Uganda: Working with young adolescents (10-14 years old) on sexual and reproductive health and rights and HIV
About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

About Link Up

Link Up, an ambitious five-country project that ran from 2013-2016, improved the sexual and reproductive health and rights (SRHR) of over 8000,000 young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up strengthened the integration of HIV and SRHR programmes and service delivery. It focused specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

Acknowledgements

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.
Executive summary

In Uganda, talking to adolescents about relationships and sex is often considered inappropriate because of fears that it will encourage earlier sexual relationships. At the same time, data indicates high rates of teenage pregnancy. Within this context, how do you work with adolescents to discuss issues related to sexual and reproductive health and rights (SRHR), which are critical to building their understanding of the changes that are taking place in their bodies and the choices they are making? This case study focuses on the experience of working with 10-14 year olds living with and affected by HIV in the Link Up project in 13 districts in Uganda.

1. Introduction

More than half (56%) of Uganda’s population of 34 million is under 18. Teenage pregnancy is estimated at 24%\(^1\). With such high rates of teenage pregnancy, girls face significantly increased health risks from unsafe abortions, complications in pregnancy and childbirth, sexually transmitted infections (STIs) and HIV. Child marriage often leads to unintended pregnancy and can result in high rates of school dropout.

According to the AIDS Indicator Survey, 13% of young women and 12% of young men aged 15 - 24 reported that they had sex before the age of 15, and in some parts of Uganda girls as young as 10 years old are perceived as ready for marriage and childbearing, while boys of the same age are at times supporting their families. Despite the minimum legal age for marriage of 18 years, just under half (46%) of all girls are married by the age of 18, and 12% are married before they are 15 years old\(^2\). When countries are ranked in terms of the highest rates of child marriage, Uganda is ninth in the world\(^3\).

2. Context

Link Up implementing partners described the following context from their experience of working with 10-14 year olds:

**Peer influence:** During early adolescence, peers play a significant role in a young person’s life and typically replace family as the centre of a teen’s social and leisure activities. Adolescents have various peer relationships which influence the way they think and behave.

**Lack of SRHR and HIV information:** Adolescents have limited access to information about their bodies and growing up. The majority of 10-14 year olds attend school, and yet in most schools comprehensive sexuality education

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\(^1\) Uganda Demographic and Health Survey (2011)
\(^3\) International Center for Research on Women (2005), “Child marriage around the world”
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(accurate, rights-based information about their bodies, relationships, gender roles and dynamics, sexuality, contraception and HIV counselling and testing) is not provided. Young girls start menstruation and often do not know what to do. In rural areas, menstruation is one of the reasons why girls drop out of school. Girls who have little control over their lives, bodies, sexuality and fertility, and who lack awareness of their sexual and reproductive rights, are vulnerable to coercion, unintended pregnancy and HIV. According to the Uganda Bureau of Statistics, Eastern Uganda ranks highest in teenage pregnancies. Link Up implementing partners attribute high rates of teenage pregnancy to a lack of SRHR and HIV information and tailored services, as well as early marriage, transactional sex and violence against girls.

Parental/caretaker consent: Ensuring that SRHR and HIV services reach 10-14 year olds is a challenge because many young adolescents are still under the care of their parents and guardians and are culturally and legally considered unable to make their own decisions and to seek health care. Parents and guardians also feel that access to information about sexual and reproductive health and rights will encourage adolescents to engage in sexual activity. Parents and guardians therefore feel they are protecting their children by not exposing them to information. They also actively try to discourage their children from seeking information via the internet and social media.

Attitudes of service providers: Young adolescents may fear accessing health services due to the negative and judgemental attitudes of service providers. Some providers find it very difficult to offer certain services. A health worker offering services to 10-14 year olds in Link Up stated, “You are put in a tight situation if a 14 year old girl demands family planning services, and she is still young and innocent. Like a parent I just encourage her to leave boys alone and concentrate on books.” This attitude acts as a barrier to addressing the sexual and reproductive health and rights of young adolescents.
3. Strategies and Results

The Link Up project sought to increase access to SRHR and HIV information, commodities and services for young people living with and most affected by HIV. In Uganda it was implemented by a consortium of partners, which includes Community Health Alliance Uganda (CHAU), Marie Stopes International Uganda, Uganda Youth Coalition on Adolescent Sexual Reproductive Health and Rights and HIV/AIDS, International Community of Women Living with HIV Eastern Africa, Uganda Network of Young People Living with HIV (UNYPA) and the Population Council. CHAU delivers its community and facility-based activities through implementing partners: Integrated Community Based Initiatives (ICOBi), Mildmay, Family Life Education Program (FLEP), Uganda Youth Development Link (UYDEL), Naguru Teenage Health and Information Centre, and Most at Risk Populations Initiative (MARPI). Project partners are working in 11 districts across Uganda.

The project supports young key populations: young people living with HIV, young people who sell sex, young men who have sex with men and young people who are vulnerable to HIV, including truck drivers, boda-boda riders and fisher folk. The age range is from 10 to 24 years old. Various strategies are used to work with different groups of young people. This case study focuses on interventions to build the knowledge and skills of adolescents (aged 10 - 14 years old) and to link them to integrated SRHR and HIV services.

Compared to other age categories of young people, reaching 10 - 14 year olds is the most challenging as they are considered by society as ‘too young’ to talk about and engage in sexual relationships. Link Up employed a number of strategies and interventions to work effectively with young adolescents. These included:

Training peer educators

Link Up implementing partners were already engaged in a number of community mobilisation activities before they began working on Link Up. When they became involved in Link Up, through their existing programmes they identified 50 adolescents (aged 10 - 14 years old) who had the leadership qualities to be peer educators: those who demonstrated an interest in learning and sharing with peers, were proactive, outgoing and reliable. Using the International HIV/AIDS Alliance’s ‘Sexuality and life-skills’ toolkit4, Link Up implementing partners organised a three-day training course for the peer educators, during which they discussed the following topics: growing up and physical changes, menstruation, wet dreams, friendships, making decisions, contraception, talking to adults, violence and where to go for help. Adolescents living with HIV, supported by Mildmay, covered additional topics, including taking treatment, stigma and discrimination. During the training, adolescents built their knowledge of basic SRHR issues, and also learnt how to talk to their peers about the topics they discussed.

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Establishment of youth-friendly ‘corners’ at health facilities and drop-in centres

Through Link Up, youth-friendly corners were established at health centres. These were areas in health facilities where adolescents and young people could pick up leaflets on a range of topics, meet and speak with a peer educator (often older than them, aged 18 - 24) if there was anything they wanted to talk about or watch an educational film. The youth-friendly corners have been popular and have attracted adolescents because they are bright and colourful. Some facilities have even had rooms where adolescents can spend time with peers and older young people. In facilities that do not have space for corners or rooms, older peer educators are available in reception areas or at the entrance of the facilities to ensure that young clients feel comfortable and know how to navigate the health facility.

From January 2014 to July 2015, Link Up reached 18,397 adolescents aged 10 - 14 through both community activities and in health facilities. By the end of the project, Link Up had informed 28,981 adolescents aged 10 - 14 of their sexual and reproductive rights. In addition, 8,644 young adolescents obtained access to antiretroviral therapy, contraceptives and other commodities required for good sexual and reproductive health.

Music, dance, drama and sports

The use of music, dance, drama and sports, with integrated health messages, is popular among this age group. Peer educators are organised into groups by implementing partners, and they agree on a place to go where they will conduct outreach in their communities. As part of the outreach, they use music, dance, drama or sports to attract other adolescents to join them. Once they form a large group, they reflect together on the health messages during the activities and convey additional health messages on topics such as growing up, accessing health services and social support if needed, issues of violence, family planning, STIs and HIV. Community health workers from the implementing partners complement their work by clarifying and answering questions posed by adolescents that peer educators may not be able to answer.

Information, education and communication (IEC) materials and films

Link Up in Uganda developed a series of IEC materials under a campaign entitled ‘stay on top of your game’. These materials included leaflets, a booklet for peer educators and posters. Materials on growing up were developed for 10 - 14 year olds, and distributed during peer education training courses, outreach in the community and at the youth-friendly corners in health facilities.

Films produced by the Ministry of Health were played in some health facilities. Through the films, adolescents receive information on assertiveness, growing up, healthy relationships, decision-making and talking with parents and
guardians. These films are sometimes shown during outreach activities, using a film van. The films, which are popular with adolescents, then form the basis of group discussions in health facilities and during community outreach activities.

**Community dialogues with parents and guardians**

In order to ensure that adolescents can exercise their SRHR, it is important to work with their parents and guardians. If adolescents are informed and empowered, and yet lack the support of their parents and guardians, then it hinders their ability to seek and obtain the information and services they may need. Buy-in and the proactive engagement of parents in speaking to their children, or at least creating a supportive environment for them, is key.

Thirty community dialogues were organised and conducted with parents and guardians from January 2014 to July 2015. The dialogues were facilitated by older trained peer educators (aged 18 - 24) or trained community health workers. Parents and guardians are invited for dialogues, lasting an hour and a half, during which they address an SRHR topic. The facilitator carefully guides the conversation, allowing space for all parents and guardians to share their opinions. When required, the facilitator will answer technical questions about SRHR or correct inaccurate information and myths.

Experience of holding the community dialogues has highlighted the fact that parents struggle to speak about sexuality and relationships with their children. They do not know how to approach it. When they do, they tend to tell adolescents what to do, rather than listen to them and have an open discussion. During the dialogues, parents and guardians learn techniques for supporting their children.
Amplifying young people’s voices in the review of Uganda’s school health policy

The education system provides a key opportunity to reach children and develop their knowledge about SRHR and HIV and life skills. CHAU and implementing partners, including youth advocates from UNYPA, took part in consultative meetings and the technical working group of the review of the school health policy, together with the Ministry of Education and Ministry of Gender, Labour and Social Services. This policy addresses the integration of issues of gender and sexuality in the school curriculum. Advocacy for the inclusion of these culturally sensitive topics was not easy. Once the school health policy is finalised, advocacy will need to continue to ensure it is operationalised.

4. Tips for adopting this approach in other settings

Peer-to-peer’ not ‘adult-to-child’: At this stage in their lives, adolescents significantly influence one another’s thinking and actions. Having peer educators aged 10 - 14 years old who are role models is important so they can talk to their peers and disseminate key messages. Given that they are new to most of the SRHR and HIV information, it is helpful to start with topics such as growing up, changes in their bodies, friendships and relationships, before touching on health topics, such as family planning, STIs and HIV.

Adolescents living with HIV also value hearing from peer educators living with HIV as they can talk about what it means to live with the virus. Many have come across myths about not sharing meals with others in case they transmit HIV. Hearing their peers dispel these myths can have a real impact.

At times, peer educators and the adolescents they are working with need to be affirmed – in which case they can turn to community health workers to reinforce their messages or to complement the information they have shared. The role of community health workers is pivotal. When there are group activities and discussions, their function is to be present and to support peer educators, but not to take over, otherwise it can undermine the peer educators. The community health workers are there to empower peer educators and the adolescents they are reaching with information and to boost their confidence that they are doing a good job.

Age-appropriate information: Link Up’s experience has shown that adolescents between 10 and 14 years old should be separated from older young people so they can speak to each other more freely. They tend to be intimidated when placed in groups with those aged over 15. As adolescence is a time of exploration, even though group activities tend to be structured around a theme, it is vital that the conversation is left to follow whatever direction it takes, and that adolescents feel free to speak about anything on their mind. Community health workers and peer educators are trained on age-appropriate information, which involves talking about growing up, friendships, decision-
making, staying healthy and where and how to ask for help if they need it. It is, however, important to be responsive to the needs of the groups. Some groups touch on topics of sexual violence, having sex, looking after babies, separation of parents, and the stigma and discrimination their parents who are living with HIV face in the community.

It is key to understand that adolescents mature at different rates and in different contexts. Adolescents in urban areas are more exposed to television and social media and tend to take the conversations further. Group discussions therefore need to take into account the evolving capacities of the adolescents and to respond accordingly. Conversations should not be shut down because they are deemed ‘too advanced’. If a point was raised by an adolescent, there is a chance the adolescent has spoken or will speak to their peers about it so it is important to address it. For groups who are less forthcoming in discussions, role plays are a good way to break the ice and facilitate conversation.

**Strong facilitators of community dialogues:** Community dialogues with parents and guardians are valuable since they correct misconceptions about the promotion of sexual behaviour among young people. This has a positive influence on young people since it creates an environment for them to ask questions and to access SRHR and HIV services and information. When conducted effectively, these dialogues also challenge socio-cultural attitudes that promote harmful traditional practices (for example, acceptance of violence against women and girls, negative attitudes towards young people’s sexuality, and early marriage).

Conducting a dialogue effectively requires community health workers who are strong facilitators. They must raise questions, guide the discussion, correct misinformation where necessary and provide the space for parents and guardians to talk and reach their own conclusions. In short, they should facilitate, not preach.

**Integration of health issues in school activities:** Building collaboration with schools requires Link Up staff to visit the schools, explain the benefits of engaging with schools and allay any fears. In order to be successful, these

(Left) Peer Educator Christopher Ssenoga, 21, performs a condom demonstration at Naguru Teenage Information and Health Centre. Kampala, Uganda, © 2016 International HIV/AIDS Alliance

(Right) Community Health Alliance Uganda provides its implementing partners tents to conduct their community sessions. © 2016 International HIV/AIDS Alliance
discussions with schools should be well-planned and carefully conducted (including setting up a meeting with education officials who have some authority, clarifying messages about proposed health promotion activities, and allowing sufficient time). When these meetings are well organised, they can lead to a productive and durable working relationship.

**Getting feedback from adolescents:** Collecting routine client feedback through verbal group and individual testimonies is important as it enables community health workers to work with peer educators in tailoring messaging and identifying new and creative ways to convey information. Asking simple and open questions, such as ‘what did you like?’, ‘did you get what you came for?’ is better than more complicated questions. Community health workers discuss what the adolescents said in their usual team meetings and it both motivates and inspires them in planning their activities.

5. **Looking forward**

A number of strategies have been employed to strengthen the knowledge and skills of adolescents and to link them to SRHR and HIV services. Link Up implementing partners have developed their expertise in working with this age group, especially in terms of speaking about sensitive issues of sexuality, relationships and gender, tailoring information and responding to the evolving capacities of adolescents. This learning will feed into their other programmes, beyond Link Up.

Continued investment in peer-led interventions as part of SRHR and HIV programming is critical, as is the involvement of parents and guardians in community dialogues on SRHR and HIV since they play a key role in influencing decision-making for 10 - 14 year olds. Future programming should place even greater emphasis on the community around young people, including teachers, religious leaders and the media, which shape their thinking and ability to make their own informed choices.

6. **Contact details**

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Naguru Teenage Information and Health Centre, has an outreach day at Kinawataka. They provide amongst other things, HIV testing and condom distribution and inform the community on benefits of knowing your status. © 2016 International HIV/AIDS Alliance
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Link Up improved the sexual and reproductive health and rights of over 800,000 young people affected by HIV across five countries in Africa and Asia. The project was implemented by a consortium of partners led by the International HIV/AIDS Alliance.

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