UMOJA RESCUE AGENCY

Rapid Needs Assessment Report on Adolescent Pregnancy Rates in Koboko District, West Nile

Photo 1: Focus Group Discussion with out of school girls - Ludara Sub County, Koboko district

Umoja Rescue Agency (UREA)

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Introduction

This section provides details of the organization background, needs assessment report purpose and objectives, scope of the study, target respondents and context.

Background of study locations

Umoja Rescue Agency (UREA) was established in December 2011 as an indigenous, local, non-profit, non-governmental organization, with its headquarters in Koboko Municipality, Uganda. The National Bureau for NGOs has officially registered UREA with registration No. 7159 and operational permit No. 8858. UREA emanates from a Neighborhood Assembly (NA) model led by a group of young women and men dedicated to supporting community rehabilitation and reconstruction, while promoting human rights and socio-economic wellbeing to liberate young people from poverty. The organization was founded in response to the plight of individuals from West Nile and Northern Uganda who experienced exile and internal displacement for decades due to civil wars and conflicts involving the Ugandan government and armed rebel groups. These conflicts resulted in loss of life, destruction of productive property, and stagnation in agricultural production, economic activities, livelihoods, and community development. The region also grapples with the effects of climate change, food insecurity, environmental degradation, unsustainable agricultural practices, youth unemployment, teenage pregnancy and early marriages that hinder the education of both girls and boys, limited and often unfriendly access to sexual and reproductive health information and services, HIV/AIDS, sexual and gender-based violence, inadequate access to economic opportunities, and persistent poverty. Since its inception, the organization has committed itself to mobilizing communities and rehabilitating them to facilitate recovery from insurgencies, economic hardships, demands for justice, and improved service delivery.

About the Rapid Needs Assessment

In response to the call for Expression of Interest by Plan International Uganda in partnership with PICOT, Umoja Rescue Agency (UREA) conducted a rapid needs assessment in Ludara and Kuluba Sub Counties, Koboko District to understand the teenage pregnancy rates, contributing factors to unintended adolescent pregnancies, capacity gaps and barriers hindering access to SRHR services by the adolescents and the young people in the project location. The assessment targeted adolescents aged 15 to 19, young people aged 20 to 24, parents and caregivers, health facilities in-charges (Ludara Health Centre III, Chakulia Health Centre III, Ayipe Health Centre III and Pamodo Health Centre III). Additionally, 2 secondary and 4 primary schools were reached.

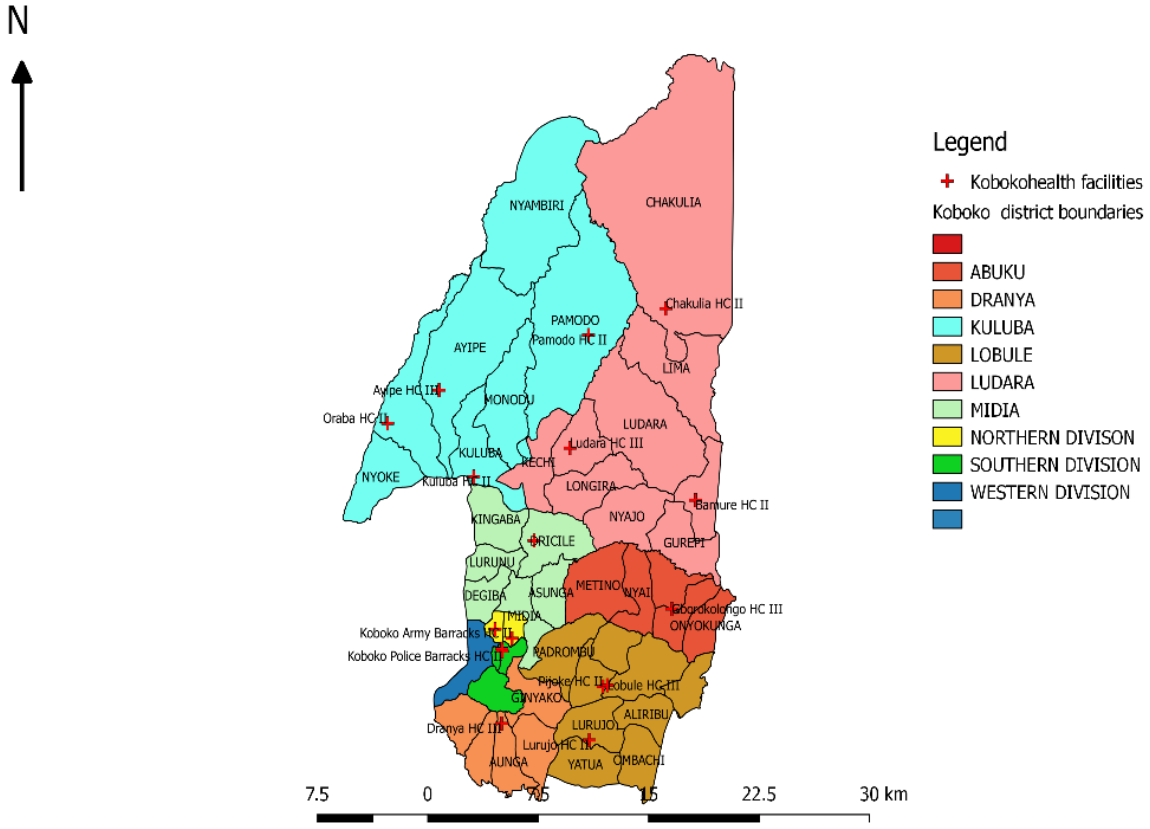
Purpose and objectives of the Rapid Needs Assessment.
The assessment indents to establish the rate of teenage pregnancy and its contributing factors in Koboko district.

i. To measure teenage pregnancy rate and factors driving teenage pregnancy in Ludara and Kuluba sub counties in Koboko district.
ii. To identify priority needs and barriers hindering service provision and access to quality SRHR services in Ludara and Kuluba sub counties in Koboko district.
iii. To develop feasible project that is aligned to the needs and priorities of the adolescents and young people in Ludara and Kuluba sub counties in Koboko district.

Scope of the Assessment

Umoja Rescue Agncy conducted the rapid needs assessment in Ludara and Kuluba Sub counties of Koboko District. Koboko District is situated on the extreme corner of North Western part of Uganda and it is bordered by the Republic of South Sudan in the North, Yumbe District in the East, Democratic Republic of Congo in the West and Maracha District in the South. The district is 574 kilometers away from Kampala Capital City, only 3kms from DRC boarder and 16kms from that of South Sudan[1]. Koboko district has 8 administrative units 6 sub counties and 2 town councils and Koboko municipality has 3 divisions with 16 health facilities (1 General Hospital, 13 Health Centre IIIs and 2 health Centre IIs). 65% of the population live within 5km radius of health unit[2].

Map 1: Map of Koboko District Showing Administrative Units



Context Analysis

Uganda is ranked 16th among 25 countries with the highest rates of child marriage[3]. About 11,063,702 people in Uganda are adolescents aged 10 to 19 and 4,235,722 are young people aged 20 to 24[4] and 26% of Koboko's population (285,325) is adolescents and 9% young people. Adolescent pregnancy in Uganda continue to stagnate at 24% to 25% with teenagers in rural

[1] Koboko District Development Plan 2020/2021 – 2024/2025
[2] Koboko District Development Plan 2020/2021 – 2024/2025
[3] The National Strategy to End Child Marriage and Teenage Pregnancy 2022/2023 – 2026/2027
[4] National Population and Housing Census 2024 Main Report

areas started childbearing children earlier than those in urban areas at 25% and 21% respectively (UDHS, 2022). According to the Ministry of Health, 25 per cent of Ugandan teenagers become pregnant by the age of 19. Close to half are married before their 18th birthday and continue having babies into their mid-40s. The situation is nastiest in West Nile where use of modern contraceptive is low among women at 25% compared to national average of 38% (UDHS, 2022). Similarly, at age of 15-19, the proportion of women who are in union is higher than that of men by sixteen percentage points (17% versus 1%). Early marriage increases the risk of teenage pregnancy, which can have a profound effect on the health and lives of young women and contribute to the country's high fertility rate (UDHS, 2022).

In west Nile, 18.2% of women aged 15-19 years begun child bearing (UDHS, 2022) and Koboko District is rated at 21% (Ludara and Kuluba Sub counties at 19% each) (DHIS, 2025). It was noted that 64% of the adolescents had sex before the age of 18 and 34% are married before 18 years[5]. This is ascribed to high poverty, early and forced marriages, teenage pregnancy, sexual gender-based violence, school dropout, low school enrollment and completion rates make it difficult for adolescents and young people to realize their full potential hence leading to unintended adolescent pregnancies. Adolescent girls, in particular, face multiple vulnerabilities including HIV infection. The adolescent girls are severely exposed to high risks of HIV infection with 1.7% new HIV infections compared 0.2% boys in Uganda[6]. 80% of new HIV Infections among the young people were adolescent girls representing 4 out of 5 and Koboko district has HIV prevalence of 1.2% among people aged 15 to 49 years and 62 new infections[7].

Many girls also drop out of school as a result of undesirable adolescent pregnancy and early marriage. West Nile mirrors these challenges, with girls' enrolment 15% lower, higher dropout rates due to pregnancies (Ministry of Education and Sports, 2023), further hampered by cultural norms and financial access limitations (UNHCR, 2023). Gender disparities are deeply rooted in Koboko district especially in Ludara and Kuluba Sub counties, significantly impacting girls' right to education and choice of partner to marry. In Koboko, school dropout rate stands at 8.1% in primary schools (7.9% boys against 8.2% girls) and 4.7% for secondary schools (4.9% boys against 4.7% girls).

Assessment Methodology

UREA used qualitive approaches to gather on the factors driving adolescent pregnancy in Koboko district particularly in Ludara and Kuluba Sub counties. In additions, literature review was conducted on adolescent pregnancy rates, HIV prevalence, modern contraceptive use, school enrollment and dropout rates. The documents reviewed included the UDHS report 2022, district annual performance reports from DHIS, National Populations and district development Plans, DHIS to collect quantitative values for key indicators on teenage pregnancy rates, contraceptive use, unmet need, facility deliveries, antenatal care visits, maternal mortality rate, school dropout rates, among others. Qualitative data was gathered through focus group discussion and key informant interviews targeting adolescents aged 15-19, young people aged 20-24, parents, district leaders, health facility in charges and head teachers of both primary and secondary schools.

[5] The National Strategy to End Child Marriage and Teenage Pregnancy 2022/2023 – 2026/2027

[6] 2023 Uganda HIV and AIDS Factsheet (Based on Data Ending 31st December 2022)

[7] 2024 Uganda HIV and AIDS Factsheet (Based on Data ending 31st December 2023)

Focus Group Discussions
UREA conducted focus group discussions with adolescents aged 15-19, young people aged 20-24 and parents/caregivers. Overall, 45 participants were reached in 8 focus group discussions (24 females and 21 males). 12 adolescents, 11 young people and 22 parents/care givers as well in and out of school young people were reached. The was intended to examine the root causes of adolescent pregnancy, negative social norms and existing efforts to address the problem.

Table 1: Focus Group Discussion Participants

Participant category	Female	Male	Location
Adolescents aged 15-19	0	5	Ludara
	7	0	Kuluba
Young people aged 20-24	5	0	Ludara
	0	6	Kuluba
Parents	5	5	Ludara
	7	5	Kuluba
Total	24	21	

Key Informant Interviews
Additionally, the district District Community Development officer, District Education officer and District Health officer were interviewed to understand the incidence of adolescent pregnancy, its driving factor and the impact on education in Koboko District. At sub county level, health facility in charges of Chakulia Heath centre III, Ludara Health Centre III, Pamodo Health Centre III and Ayipe Health Centre III as well as health teachers of 8 primary school were reached.

Key Findings of the Assessment

This section discusses the key findings on teenage pregnancy rates, contraceptive use, antenatal care, school dropout rates, SGBV, maternal mortality rates, among others. The details are described as below;

Teenage pregnancy rates
Nationally 24% of adolescents aged 15 to 19 have had a live birth or are pregnant with their first child and West Nile has 18.2%[8]. However, Koboko district presents a higher rate compared to the regional average at 21% and this has been fluctuating since 2023 as well as Ludara and Kuluba Sub counties respectively (DHIS, 2025).

[8] The Uganda Demographic and Health Survey 2022

Table 2: Adolescent pregnancy rate in Koboko District (DHIS, 2025)

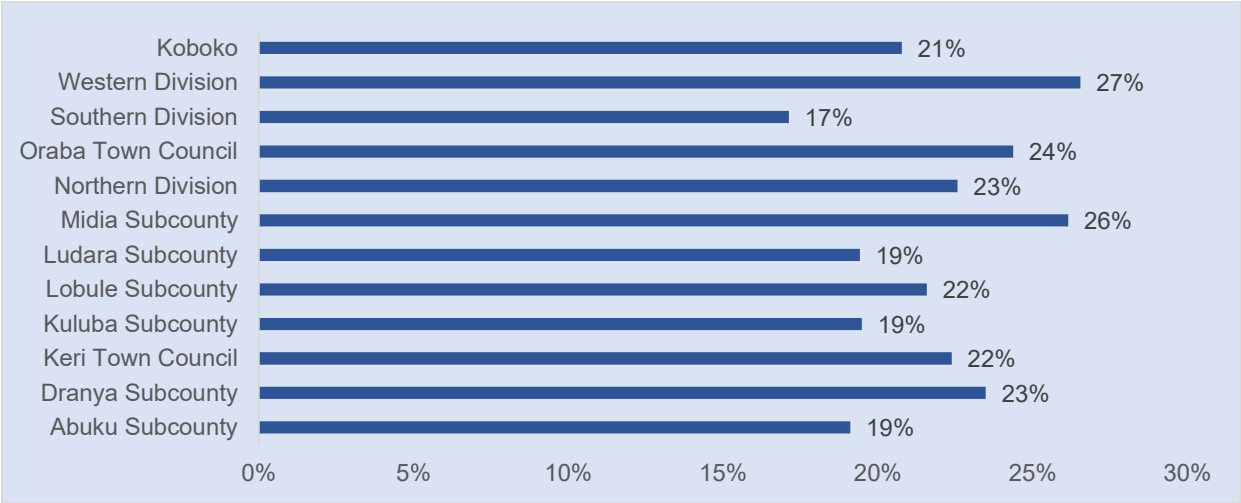
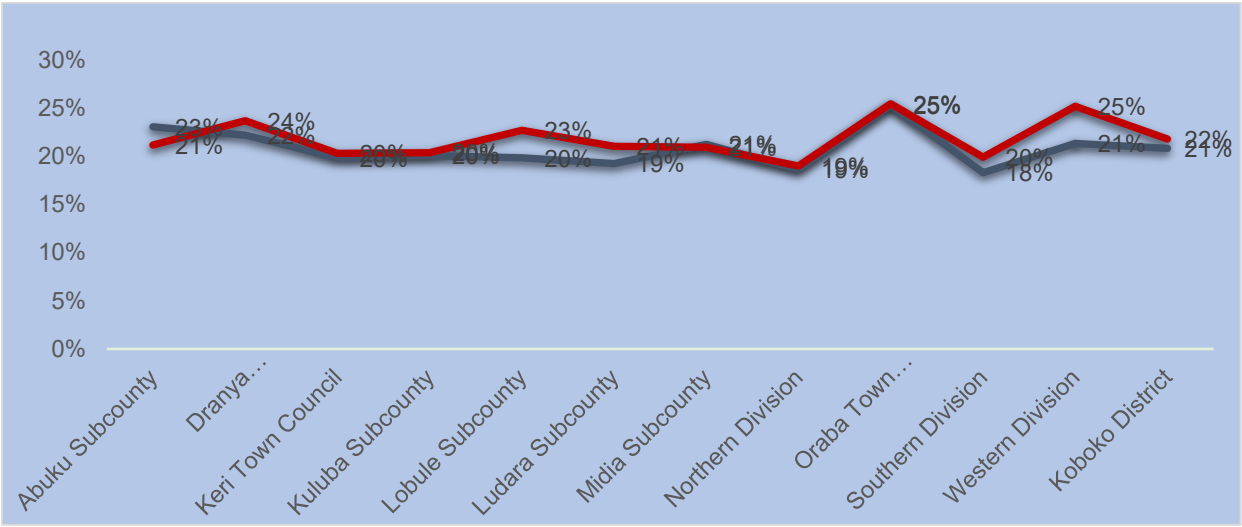


Table 3: Adolescent pregnancy rates in Koboko District (DHIS, 2022 & 2023)



Factors driving adolescent pregnancy in Ludara and Kuluba Sub Counties

The rapid needs assessment results identified several factors influencing adolescent pregnancy in Koboko district, particularly Ludara and Kuluba. In Kuluba, the adolescent girls in school cited peer influence, love for money, lack of basic needs (sanitary pads, soap, body lotions, pocket money, etc), early engagement in relationships and poor parenting key factors escalating adolescent pregnancy in Kululba. Equally, the adolescent boys in Ludara stressed the same reasons such as lack of parenting, engaging in early sexual intercourse, bad peer groups and high demand for sex from boys as leading factors for adolescent pregnancies in Kuluba sub county. The boys further mentioned limited guidance and counselling from teachers and parents, failure to pay school fees, parents fail to take their children to school it also leads to teenage pregnancy, poverty leading girls to go for prostitution, parents use their children as source of income and cultural influence.

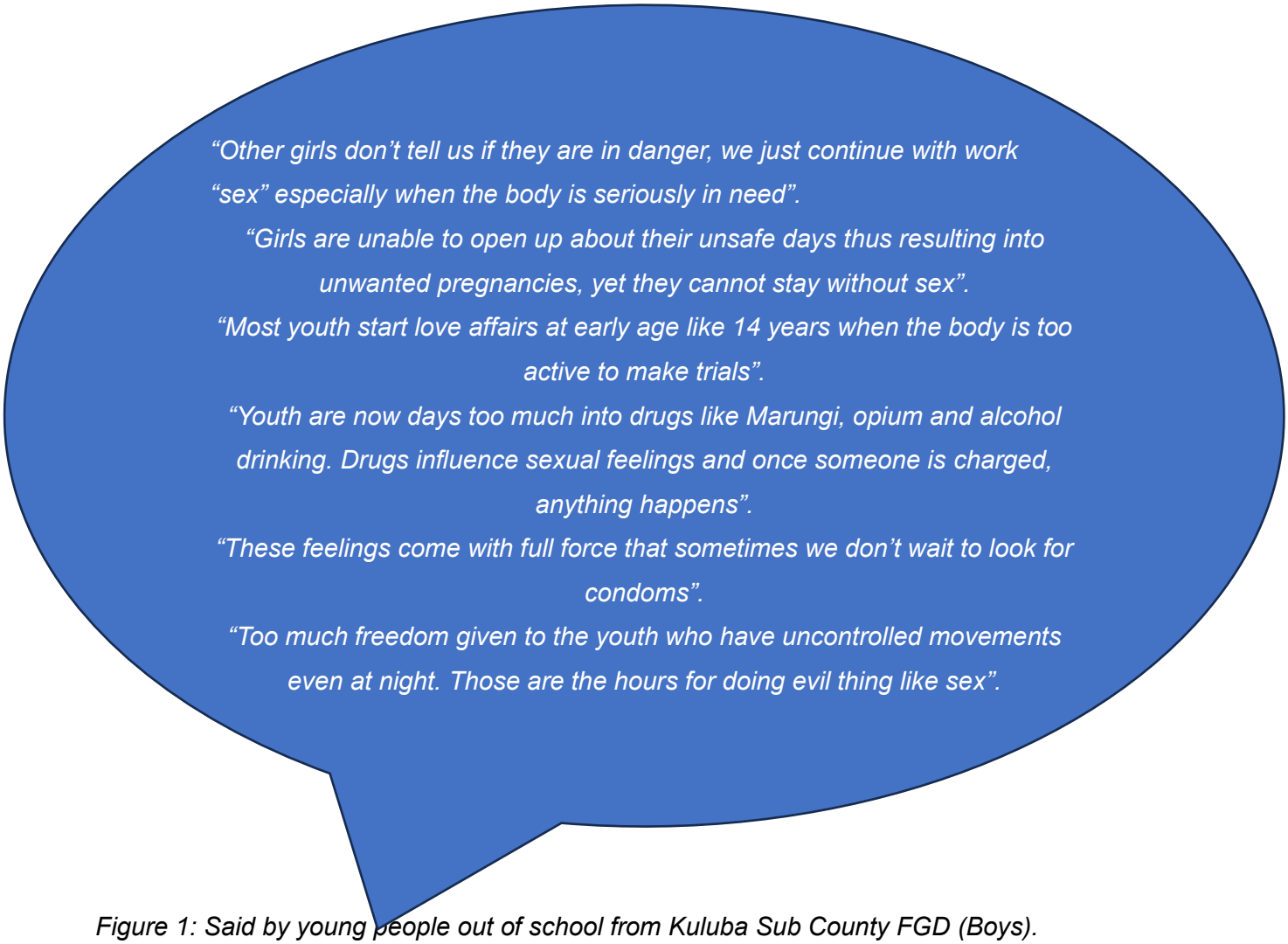


Figure 1: Said by young people out of school from Kuluba Sub County FGD (Boys).

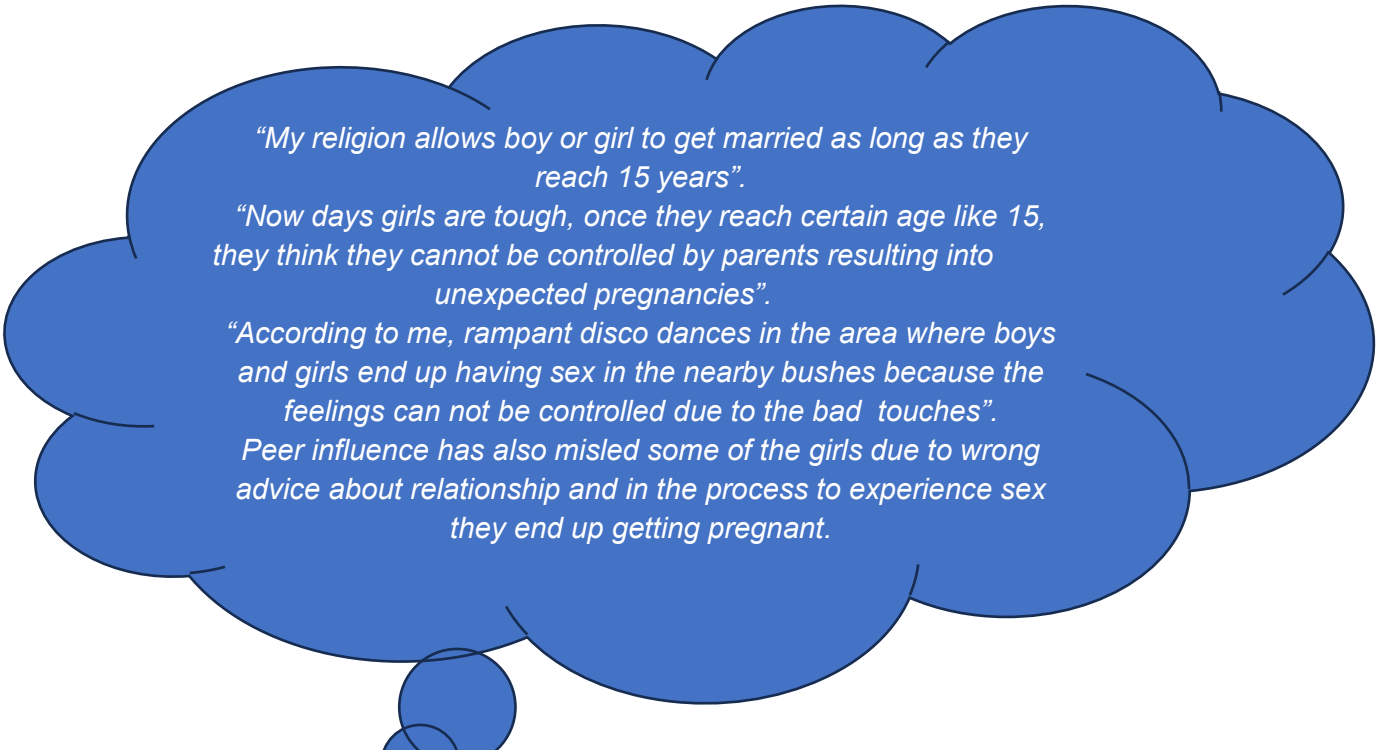


Figure 2: Said by young people out of school from Ludara Sub County FGD (Girls).

It was noted that adolescent pregnancy is still a major concern in Koboko districts. The magnitude of the problem varies from one sub county to the other. According to the DEO, the desire for money especially by young girls from poor family background is yet another factor. Other girls are involved in transactional sex to meet basic needs such as school fees, personal hygiene products like pads, pant, or food. This has exposed them to early pregnancies.

More so, majority of the adolescents and young people do not receive adequate and age-appropriate information about their sexual and reproductive health which has created knowledge gap. Additionally, the adolescents also do not want to use preventive measures like use of condoms because they believe using condoms limit them from enjoying real sex.

The results also show that there is a strong myth among the adolescents and young people that having sex while standing does not lead to pregnancy because the sperms come out. This has made them not to worry about having unprotected sex.

Similarly, bad peer groups and growing media influence has exposed other teenagers to sexual contents and increased urge for sex. Some have access to pornographic videos through social media platforms.

The respondents cited poor parenting as a major concern resulting to family negligence by parents which has resulted to high teenage pregnancies. Some parents do not have time to be with their children to discuss issues concerning SRH**.** Besides, there is also Increasing child headed homes where family responsibilities have entirely been left in the hands of children.

Effects of adolescent pregnancy on school retention

According to the assessment results, school dropout rate at district level stands at 8.1% among primary schools (7.9% among boys against 8.2% for girls). While the secondary school dropout rate stands at 4.7% (4.9% boys and 4.7% girls). It was noted that more girls compared to their counterpart dropout on termly basis. For instance, Chakulia primary school in Ludara and Ayipe Primary school in Kuluba faced high dropout of 187 pupils (42M:145F) and 106 (42M: 64F) learners in term one respectively. While Monodu primary in Kuluba and Bamure primary in Ludara experienced 13.5% and 12.5% separately.

The assessment also, established the existing clubs in schools that facilitate information sharing on SHR. Primary schools like Ayipe in Kuluba and Lima in Ludara reported presence of health clubs like child rights club, environment club, life skills club, debate club and the scouting club which once in a while per term engage adolescents in health camps where topics related to menstrual management, sex education, impacts of being in a love relationship while at school among others to enable them become ambassadors to their peers within the school. However, the head teacher of Chakulia primary cited that previously they had Health club where issues of personal hygiene during menstrual periods among girls, peer education were addressed unfortunately it is not operational now due to lack of technical person to guide the learners.

Roles of stakeholders in prevention of adolescent pregnancy

- ✓ **Parents**

- The young people urge parents to give more time to their families and children. According to them, other children emulate the behavior of their parents for instance drinking alcohol, among others. Additionally, parents should have family meetings to continuously guide the children.

"Our parents need to talk to us early enough rather than waiting for the children to mess up and start blaming us when it's late".

- Parents should educate us on sexual reproductive health and they should be approachable. This implies that other parents are rude, not approachable, have no time to discuss sex issues with their children and other children end up discovering it on their own. Therefore, parents should initiate sex education with their children.
- Parents should be empowered to take care and perform their responsibility on their children other than saying "my child have defeated me".

✓ **Community Leaders**

- A participants said let cultural leaders have restrictions on sex. "If possible, put curses against unwanted pregnancies outside marriages to inculcate fear into the adolescents and young people who are likely to mess their future.

"Community leaders should punish any teenager who is caught moving at night especially in disco places" FGD with young people - Kuluba.
"To me, our cultural leaders should talk against early marriages and punishment be put to children moving at night" FGD with young people - Ludara.

- The respondents requested for continuous engagement with local leaders to receive accurate information instead of trial and error.

✓ **Cultural and Religious Leaders**

Religious leaders should integrate sextual reproductive health information including GBV into church/mosque summons and also challenge any harmful social norm that affect the wellbeing of the adolescents and young people.

Desires of adolescents and young people

The respondents especially boys said girls should be encouraged to use contraceptives like pills if they cannot avoid having sex and boys be taught how to use condoms. We need excess condoms and contraceptives so that we can constantly use them when the body needs.

Therefore, as a girl, I would I advise my peers to avoid bad peer groups where you see that they are influencing you to do bad things. Additionally, getting involved in club activities in school provides opportunity for learning and leaves no chance for unhealth behaviors. Also, engaging in income generating activities like liquid soap making, bags, tailoring, etc. to make you earn other than begging from boyfriends minimizes early marriages as well as adolescent pregnancy.

Cultural and religious practices

The young people cited several cultural and religious practices that if not addressed would influence increase of adolescent pregnancies in Ludara and Kuluba sub counties in Koboko district.

> **Girls out of School FGD**
> *I am a Muslim and in my religion the use of contraceptives is "haram" (meaning sin). A Muslim is not allowed to use condoms or family planning.*
>
> *I have not come across any teaching about family planning in the church.*
>
> *The church as well does not accept use of contraceptives calling it "ezzatta" (meaning sin) instead it warns us against fornication.*

Similarly, the adolescents in school reported the same practices including prohibiting use of contraceptives by faith, forced marriages, gender-based violence and polygamous marriages that contribute to the wellbeing of the adolescents and young people.

When a girl over stays at home for some time, she always gets rebuked for aging without a husband. This pressure sometimes forces teenagers to get married. Female parents' FGD - Ludara

Parental support for Adolescent and young people's SRHR

The perceptions of the parents and caregivers on adolescent and young people's SRH varies from person to person to person as well as gender. For instance, a male participant said it's not right for a young girl below 18 years to get married because the burden comes back to the parents.

However, the female participant said;

"I can't take responsibility of my daughter and the pregnancy as well when the boy and his parents are available. I rather send her to her home and once she delivers, I will pick her".

It was noted that parents do not have time to discuss sexual reproductive health issues with their children, adolescents and young people. This could be because of fear to share sensitive information with young people or lack of will to provide accurate information or ignorance.

Our children whether girls or the boys fear sharing issues related to sexual reproductive health and it's only us the mothers trying their best to ask and provide guidance. Female parents FGD - Kuluba

Now boys have greatly got spoilt and they don't respect us the mothers and cannot share issues related to SRH. Female parents FGD - Kuluba

Our children fear to tell us such things maybe because some parents are rude to them. Male parents FGD - Ludara

We can't discuss issues of contraceptives with children no matter the situation. Female parents FGD - Kuluba

Referral pathway

Notably, the respondents mentioned local council authorities, religious leaders, police, teacher and health facilities possible places where they would refer the cases of adolescent pregnancy, child marriages, SGBV, neglect, among others. This is because people want to get support from the relevant authorities to get the perpetrators arrested and taken to jail, receive counselling, treatment and complete education.

However, other participants prefer referring their cases to friends, parents and elders for guidance and support.

I always prefer taking the victims to police to handle the case.
I don't know any referrals apart from handing the girl to the boy's parents.
I only know police is the only place for handling teenage pregnancy cases.
Girls out of School FGD -Ludara

"Usually once such incidences happen, the issue is shared with the elders then taken to the hospital for further checkups to check for possible HIV and other infection possibilities".
"Here, cases are first reported to the girl's parents, then to the elders in the village and where there is need to settle the marriage". Boys out of school-Kuluba

I will instead take the issue in front of the cultural leaders as "labi" (culture) does not allow domestic violence case to be reported to the police and when not helped to my satisfaction police shall be my final place to be helped as the government demands.

Health Facility Responsiveness

What adolescents and young people like from health facilities

- We do receive condom for free from the health center and sometimes counselling. Moreover, the health workers are positive in supporting us with contraceptives. *"Friends keep telling me condoms are at the health center though I prefer "firing live bullets"Boys FGD - Kuluba*
- I like the services offered here because the workers keep time 8:00Am gets the facility is ready. Besides, they are very friendly and whenever I visit the facility, they always tell me to be careful with life.
- The health center offers all the services needed like antenatal care, counselling, HIV testing, family planning services. Girls *FGD – Ludara*

What adolescents and young people dislike from health facilities

- The adolescents cited that there is no private room for for them to discuss confidential issues with the nurses. All clients are handled at the OPD where there is no privacy.

- The participants also, reported cases of stock of essential commodities and drugs like condoms which affects to access to SRHR services.
- The participants reported that it's always about luck, when you get the rightful nurse, you get good services but on bad days, some nurses are dangerous because they are harsh. Equally, in other health facilities the health workers do things the way they want not at the patients need. Additionally, when you ask them to explain something they will author for you bad words and others disagree with our ideas. Adolescent FGD – Kuluba
- It was also noted that quality services are offered at health facilities but sometimes they come late at around 10:00am in the morning hours keeping us waiting to be served.

"There was a time I went to the hospital in uniform from school so that I can be helped firster, at around 9:30am and I stayed up to 4:00pm without treatment given for him. It is true other health workers mistreat patients at the facility". Adolescent girls FGD - Ludara

Conclusions

The findings revealed that negative social norms instilled by the cultural and religious practices encourage child marriages, and discourages contraceptive use. Similarly, there is poor parenting resulting to limited opportunities for information sharing on SRHR issues. Though other health workers are receptive to the adolescents and young people, lack of private rooms for the adolescents and young people to share their issues affecting them, stockout of essential commodities like condoms, late arrival of health workers, unfriendly health workers, affect access to quality SRHR services.

Similarly, nonfunctional health clubs in schools, lack of comprehensive sex education in and out of school denies the adolescents and young people opportunity to access accurate information SRHR. Also, acceptance of harmful social activities like discos, drug and substance abuse, all contribute negatively to the wellbeing of the adolescents and young people especially girls and young women.

Recommendations

- The adolescents suggested for the development and reinforcement of ordnance to regulate night disco dances for school going age children.
- Adolescents proposed for massive sensitization and awareness sessions in the community to reach out of school youth with sexual reproductive health information, menstruation, body changes, negative cultural/religious practices like child marriage.
- More so, the adolescents said strengthening parenting at family level will aid behavior change among the adolescents and young people*. "It's important for parents to conduct guidance and counselling to the children at home" FGD with adolescents – Kuluba.*
- The young people suggested that religious leaders should not allow marriage introductions (nikkah) to under age adolescents.
- The action should embrace capacity building initiatives targeting school and community-based structures to strengthen SRH information sharing for adolescents and young people both in and out of school.
- The young people recommended for community dialogues with local leaders, religious and cultural leaders to identify appropriate measure to challenge harmful social norms like child marriage, drug abuse, GBV and others.