

Social Norm Diagnosis Findings

The norm exploration process was led by PIU and partner staff who were trained on Norm Analysis. Partner staff included Lira District Union of persons with disabilities (LIDUPED), Communication for Development Foundation Uganda and Change Lead Agency for Social Support.

The analysis was conducted in Olil village, Omee parish Amugu sub-county Alebtong district and Te-Tugu cell, Lira City West division.

About Social
and Gender
Norm
Diagnosis and
Analysis
continues.....

A total of 128 interviews were conducted among 61 adolescents, 43 parents groups and 24 health workers. The exploration involved 6 focus group discussions with 2 adolescents groups, 2 parents groups and health workers group with composition of 12 members each.

Key Finding 1

Generally, adolescents talk most to their peers on issues of contraception. This is augmented by unanimous pattern among all reference groups stating that adolescents in rural setting talk most to health workers- particularly nurses closer to the adolescent

Direct effect: Since adolescent talk to their fellow youth, adolescents are likely to make decisions based on inaccurate, incomplete and harmful information from their peers if they are not well trained and informed about contraception

Possible effect: Youth in rural areas have more access to services compared to urban ones, hence lack of quality age and gender responsive services for young people in urban settings.

Practical
adaptation/enhancement
actions in the
project under
key finding 1

Model school health club approach - We will use the MSH approach to support young people access correct and accurate information on contraception

Technical support needs required: Continuous support on how to implement the MSH approach by the different groups in the school

Together with RHU, enhance youth age and gender responsive friendly services for youth in the urban areas. We will also map out clear referral services from urban places to other health facilities.

Technical support needs required: Because urban youth are so diverse and mobile, we will need support on how to engage youth in the urban setting.

Key Finding 2

Parents in rural settings were available and willing to offer their inherent advice to adolescents, but adolescents run to health workers for more accurate, non-judgemental, confidential and encouraging advice.

Direct effect: Parents are available to talk to adolescents but they lack what to talk about to their children

Practical
adaptation/enhancement
actions in the
project under
key finding 2

CDFU will use MSHC approach to enable young people get accurate, non-judgemental and confidential information on SRH.

CDFU will strengthen school and health facility collaboration to increase number of school pupils going to health facility to access accurate, non-judgemental and confidential SRH information and services.

Technical support needs required: There is need to support the health workers to go to school during school health days to provide health talks to the pupils.

Parents curriculum- We will ensure that parents in both urban and rural settings are taken through the curriculum to understand the different topics- We will target parents whose children are undertaking MSHC sessions as an added value to the programme.

Key Finding 3:

Adolescents mostly get financial, material and emotional support towards access and use of contraception from their partners mostly boyfriends to girlfriends.

Direct effect: Over dependence of partners for girls on boys for contraception support renders them vulnerable and creates power and decision-making imbalances

Possible effect: Depending on your partner for contraception use may limit young people's choices

Practical adaptation/enhancement actions in the project under key finding 3

RHU will ensure that barriers to services including cost, spousal consent and other factors are addressed and services are provided to adolescents free of charge both at RHU clinics, government facilities and outreaches

Technical support needs required: Printing and dissemination of clients right to services to community members and health workers

Strong Male Engagement sessions in Parents group session-There is need to improve equality of the conditions of all adolescents (wellbeing, support, resources and opportunities) and position to promote independent decision making and action towards access and use of contraception.

Technical support needs required: With expertise of CDFU, we will ensure we adopt male engagement strategies in group for parents.

Key Finding 4:

Use of
contraception
during
adolescence,
before giving birth
leads to
barrenness and
bearing children
with disability.

Possible effect 1: The finds shows the myth and misconception related to contraceptive use

Possible effect 2: The misconception, negative gender and social norms around contraception are many among adolescents without children.

Practical adaptation/enhance ment actions in the project under key finding 4

MSHC sessions/CoC sessions will help give young people accurate information on contraceptives with support from RHU who will be coming to speak to young people during sessions.

Technical support needs required: Continuous support on how to use vignette tool to generate community youth led dialogue on social norms related to contraception.

Engage with LIDUPED to address negative and harmful norms around contraception and disability

Technical support needs required: RHU to back up LIDUPED on the technical side of how contraceptive works and side effects. RHU to invite clients with and without disabilities who have used disabilities to give testimonies.

Key Finding 5:

There is a lot of community resentment, negativity, cultural connotations, stigmatisation, name calling, reprimands and stereotyping attached to adolescents or any one facilitating access and use of contraception among adolescents.

Direct effect: Contraceptives are thought to be for married, any community unmarried adolescent identified to be using contraception is demonised and taken for a prostitute.

Practical adaptation/enhancement actions in the project under key finding 5

There is need to engage with key community influencers (cultural leaders, religious leaders, opinion leaders) with focused messaging as champions towards changing community norms and attitudes about contraceptive use among adolescents.

Print, disseminate or distribute accurate, non-judgmental and appropriate information, communication and education is important to clarify values, demystify myth and normalize contraception use among adolescents.

Girl empowerment programs at personal, family, community and institutional level need to be strengthened to build their knowledge, confidence and ability of girls and women to decide and have autonomy on their bodies.

THANK YOU

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