Challenges faced by pregnant and postnatal adolescents in Uganda affecting uptake of HIV/STI Prevention services; Observations from the HI-4-TU study

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Background

- Uganda has one of the highest teenage pregnancy rates in Sub-Saharan Africa, notably 25% among 15-19 year olds.
- The **H**ealth **I**mprovements for **T**een **U**gandans (HI-4-TU) study conducted in Kampala, assessed the effectiveness of peer education counselling and support in the prevention of HIV/STI and repeat pregnancy among pregnant adolescents aged 15 – 19 years.
- Supporting pregnant adolescents and teen mothers to improve uptake of health services is a critical public health issue in Uganda.

Objective: To describe the challenges faced by pregnant and postnatal adolescents affecting uptake of HIV/STI prevention services

Methods

- Pregnant adolescents were enrolled at 28 weeks of gestation and were randomized to 3 arms – Routine, Group and Individual and followed up through 6 to 9 months post-delivery and provided with HIV/STI screening and prevention services.
- Trained peer educators provided education and counselling individually or in group sessions.
- Mobile text reminders were sent to all participants prior to scheduled clinic visits and home visits were done for those who missed visits.
- Participants shared their experiences with study staff and were documented in missed visit forms and chart notes.

Results

Fig 1. Study population

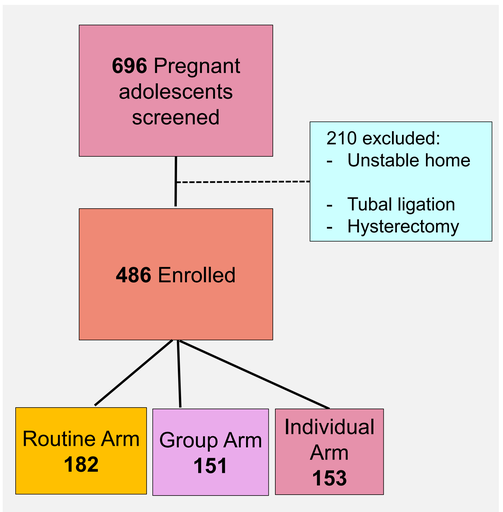
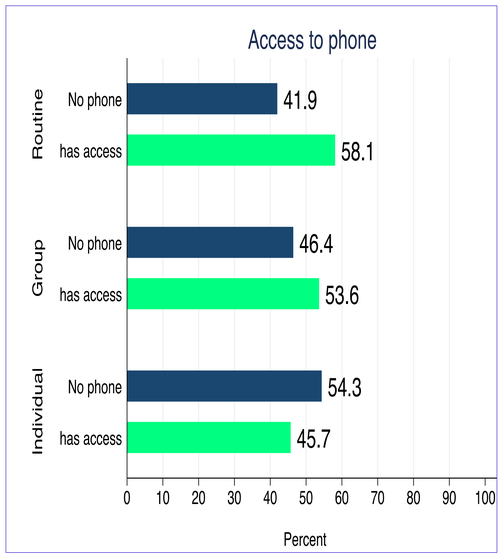


Fig 2. Map of Uganda showing Kampala and some areas where participants relocated



Results (continued)

486 participants were enrolled, of these 385 (79%) attended all or some study visits, while 101(21%) missed all follow-up visits. Participants reported various challenges for missing follow up visits including:

- Their economic dependence on parents, sexual partners and other caretakers, resulted in sudden and frequent change of location
- Familial poverty caused them to relocate to villages
- Abandonment by their partners
- Imprisonment of sexual partners due to defilement left some participants with no financial support
- Some participants simply forgot appointments. Reminders by telephone calls and home visits helped them to attend clinic visits. However telephones were switched off (nationally) in August 2016 for people who had not registered hence we lost many contacts – many home visits had to be done only to find many had shifted away from the known locator
- Some Parents/Guardians and male partners did not grant them permission to come and the study team had to intervene for some who came

Fig 3. Map of Uganda showing Kampala and some areas where participants relocated

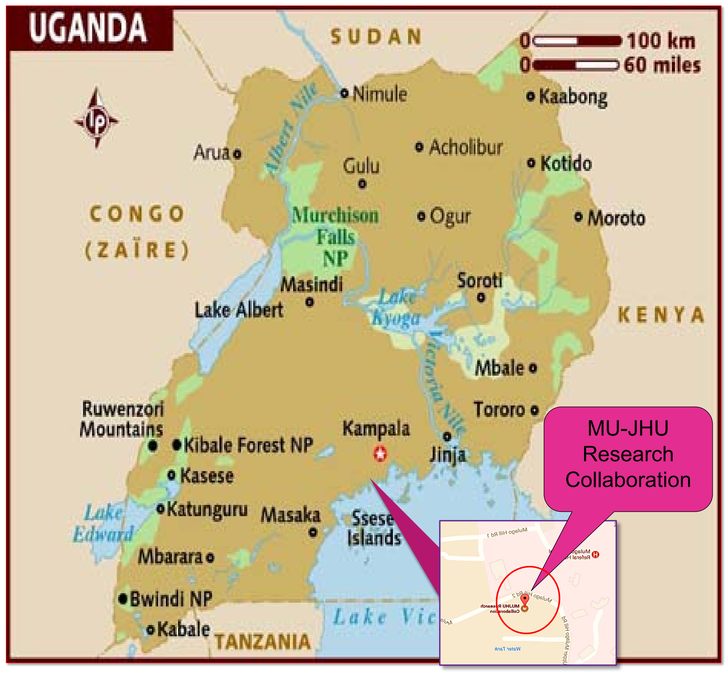
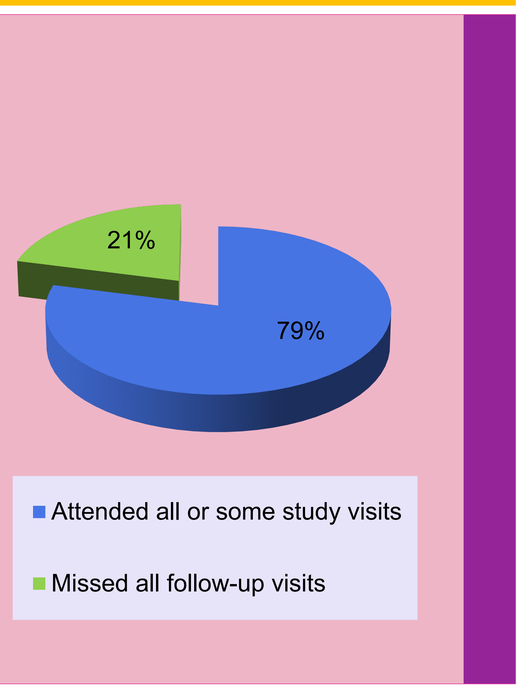


Fig 4. Attendance of study visits



Conclusions

- Pregnant and postnatal adolescents face many challenges mostly due to lack of social and financial support that may hinder their uptake of sexual and reproductive health services including HIV prevention.
- Tailored services must take these factors into account when providing services to this highly vulnerable population.

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