Increasing young people’s access to Sexual Reproductive Health Services in Uganda

**Access, Service and Knowledge (ASK) Programme**
In Uganda Mama’s Club contributes to increasing PMTCT and ANC services for young, pregnant women living with HIV as part of the ASK Programme. This programme aims at improving the sexual and reproductive health and rights of young people, aged 10-24 years. This study has been coordinated by STOP AIDS NOW! in partnership with Mama’s Club.

**Aim of the study**
This study has been conducted to collect experiences of young people aged 10-24, and in particular young women, in accessing youth-friendly SRH services that were introduced by Mama’s Club in Northern Uganda in 2013. It provides recommendations on how to increase young people’s access to SRH services.

**Background of the study**
The situation in Northern Uganda has become more stable since the 20-year conflict ended in 2006. The HIV prevalence rate went down from 8.2% in 2005 to 6.9% in 2011. Though regional statistics have considerably improved, challenges still remain. The incidence of poverty is 36%, much higher than the national average of 19.7%. Access to services is low in rural areas. The contraceptive prevalence rate is 24% compared to the national average of 30%. As part of the Access, Services, Knowledge (ASK) programme, Mama’s Club aims at increasing young people’s access to Sexual Reproductive Health (SRH) Services in Northern Uganda.

**Brief methodology**
The study has been conducted in 2014 within 8 health centres in three districts in Northern Uganda: Gulu, Amuru and Kitgum. It involved document review and Focus Group Discussions and interviews with 109 respondents, including project beneficiaries (among others young women living with HIV, male partners), service providers, district health officers and mentor mothers/fathers.

**Demographic characteristics respondents**
Of all respondents 72% are participants of Family Support Groups (FSG) and 14% are mentor mothers/fathers. The majority of respondents is female (72%), reflecting the fact more women than men are participating in the Family Support Groups.
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**In Uganda**

### Findings

**SRHR awareness and practice**

Respondents are well informed about sexual and reproductive health rights (SRHR). But many young women living with HIV, are not fully able to practice those rights. Perceived community based barriers are fear for stigma and discrimination (afraid to be noticed when collecting ARVs), lack of support from partners and relatives, limited access to contraceptives (it’s hard to convince male partners to use condoms) and rejection to use family planning by male partner (because he wants more children or is hoping for a boy-child). Perceived health facility based barriers are stigma (for example denial of services by health workers), stock outs and long waiting hours.

**Mama’s Club activities**

Respondents are aware of the services and activities that are organized by Mama’s Club:

1) **Mentor mothers and fathers** are assisting health workers in counselling young people, living with HIV, about SRHR issues. They fulfil tasks that cannot be executed by health workers due to lack of capacity. In total 106 women and 29 men have been trained to become mentors in 2013 and 2014. The mentors provide information about services, like prevention of mother to child transmission (PMTCT). The amount of clients that have been referred to health facilities by mentors increased from 700 clients in 2013 to 1,664 clients in 2014. When clients drop out of care and can’t be reached, mentors conduct home visits: 155 in 2013 and 217 in 2014. The mentors are or were themselves beneficiaries of services. They can easily identify with the targeted people.

2) **Family Support Group Meetings** are conducted for young pregnant women and young mothers living with HIV and their partners/spouses. During these meetings members are supported around HIV and SRHR issues, like disclosure of their status to partners and close relatives. Engaging men is important in addressing domestic violations of SRHR but they are still a minority. In 2014 2,682 women and 179 men participated.

3) **Health service providers are trained** and followed up in order to guarantee the quality of youth-friendly services. They, in their turn, train mentor mothers and fathers on the provision of SRHR and early infant diagnosis (EID) services. In total 96 providers are targeted.

4) **Youth Corners** at health facilities make young people feel at ease. They can play games while waiting for health workers. Also sports and drama activities are organized. SRHR information, cervical cancer testing, free condoms and HIV testing are accessible in these corners. Regularly youth days are organized to create awareness about services.

5) **Saving schemes** will enable members of FSGs to easily access credit services.

### Results

Mama’s Club activities have had a positive influence on increasing awareness about and access to HIV and SRHR services. Health workers reported about young women’s positive attitudes towards PMTCT and antenatal care (ANC) services as a result of these activities. The amount of young mothers that has received PMTCT services has increased from 1,066 in 2013 to 1,800 in 2014 in health facilities where Mama’s club operates. Overall family planning consultations, STI screenings, HIV Counselling and Testing sessions have increased within one year.

Denial of access to SRH services has reduced, leading to less fear for stigma within the healthcare setting. Women who felt encouraged to bring their partners to the group meetings, have experienced more support from their partners ever since. This positively influences their adherence to HIV treatment.

### Recommendations

- **High poverty levels are hampering access.** There’s a need for economic empowerment of HIV positive young mothers. The programme should offer business skills training so that women learn how to start income generating activities. The saving schemes will be more successful when seed money is provided.

- **Young people in rural areas are hard to reach for mentor mothers and fathers.** They need to be facilitated with bicycles, that are easy to maintain.

- **Although stigma has been reduced within targeted groups, it’s still prevalent in the community.** Mama’s Club should consider exchange programmes for FSG members with other groups in districts.

- **Men, often the decision makers, are still a minority in the FSGs.** The programme should assign couples as SRHR promotors within their families and towards other couples.

- **Respondents reported lack of support in seeking legal redress.** Targeted women, health workers and mentors need to be trained on this matter. Health services should be linked to legal aid service providers.

- **Not all people are able to attend FSG meetings and miss information and support.** The frequency of the meetings should be increased. Incentives for transportation should be considered.

- **Stock outs and shortage of health workers need to be addressed.**

- **Attention is necessary for women above the targeted age of 24, as some of them joined the programme because services are lacking.**

### For more information

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