

Youth consultation on reproductive health supplies

Kampala, Uganda



Introduction

At the Reproductive Health Supplies Coalition's General Membership Meeting in Oslo in October 2015, a clear call was sounded for greater attention to young people's needs. The Coalition acted speedily. Joining forces with young members, a concept note was drafted on potential youth activities. One of the activities is to organize consultations with young people to ensure full participation and decision making. The first formal consultation of youth-led organizations was held in Kampala in collaboration with Allied Youth Initiative-Uganda in the offices of Samasha Medical Foundation. More than 20 young people attended from a diverse range of organizations from different regions in Uganda.ⁱ

This report gives an overview of the consultation's main discussions, comments and remarks and will be part of a series of reports from the different consultations still to be planned in 2016. The next one will be held in Bali, Indonesia, during the International Conference on Family Planning on the 27th of January 2016.

If you have any further questions or remarks, please contact Emilie Peeters, Program Officer at the Reproductive Health Supplies Coalition (epeeters@rhsupplies.org).

ⁱ The full list of participants can be found in Annex 1.

Meeting agenda

9:00-9:30	Registration
9:30-9:45	Welcome by Cornelia Asiimwe (Samasha Medical Foundation)
9:45-10:00	Objectives of the meeting by Edmond Martin Wanzala (Allied Youth Initiative – Uganda)
10:00-10:30	Introduction to the Reproductive Health Supplies Coalition by Emilie Peeters (RHSC)
10:30-10:45	Coffee break
10:45-11:00	The Coalition's work around youth by Edmond Martin Wanzala (Allied Youth Initiative – Uganda)
11:00-11:30	Group discussions on youth related reproductive health product issues
11:30-12:00	Brainstorm with the group around outcomes of group discussions moderated by Patrick Mwesigye (AFRIYAN Ugandan Chapter)
12:00-12:15	A call to Action by Emilie Peeters (RHSC)
12:15-12:30	Conclusion and closing by Edmond Martin Wanzala (Allied Youth Initiative – Uganda)
12:30-13:30	Lunch and departure

Meeting Report

Welcome and objectives of the meeting

Cornelia welcomed the participants at Samasha Medical Foundation. Martin explained that five young members of the Reproductive Health Supplies Coalition called for an increased focus on young people's reproductive health supplies needs in Oslo. The group went on to draft a concept note on how this can be integrated into existing structures of Coalition structures, and highlighted initial ideas around focus topics.

Introduction to the Reproductive Health Supplies Coalition

Emilie explained the Coalition's structure and mission, and its commitment to making reproductive health (RH) supplies accessible to all.

Defining and discussing reproductive health supplies

The Coalition uses the following definition of reproductive health supplies:

“Any material or consumable needed to provide reproductive health services. This includes, but is not necessarily limited to, contraceptives for family planning, drugs to treat sexually transmitted infections and HIV/AIDS, and equipment such as that used for safe delivery.”

This can include oral hormonal contraceptives (pill), injectable hormonal contraceptives, intrauterine Device (IUD), condoms & diaphragms, emergency contraceptives (morning after pill), implants, ARVs, etc.



Young People's Response

- › The use of family planning products is still unacceptable for some religious leaders based on existing myths (like the increased risk for cancer) and certain natural methods that are proposed as being as reliable as modern contraceptives (like breast feeding).
- › Both young people and religious leaders should receive more information about natural methods and non-hormonal products to be better aware of facts and myths around these products.
- › Oral hormonal contraceptives and male condoms are the most used contraception methods among young people.
- › There is very limited access, especially in rural areas, to emergency contraception and scant information on how to use it and its side effects.
- › Female condoms are stereotyped as created for sex-workers, because pro-women NGOs distribute them; they are regarded as difficult to use and unattractive for the male partner. They are also notoriously difficult to access—limited in urban areas and very scarce in rural areas.

Thematic group discussions

The participants were divided into five groups, each tackling a different topic.

Use of Long Term Contraceptives among young people

Long-term Methods were identified as IUDs, implants, injectable and permanent methods like tubal ligation and vasectomy. The most important characteristics of these long-term methods are that they are internal and more efficient in terms of time and money, require expertise as they can't be self-administered at home and the user needs to be well-informed before committing to this method.



Young People's Response

Young people do not have a strong preference for long term methods because:

- › There is a preference for quick and non-committal solutions, making short-term methods preferable.
- › Public perceptions are based on myths that long-term methods are dangerous and can have a negative impact on the woman's fertility.
- › Long-term methods are often not presented as an option to young people because health providers are biased that long-term methods are not good for young people.
- › There is a lack of proper information about long-term options and why they can be a good option, as well as the side effects.
- › Shortage of skilled health staff to remove IUDs, implants, injectable or to provide support when side effects occur.
- › The fear of social judgements from friends when using long-term methods
- › Short term methods are cheaper in the short term and easier to access
- › Condoms avoid pregnancy but it also helps against STIs and HIV, compared to other methods which require dual protection (use of injectable and condoms)

What can help young people use contraception more?

- › Training of health providers about family planning needs of young people and how to be non-judgmental.
- › Making long-term methods available at the youth health centers.
- › Providing information to young people about long-term methods to avoid myths being seen as facts
- › Public awareness campaigns to curb the society's negative perceptions regarding long-term methods.
- › Specific youth messages designed and disseminated on use of long-term methods

Restrictive laws and policies that prevent young people from accessing family planning methods

Parental and marital consent (where parents or the husband need to be consulted before any contraceptives are given to a young women) until the age of 18 and religious beliefs and values are seen as a great barrier for young people to access family planning.



Young People's Response

Consent laws lead to:

- › Health workers being biased that young people are too young to use family planning methods
- › Limited youth-friendly services being provided in health centres
- › Underuse of innovations available to increase the access of young people (e.g. the use of an SMS platform by Text-to-change in selected districts of Uganda which offers FP information)
- › Myths and misconception about reproductive health products among young people
- › Inadequate information provided about laws and policies

Suggested actions to overcome the restrictive laws include increased advocacy. Also community sensitization (such as in religious centres) will be needed to make this regulation more adapted to reality and let adolescents speak for themselves when they need RH products.

Build capacity among the young people to recognize the difference between a high quality and low quality RH product

The participants' emphasis on the importance of being able to recognize quality products or get them from a trusted health facility.

Condoms need to be checked on their expiry date and the condition of the package, but they can also just be oily and smell bad if they are of low quality or not kept in optimal conditions.



Young People's Response

- › Hold sensitization workshops and community outreaches to spread information about how good quality products should look.
- › Clearly regulated suppliers of products to assure quality of the product and correct information to go with the product
- › Design products whose color or texture changes when the quality drops: this would make it much easier for young people to see that they have a low quality product and decide not to use it.
- › Give clear information to young people on how to store reproductive health products in the right conditions.

Over-the-counter access to oral contraceptives for young women

The young participants were convinced that over-the-counter availability of contraceptives is money and time saved because you don't need a doctor's prescription. It would also remove the fear most young people have to ask a doctor for a prescription for contraceptives in an environment of taboo. On the other hand, they also spoke about the dangers of bypassing a doctor: Too often, expired drugs are made available and not getting clear instructions from the pharmacist could lead to mis-, under-, or overuse of the reproductive health products.



Young People's Response

- › Make sure all products are produced in sachets or packets with directions for use and expiry dates
- › Start information campaigns in places where young people get contraceptives over the counter
- › Organize trainings for pharmacists on how to inform clients about reproductive health products
- › Make contraceptives available over-the-counter in health centers where the correct information and support can be given.

Lack of menstrual products and hygiene

There is a huge need for sanitary towels and other menstrual products, information to young women about their period but also water and soap and respect of privacy of these girls. Young women explained that the limited access to products makes them improvise: sitting in the soil/sand, using cotton/toilet tissues, sharing products with friends, etc.



Young People's Response

- › Menstrual products do not only need to be affordable, available and accessible, they also need to be adapted to the situation (e.g. limited access to running water).
- › Preferably, the products shouldn't produce a lot of waste to take into account attention for the environment (e.g. looking at re-usable products that are easy to clean and are safe).
- › Information on the use of the product as well as guidance on the bodily changes of young adolescents is crucial in order to put an end to traditionally disrespectful attitudes toward young menstruating women.

Plenary discussions

The group discussed how the recommendations and needs highlighted in the group discussions could best be translated into real change for Ugandan women.



Young People's suggestions for action

- › Share lessons learned and success stories between youth-led organizations from different countries.
- › Create a curriculum to educate health workers about young people's reproductive health needs to change their negative attitude towards young people using contraceptives
- › Work with companies/organizations to invest in re-usable pads in order to increase access to menstrual products
- › Make sure young people's voices are defining the main direction and focus of work. Inclusiveness and participation from the start is key to secure results.
- › Set up a campaign to sensitize young people around female condoms to change the negative perception about it
- › Adapt campaigns and information sources to the age of your audience. Make it look 'young' (e.g. use WhatsApp, social media, video...)
- › Work with parents to make them understand better why it is so important to let their children access reproductive health products.
- › Involve cultural and religious leaders in advocacy on reproductive health supplies for young people
- › Have a couple of very strong young leaders in Uganda on reproductive health supplies issues. Build their capacity on content and on communication to talk to parents, religious leaders, policy makers, etc.
- › Research about available family planning options for young people and why they are not using them should be done first, afterwards we can go into the accessibility discussion. This will help to carry out evidence based advocacy.



Call to Action and closing

While global movements such as the Sustainable Development Goals and the new strategy on Every Women, Every Adolescent, Every Child are focusing particular attention on young people, young people's perspective on reproductive health and rights remains very unclear. Securing access to family planning products for young people is crucial and cannot be ignored.

The diverse brought to the surface at this preliminary meeting will be revisited in subsequent calls and a clear advocacy strategy will be forged, linking global processes to real change at the country level, in keeping with the Coalition's strategic direction.

The Reproductive Health Supplies Coalition seeks more youth-led organizations to work on this dedicated work stream, and to become members of the Coalition. The Coalition is committed to building a strong platform incorporating youth voices, in order to address young people's reproductive health supply issues.

At the end of the discussion, participants shared their main take-aways of the meeting on video. A compilation of these youth voices is in process and will be used for future campaigns.

The Coalition is also planning the next consultation with young people from all over the world during the ICFP in Bali on the 27th of January. Amanda from Uganda will be co-moderating this consultation. Please let Emilie know if you would be interested to join the Coalition's work and/or the next consultation in Bali via epeeters@rhsupplies.org.

Annex 1: List of participants

	Name	Organization	Designation
1	Nelson Businge	Engender Health – Hoima district	Chairperson
2	Najjuma Mariam Kirabo	Action for Fundamental Change and Development/Slum Ambassadors	Adolescent Health & HIV/AIDS Officer
3	Anna Kyomuhendo	Allied Youth Initiative - Uganda	Program Officer
4	D. Adrian Aout	Action for Fundamental Change and Development	Youth Livelihood and Empowerment Program Coordinator
5	Nabukenya Babra	Engender Health – Nkobazambogo youth group, Masaka district	Youth Livelihood and Empowerment Program Officer
6	Kimbowe Stephen Lutaaya	Engender Health – Nkobazambogo youth group, Masaka district	Youth Livelihood and Empowerment program Officer
7	Mwesi Yosia Habagaya	Universal Health Development Foundation, Butaleja district	Executive Director
8	Muhumuza Godfrey	Engender Health	Member
9	Katusime Evalyne	Engender Health	Member
10	Nanteza Annet	Engender Health – Hoima district	Secretary
11	Makigarda Marion	Engender Health - Bulungi bwa Bavubuka health group	Youth Livelihood and Empowerment Program Officer
12	Mutugubya Ronald	Bulungi bwa Bavubuka Youth Group	Youth Livelihood and Empowerment Program Officer
13	Winne Watera	CEPA	Content and Research Officer
14	Watsemba Miriam	Allied Youth Initiative - Uganda	Member
15	Pamela Kwikiriza	Solidarity for Youth Empowerment (SOFOYE)	Head of Programs
16	Nangonzi Assumpta	Action Group for Health, Human Rights and HIV/AIDS	Assistant Program Officer
17	Muzira Tonny Johnson	Uganda Youth Alliance on Family Planning and Adolescent Health	Coordinator
18	Kasirye Perez	Family Rescue Mission (FARM)	Member
19	Mukisa Devis M.	Uganda Youth Alliance for Family Planning	Assistant Team Leader
20	Wanzala E Martin	Allied Youth Initiative Uganda	Team Leader
21	Cornelia Asimwe	Samasha Medical Foundation	Program Officer
22	Emilie Peeters	Reproductive Health Supplies Coalition	Program Officer Delivering on Promises



The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.