Exploring the Treatment of Unmarried Female Adolescents (10-19 Years) at Health Facilities during the Maternity Period in Uganda

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Abstract: Uganda is one of the countries with high maternal mortality (336/100,000) where adolescents account for 24 percent of the total maternal deaths. Research shows that use of maternal health services may prevent some of these deaths and good provider attitudes attract adolescents to use the services. However, poor health provider's attitudes discourage adolescents from seeking the services during the maternity period. This study explores the experiences of unmarried female adolescents at the health facilities during the maternity period. The study population is unmarried adolescent girls aged 10-19 years who were pregnant or had given birth within three years before the interview. This is a special interest group that requires attention throughout this period. Most of the pregnancies among unmarried adolescents are unwanted; as a result, many of them have been abused and neglected by parents and close family members including partners who deny fatherhood of the pregnancy/child. These adolescents hope to find comfort from health providers like being listened to during counseling, not abused and judged; unfortunately this is not the case always. The research was approved by the University of Hull, School of Education and Social Sciences ethics review committee, Mildmay Uganda Research Ethics Committee and Uganda National Council of Science and Technology. The study was carried out in Bushenyi and Kibale districts in Western Uganda. Fourteen indepth interviews and seven focus group discussions were completed in the local languages and later transcribed to English language. Thematic analysis to identify the themes was done. Adolescents were aged 16-19 years, two had become pregnant before 15 years. Most had not completed secondary education; none had tertiary education and three of the 14 IDI adolescent participants wanted to get pregnant. Analysis shows varied experiences; most adolescents were abused verbally and physically by the health providers due to their young age of pregnancy, lack of essential items during this period (maternity dresses, children clothes, delivery kit) and fear of labour pains. Another cause for abuse was these adolescents coming for antenatal care with no partners yet the implementation of a policy on increasing male involvement in reproductive health in Uganda requires them to attend antenatal care with their partners and most of these unmarried adolescents have no partners to accompany them. Despite the above challenges, the study also identified the care some of these unmarried adolescents received during the maternity visits for example they were not abused, were provided with appropriate information and supported with child care. The study identified abuse and support the unmarried adolescents received during the maternity period. Efforts to provide adolescents with adequate information including what to expect during labour by providers and provision of basic needs are essential. Health providers should have trainings on client care especially how to embrace unmarried adolescents when they come to access maternity services. More so, the policy on improving male involvement in RH issues need to be considerate of unmarried adolescents who in most cases do not have the partners to go with to access maternity care.

Keywords: abuse, maternity care, Uganda, unmarried, adolescents

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