiences from a unique school that gives teenage mothers a second chance at education. The school that was started in 1989 provides sexuality education to all learners and provides sanitary towels to female students whenever they are needed and re-

admits/supports student mothers. The programme continuously works with and sensitizes stakeholders including students, teachers, parents and school managers (BOG and Founders) as well as the community with the ultimate aim of restoring hope in the learner. He highlighted the need for different forms of support to teenage mothers, continuous sexuality education and sensitization of communities especially parents on handling and supporting teenage mothers.

1.3 Interventions to mitigate teenage pregnancy: beyond evidence based policies in Uganda

Presentation by David R. Walugembe, CDC Fellow, Makerere School of Public Health

Mr. Walugembe made a presentation based on a literature review on evidence based interventions to mitigate teenage/adolescent pregnancies among LMICs. In his findings, he reported that most interventions used a variety of strategies, worked in different settings, had inbuilt evaluation mechanisms, concurrent use of different interventions but largely focused on influencing knowledge and attitudes rather than changing behaviors. On the quality of evidence in different interventions, he reported relatively strong evidence of strong research designs that use experimental or quasi-experimental methods. He also reported supportive evidence which provided some statistical evidence for changes in reproductive health outcomes as a result of different programs. He added that Uganda has good but poorly implemented policies because of funding shortfalls, inconsistent efforts and poor collaboration.

The presenter recommended that policy makers and other stakeholders need to employ visible efforts (funding and collaborative action) to address the situation. For Researchers, he recommended that they should undertake rigorous evaluations to build evidence on the effectiveness of interventions and inform policy. For Traditional/Religious and Community leaders, he said they needed to challenge norms /beliefs that support early marriage while the media needs to censor messages and promote preventive messaging. At the same time he emphasized that families should focus on educating both boys and girls about sexuality and living responsible and health values.

3.4 Experiences from Kasese Girl Education Initiative (KAGEI) Presentation by Ms. Mbambu, District Councilor, Kasese DLG.

Ms. Mbambu shared the experiences of Kasese Girl Education Initiative which started in 2008

following the launch of Girl Education Movement (GEM) at national level in 2001. She said that the major areas of concern for GEM in general and KAGEI in particular included transition and transformation of barriers that hinder girls to move from one level of education to another, girls' safety and security in and out of school, gender in the curriculum and the teaching/learning process, girls with special needs, equal opportunity for both girls and boys in science, mathematics and ICT as well as appropriate resource and legislation for quality and equitable education for all children especially girls.

The organization works with schools to ensure the environment is facilitative to girls and supports girls who drop out of school to undertake vocational education. Through mass sensitizations and working with local leaders at different levels, the organization has increased appreciation of the importance of girl education in Kasese district, although some challenges still exist including the rugged terrain and insufficient funds.

3.5 Emerging Issues and Discussions around the Presentations

1. Stakeholder support to victims of teenage pregnancy should be undertaken hand in hand with preventive measures to ensure those in school do not suffer the same fate.
2. Stakeholder research designs should always consider juxtaposition between rural and urban settings.
3. While statistics of teenage pregnancies are appalling, those responsible for the pregnancies seem to be absent from all discourse. All sector implementers need to bring these on board.
4. Interventions need to do more to reach men since incest is seemingly becoming a big problem in many districts.
5. Youth Friendly Corners at health facilities are lacking yet they are a critical avenue through which youth will get information. Implementers need to focus on this.
6. While policies exist, they are not known by the implementers, making prosecution of defilement cases very difficult.
7. Providing information to children is a supreme duty of parents. All actors should double efforts to empower parents with the language skills and messages to deliver to their children about their sexuality.
8. A more comprehensive study on religious and cultural institutions and how they can be engaged with in the furtherance of different causes is needed to guide implementers.
9. MoH should invest time in understanding what policies exist, how they are being implemented and what impact they have created.

4.0 PANEL DISCUSSIONS



Panelists included (L-R) Dr. Olive Sentumbwe (WHO), Ms. Christine Mugerwa (Advocate of the High Court), Mr. Lumbuye Lawrence (Secondary sch. Head teacher), Sheikh Muhammed Ali Waiswa (Religious Leader), and Rev. Eng. Emmanuel Mwesigwa (Religious Leader)

A panel discussion on what needs to be done about teenage pregnancy and promotion of safe motherhood was part of the proceedings and was moderated by Mr. Richard Baguma of Uganda Health Communication Alliance. The panelists belonged to a multiplicity of disciplines and raised different issues that are reflected below:

Safe Motherhood and Teenage Pregnancy

“Safe motherhood can only be achieved through concerted efforts. MoH and MoES must walk hand in hand in an effort to eradicate teenage pregnancy. There is need to conclusively settle the issue of contraceptives and teenagers. How far can one go when the health facilities are not youth friendly? Special adolescent pregnancy clinics may need to be set up and a program to reach out to adolescents who are out of school needs to come on board through partnerships. The need for partners to work together and harmonize their actions has never been greater. There is need to link with religious and cultural institutions and provide them with accurate information. Senior male and female teachers in schools must also undergo trainings to ensure that they are continuously doing the right things.” – Dr Olive Sentumbwe.

Teenage Pregnancy and the Law

“The law does not operate in a vacuum. Laws are usually a reflection of the societal values and cultures. Teenage pregnancies need to be investigated as therein may lie elements of criminality. As far as the defilement law is concerned it differentiates sex between children, sex between a minor and an adult and sex between a minor and someone with authority over the minor. Prosecuting a defilement case is not simple since Uganda does not have a reliable birth registration system, thus there is always contention over the age of the victim. This is not helped sometimes by the attitude of the enforcers of the law (police, judiciary) and sometimes the victims’ families. Giving birth does not transition one from a child into an adult. While abortion is a crime in Uganda, the law does permit it in certain circumstances. In case a mother commits infanticide there is an inherent defence in the case of infanticide as the law gives the accused an inherent defense as a mother is not expected to harm their child except only in exceptional circumstances.” - Ms Christine Mugerwa.

Culture and Teenage Pregnancy

It was agreed by consensus that boys should be held accountable as well for teenage pregnancies. Girls are not hermaphrodites so they do not impregnate themselves. How come culture and communities are ostracizing girls who become pregnant and glorify/reward boys who make them pregnant? Society should take its blame for the current situation. Until we get boys to feel the pain of their actions, no significant progress will be made on teenage pregnancy. The current situation leaves out the responsible person (boy) and blames the vulnerable victim (girl). Deliberate interventions targeting men and boys are needed to address the situation. Clearly this issues stems from the discrimination against women and girls in society which situation must change to make a difference not just by avoiding teenage pregnancies but by improving the general well-being of girls and society as a whole.

Religious Leaders

“The problem of teenage pregnancy is rooted in moral degeneration of society. Stakeholders must squarely confront the factors that are responsible for teenage pregnancy which is a symptom of deeper challenges. Name and shame those that have promoted this inhuman practice. Clearly men need emancipation, they have been left behind, nothing is mentioned about them in the MDGs yet they are busy wreaking havoc on the targets of MDGs. For every pregnant teenager, how many have had sex but not gotten pregnant? How can anyone think about scrapping Christian/Islamic Religious Education from the school curriculum?” - Rev. Eng Mwesigwa.

“Deal with the challenge of globalization and its effects. Globalization has led to an evolving sexual revolution and increased poor parenting practices to the extent that some leaders have started saying that ‘Morality is a personal choice that cannot be enforced by law.’ This globalization has led compartmentalization of issues; looking at issues in isolation of others. Focus must be put on multi-sectoral action and working together. Religious leaders and our umbrella the Inter-Religious Council of Uganda (IRCU) are open to engagement. Avail us the accurate information to pass on to the ready audience and work with them not against them.”
Sheikh Muhammad Ali Waiswa

4.1 Emerging Issues after the panel discussions

- Parents have got a “language problem”. They want to give their children sexuality education but they do not know the language to use. Facilitate parents to evolve an appropriate language to use in sexuality education of their children.
- Most VHTs are adults without knowledge on YP issues. Include young people on VHTs after all research has shown that YP are more comfortable with their peers.
- Defilement law is aimed at protecting adolescents. Balance must be maintained by providing services to teenage pregnancy and looking at the criminality laying therein.
- The judicial system should be prevailed upon to make court processes less traumatizing for victims of sexual abuse. Their training should be designed as such.
- Innovative ways of imparting skills like the crying dummy that is given to girls in developed countries to simulate what it would mean to take care of a baby in case they got pregnant.
- Borrow ideas from countries with low teenage pregnancy rates.
- Sensitize HWs on Police Form 3 so that they can fill it accurately and facilitate prosecution of defilement cases
- Advocate for holistic budgeting for safe motherhood and teen pregnancy.
- We need to think about coming up with a code of dressing on our law books although a study carried out has revealed no relationship between dressing and rape cases.
- Popularize the 3 main options for long life; abstain, be faithful and delay sex until marriage.
- Prevention is better than cure. The dangers of early pregnancy should be repeatedly emphasized to children.

- Family and good parenting are key. Efforts should be made to promote parent to child communication and vice versa.
- MoH has got the capacity to develop easy to use handbooks for parents to use to teach their children sexuality education. They should therefore make this a reality to address teenage pregnancies.
- Avoid disjointed messaging. Messages and all IEC materials should be harmonized such that
- Time to rethink our education system. Is it meeting our purposes or promoting our value system? Our value system is being eroded and messed up. All implementers should proactively deal with the problem of drugs, alcohol and pornography.
- All stakeholders should get the implementation procedure right when dealing with teenagers; it is “ABC” and not the other way round. Promote abstinence first and use of contraceptives only for this who fail to abstain.
- The Inter-Religious Council has a substantial role to play. Work with them more closely as people still listen to religious leaders more than development actors.
- Provide more assistance to teenage mothers in form of nutrition and scholastic materials as they try to get back to school.
- All stakeholders should stay alert on globalization and its influences. Cherished values must be guarded jealously.
- MoH should sensitize communities on shouldering their burden as parents. Let children have confidence in their parents; “when you bring them close, you will get the language to talk to them”.
- Health indicators will improve if we take girls to school and keep them there. The health seeking behavior of educated women is far better than that of uneducated women.
- MoH should create a job aide for VHTs on handling adolescents and their issues.
- All stakeholders should strengthen the young people’s ability to speak out when they are being sexually or otherwise abused or when they are not receiving sex education.
- Do not allow double tragedies. Support and empower survivors of teenage pregnancy to continue with school and earn a living.

5.0 BREAK OUT SESSIONS

The symposium had breakout sessions in which participants deliberated on undertakings that could be implemented by different stakeholders to reduce/mitigate the problem of teenage pregnancies. In the breakout sessions, participants went through a brief summary of the issues that had been raised in the previous sessions. The five breakout sessions included Young Persons, Religious and cultural leaders, Role of Media in controlling teenage pregnancy, legal and ethical issues in teenage pregnancy, interventions/programs and research targeting teenage pregnancy.

Each of the above thematic groups had separate discussions and reported back in plenary about their recommended undertakings. A summary of each thematic report to plenary is reported in the table below:

Thematic Group on teenage pregnancy	Priority Recommendations
Research	• Establish the baseline statistics for teenage pregnancy to fully comprehend the magnitude of the problem. • Conduct a KAP on contraceptives among adolescents to establish why teenagers are not using them despite their availability. • Establish the effectiveness and cost effectiveness of current interventions on prevention of teenage pregnancy to determine value for money and what needs to be done to improve performance. • Document the drivers of teenage pregnancy and what is driving the men's behaviour to ensure that interventions focus on the real problem. • Document and promote innovative ways of involving men in case studies where successes have been recorded. • Establish and popularize the best model for parent to child communication to prevent teen pregnancies.

Interventions /Programs	• All stakeholders should contribute to the creation of an enabling environment (legal, cultural, social) to fight teenage pregnancy. • Implementers should focus on individual empowerment through life skills and access to RH information. • MoH and partners should improve service provision to teens that is accessible with • Partners should mainstream prevention of teenage pregnancy through multisectoral collaboration and services to lower levels where most young people stay. • MoH and partners should increase interventions in socio-economic empowerment to reduce vulnerability due to lack of basic needs.
Young People	Government • Government should open up schools in hard to reach areas to protect girls from long distances where they are vulnerable. • Government should inject funds in programs to train personnel to impart positive skills like self-esteem and confidence among girls to say “NO”. • Government should train teachers in guidance and counseling and regulate pornography coming into the country and make it hard for minors to access it. • MoH and partners should create a body that will get parents together to discuss how to groom their children. • Partners should popularize laws and interventions against teenage pregnancy and decentralize such dialogues to lower levels. • MoH and partners should provide necessities for girls like sanitary towels so that they keep in school. • Government should work hand in hand with NGOs towards addressing teenage pregnancy.
	Community • A comprehensive program to sensitize communities on dangers of teenage pregnancies should be undertaken by MoH and partners. • Economic empowerment of households to cater for girls’ needs should be prioritized by all implementers. • MoH and partners should equip VHTs and Network Support Agents to communicate better about adolescent issues in general and teenage pregnancy in particular. • Implementers should work towards integration of messages to include Family Planning, HIV/AIDS and teenage pregnancies.

Culture/ Religious Institutions	• Advocate for legislation and campaigns against pornography, • Facilitate parents to take responsibility of instilling religious and moral values to their children. • Religious institutions should ensure ministry and chaplaincy in all schools. • Religious and cultural institutions need to integrate life skills for young people in their programmes. • Religious and cultural institutions should network with other stakeholders so as to access regular and accurate information so as to understand issues better and vice versa. • Stakeholders should institutionalize programs by religious and cultural Institutions. • Religious leaders should maintain an open door policy to provide spiritual, psychological and emotional support to victims as well as full scale guidance and counseling • Religious Institutions should link/direct victims to relevant HCs/partners for further guidance/redress.
Legal and Ethical issues	• Judiciary should address the issue of inconsistent sentences and punishment. • The Evidence Act requirements in defilement/rape case are too complex and expensive. Government should consider relaxing it. • Government should create legal awareness among the population. • Government should harmonize all relevant laws to avoid confusion. • Government and Judiciary should sensitize HWs about Form 3 and its importance in prosecution. • Implementers should ensure a human rights based approach in evidence collection. • Government should ensure institution of enough measures to limit contact of offenders with victims. • Judiciary and Government should create a black list of perpetrators of sexual abuse that can be accessed internationally so as to deny them work opportunities. • MoH should obligate Health workers to disclose information of a criminal nature.

Media	1. Journalists need to continuously interact with the implementers in the adolescent health area to bring out the right information on teenage pregnancy. 2. Engaging the media through skills development and training, information provision, and promoting media champions who highlight teenage pregnancy issues in their work. 3. There should be education on medical ethics for the media practitioners and media ethics for health professionals and promoters. 4. MoH and partners should use popular media personalities to champion health causes like teenage pregnancy. 5. MoH should organize for media relations training for stakeholders to understand how the media works. 6.
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6.0 CLOSING CEREMONY



6.1 General Recommendations

In a plenary session, participants agreed on the following key recommendations for the short term on which the respective implementers would report at the next symposium:

It was agreed by consensus that the symposium should be convened again in a year's time and make it an annual event.

Adolescents Group; which consisted mainly of the teenage mothers from Kasese agreed go to the community to conduct sensitization tours. They also suggested replicating the teenage pregnancy symposium at local level.

Researchers: This group was tasked to examine the KAGEI and Kasambya case studies to ascertain their scalability in other areas with high rates of teenage pregnancy.

MoH: Was tasked to work towards securing a full time focal person to coordinate adolescent health issues supported either by MoH or one of the partners.

Legal fraternity: It was observed that many health workers are scared of appearing in court as witnesses in defilement cases. The group was tasked to work with MoH to help health workers appreciate a new tool recently developed by the Health ministry and be able to stand before a judge freely.

Religious Leaders: Through the Inter Religious Council of Uganda, this group was tasked to come up with a standardized way of talking about issues of teenage pregnancy during sermons by religious leaders; and how to take the message to young people in schools.

Media: To have regular interaction with the stakeholders on issues of adolescent RH issues; and partners to facilitate media practitioners in understanding the issues.

6.2 Closing Remarks by Prof. Christopher Orach Garimoi, Deputy Dean, MakSPH

Prof. Orach thanked participants for having spent the whole day discussing how to deal with the problem of teenage pregnancy which greatly affects maternal health country wide. He said it was commendable that such energies had been invested in finding a solution to an ever increasing and embarrassing problem of teenage pregnancy.

He noted that investment in young people had implications for the entire population. “They are vulnerable now in their young age and yet they are the future. Their lives therefore ought to be protected and not wasted.” He advised that in trying to address this problem, energies must be concerted and engagement in dialogue must be more frequent to ensure that harmony is maintained in our work and best practices are being shared.

Prof. Orach expressing appreciation to the MoH, UNFPA, Marie Stopes, Makerere University School of Public Health and other stakeholders that had supported the symposium. He also appreciated the participants for actively participating in the meeting until its conclusion and asked them to take the resolutions made forward.

7.0 ACKNOWLEDGMENTS

Special thanks go to management of the Ministry of Health for over all guidance and our symposium sponsors the United Nations Population Fund, Makerere University School of Public Health (under the Future Health Systems Research Consortium), World Health Organisation, and Marie Stopes Uganda.

A word of thanks also goes to the symposium organizing team which included:

Dr Collins Tusingwire

Dr Yvonne Mugerwa

Dr Olive Sentumbwe

Dr Elizabeth Ekirapa

Sr Maria Najjemba

Ms Liliane Luwaga

Mr. Kakaire Ayub Kirunda

Ms Martha Ssonga

Ms Lydia Akoth

Ms Carol Nalugya

Ms Anne Adikini Oketch

We would like to extend our gratitude to Trust Consultants for compiling this report.



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