

“Now I have the self-respect to just say ‘no’ to boys, and I know I can use condoms if I want to have sex.”

Sarah—a teenager in Uganda’s Jinja District—watched three of her friends drop out of school in 1998 when they became pregnant. As a “disco kid” she was at risk of finding herself in a similar predicament, yet her mother had told her very little about sexuality or contraception and she had received only a stern lecture from the provider on her one attempt to seek information at the local health center. When she returned to the clinic the next year she was surprised by what she found—a non-judgmental provider eager to help and advise her on family planning methods and reproductive health issues. Thanks to this change, Sarah’s mother, Florence, has become an advocate for offering these health services to adolescents and has joined the health center’s management committee.



Sarah’s newfound knowledge about reproductive health is the direct result of a pilot training and service-delivery project conceived by the Uganda Ministry of Health, with the PRIME Project and the DISH bilateral, and carried out at four health centers in Jinja District during 1999 and 2000. The Adolescent Reproductive Health (ARH) initiative was designed in response to the situation in Uganda, where nearly half of all women become mothers by the age of 18 and estimated rates of HIV prevalence among adolescents are as high as 9% for young women and 5% for young men.

PRIME’s August 2000 evaluation of the project in Jinja found that the number of adolescents receiving outpatient services at the pilot health care facilities had more than doubled. The proportion of adolescents using a family planning method was 20% higher within the pilot group than among those surveyed in a comparison group. On ARH knowledge tests, pilot site adolescents averaged scores that were 32 percentage points higher than their comparison site counterparts. And pilot group providers had overall mean scores that were 45 percentage points higher than their comparison group on tests in eight categories of ARH knowledge. These gains are due in large part to the fact that the project achieved its goal of fostering

better relationships among providers, adolescents like Sarah, their parents and communities.

To read a PRIME *Dispatch* on the Jinja project, “To Reach the Youth: Creating Adolescent-Friendly Reproductive Health Services in Uganda,” visit www.prime2.org or e-mail rrichter@intrah.org to order copies.

The PRIME II Project works around the world to strengthen the performance of primary-care providers as they strive to improve family planning and reproductive health services in their communities.

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