



## Position paper on the status of Sexual Reproductive Health and Rights (SRHR) for adolescents and young people (10-24yrs) in Uganda

### Background

Uganda's population is largely constituted by young people with adolescents making up 70 percent. <sup>(1</sup> This population sub category<sup>2</sup> faces many reproductive health challenges including; early/unwanted pregnancies, unsafe abortions, STI/HIV/AIDS, Female Genital Mutilation, among others. HIV prevalence among young people aged 15-24 currently stands at 7 percent with forty five percent of all new HIV infections occurring among the same population category. Adolescents and young people continue to carry a high burden of pregnancies with teenage pregnancy accounting for twenty five percent of the over one million pregnancies recorded in Uganda annually<sup>3</sup>. These challenges expose adolescents and young people to health risks hindering the achievement of national global health commitments.

There is an urgent need for adolescents and young people to get the necessary information, skills and services to enable them make informed decisions that will protect their sexual and reproductive health.

### Problem

Adolescents and in Uganda experience numerous Sexual reproductive health and rights violations that range from micro (psycho-social community-level issues) to meso (health services) and macro (Big picture issues).

The Adolescent health policy and service standard 2011 spells out a multi sectoral implementation model for adolescent and youth-friendly SRH and HIV services that respond to the diverse realities of adolescents and young people however, there is limited implementation of the policy coupled limited awareness of the existence of the policy among stakeholders. There continues to be limited availability of health and demographic data on adolescents and young people. Population-wide data are often not disaggregated in such a way to collect information about young women in age cohorts between 10 and 24 years.

There is limited access to comprehensive sexual reproductive health and rights services including information among young people and adolescents who are disproportionately affected by violations of their sexual and reproductive rights. This results in increased vulnerability to HIV and negative health sexual reproductive health outcomes. Access to and use of contraceptives including condoms among young women and girls has remained low despite condoms offering dual protection against HIV and unintended pregnancy.

A number of Adolescents and young people in schools are not reached with comprehensive sexuality education by both the teachers and their parents thus making uninformed decisions about their sexuality and interpersonal relationships.

Young people continue to experience stigma and discrimination both in and outside the clinical settings. This situation is worse among key populations, such as female sex workers and men who have sex with men. This situation negatively impacts their ability to seek health services such as HIV testing, treatment, care and support and treatment for sexually transmitted diseases.

*“Most young people fear going for family planning because of what their parents and health workers would say”. Adolescent girl from Nurture Africa youth centre.*

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1 UBOS Census Report 2014

2 UNAIDS report 2014

3 Uganda's population secretariat

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There is also an increase in drugs and alcohol dependency among young people and adolescents. In spite of this situation young people and adolescents continue to be overlooked and underrepresented in key decision-making processes on issues that affect their lives including the development of health policies and programmes. This has resulted in few programs and general efforts designed to respond to the unique needs of young people and adolescents

### **Our position**

Civil society organizations assert that realization of sexual reproductive health and rights of adolescents and young people must go beyond just access to services but rather focus on the rights, health and dignity of young people in all their diversity. Services that comply with the right to health for adolescents must be comprehensive, available, accessible, acceptable and of quality.

We demand for quality sexual and reproductive health services from ethical and well-trained health service providers tailored to the needs, rights, and desires of young people in diversity—especially those living with and most affected by HIV including those of diverse sexual orientations and gender identities.

There is an urgent need to provide comprehensive sexuality education through different media and adopt the use of effective peer to peer social behavior change models to empower young people and adolescents in and out of schools both in rural and urban settings to make informed decisions about their sexuality and interpersonal relationships.

*“Most young people are green and not informed about anything and as we give information regarding sexual and reproductive health rights, we need to think of the youths in villages”.* Adolescent girl and peer educator from Nurture Africa.

Protect, respect, and promote young people’s sexual and reproductive rights, including their right to love and be loved safely and freely. Laws and policies that criminalize or stigmatize HIV exposure and transmission, same-sex sexual activity and relationships, abortion, drug use and sex work should be repealed if we are to increase young people’s access to HIV prevention, care and treatment services.

Ending all forms of violence against young people and creating safer spaces through establishment of proper mechanisms for young people and adolescent in all their diversity to seek redress incase of rights violations and quickly implement the domestic violence Act.

Meaningfully engage young people and adolescents in all their diversity in key decision-making processes on issues that impact their SRHR. There is need to ensure full and active participation of young people and adolescents especially those living with and affected by HIV in policy and programmes, from inception and design through implementation, monitoring, and evaluation.

There is need to conduct a community score card on adolescent health policy guidelines and service standards.

We call for an immediate popularization and dissemination of the Adolescent Health Policy and service standard 2011 among all key stakeholders in the country and create awareness among the various stakeholders of their roles and responsibilities in its implementation and usage.

We however believe that this requires a new wave of increased funding, renewed commitment and leadership at the highest levels.

## **In partnership with**

