

## Available SRHR Services do not Meet our Needs – Young people

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*participants in small focused group discussions using games and role plays to discuss and generate recommendations to scaling up demand creation, access and utilization of quality adolescent friendly SRHR and contraceptive services among young people.*

On the 5<sup>th</sup> of July 2017, about 150 adolescents and youth gathered at Hotel Africana in Kampala-Uganda for the Pre- 2017 Family Planning Summit Adolescents and Youth Satellite dialogue organized under the theme; “Contraception, it’s my Life, it’s my right and it’s my responsibility.

The satellite dialogue organized by Uganda Youth and Adolescents Health Forum and Plan International Uganda in close partnership with UNFPA Uganda, DFID Uganda, FP2020 and the Bill and Mirinda Gates Foundation was organized under the following objectives;

- Provide a free platform for young people in Uganda to meaningfully dialogue, share and lobby policy and decision makers, key partners and stakeholders to make and implement ambitious and substantial commitments that can accelerate progress and deliver on the FP2020, indicators and the SDGs 2030 agenda ambitions of leaving no-one behind.
- Work with young people to celebrate, recognize and highlight the work and successes, of partners and stakeholders who have supported adolescents to have access to

comprehensive sexuality education and a full range of contraceptive and other SRHR service so that they are knowledgeable about their own health, develop life skills, and know when and where to obtain health services.

- Recognize and celebrate contraception as a remedy to preventing early and unwanted pregnancy, maternal deaths and injuries as well an opportunity for adolescents and young women to realize their full potential.
- Galvanize wider public support for the 2017 Summit and advocate for commitments that increase the number of women accessing family planning services in Uganda and other FP2020 focus countries
- To increase public knowledge on availability, accessibility and utilization of contraceptive service and demystify myths as well as break the stigma and the taboos surrounding contraceptive use among young people

The satellite dialogue featured a youth zone in the morning session where young people used games, role plays, music dance and drama, and focused group discussion to generate discussions around main key themes that included; increasing access and galvanizing demand creation for contraceptive services for adolescents and young people, meaningful participation of young people in designing and rolling out of quality adolescent friendly SRHR services, ensuring availability, utilization and delivery of quality adolescent friendly SRHR services and finally, working with young people to address barriers that hinder access and utilization of contraceptive services i.e social cultural, economic, policy/legal barriers among others.

*One of the participants facilitating a focused group discussion using the wheel of knowledge*

The afternoon session featured a structured dialogue with a mixed panel of experts that included; the legislators - Hon. Adeke who is also the national Female Youth MP, policy makers from Ministry of Health and the National Population Council, a health services providers with over 10years experience in running an adolescent health clinic at a HC III, a young women who spoke on behalf of young people, religious leaders from the inter religious council and a cultural leader from Busonga Kingdom.



*Panelist join in for an energizer led by a guest from the inter-religious council who challenged young people to get coordinated and claim their space.*

Throughout the discussions, it was evidently clear that young people were unsatisfied with available youth friendly services that they sighted, not to meet their needs and aspirations. “The family planning clinic at our health center is very congested, with only one nurse and there is no privacy, its opens late at about 10:00am and closes every early by 2pm, - The nurse who manages the clinic is also not friendly to us young girls as she asks so many stigmatizing question”, noted one of the young women at the dialogue.

Praise Mwesiga a young woman speaking on the panel noted that there is need to install condom dispensers in all public toilets and ensure that they are filled when they run out to ensure that young people can easily access them. She also sited affordability as a key barrier to accessing contraceptive services for many girls who want them and yet have no income, and called on government to subsidise SRHR services so they are easily accessible for all adolescents and young people.

Young people also sighted out myths and stigma around use of contraception as well as cultural and religious barrier as key barriers and called upon demand creation initiatives to target demystifying myths, misconceptions and addressing social, cultural and religious barriers that hinder access and use of contraceptives for adolescents and young people.

Ministry of health in their presentation on the state of adolescent health and wellbeing highlighted a high burden of SRHR challenges among young people especially girls of ages 15-19 years, they also noted that there is still low coverage of adolescent friendly health services, high cases of teenage pregnancies i.e; nearly 25% of adolescent girls in Uganda have engaged in child birth and only 20.7% of adolescent girls aged 15-19 who are sexually active are using a modern contraception method compared to 31.1% for young women aged 20-24 years (UDHS 2016).

Evidence has shown that early and forced child marriage is the major driver of teenage pregnancies and where adolescent birth rates are high, child marriage is prevalent.

Imman Waiswa from the inter-religious council noted that child marriages is both a social and economic issues and hence there is need to educate communities on the dangers that child marriage poses to the health, education and dignity of girls and how it robs girls of the opportunities to realizing their full potential.

Mr. Hope from the National population council Hope noted that with proper investments in young people's, i.e health, education, and employment, Uganda has the potential to reap from the demographic window popularly known as the demographic dividend that still remains central to realizing the country's aspirations for economic transformation. Uganda's youth population if well harnessed, would drive change and spur the country to greater economic achievements.



***Miss. Hope Nzeire from the National Population Council makes her presentation on Harnessing the Demographic dividend through investments in young people health and particularly sexual reproductive health.***

The UNFPA Uganda representative also in his remarks asserted that to harness the demographic dividend, it is critical to make strategic investments that would improve health outcomes especially as it relates to young people's access to sexual and reproductive health services including family planning to ensure that women and girls can decide on the number and spacing of their children.

In conclusion young people made recommendations calling on government of Uganda, development partners, CSO and opinion leaders to; Invest in policies and program that Ensure adolescents have access to comprehensive sexuality education so that they are knowledgeable about their own health, develop life skills, and know when and where to obtain health services.

Train health service provider in delivery of the adolescent health package that includes; information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents, Train healthcare providers in technical competencies for adolescent health, and to respect, protect, and fulfil adolescent's rights to information, privacy, confidentiality, non-discrimination, respect and choice, Make available a full range of contraceptive methods for adolescent and young people and ensure providers are trained, commodities are available, and demand generation activities address myths and misconceptions.

Eliminate legal, legislative, financial, and third-party consent barriers to adolescents receiving information, counselling and services, irrespective of age, marital status, parity etc.

Engage adolescents in the planning, monitoring and evaluation of programmes, and in certain aspects of health information and service provision.



*One of the adolescent girls in the audience makes an intervention on the flow during the during the dialogue*

Young people also retaliated then to government to Invest in an enabling environment for adolescents SRHR that ensures; availability of disaggregated adolescent health data, by sex, age (10-14,15-19), marital and rural/peri-urban/urban location, Map and evaluate existing adolescent SRHR programmes, assessing their coverage and effectiveness, Use data to inform adolescent SRHR policy and programming, and to ensure that information and services are reaching the most marginalized and vulnerable adolescents, Invest in-strategies beyond health that protect and empower adolescents, such as keeping girls in school particularly into and through secondary, life skills and social support to make safe, voluntary transitions to adulthood-and help bring an end to harmful practices such as child marriage and FGM and lastly build support for adolescent SRHR among parents, community members, community organizations, religious leaders, and teachers; and challenge social norms and beliefs that undermine both girls' and boys' SRHR.