

Population Matters

Issue Brief 04

October, 2017

Young People: The One Investment the Country Cannot Afford to Ignore



By age 16, 9.4 percent of Ugandan girls have begun childbearing.



30.4 percent of young women age 15-19 have an unmet need for family planning.



The HIV prevalence among young people 15 - 24 years is 2.1%



One out of four young people are unable to read and write.



Unemployment among youth 15-24 years is at 16.8 percent



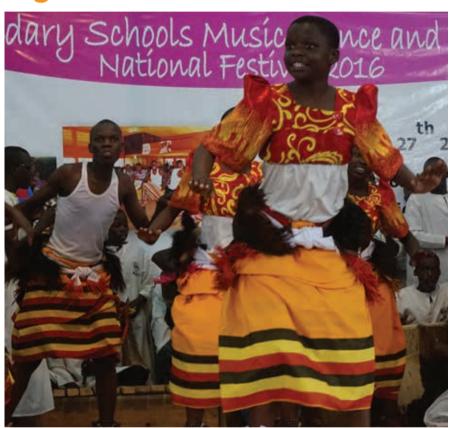
Between 2006 and 2013, the country's extreme poverty rate fell by 2.7 percent annually



The number of poor persons in Uganda increased from 6.6 million in 2012/13 to 10 million.



The emerging face of poverty in the country is the face of a young person.



Introduction

Uganda aspires to reach upper-middle income status by 2040, with an expectation that by then, the majority of its citizens will live in urban areas, have smaller families, and earn income in non-agricultural sectors.

Between 2006 and 2013, the country's extreme poverty rate fell by 2.7 percent annually, the second fastest annual reduction in Sub-Saharan Africa during this period. However, that trend has now been reversed, as the number of poor persons in Uganda increased from 6.6 million in 2012/13 to 10 million –or about 27 percent of the population- in 2016/17.

To a significant extent, the emerging face of poverty in the country is the face of a young person. They are the new capable poor. Despite their potential to lead economic and social change, insufficient investment have been made to develop their human capital. As a result, they face increased likelihood of future dependency, lower earnings and poor health outcomes.



Challenge 1: Young People's Sexual and Reproductive Health

Young people in Uganda are beset by sexual and reproductive health challenges that endanger their ability to achieve their full potential. By age 16, 9.4 percent of Ugandan girls have begun childbearing. The percentage increases to 22.1 percent a year later. Among those women age 15-19 who are sexually active, 30.4 percent have an unmet need for family planning. The lifetime opportunity cost related to adolescent pregnancy -measured by the young mother's foregone annual income over her lifetime- amounts to 30 percent of annual GDP in Uganda. The HIV prevalence among young people 15 - 24 years is 2.1% with young women having a burden of disease more than three times higher than young men (3.3%). While the country has a National Adolescent Health Policy (2011) that aims at streamlining young people's health concerns into the national development process, its impact on sexual and reproductive health outcomes for young people has been limited. In particular, significant strides are still needed to transform the Ugandan healthcare system to provide adolescent-responsive health services.

Challenge 2: Negative Social Norms and Limited Investment in Adolescent Girls

Cultural and identity-based barriers often pose powerful barriers for young people to access health, education and income opportunities. Gender inequality is indeed the most significant of all identity-based disadvantages, and young women are invariably more marginalized than their male counterparts. Adolescent girls in particular face disproportionate risks and vulnerabilities: they are more likely than their male peers to drop out of school, to marry at an early age, and to bear the brunt of poor sexual and reproductive health outcomes. Negative social norms such as child marriage – affecting 15 percent of Ugandan women age 20-49, ¬– limit young girls' ability to reach their full potential.

Marriage at an early age is often linked to school dropout, whose lifetime cost has been estimated at 13 percent of GDP for primary school and 34 percent of GDP for secondary school. While the country has a National Strategy to End Child Marriage and Teenage Pregnancy, a lot of work is still needed to address current negative social norm challenges that stand in the way of girls realising their full potential.

Challenge 3: Limited Education, Skilling and Employment Opportunities

According to the Ministry of Education and Sports Sector Strategic Plan (2013/14 - 2017/18), the broad sector objectives include an expansion of access to equitable and quality education at all levels as well as enhancement of efficiency and effectiveness in service delivery. With the exception of Karamoja, where 51 percent of the population ages 6-24 have never attended school, close to 70 percent of Ugandans aged 6-24 are attending school. Literacy rates among young people have increased by three percentage points over the last four years; however one out of four young people are unable to read and write. Quality education needs to be coupled with decisive investments in entrepreneurship and employment opportunities for young people. Often, young people's capacity as socio-economic agents is limited. Unemployment among youth 15-24 years stands at 16.8 percent and self-employment stands at 41.3 percent, mainly in the informal market. The effect of this situation on the individual and family economy as well as on Sexual and Reproductive Health and Rights outcomes is profound. When young people are economically vulnerable, they are more likely to engage in high-risk behaviours in efforts to survive or as an alternative coping mechanism. For example, they may enter into inter-generational relationships, early marriage or sex work to support themselves, which puts them at risk of teenage pregnancy, sexually transmitted diseases, HIV, and dropping out of school. In the medium and long term, it also reduces their labour productivity and ability to come out of poverty and help their communities to develop.

Recommended Policy Actions

Investment in young people can result in a triple dividend of benefits, with effects visible around essential capabilities during adolescence, future adult-health trajectories, and the effective raising of the next generation. This dividend can only be achieved if large-scale investments are made in health, positive social norms and quality secondary education. Failing to invest adequately in young people will have significant economic consequences for the country as a whole, with slower economic growth expected for years, if not generations.

1. Investing in young peoples' sexual and reproductive health: While adolescents are generally healthy, their rapidly evolving physical, intellectual and emotional development requires adequate support and follow up by the health sector. When health interventions prevent mortality or morbidity, they generate economic and social benefits which result from young people whose lives are saved or whose morbidity is averted entering (or re-entering) the workforce and producing economic output. Therefore investment in the sexual and reproductive health of young people is critical, as most of the burden of disease among this population group in Uganda relates to sexual and reproductive health conditions. Recommended policy interventions include: 1) Ensuring that the national health guidelines and service standards provide for improved access to evidence-based approaches for preventing pregnancy and sexually transmitted infections, including HIV. 2) Mainstream capacity at primary and referral levels to implement a quality-based national package of adolescent health interventions in an integrated manner. supported by adequate monitoring systems such as facility certification systems. Diagram one clearly highlights the expected results from these kinds of investments.

Diagram one:

The broad effects identified for programmes focusing on sexual and reproductive health

Form of Investment/	Broad effect of investment/program						
Program							
Averted HIV infections	Improved health	Averted secondary HIV infections	Averted TB infections	Reduced cost of medical care	Averted social exclusion	Averted orphans	Increased education
Delayed marriage (females only)	Increased education	Averted adolescent pregnancy	Averted HIV infection	Averted STIs	Reduced fertility	Averted physical/ sexual abuse	
Improved self esteem	Improved mental health	Averted adolescent pregnancy	Averted crime	Averted drug/ alcohol abuse	Reduced tobacco use		
Averted physical/ sexual abuse	Improved mental health	Averted crime	Averted adolescent pregnancy	Averted HIV infection	Averted STIs		
Averted adolescent pregnancy	Improve health	Increased education	Reduced fertility	Averted unsafe abortions	Averted social exclusion		
Averted STIs	Improve health	Reduced cost of medical care	Averted HIV infections	Averted infertility			
Reduced fertility	Enhanced labour productivity	Averted adolescent pregnancy	Improved health				
Averted abortion	Improved health	Reduced cost of medical care	Averted infertility				
Averted female genital cutting	Improved health	Improved mental health	Derived from Knowles J.C and Behman J. R. 2005. The Economic Returns to Investing in Youth in Developing Countries: A review of the Literature. Washington DC. World Bank: Health, Nutrition and Population Discussion Paper January 2005.				

References

- 1. Sheehan et al (2017). "Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents." The Lancet Health Policy.
- 2. Bruce, J. (2012). "Why Girl-Centred Design is the Way Forward for Development."
 - We bsite: www.girleffect.org/what-girls-need/articles/2012/11/why-girl-centred-design-is-the-way forward-for-development/, accessed 28 June 2012.
- 3. Sheehan et al (2017). "Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents." The Lancet Health Policy.
- 4. To accelerate scaling up quality of care standards, WHO developed and published the Global Standards for Quality Health Care Services for Adolescents in 2015 along with an implementation plan and monitoring tools.
- 5. UNFPA. (2010). The Case for Investing in Young People as Part of a National Poverty Reduction Strategy. New York.

- 2. Investment in adolescent girls will prove particularly beneficial to Uganda, as it is associated with reduction in school dropout, child marriage, teenage pregnancy and improved sexual and reproductive health. There is clear and compelling evidence that investments in girls have broad and positive impacts. Girls with access to and control over economic resources are more likely to invest in their families. Through their labour force participation, fertility choices, and health, girls can play a pivotal role in breaking the intergenerational transmission of poverty and shaping the country's development. Recommended policy interventions include: (1) Government and other stakeholders must focus on adequately funding and implementing the priorities outlined in the National Strategy to End Child Marriage and Teenage Pregnancy and the Adolescent Girl Framework, (2) Government should strengthen multi-sectoral coordination for implementation of relevant strategies and frameworks (3) Establish a strong accountability framework to track progress in implementation of national priorities for adolescent girls.
- 3. Investing in quality education and employment opportunities: Uganda's labour force must be well educated and have high quality skills that will make the country competitive in the global market. In order to achieve this, investments must be made in improving school completion and transition rates for girls and boys across all educational levels. Recommended policy interventions include: (1) Adequate funding and implementation of the priorities outlined in the Gender in Education Sector Policy, (2) Promoting positive and supportive learning environments for young people through adequate attention to, and investment in, school health including curriculum-based sexuality education.
- 4. Expanding employment and entrepreneurship opportunities: Creation of jobs and improved opportunities for entrepreneurship and profitable self-employment for the rapidly expanding youth labour force in key sectors like agriculture, tourism, mining, oil and gas will spur inclusive economic growth. Economic diversification, productive investment and skills development are key and must be facilitated by improved governance. The use of appropriate technologies (i.e. appropriate to the structural context) which favour employment, should be considered in order for the country to reap the benefits of linking the demographic dividend to the digital dividend. Policy recommendations include; (1) Government and other stakeholders must adequately fund and coordinate the implementation of the national priorities outlined in the Uganda National Youth Policy 2016.



Girls with access to and control over economic resources are more likely to invest in their families

Through their labour force participation, fertility choices, and health, girls can play a pivotal role in breaking the intergenerational transmission of poverty and shaping the country's development.

References

- 6. Government of Uganda. Uganda Vision 2040.
- 7. World Bank (2016). The Uganda Poverty Assessment Report 2016. Farms, Cities and Good Fortune: Assessing Poverty Reduction in Uganda from 2006 to 2013. Abridged version. Washington D.C.: The World Bank Group.
- 8. UBOS (2017). Uganda National Household Survey 2016/17. Kampala.
- 9. UNFPA. (2010). The Case for Investing in Young People as Part of a National Poverty Reduction Strategy. New York.
- $10.\,\,UBOS.\,(2017).\,Uganda\,Demographic\,and\,Health\,Survey\,2016.\,Key\,Indicators\,Report.\,Kampala.$
- 11. Chaaban J. and W. Cunningham. (2011). Measuring the Economic Gain of Investing in Girls. The Girl Effect Dividend. Washington D.C.: The World Bank.
- 12. Government of Uganda (2017). Preliminary Results of the 2016 Uganda Population HIV Impact Assessment. Kampala: Ministry of Health.
- 13. Atuyambe L, Mirembe F, Annika J, Kirumira EK, Faxelid E. (2009). Seeking safety and empathy: adolescent health seeking behavior during pregnancy and early motherhood in central Uganda. Journal of Adolescence. 2009; 32(4):781–96.
- 14. Atuyambe LM, Kibira SP, Bukenya J, Muhumuza C, Apolot RR, Mulogo E. (2015). Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso District, Uganda. Reproductive Health; 12(1):1.
- 15. Okonofua FE. (1995). Factors associated with adolescent pregnancy in rural Nigeria. Journal of Youth and Adolescence. 1995; 24(4):419–38.









