DELIVERY AND IMPACT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRH) PROGRAMMES AMONG PERI-URBAN SCHOOL CHILDREN IN UGANDA

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PROBLEM CONTEXTS OBJECTIVES AND SIGNIFICANCE

This paper addresses delivery and impact of adolescent sexual and reproductive health (ASRH) programmes on adolescent school children. It argues that the current ASRH programmes are incorporated in programmes that are not specifically targeted for adolescents and hence ignore their health education needs. The paper discusses results of a cross-sectional survey study done in Kampala to address issues related to appropriateness of the ASRH programmes among adolescent school children in peri urban Kampala.

To more understand more critically the problem of ASRH, this paper presents an analysis of the current debate about ASRH. In this aspect, the paper argues that the impact of health education programmes varies with specific health problems targeted and the variation tends to occur on a spatial-temporal context. According to Kloos (1995), the success of health education programmes on STDS/HIV/AIDS is indicated by anxiety level indicators such as the number of calls received on the AIDS hotline, the number of HIV anti-body testing requests and the increased demand for information on HIV testing and prevention by the youth. Other indicators could be; increased number of people having protected sex, i.e. using condoms, avoiding sex with risky partners such as commercial sex workers (CSW) and avoiding sharing needles among others.

Further, this paper makes a case that in Uganda, as indeed it is in many developing countries there has been no attempt to systematically gather such statistics (Najjumba et. al., 2003). Kloos (1995) writing about human behaviour and health education, reports that, success in health education is target specific. The importance of targeting school-age children was emphasised by the same study by Kloos (1995). The argument is that knowledge is better acquired through school-based systems and programmes. The situation is better when such a programme is reinforced with other factors such as resources, time, security and interest of all stakeholders and is community specific. It is further suggested that health education programmes should build on traditional knowledge and beliefs rather than neglecting such culturally constructed perceptions and substituting them with health education messages derived from western medical models, which majority may not fully understand and appreciate (Kloos 1995)

In this paper, the authors concurs with a study carried out by WHO in 11 African countries, WHO (1992). This study confirmed that health education

awareness programmes are instrumental in facilitating youth to delay the age of first sexual intercourse and, for those that are already sexually active, increase in preference for abstinence is observed. This finding is supported by Coleman et al. (1996) who state that the most promising approach to the prevention of AIDS transmission is clearly through education, a view highly endorsed by Mays et al., (1989) and the United States Department for Human and Health Services (USDHHS, 1994). This study by the USDHHS, 1994, reports "lack of information on risky healthy behaviour or lack of it could cause one's death". The study further confirms that increased information on contraceptive methods did not lead to increased sexual activity. It notes that where adolescents were provided with accurate information on their sexuality, they tended to delay the onset of sexual activities or practiced safe sex (USDHHS, 1994). Fergusson (1992), Atuyambe et al., (2000), Kakavoulis (1998) and Kariuki et al. (2000) also support these views. For example, Kakavoulis (1998) and Kariuki (2000) both agree that health education programmes that involve peer activity and those that put the responsibility for behavioural change on the adolescents themselves are more successful than top-down approaches similar to those that are used in schools to teach sex education. All in all, per health education programmes and counselling tend to benefit more adolescents than formally structured education systems.

RESEARCH DESIGN AND PROCEDURES

The study whose results are being discussed in this paper was done during 2002-2004. It involved 500 peri-urban adolescent school children from 10 schools within Kampala city as sources of primary data. Other sources of primary data included: Teachers (20), parents (20), headteachers (10) and policy makers/local government officials (36). A total of 25 Focus Group Discussions (FGD) sessions each of 12 school children were conducted. Also, 500 questionnaires were handed out to the adolescents for survey data collection. Information from the rest of the 86 respondents was collected through In-Depth Interviews (IDI). The study also made use of secondary data collected from policy documents and online review of both published and unpublished reports. Data analysis was handled both qualitative and quantitatively. Content analysis and grounded theory approaches were used for analysing qualitative data. Nudist (N6) Qualitative Solutions and Research (QSR) Software was employed for this analysis. On the other hand, the quantitative data was analysed through univeriate descriptive statistics using the Statistical Package for Social Scientists (SPSS) and the Microsoft Excel software packages.

SAMPLE RESULTS AND TENTATIVE CONCLUSIONS AND RECOMMENDATIONS

Knowledge attitudes and Practices about issues of ASRH

- About 64.1% of the pupils stay with one or both biological parents, while 22% stayed with biological relates
- Only slightly more than half (50.7%) have ever had an ASRH discussion with their parents or guardians. More girls 59.8% reported to have got the chance as compared to only 40.7% of the boys
- Children confidence in others regarding issues ARSH was found to be: Mothers (49.9%), Siblings (29.6%) and friends (29.6%)
- Over 80% of the pupils did not know that one could get pregnant if she had sex while standing up.
- Adolescents were more knowledgeable about HIV/AIDS about 87.6% had heard of HIV/AIDS while 64.3% were worried about it. It was however unfortunate to note that close to 20% (19.6%) still believed that one could get AIV/AIDS if he/she shared food or sat near an AIDS patient.
- About a quarter (19.8%) of the pupils have ever been forced into sex while 22.8% of the adolescents reported having friends who have ever encouraged them to have sex.
- Close to three quarters 72.5%) of the adolescents had ever seen pornographic materials
- Teanage pregnance was up to 31%

The paper presents a synthesis of the results of the survey. In the final analysis, data was disaggregated as much as possible to reveal as much detail as possible. The synthesised results carried in this paper reveal that; HIV/AIDS, forced sex, insufficient basic needs and physical body changes are some of the agents of reproductive health problems adolescents encounter. The paper concludes that ASRH problems affect attendance, achievement and leads to dropping out of school, affecting the quality of future lives of the affected adolescents. The paper further reveal that there is clear evidence that there is a worrying gap between ASRH knowledge, skills and practices of the pupils in the Kampala primary schools. The findings imply that the teachers and parents alike need to have some intervention. As a final recommendation and way forward, the paper suggests reviewing of ASRH curricula, programmes and policies as solutions to the current ASRH problems.