

## **Endorsement of the Ministry of Health’s proposal on Access to Contraceptives for 15-Year-Olds in Uganda.**

The Network for Community Development (NCD) and Women and Rural Development Networks (WORUDET), two community-based organizations with decades of experience working on the adolescent sexual and reproductive health and rights of diverse adolescents in Uganda; and working directly with adolescents themselves, including those who are amongst the most marginalized in Uganda, express our wholehearted support for the proposal to offer contraception to girls from 15 years old, in Uganda. This is a forward-thinking step towards addressing the urgent and complex challenges that adolescents face in the realm of reproductive health. It constitutes a crucial step towards empowering young girls and promoting their overall well-being. In this statement, we articulate our strong support for this proposal, outlining the numerous benefits it holds for the well-being of Ugandan adolescents as a whole.

In light of the recent article covered by the Daily Monitor on October 10, 2023,<sup>1</sup> [Health boss clears birth-control pills for 15 year olds.](#), the Ministry of Health’s Director for Curative Services is reported to have communicated that the Government will be allowing girls as old as 15 years to access contraceptive services, a policy proposal that proponents argue will reduce teenage pregnancies. He is quoted to have said “Ensuring access to reproductive information and services to all individuals including young people, is not just a matter of choice; it is a matter of fundamental rights and public health”, we, as organizations dedicated advocates for adolescent reproductive health and rights, wish to express our wholehearted endorsement of this progressive initiative.

Uganda, like many other nations, faces concerning rates of unintended pregnancies among adolescents, aggravated by early sexual inauguration and a lack of comprehensive sex education. Teenage pregnancy accounts for 18% of the annual births in Uganda of which 46% of the births by teenagers are unwanted pregnancies (UNFPA-UNICEF 2019) and end in unsafe abortion.<sup>2</sup> Further, teenage pregnancy contributes 20% and 28% of the infant deaths and maternal deaths respectively (UNICEF 2021). It also contributes to 22.3% of school dropouts among girls aged between 14 to 18 years. Only 8% of the girls that drop out of school are given a second chance to re-enroll (MoES, 2020). This denies girls their childhood, disrupts their education, limits opportunities, increases their risks of violence and abuse which greatly affects the wellbeing of girls (UNFPA 2020). Teenage pregnancy increases fertility and population growth and reduces women’s earnings.<sup>3</sup>

The 2016 Uganda Demographic and Health Survey (UDHS) showed that nearly three out of every five women (57.9%) aged 20 – 49 years started childbearing while still teenagers. The equivalent percentages for the previous UDHS<sup>4</sup> are 62.9% in 2011 and 65.6% in 2006. The 2016 UDHS further showed that one quarter of the females aged 15 – 19 years in 2016 had already initiated childbearing. This ranks Uganda higher than the other East African countries.<sup>5</sup> The government’s proposal to offer contraception to girls from the age of 15 is a forward-thinking step acknowledging the pressing need for a proactive approach within the socio-cultural context.

We acknowledge the efforts of the government of Uganda in meeting its legal obligations in regards to the reproductive rights of women and girls through the endorsement of the FP2030

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<sup>1</sup> <https://www.monitor.co.ug/uganda/news/national/health-boss-clears-birth-control-for-15-year-olds-4395618>

<sup>2</sup> Darroch JE, Woog V, Bankole A, Ashford LS. Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. Guttmacher Institute: New York, 2016.

<sup>3</sup> World Bank 2017

<sup>4</sup> UBOS (2016) *Demographic and Health Survey*. Kampala: UBOS.

<sup>5</sup> Neal, S., Chandra-Mouli, V., & Chou, D. (2015). Adolescent first births in east Africa: Disaggregating characteristics, trends and determinants. *Reproductive Health*, 12(1), 13.

commitments specifically: **To increase the modern contraceptive prevalence rate (mCPR)** for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025 and **noting that Uganda is one of the youngest countries in the world, the Government of Uganda re-committed to annually allocate at least 10%** of Maternal and Child Health (MCH) resources to adolescent responsive health services by July 2025.

### **The Vital Importance of the Proposal:**

#### **1. Reducing Unintended Pregnancies and Unsafe Abortions:**

**According to the District Health Information System (DHIS) and the Annual Health Sector Performance Report, Uganda faces alarming teenage pregnancy rates. In 2020 alone, there were nearly two million teenage births, averaging 30,000 per month. DHIS-2, in 2021, Uganda recorded 31,565 pregnancies every month translating to 1,052 pregnancies daily, including 250 children aged below 15 years who got pregnant monthly. The DHIS figures for also 2020 showed that teenagers contribute to 48% of the health facility maternal death, many of which are attributable unsafe abortions and are therefore preventable.**

Access to contraception is not just a health imperative<sup>6</sup> but also a fundamental right. One of the primary benefits of offering contraception to young girls is the significant reduction in unintended pregnancies and unsafe abortions; and lowering the associated health risks. Access to reliable contraception methods ensures that adolescents can plan, delay and space their pregnancies when they later decide to have children, leading to improved maternal and child health outcomes. This initiative aligns with international efforts, particularly Sustainable Development Goal 3, aiming to ensure healthy lives and well-being for all at all ages.

#### **2. Promoting Education and Economic Opportunities:**

**Teenage pregnancy accounts for 22.3% of school dropouts among girls aged 14-18 years, limiting their future financial capacity and opportunities. Girls who are married or have children at a young age or drop out of school early are more likely to experience poor health, to have more children over their lifetime, and to hold mainly low productivity and low paying jobs during adulthood (World Bank's tenth Uganda Economic Update-2021).**

Unintended pregnancies often disrupt the educational trajectories of young girls, limiting their potential for personal and economic growth. Enabling access to contraception from the age of 15 years supports uninterrupted education for girls. This is a pivotal step in breaking the cycle of poverty and empowering young girls to contribute meaningfully to society. Educated girls are also more likely to make informed choices about their health, including reproductive health, positively impacting the overall well-being of communities. Outside the home, they are also empowered to pursue career opportunities, contributing to the long-term development and prosperity of the nation.

#### **3. Addressing the Reality of Early Sexual Debut:**

The proposal recognizes the reality of early sexual debut among adolescents and reflects a commitment to meeting them where they are. It provides essential tools for protection and responsible decision-making and fosters a culture of openness and acceptance, reducing judgement and discrimination. This does not constitute promotion of early sexual debut, neither does it constitute support for sexual violence or undermine any efforts to address sexual violence. It is important to always underscore that actions that the government should take to address sexual violence against adolescents include but are not limited to: raising awareness about sexual violence, its consequences, and challenging harmful cultural norms and stereotypes that contribute to sexual violence, the importance of reporting incidents, integrating comprehensive sexuality education into school curricula to equip adolescents with knowledge about their rights, consent, and healthy relationships, conducting specialized training for law enforcement officers,

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<sup>6</sup><https://healtheducationresources.unesco.org/library/documents/unintended-pregnancy-and-abortion-uganda>

prosecutors, and judges on handling cases of sexual violence, ensuring a survivor-centered approach.

#### 4. **The need to address the economic cost of teenage pregnancies**

Individually, each teenage mother spends USD 280 on herself and baby's health care. Per capita expenditure for minor health care of a child per episode is estimated at 29,645 UGX (8 USD). In 2020, families of all teenage mothers spent Ugx 1.28 trillion (USD 290 million) on Sexual Reproductive Health and the estimated health facility expenditure on teenage mothers being Ugx 246.9 billion (USD 70 million)<sup>7</sup>. Collectively this is equivalent to 43% of the Ministry of Health 2019/20 budget. The largest amount of expenditure is spent on normal delivery and care for newborns.

Reducing the teenage pregnancy rate from 25% to 10% as targeted in the current Health Sector Development Plan can contribute to about half of the health care expenditure for teenage mothers that can be saved per year. This is equivalent to about Ugx 592 billion (USD 169 million) savings. The per capita health care expenditure will also reduce from 280 USD to 105 USD. The resultant education cost for children born by teenage mothers of over Ugx 53 billion will be saved.<sup>8</sup>

#### 5. **Meeting Legal Obligations on Reproductive Health:**

The Ministry of Health's clearance for contraceptive services for 15-year-olds, as reported by the Daily Monitor; emphasizes the fundamental rights and public health imperative of ensuring access to reproductive information and services for all including young people. It is also notable that the proposal aligns with national, regional, and international obligations on ensuring the highest standard of health, which includes reproductive health for adolescent girls in Uganda. This is expressed in various ways, in our Constitution and national policies, in regional human rights instruments including the African Charter on the Rights and Welfare of the Child, the African Charter on Human and Peoples' Rights and its Protocol on women's and girls' rights, the United Nations Charter on the Rights of the Child and the United Nations Covenant on Economic Social and Cultural Rights, all of which Uganda has ratified and is obligated to implement. It is important to highlight that these legal obligations also comprise implementing a multifaceted approach which includes offering comprehensive sexuality education for in school and out of school adolescents, access to contraception counseling and finally, fostering open communication between parents, educators, and healthcare providers to create a supportive environment where diverse adolescents including those who are out of school, to feel empowered and supported to make informed choices regarding their sexual and reproductive health. Inclusion of these measures in the list of priorities for the Ugandan government is essential.

**In conclusion,** we commend the Ministry of Health's progressive proposal for adolescent reproductive health, seeing it as a crucial step towards human rights and reproductive justice. To ensure its success, collaboration, education, and accessible healthcare are key. We wholeheartedly endorse this initiative, offering our support and commitment to advancing comprehensive reproductive health and rights for Ugandan adolescents.



<sup>7</sup> The Cost of Inaction on teenage pregnancy final print ready. \_8.4.2022.

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