

Hear Her Cry!

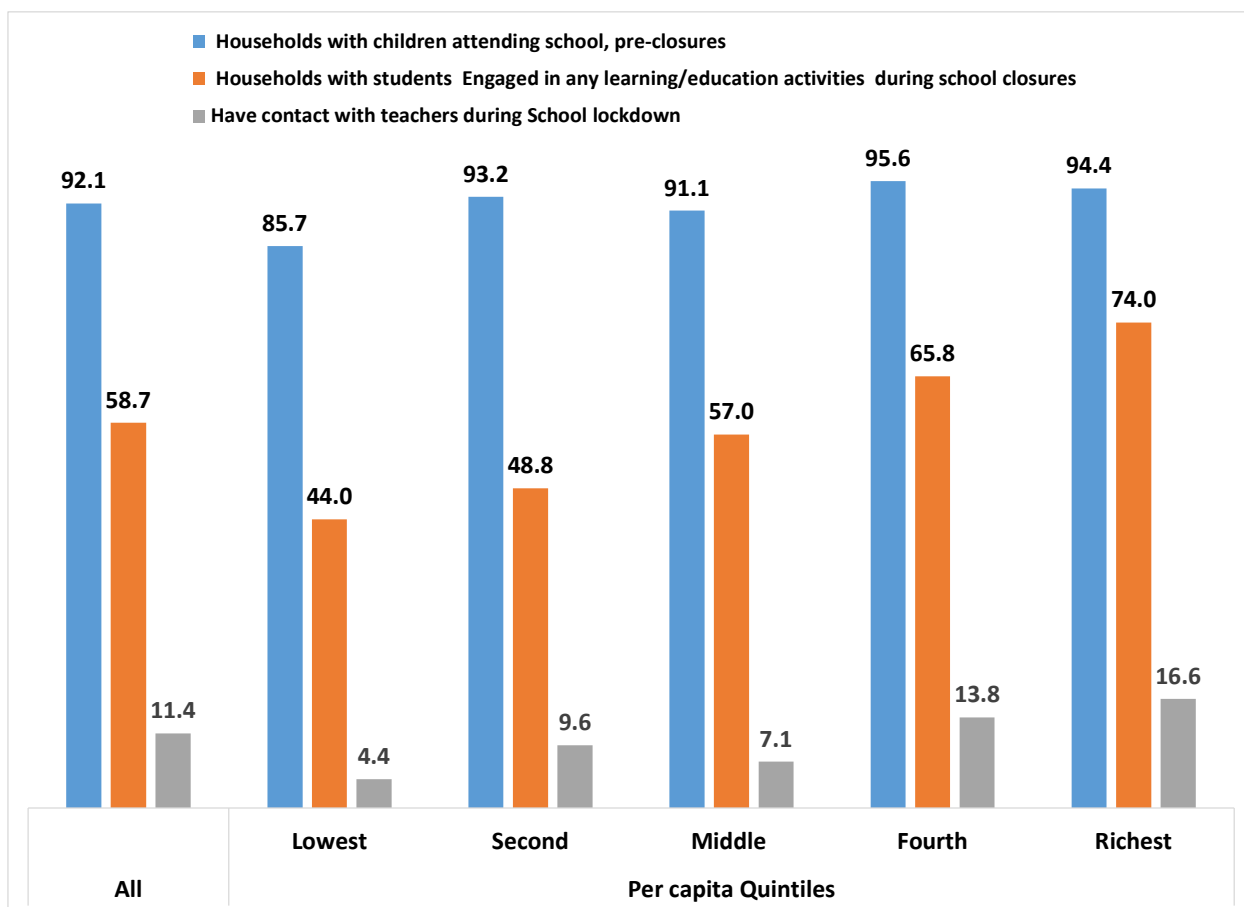
Promoting human rights – based, gender responsive and based approaches

Policy Brief (December 2020)

Many young girls have been sexually abused during the COVID-19 pandemic, leading to a rising teenage pregnancy rate in Uganda. According to several newspaper reports, a substantial number of young girls conceived during the lockdown period. "**Moroto district registers 6,000 Cases of teenage pregnancies during lockdown**" has become a relatively familiar headline during the COVID-19 pandemic in Uganda. Other newspaper reports in July 2020 indicated that in Kitgum 2,300 school girls conceived and 128 were married. The scale of teenage pregnancy is illustrated by the fact that expectant teenage mothers increasingly used antenatal services. For instance, the Daily Monitor of September 29th reported that 23 per cent of antenatal care visits in Pakwach during April to June 2020 were by young adolescents aged 15-19 years. The above statistics are partly attributed to the exceptionally long duration children have been out of school and laxity on parents during the COVID-19 lockdown period.

The COVID-19 pandemic and the containment measures instituted—notably lockdowns and school closures—have negatively impacted children and introduced unintended behaviour among minors. Figure I shows that although nearly all households had children were attending schooling before the school closures, during COVID, only about 60% of the families with students reported any engagement in any form of learning (Uganda Bureau of Statistics, 2020a).ⁱ Given the population of 15.3 million children aged 6-18 years (UBoS, 2020b), the above statistics indicate an estimated 6.4 million children did not receive any learning during the lockdown.ⁱⁱ These children receiving no education have a higher potential dropout of school and face an early likelihood of initiating sexual activities. Figure I also shows that children from the poorest households were significantly less likely to be engaged in any education activity (44.8%) than their most affluent counterparts (74.0%). Worse still, teacher presence nearly vanished with only about one out of every ten students having contact with a teacher after the lockdown. The general lack of schooling created unprecedented duration of redundancy, peer influence set in.

Figure 1: COVID-19 restrictions and effects on education



Source: Uganda Bureau of Statistics (2020). Uganda High-Frequency Phone Survey on COVID-19 2020

Subsequent surveys showed a further decline in learning from 60% during July/August 2020 to 52% during September/October 2020 Atamanov (2020).ⁱⁱⁱ Also, there is a widening gap between rural and urban areas. Specifically, whereas the rural-urban gap in learning was 11 percentage points in June, by September/October 2020, the gap had increased to 17 percentage points. Furthermore, at least one out of every five children reported experiencing challenges of limited access to learning materials from school. In comparison, four out of every ten children reported being challenged by the lack of a skilled instructor.

The Negative implication of rising teenage pregnancies.

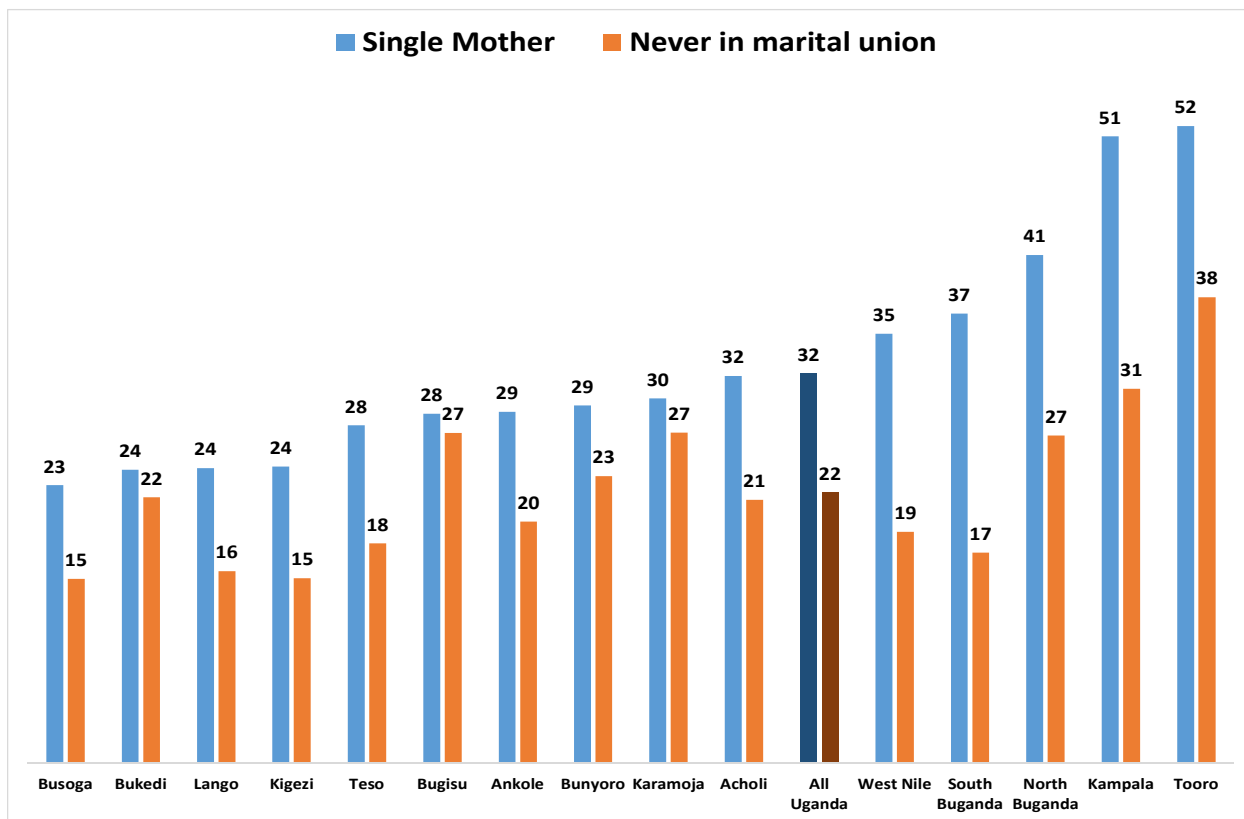
The remarkably high teenage pregnancies registered during COVID-19 have implications for healthcare and aspiration of the adolescents affected. Concerning health, adolescent pregnancies are associated with a higher likelihood of death due to childbirth complications. Out of the estimated 1.63 million births in Uganda, at least 6,000 women and young girls die due to associated difficulties (UBoS and ICF, 2018).^{iv} Adolescent girls aged 15-19 years account for 12.7% of these maternal deaths experienced within 42 days of the childbirth.

Fistula is another potential health outcome from teenage pregnancy. The 2016 Uganda Demographic and Health Survey (UDHS) shows that at least 0.5% of all adolescents who have had a live birth experience symptom of fistula. As such, an estimated 2,312 young girls are left incontinent due to childbirth. Related, teenage pregnancies are associated with a higher likelihood of having a C-section birth—especially after the onset of labour pains. The 2016 UDHS shows that 5.8% of young girls giving births have a C-section after the start of labour pains compared to 3.8% and 2.8% for women aged 20-34 and 35-49 years, respectively.

Finally, apart from pregnancy, early sexual activity increases the risk of contracting sexually transmitted infections—especially HIV/AIDS. The 2019 Uganda Population-based HIV impact assessment established that 1.8% of young girls aged 15-19 years tested positive for HIV, which translates to about 4, 291 young women affected (Ministry of Health, 2019).^v Concerning education, teenage mothers have a lower likelihood of rejoining school, which ultimately shatters adolescent mothers' dreams further.

Another significant impact of teenage pregnancy is single motherhood, and this is a regular occurrence across sub-regions in Uganda. Figure 2 shows, the extent of single motherhood—defined as women aged 15-19 years that begun childbearing while either unmarried (i.e. never in a union), widowed, divorced and separated. The chart shows that teenage pregnancy does not necessarily lead to the legalization of sexual activities. Across Uganda, three out of every ten adolescent mothers are single mothers. Furthermore, most of the single motherhood status is attributed to the "never in marital union" category, i.e. 22 per cent. It is worth noting that central Uganda areas, including Kampala, have the highest single motherhood rates among teenagers. The chart suggests that so many young girls end up pregnant and bearing children while still in their parents' homes.

Figure 2: Extent of single motherhood among adolescent mothers (aged 15-19 years) in Uganda, 2016 (Percent)



Source: 2016 Uganda Demographic and Health Survey

What needs to be done

- **Break barriers to women and girl's access to services.**

Obstacles and barriers must be addressed, enabling women's and girls' access to services, including psychosocial support services, especially for those subject to violence or who may be at risk of violence. Given the level of embarrassment that children face and its effect on seeking services, there is a need to address the environment of stigma. For example, duty bearers could be trained on the most appropriate approach to handling reported sexual violence cases. The stigma calls for the need to improve pre-hospitalization services and causality or emergency room services, including training emergency room staff to provide timely and quality emergency trauma care to mitigate

the negative consequences of sexual violence. Gender-based violence referral pathways must be updated to reflect changes in available care facilities.

- **Integrate COVID-19 response to other pandemics**

Integrated, holistic programming is critical – one that focuses on all aspects regarding the safety of women and girls in the community. As the Ministry of Health steps up response and receiving centres for the COVID -19 patients, efforts should be integrated to ensure women and girls surviving gender-based violence receive adequate information on where to seek help, shelter, counselling and legal aid through a coordinated effort with other sectors like Social development, justice law and order. Massive community education about COVID-19 should also address other issues like GBV and teenage pregnancy as the ministry expands the mandate of the district COVID-19 task forces.

- **Strengthen the provision of sexuality education to adolescents.**

Given that a large number of children out of school during the lockdown, there is a need to step up awareness campaigns via radios, TVs, and newspapers. Such awareness campaigns can raise children's self-esteem and confidence to enable them to speak out and seek necessary services. Also, the awareness campaigns can serve as advertisements for the location of available services. There is also a need to speed up adopting the National Sexuality Education Framework (NSEF) developed by the Ministry of Education and Sports in 2018.^{vi} Among other issues, the framework addresses sexual health, focusing on non-communicable diseases and sexuality and health-seeking behaviour. Responding to potential and actual incidents of sexual abuse is a significant hallmark for the NSEF. For the 13-16 year age group, the framework advocates for raising awareness of the importance of post-exposure prophylaxis (PEP) against HIV in the event of defilement.

- **Offer alternative support mechanisms during school closures.**

The draft guidelines by the Ministry of Education and Sports on "*prevention and management of HIV/AIDS, teenage pregnancy and re-entry of child-mother in school settings in Uganda*"^{vii} places significant responsibility on senior women and men in schools—primarily as the first option for reporting violence experienced at school or home—for students who attend school. However, as shown in Figure I, only a few children have had any contact with the teacher later on senior women during the lockdown. Besides, most rural schools lack an established network of peers to support would-be victims. Consequently, opportunities to report experiences of sexual violence are lost due to the school closures and generally non-availability of senior women in rural schools.

ⁱ Uganda Bureau of Statistics (2020a). Uganda High-Frequency Phone Survey on COVID-19 2020

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- ii Uganda Bureau of Statistics (2020b). Population Clock: 41.8 Million
- iii Atamanov, A et al. (2020) “Coping with COVID-19 pandemic in Uganda: Results from the first three rounds of the Uganda High Frequency Phone Survey.”
- iv Uganda Bureau of Statistics (UBOS) and ICF. 2018. *Uganda Demographic and Health Survey 2016*. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.
- v Ministry of Health (2019) Uganda Population-based HIV Impact Assessment (UPHIA) 2016-2017: Final Report. Kampala: Ministry of Health; July, 2019.
- vi Ministry of Education and Sports (2018) *National Sexuality Education Framework* <https://www.education.go.ug/files/downloads/NATIONAL%20SEXUALITY%20EDUCATION%20FRAMEWORK.pdf>
- vii Ministry of Education and Sports (2018) *Draft Guidelines on Prevention and Management of HIV and AIDS, teenage pregnancy and re-entry of child mothers in school settings in Uganda*: January 2018

