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POLICY PAPER

COVID-19: Threatening Progress on Ugandan Adolescent Educational Attainment, Mental & Reproductive Health

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Executive Summery

The COVID-19 pandemic with the resultant sustained school closure has created a dire situation for adolescents with serious impacts on their education, sexual and reproductive health (SRH), and mental health. It is time for urgent action to actively redress the losses that they have experienced and prevent further harm to their health and well-being. We must act quickly to mitigate the damage and re-establish the positive human gains that are essential to the development of young Ugandans. Recommendations include actions to support all students return to school, including the development of supplemental materials to support remediation and the creation of alternative learning environments for those unlikely to return, such as parenting and working youth. Strategies to strengthen social structures to protect adolescents from exploitation, harm, and loss of educational opportunities must be prioritized. Integrating sexuality education and mental health support in schools to prevent pregnancy, sexually transmitted infections, and gender-based violence will help young people to stay on track and improve their health outcomes.

Problem Statement

Ugandan adolescents were out of school for the longest period of time of any country in the world as a result of the COVID-19 pandemic. Most were unable to access remote education opportunities and languished without sustained academic experience or the structure and support of their teachers. In the absence of school, documented as one of the most protective contexts for positive youth development, rates of adolescent pregnancy and childbearing, early marriage, sexual exploitation and abuse, gender-based violence (GBV), and female genital mutilation (FGM) rose significantly during the two-year period of country lockdown and school closure. Without a major course correction to ameliorate academic losses and address the harms to adolescent sexual and reproductive health (SRH), the positive gains made in adolescent health, education, and employability over the last decade will be undermined and a generation lost.

Background

Population: Uganda is the 5th youngest country with 46.5% of its population under the age of 15 and one of the highest youth unemployment rates in Sub-Saharan Africa. This demographic trend has significant impact on Uganda's development as within this disproportionate youth population, most live in poverty, many on less than $1 a day (UDHS 2016).

Adolescent Health and Well-Being: Uganda, as in other low-income countries in East Africa, is grappling with the provision of optimal health services to adolescents, resulting in poor health outcomes, including SRH. Having good SRH is critical to developing the adolescent capacity to thrive, yet young people bear the brunt of poor SHR outcomes. About 25% of adolescents get pregnant by age 18 years. Teenage pregnancy contributes to 17.8% of maternal mortality in Uganda. This is attributed to pregnancy complications, such as bleeding, infection, and eclampsia, as well as unsafe abortions. HIV prevalence is 1.1% among adolescents of 15-19 years, but 3 times higher among girls compared to boys of the same age, yet only 40% have comprehensive HIV prevention knowledge. And while Uganda made early gains in reducing HIV prevalence, there is now an upward trend and HIV is still the leading cause of mortality, especially among adolescents. Rising unsafe abortions, sexually transmitted infections (STIs, such as gonorrhea, syphilis, and chlamydia), GBV, and sexual abuse are other key indicators of poor adolescent SRH.

On a positive note however, between 2006 and 2016, the total fertility rate dropped from 6.7 to 5.4. The age of sexual debut increased from 16.6 to 17.1 years. HIV prevalence rates dropped from 7% to 6.1%. These positive trends are noteworthy and commendable, yet currently at high risk for significant regression due to the impact of prolonged school closure.

Educational Attainment: Attending school, social connectedness with peers and significant adults, and school completion are some of the most important contributors to the promotion of adolescent health and thriving. While 91% of children attend primary school in Uganda, completion rate for the last 5 years has not increased beyond 30%. Educational attainment is an important factor that contributes to delay in marriage. The 2016 Uganda Demographic and Health Survey report indicates a 6.3-year difference in median age at first marriage among women with no education (17.5 years) compared to those with education (23.8 years). Low educational attainment, limited resources, inadequate employment opportunities, and poor adolescent SRH outcomes, especially for girls, lead to the perpetuation of a cycle of intergenerational poverty.

Uganda's current policy drivers (UN/UNICEF Sustainable Development Goals, Uganda Family Planning 2020, UNESCO East and Southern Africa Ministerial Commitment of 2013, and additional progressive policies in Education, Health, and Gender) have begun to change the course of adolescent development in Uganda over the last decade. While improving educational attainment is a work in progress, with the advent of mandatory primary and secondary school enrollment in 1997 and 2007 respectively, there have been promising gains; for example, the net completion rate at the secondary level increased from 16% to 20% for both boys and girls. The proportion of women with no education decreased substantially from 31% in 1995 to 10% in 2016 (compared to 11% to 4 % for men in the same period). There has been a moderate increase in the employability of young adults, especially men after secondary education and university attendance (73% for women vs 92% for men).

Impact of Covid-19 Pandemic on Adolescent health: The COVID-19 epidemic has had significant health, social and economic consequences worldwide. Although direct COVID-19 effects on mortality and morbidity are regularly reported, there are a few reports of exacerbation of other existing health challenges, such as mental health and well-being, and education, social and economic impacts. Education is a driver for

economic, health, and social progress. Uganda's schools were closed between March and September 2020. Some classes were opened up in September 2021 but a total lockdown was imposed again, from June 2021 until January 2022, affecting over 10 million learners. COVID-19 'shelter in place' measures has led to lost education for Ugandan children for two years, the longest closure in the world. Very few resources were devoted to supporting learning at home. Many students had low to no access to resources, including the technology necessary to support virtual or other alternative education. In a survey among young adolescents aged 10-15 using a letter writing approach, young people reported anxiety about lost education opportunities with stagnation in learning and inadequate support sources for alternative learning in communities. They faced hardships including physical labour to support family livelihood, sexual harassment, and peers had gotten pregnant or married. Although school closures provided opportunities for family bonding and increased chances to build skills of children in home chores, parents were unprepared for the economic consequences of lost job opportunities and having to meet the nutritional and health needs of children, forcing adolescents to seek employment to supplement family finances. Parents struggled with additional roles, keeping young people positively engaged and providing alternative activities for children during prolonged periods of school closure.

Further, school closures exposed young people, especially girls, to SRH risks, unmasking the weaknesses in the protection systems at the community level. A survey conducted by the Forum for African Women Educationalists (FAWE) Uganda Chapter (2020) in partnership with UN Women and other international agencies on the impact of the COVID-19 pandemic on school going girls and young women in Uganda revealed that between March 2020 and June 2020, there was a 22.5% increase in pregnancy among girls aged 10-24 seeking 1st antenatal care (from 80,655 to 98,810 respectively). Among girls aged 10-14 years, the incidence of pregnancies had increased the most by a staggering 366.5 percent—from 290 in March to 1,353 in September 2020, compared with 25.5% in adolescents ages 15-19 years and 21.1% in young women ages 20-24. Since the lockdown persisted through 2021, it is anticipated that incidence of teen pregnancy has continued to climb. In addition, more girls (5.4%) than boys (1.8%) experienced sexual abuse from a wider range of perpetrators, including strangers compared to boys who mainly experienced intimate partner violence. Some of these risks are embedded and propagated by harmful cultural practices, such as arranged and forced marriage and FGM that continue to expose young girls to SRH risks. Many families are losing hope for their children returning to complete their education, and as way of protecting young girls from premarital sex and the accruing pregnancies outside marriage, parents would rather prepare girls for marriage.

Policy recommendations

- Convene regular consultative summits of national, regional, and district stakeholders in adolescent health and education (including Ministries, academic experts, community and religious leaders, teachers, health professionals and youth organisations) to discuss rapid response strategies to ameliorate health losses associated with the two-year school closure.
- Monitor the presence of students & teachers and set up a countrywide campaign to encourage them to return to school, in order to reduce the negative effects of school dropouts on mental and reproductive health
- Integrate mental health support initiatives across all educational activities for detection, prevention, and protection against adolescent mental health disorders.
- Implement the Sexuality Education Framework and School Health Policy as guidelines for sexuality education and adolescent health in all schools.

- Mandate the Local Governments through the Department of Community Based Services to spearhead the establishment and strengthening of legal and social structures to protect adolescents from exploitation, harm, and loss of educational opportunity.
- Let youth action groups formally participate in the policy development process to give young people agency and voice in developing their own solutions to problems.
- Mandate that schools remain safely open as long as possible during future pandemics, using data-based public health guidance.

Recommended literature:

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