REPRODUCTIVE HEALTH EDUCATION NEEDS ASSESSMENT OF ADOLESCENT GIRLS IN UGANDA

EUNMI SONG

I undertook my field practicum for 10 weeks with Shanti Uganda which is a non-governmental organization located in the Luwero District in Uganda. The organization is working to improve maternal and infant health, to provide safe woman-centered care, and to support the well-being of birthing mothers and women living with HIV/AIDS. They are also working towards reducing adolescent pregnancy, and keeping young girls in school by providing reproductive health education and services. Shanti Uganda's Teen Girls Health & Wellness Program provides adolescent girls the skills, education, peer support and role models which strengthen their ability to make healthy decisions.

My research aimed to identify priority unmet needs, barriers and constraints with regard to reproductive health services for adolescent girls and young women, and to determine the best ways to meet those needs. I conducted a needs assessment and situational analysis with Shanti Uganda looking at the most important health and reproductive health education needs of teen girls in the Kasana in Luwero district.

I carried out semi-structured interviews with 31 main stakeholders and 9 girls. The stakeholders included school teachers, health workers, staff of NGOs, community leaders and official workers. I also conducted two types of surveys. One was an evaluation survey for 32 teen girls who participated in the Teen Girl workshop. The other was a needs assessment survey that targeted young women, in general, who live in Luwero district. I carried out a survey of 55 young women aged 14 to 26 at five schools and a health center.

Preliminary results of the interviews and the surveys revealed that the main source of information for adolescents is school. As most adolescents attend school, they get information from school. Some girls replied that they get information from peers or others but the information



is often not very clear or appropriate. Most health workers and teachers mentioned the lack of sex education and information as the main obstacles. They said many teen girls do not know much about reproductive health services and have misconceptions about family planning methods. Many teen girls fear to ask for reproductive health information even in health centers. There are cultural and traditional barriers preventing young women from getting this information. For example, Ugandan parents often do not communicate with their adolescent children on sexuality because it is regarded as a taboo in many Ugandan cultures. Moreover, teachers some in religious school (Catholic, Muslim school) are uncomfortable communicating openly with their children on issues relating to sexuality and contraceptive methods. These barriers and constraints can hinder young women to make a right decision for their health. Thus, providing proper education about reproductive health is very important.

Most stakeholders agreed that "school is an important place to send the messages and educate adolescent people" and "school is good agency for change". Thus if Shanti cooperates with schools, they will mobilize and reach more teen girls. Also, Shanti will be able to use other teaching materials and human resources currently not available in schools. Moreover, the respondents preferred long-term interventions. Currently, Shanti's workshop is being done only for a few days during school holidays. If Shanti conducts special workshops or lessons at schools, girls can get proper education over the long term.

Also, Shanti will be able to provide general youth-friendly services to young clients to share their issues within safe spaces such as a small group in class of school. The youth-friendly spaces are meant to engage youth through interaction with peer educator counselors and youth volunteers trained in providing youth friendly services. In a youth-friendly environment, teens will feel safe and confident to share their concerns and problems.

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