Engaging youth in the provision of SRHR education and services

A case study from Eastern Uganda

The Eastern region of Uganda has one of the country’s highest incidences of HIV/AIDS and maternal mortality. The fishing communities in this lake region lack adequate access to SRHR services due to poorly equipped health centres and long distances to reach them. Young people in the region are especially underserved when it comes to contraceptives, SRHR education and HIV/AIDS screening. This results in a high prevalence of HIV/AIDS (28.3%) and teen pregnancies (25%).

To combat this situation, Simavi and FLEP have been implementing an Access, Services and Knowledge (ASK) programme in the region since 2013. This 3-year youth-focused programme aims at increasing the uptake of SRHR services among young people aged between 10-24 years, both in- and out-of-school, and in marginalised groups. Meaningful youth participation is an essential part of the programme.

Youth Peer Educators

In order to increase access to SRHR services for youth and enhance youth participation, FLEP implemented a Youth Peer Educator model in which young people aged 10-24 are trained in SRHR education and communication skills. After this training the Youth Peer Educators (YPEs) engage fellow young people in SRHR dialogues to educate them about a broad range of topics including contraceptive use, HIV/AIDS screening, sexuality and reproductive rights. By acting as a good example for their fellow youth YPEs can influence their peers’ health behaviour and increase demand for SRHR services. The YPEs are based in the community and can refer young people to services in local health centres where FLEP-trained healthcare providers offer youth-friendly services. In addition to education, YPEs also provide their peers with condoms and oral contraceptive pills, together with instructions on how to use them.

Positive results

In 2014 we conducted operational research in the intervention areas. The research compared an intervention area with an area where no YPEs were active. In both areas, a survey among young people was used to explore SRHR knowledge, attitudes and health behaviour. Results showed that YPEs have a significant positive influence on their peers when it comes to the use of contraceptive and health seeking behaviour. The demand for SRHR at facility level in the intervention area increased after the YPEs were implemented. The findings of this research indicate that YPEs have the potential to increase access and uptake of SRHR services among their peers by acting as the main source of information for young people in a community. The YPEs themselves are very motivated to contributing to an improvement in the health and the lives of their peers.