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Executive Summary
Background

Amani Initiative with funding from Girls’ First Fund to implement the Amplified Community Action against Teenage Pregnancy and Child Marriage (ACAA-TPCM) project which is the purpose of the mapping exercise. The 2-year project ending in July 2022 aims at “ending child marriage and teenage pregnancy for prosperity and social economic transformation in Maracha and Arua districts” with a focus on the three outputs as below:

1. Output 1 Community members empowered to become change agents in the fight against negative norms and behaviors that contribute to teenage pregnancy and child marriage.
2. Output 2 Children, parents and child parents around partner schools have access to age appropriate sexual & reproductive health.
3. Output 3 Improved social and economic opportunities for child mothers.

Amani Initiative conducted a baseline survey across the 4 target sub-counties of the project which included Kijomoro, Oluffe, Oleba sub-counties found in Maracha District and Vurraa Sub-county located in Arua District.

The baseline survey involved respondents from in school adolescents (Boys- XXX and Girls-XXX), child mothers (XXX), and key informants who included local leaders, religious leaders, parents and cultural leaders.

The purpose of the study was to find out the current status in regard to teenage pregnancy and child marriage especially as the result of Covid-19 impact and use the information to guide in the implementation of the Amplified Community Action Against Teenage pregnancy and Child marriage project.
Section 1: Background Information

The baseline survey involved collecting quantitative data from a total of 99 respondents between 15-19 years from the districts of Arua and Maracha focusing on the 4 partner sub-counties of Kijomoro (21), Vurra (25), Oleba (25) and Olufe (28). 25 of the respondents were from Arua district and 74 from Maracha District with 36 of the respondents in school and 63 out of school. 53 of the out of school adolescents are married with 7 of them indicating that they got married out of their own choice and 46 indicated that it was out of situations or coercion from their parents. 62% of the respondents already have a child and only 38% don’t have a child of which 93% of the 62% that have a child are females and 57% of the 38% that don’t have a child are female.

Key findings from the survey

Child marriage

Number of adolescents with a valid birth certificate

Only 40% of the 99 respondents possess a valid birth certificate with the percentage for females at only 36% and males at 54%.

It’s important to note that a birth certificate is an important document in accessing social services and also justice in case of sexual abuse cases such as defilement, and child marriage in courts of law.

Causes of child marriage in the community.

38% of the respondents indicated that pressure from the society which includes peer pressure, pressure from their parents, religion and culture causes child marriages within the community with lack of education at 33% and poverty standing at 25%.

3% of the girls also decide to marry off incase of lack of job opportunities to enable them survive so they look out for a man who can take care of their personal needs.
Effects of child marriage

51% of the respondents indicated that child marriage contributes to school dropout and 32% indicated that it leads to teenage pregnancy. It’s important to note that only 1% indicated that child marriage contributes to poverty which is taken as a long-term effect of child marriage.

Proposed solutions to end child marriage in the community.

34% of the respondents considered promotion of girl child education as a solution to end child marriage with 32% proposing empowering girls with life skills. 18% preferred community sensitizations and only 16% thought that enforcing existing laws will contribute to ending child marriages in their community.

Reporting cases of child marriage.

61% of the respondents were confident to report cases of child marriage to the police with 36% preferring reporting to a parent.

Stakeholders responsible for ending child marriage

83% of the respondents believed that parents are responsible for ending child marriages with 9% proposing the police and only 1% proposing teachers.
Teenage pregnancy

Factors that contribute to teenage pregnancy

26% of the respondents suggested that lack of access to sexual and reproductive health information is one of the factors that contribute to teenage pregnancy, 19% as the result of lack of education ie being out of school, 19% due to child marriage, 18% due to peer pressure and 9% due to peer pressure and lack of parental care.

Consequences of teenage pregnancy

60% of the respondents indicated that dropping out of school is a consequence to teenage pregnancy, 26% thought that pregnancy and child complications and 14% felt that stigma and rejection is a key consequence of teenage pregnancy.

Proposed solutions to ending teenage pregnancy

61% of the respondents believe that increasing access to sexual and reproductive health information is a strategic solution to teenage pregnancy, 24% propose enforcing of existing laws and 15% propose continued community engagements.
Proposed duty bearers in ending teenage pregnancy

79% of the respondents believe that parents/guardians are the key duty bearers in ending child marriage with the police at 10%, local council leaders at 7% and religious leaders at 4%.

Reporting cases of defilement

75% of the respondents believe that the police provide a better platform for reporting cases of defilement, 23% would report to their parents and only 1% can report to a teacher and local council.

Sexual and Reproductive Health Services and information

82% of the respondents are aware of the term sexual & reproductive health information and services with 91% having the confidence the right decisions about their sexual and reproductive health.

41% of the respondents have accessed services on sexually transmitted infections such as HIV/AIDS, 34% services on family planning, 24% on antenatal and postnatal care and 1% on safe abortion.
Barriers to accessing sexual and reproductive health services and information

39% of the respondents mentioned that lack of youth friendly services as one the key barriers to accessing sexual & reproductive health services and information with 38% selecting lack of information and 22% mentioning long distance to the health facility. Only 1% indicated that there is no barrier that they face in accessing sexual & reproductive services and information.

Responsible structures/people in addressing barriers to accessing sexual & reproductive health services and information.

56% of the respondents believe that the health workers are in the right position to address the barriers to access to sexual & reproductive health, 28% believe that NGO’s can address the gap and 16% believe that parents have a key role to play in ensuring that barriers to accessing sexual & reproductive health services/information are solved.

Source of sexual & reproductive health information

37% of the respondents have received SRH information from a health center, 25% from an NGO, 22% from a teacher, 9% from a parent, 5% from media and 1% from social media and religious leaders.
Economic Empowerment

81% of the respondents have never received any form of entrepreneurship skills training or financial literacy.

Financial literacy

Of the 31% of the respondents that are saving, only 35% have saving records or know for what they are saving with only 40% belonging to a Savings Credit and Corporate Association (SACCO) or Village Savings & Loan Association (VSLA).

Loan capital

59% of the respondents access loans from VSLA’s, 28% from SACCOs, 7% from friends, 4% from banks and only 2% from money lenders.

Barriers to accessing loans

73% of the respondents reported that high interest rates is a barrier to accessing a loan, 11% reported the long procedures of getting a loan, 7% reported the need for collateral security and 9% reported that there is no barrier to accessing a loan.
The impact of Covid-19 to teenage pregnancy and child marriage

99% of the respondents were aware of Covid-19 with 65% directly affected in one way or another by the Covid-19 prevention guidelines as the result of the lock down.

Effect of Covid-19

38% of the respondents failed to access essential services such as health care due to the Covid-19 restrictions, 22% reported the closure of schools and lockdown exposed adolescents to engage in early sex, 21% lost their jobs and sources of income, 12% lacked basic needs and 5% faced physical and emotional violence at home.

Proposed recommendations to mitigate the Covid-19 impact on teenage pregnancy and child marriage.

1. By increasing access to service by bringing them near to the communities
2. By organising boys talk
3. By providing relief services to communities.
4. Churches to open
5. Community Sensitization
6. Creation of some projects to ugandans to increase income level. Opening of some services like markets to reduce famine rates
7. Food stuffs to be provided and skill trainings
Section 3: Sexual And Reproductive Health Information And Services

Section 4: Economic Empowerment

Section 4: Covid-19 And Family
Key Informant/Fgd Interview For The Amplified Community Action Against Teenage Pregnancy And Child Marriage Project

Background Issues On Community

Existence And Scope Of Problem Of Early Marriage In The District
Causal Factors For Persistence In Social Norms And Practices Around Early Marriage, Teenage Pregnancy

Consequences Of Child Marriage, And Teenage Pregnancy

Laws/Policies And Programmes To Address Issues Of Child Marriage And Teenage Pregnancy

Platforms And Other Networks For Community Engagement

Reporting And Handling Of Defilement/Teenage Pregnancy And Child Marriages Cases
Effect Of Covid-19 On Child Marriage, Teenage Pregnancy And Gender Based Violence
Key Findings And Lessons

Recommendations For The Project