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Towards Sustainable Development

POLICY BRIEF

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Breaking the cycle: **Combating Teenage Pregnancies and Child Marriages in Uganda**

Executive Summary

Teenage pregnancy and child marriage remain significant challenges in Uganda, with nearly 24 percent of adolescents aged 15-19 having begun childbearing and 35 percent of teenage adolescents marrying before the age of 18. The prevalence is high in rural areas compared to urban areas. These issues are perpetuated by low educational attainment, poverty, limited access to adolescent and youth-friendly sexual and reproductive health services, deep-rooted cultural and religious beliefs, and the limited reintegration of school drop out mothers in schools. To address these challenges, a multi-sectoral approach of strengthening sexual and reproductive health education, enforcing existing laws, expanding access to youth-friendly reproductive health services, and implementing economic and educational empowerment programs is necessary.

Introduction

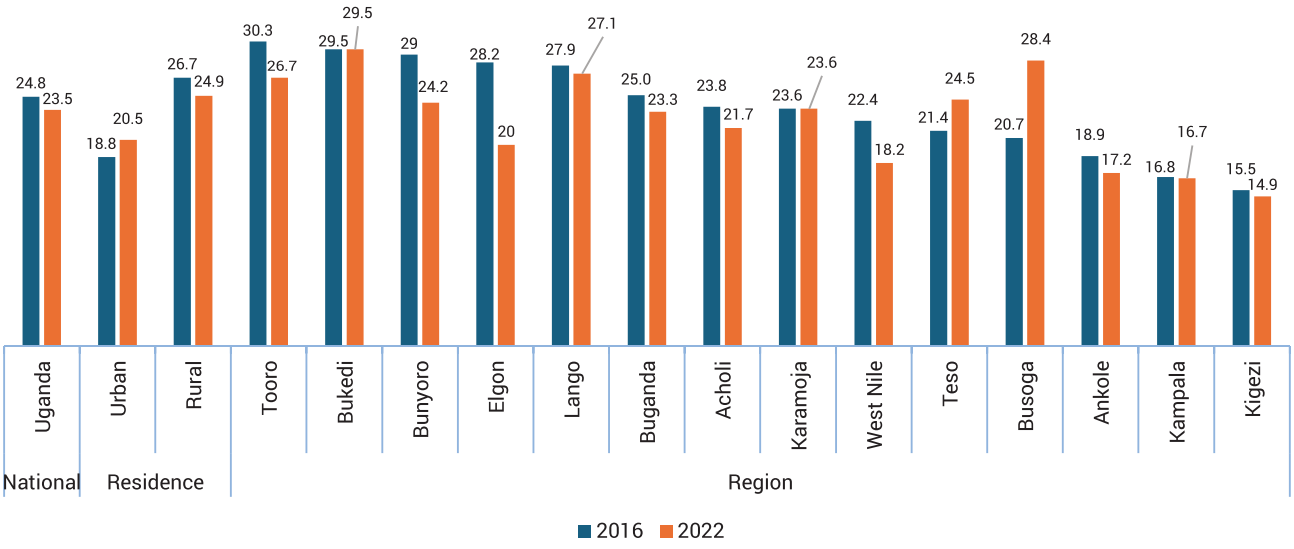
Teenage pregnancy[1] and child marriage[2] are pressing socio-economic and health challenges in Uganda. Approximately 24 percent of girls aged 15-19 years have begun childbearing (UBOS,2023), while 35 percent of the girls in Uganda are married before the age of 18 years and 7.3 percent before the age of 15 (NPA, 2024). Both practices are significantly higher in rural areas compared to the urban areas. Teenage pregnancy in 2022 was significantly higher in rural areas (24.9%) compared to urban areas (20.5%) (Figure 1). The highest rates of teenage pregnancy appeared in the Bukedi (29.5%) and Busoga (28.4%) regions; Kigezi (14.9%) had the lowest rates. This shows locational and regional disparities and the deep-seated socio-cultural and economic factors that support these practices.

In comparison, there was a slight increase in the median age at first marriage from 18.6 in 2016 to 18.8 years in 2022 for women aged 25-49 (UBoS, 2023). Child marriage is not only a human

1 Teenage pregnancy refers to pregnancy in girls aged between 10 and 19 years. These girls are either currently pregnant or have had a birth.

2 Child marriage refers to a formal or informal marriage or union in which either or both parties are below the age of 18 years. Child marriage is measured using indicator 5.3.1 as the proportion of women aged 20–24 who were married or in a union before age 15 and before age 18.

Figure 1: Trends in Prevalence of teenage pregnancy, by sub-region 2016-2022 (%)



Author compilation using UBoS 2016 and 2022

rights violation but also contributes significantly to teenage pregnancy. While there have been several efforts geared towards reducing teenage pregnancy and ending child marriage through the first and second National Strategies to End Child Marriages and Teenage Pregnancy (2021/20—2019/2020; 2021/2022—2025/2026), enforcement of relevant legislation including social and cultural norm change, teenage pregnancy and child marriage are still prevalent in Uganda.

The observed trends disproportionately affect young girls and undermine the national development efforts of ending all forms of discrimination and ensuring the protection of children's rights as articulated in the SDG framework, National Development Plans III, vision 2040 and National gender policy of 2007. Specifically, they undermine the country's efforts to achieve target 5.3 of the Sustainable Development Goals, which calls for countries to eliminate all harmful practices, such as child, early and forced marriage. It further jeopardizes country's strategy to achieve results under the Human Capital Development Programme as outlined in the National Development Plan III.

Using the findings from the 2016 and 2022 Uganda Demographic Household Survey (UDHS) reports, this policy brief examines the key drivers of the observed trends in teenage pregnancies and child marriage. And proposed policy actions for reducing the observed rates.

Why should the government worry about teenage pregnancies and child marriage?

The relationship between child marriage and teenage pregnancy is complex. While child marriage is often a precursor of teenage childbearing, pre-marital pregnancy may also put girls at risk of being married off prematurely (GoU, 2022). As such, these issues have a multitude of social, economic and public health consequences which inhibit progress. Child marriage increases the risk of teenage pregnancy, which can have a profound effect on the health and lives of young women. Over UGX 645 billion is required annually by the government to provide healthcare for teenage mothers and education for their children (GoU, 2021), which strains the country's limited resources. Sexual and reproductive health costs families of teenage mothers about UGX 1.28 trillion, while health facilities cost an estimated UGX 246.9 billion, with normal delivery and newborn care representing the largest expense (GoU, 2021).

Early pregnancies continue to contribute to high maternal and infant mortality rates due to

inadequate healthcare access and heightened risks of pregnancy-related complications. Maternal mortality among adolescent mothers (15-19 years) contributed to 368 deaths per 100,000 in 2022 (UBoS, 2023). Teenage pregnancies account for over 22.3 percent of Uganda's school drop out among girls aged 14 to 18 years (GoU, 2022). The drop out of teenage mothers before completion exacerbates gender inequality in access to education and increases vulnerability to gender-based violence. The practices exacerbate intergenerational cycles of poverty, as early childbearing limits economic opportunities for young mothers. The observed synthesis shows that teenage pregnancy and child marriage not only pose threats to the individuals but also to the human resource investment of the country.

Key drivers of child marriage and teenage pregnancy

Low educational attainment is associated with higher teenage pregnancy rates and increased rates of child marriage. Adolescent girls with no education are disproportionately affected by teenage pregnancy. These experienced teenage pregnancy rates of 27.1 percent in 2022 compared to only 7.5 percent among those with higher than secondary education (Figure 2A). As levels of education increase, teenage pregnancy decreases. Comparatively, women with primary education got married early at 18.5 years compared to those with more that secondary education who got married at 24.6 years in 2022 (Figure 2B). There is a strong negative relationship between a person's level of education and their age at first sex. The percentage of adolescent girls (women age 15-24) who had sexual intercourse by the age of 15 decreased substantially as levels of education increase from 17 percent for those with no education to only 3% for those with more than secondary education (UBoS 2023). Education provides knowledge, life skills and opens future employment opportunities and general career development. Hence, education of girls is associated with economic, social and political gains for the family, community and nation at large, which emphasizes role of education in mitigating both teenage pregnancies and child marriage.

Poverty is a major cause of child marriage and teenage pregnancies. Teenagers from poorer households (in the lowest wealth quintile) are two times more likely to have started childbearing than those in the highest wealth quintile (33% versus 15 per cent), indicating the intersection of economic vulnerability and early motherhood

Figure 2A: Teenage pregnancy among the 15-19 years by education category (%)

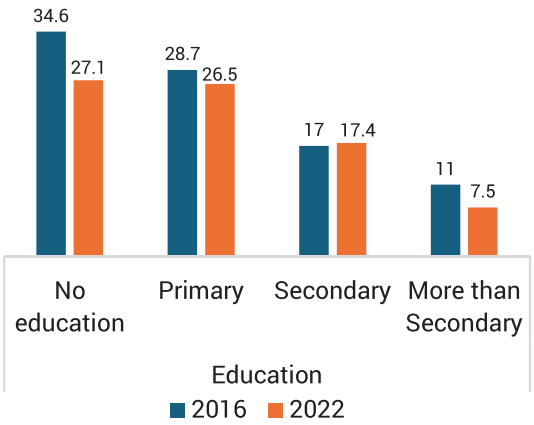


Figure 2B: Child marriage among women by education category (age in years)

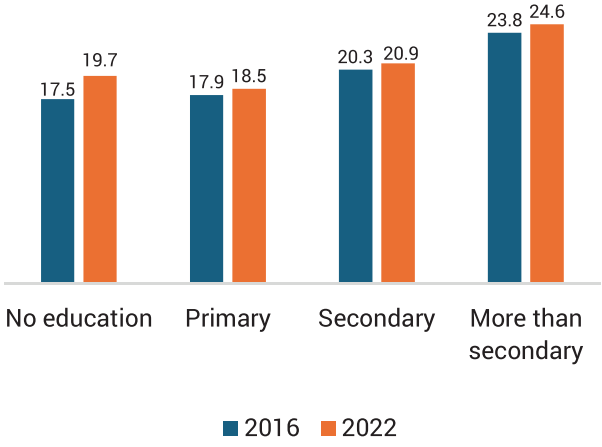


Figure 3A: Teenage pregnancy by wealth quintile (%)

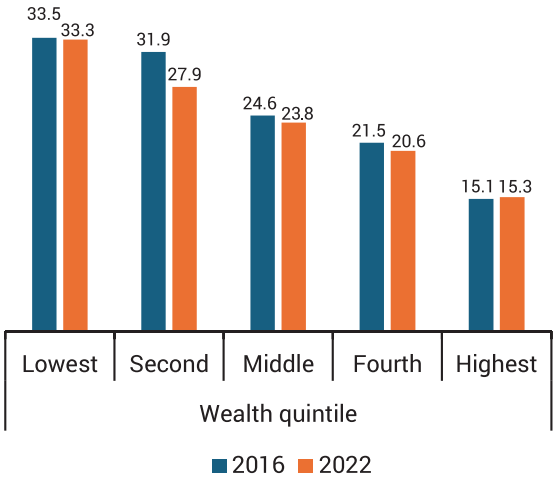
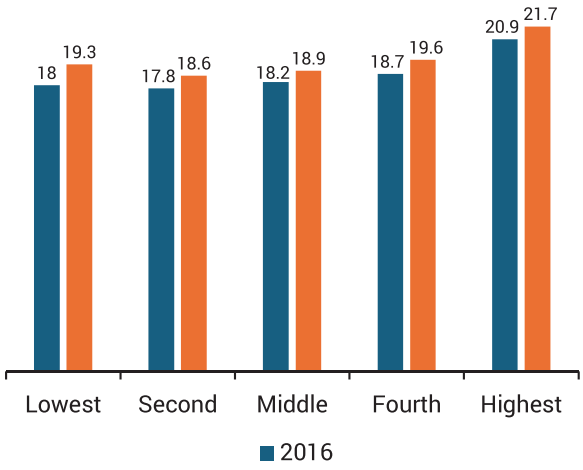
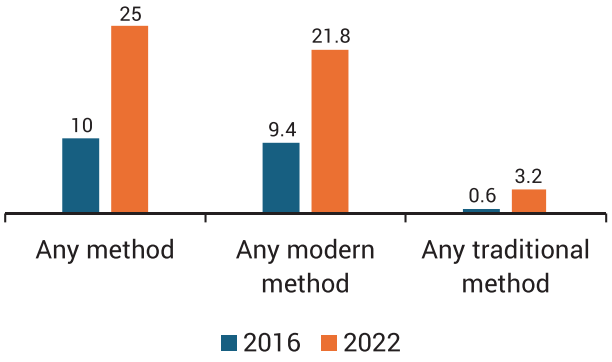


Figure 3B: Child marriage among women by wealth quintiles (median age in years)



(Figure 3B). We observe similar trends for child marriage (Figure 3B). Poverty increases the risk of girls dropping out of school, pushes parents to 'marry off' their daughters for economic gain and renders some girls vulnerable to advances of men offering gifts and promises of a better life. Transactional sex with older men can be one of the few available sources of income that allow adolescent girls to meet their basic needs, making it a common choice for many girls, even though it increases the risk of unintended pregnancy. Lack of basic needs has desperately led girls to exchange sex for gifts or money, exposing them to child marriage and teenage pregnancy.

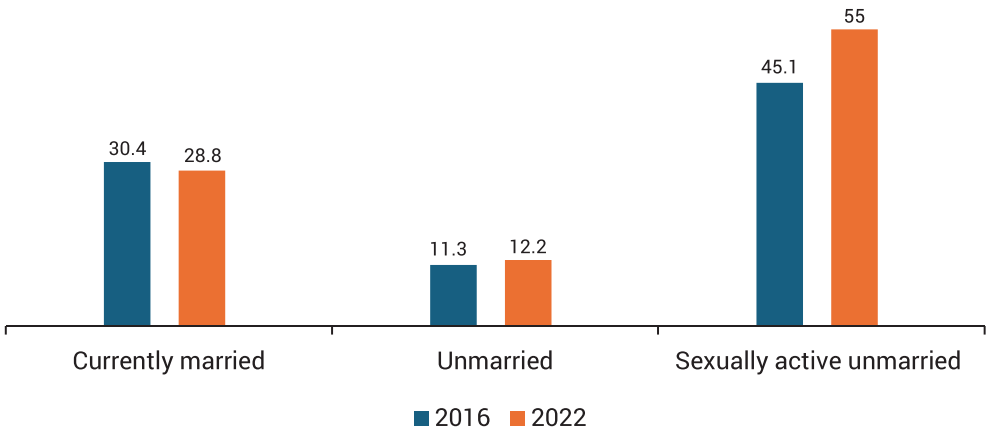
Figure 4: Use of contraception among 15–19-year-old teenagers (%)



Limited access to adolescent and youth-friendly sexual and reproductive health services, especially among the sexually active adolescent girls. Target 3.7 of SDG 3 aims at ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs. But Ugandan teenagers who become pregnant in Uganda continue to experience limited levels of contraception use estimated at only 25 percent in 2022 (Figure 4). As such, teenage girls are unable to make a healthy and safe transition to adulthood, which leaves many vulnerable to unplanned pregnancies. This is re anchored in the National Development Plan III which recognizes the low access to adolescent health friendly services and its resultant effects on teenage pregnancies.

While the reduction in the unmet need for family planning among married adolescent girls from 30 percent in 2016 to 29 percent in 2022 shows progress, the increasing unmet demand among the sexually active adolescent girls from 45 percent in 2016 to 55 percent in 2022 (Figure 5) underscores the continued barriers to reproductive health access in Uganda. This highlights gaps in awareness, availability, and affordability of contraceptives. As a result, adolescent girls and boys lack knowledge on the linkage between sexual activity and pregnancy, and associated risks of pregnancy; contraceptive methods and healthy sexual behavior; and consequences of unprotected sex (UNFPA, 2020). The observed trends derail the Uganda's

Figure 5: Unmet need for family planning among adolescent girls (%)



efforts to achieve SDG 5.6 on ensuring universal access to sexual and reproductive health and reproductive rights.

Deep-rooted traditional beliefs continue to fuel teenage pregnancies and child marriages. This is primarily because of the cultural belief that the transition from childhood to adulthood is defined and shaped by marriage and reproduction. While Uganda has made significant strides in regulating teenage pregnancy and child marriage through its regulatory frameworks such as the National Strategy to End Child Marriage (2014-2024) and the Girls' Education Strategy, the Penal Code Act (Cap 120), The Children's (Amendment) Act have, their impact has been slow due to deep-seated traditions and weak enforcement of laws. In Uganda, people view marriage and motherhood as central expectations and essential markers of womanhood (GoU, 2022). Consequently, cultural norms and strong law enforcement ensure that people desire, anticipate, accept, and strongly encourage marriage and pregnancy.

In addition, traditional practices such as female genital mutilation and cutting further exacerbate the rates of child marriage and teenage pregnancy. For example, among the Pokot, Tepeth and Kadama in Karamoja region and the Sebei in the Eastern region of Uganda, female genital mutilation and cutting is still performed on girls below the age of 18 years as a rite of passage from childhood to adulthood (UNICEF, 2015). Practitioners cut girls as young as 9–14 years old among the Pokot, 10–15 years old among the Sabiny, and 11–14 years old among the Tepeth; this worsens child marriage and subsequent teenage pregnancy rates (UNICEF, 2015). In some communities, girls are seen as a source of wealth, with bride wealth payments making them vulnerable to child marriage, as impoverished parents are eager to obtain the much-needed income by marrying off their daughters (Munyonga et al., 2024). As such, girls are pressured or forced to have early sex**.** This partly explains the ranking of defilement as the sixth leading crime, with an estimated 13,144 cases reported to the police in 2023 (Uganda Police Force, 2023). Of the total victims, 383 of were defiled by suspects who are HIV positive, 187 by their biological parents and guardians, among others. Additionally, societal norms discourage discussions on sexual health, limiting young people's access to vital information.

Limited reintegration of school drop out mothers in schools exacerbate teenage pregnancy and child marriage in Uganda. While there is a government pronouncement through the existing frameworks like National Strategy for Girls' Education, the Uganda Gender Policy 2007 to advocate for pregnant girls to remain in school and for young mothers to return to school, the proportion of teenage mothers who return to school after being pregnant is still low. The percentage of teenage mothers who dropped out of school was 60 and 70 percent in 2016 and 2022, respectively, with only 30 percent managing to return to school in 2022 (UBoS, 2023). Inadequate reintegration policies, social stigma, and lack of support structures like on-site childcare

contribute to this. These factors make it difficult for teenage mothers to balance education and motherhood, limiting their future opportunities. The stigma associated with teenage motherhood, coupled with financial constraints, has forced many young mothers to abandon their education permanently. The persistence of low return rates highlights gaps in educational policies and support systems for adolescent mothers and reflects persistent socio-economic barriers and inadequate reintegration policies in schools, which derail government efforts towards building a strong human capital base as envisioned in the Human Capital Development programme.

Policy Recommendations

Child marriage and teenage pregnancies not only deprive adolescent girls and boys of their childhood, education, and mental and physical well-being, but also have significant implications for the social and economic development of the nation. A multi-sectoral approach involving government agencies, civil society, communities, and international partners should consider the following policy actions.

There is a need to strengthen access to Sexual and Reproductive Health Education for adolescents: Implement comprehensive, age-appropriate sexuality education in schools and community programs. Expand access to youth-friendly reproductive Health Services on contraception, family planning, reproductive health counselling, and maternal care services and the risks of early pregnancies to empower adolescents to make informed choices, especially in underserved rural areas. Integrate adolescent-friendly services into public healthcare facilities. Ensure access to age-appropriate sexual and reproductive health information and services, including voluntary family planning, particularly in remote areas and for the most marginalized.

There is need to leverage on existing government programme such as Universal Primary Education, Universal Secondary Education, Vocational Education and Training programmes to keep girls in school. Being in school acts as an incentive to delay marriage and offers a window of hope for changing the practice of child marriage. In addition, the return of teenage mothers to school offers a second chance to girls to develop their various capabilities.

Establish and strengthen school reintegration policies for teenage mothers, ensuring they receive psychosocial and financial support to continue their education. The Ministry of Education and Sports (MOES), in partnership with development partners and CSOs should strengthen the policy implementation and enforcement to allow pregnant girls and young mothers to remain in and return to school. Implement targeted programs that aim at reducing the number of out-of-school adolescents. This should be accompanied by the provision of supportive services to girls who wish to return to school after having children, including psychosocial counselling and child day care services.

There is a need to strengthen awareness creation and prevention of early childbearing and marriage: Launch community- based awareness programs addressing the risks of early childbearing and marriage, emphasizing the importance of education and reproductive health. Sensitize parents, teachers and community members about the harmful impacts of giving birth at a young age as part of a campaign to decrease the number of girls becoming mothers. We must aggressively engage community members, particularly local leaders and religious institutions, to change harmful perceptions and practices and ensure stronger enforcement of protective laws. Partner with local organizations to engage communities in discussions about gender equality and children's rights.

There is a need to leverage on prevailing government interventions such as the Parish Development model, Uganda Women Entrepreneurship Fund to boost the financial empowerment of families. These have financial aid and skills training programs that support vulnerable families and reduce economic dependence on early marriage.

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