

Situational Analysis

Child marriage and teenage pregnancy are among Uganda's most entrenched gender and development challenges, with far-reaching consequences for education, health, and economic opportunity. According to UNICEF (2023), 34% of Ugandan girls are married before the age of 18, and 1 in 4 girls aged 15–19 is either pregnant or already a mother. The burden is heaviest in regions such as Karamoja, Busoga, and parts of West Nile, where structural poverty and social norms intersect to deny girls their childhood and potential.

34% of Girls
Married Before
Age of 18 Years

1 in 4 Girls

Aged 15 - 15 Years Is Pregnant or a Mum

The COVID-19 pandemic dramatically worsened this crisis. Between March and September 2020, Uganda experienced a **366.5% spike in pregnancies among 10–14-year-olds,** rising from 290 to 1,353 cases, a surge attributed to prolonged school closures, household economic stress, and limited access to information and services (UNICEF Uganda & FAWE Uganda).

At the core of this crisis lies the absence of Comprehensive Sexuality Education (CSE). In many schools and communities, young people, especially girls, lack access to age-appropriate, accurate, and culturally sensitive information about their bodies, rights, relationships, and reproductive health. Without this foundational

knowledge, adolescents are left vulnerable to coercion, unprotected sex, and early motherhood, often before they are emotionally or physically ready.

Drivers of the Crisis

Several structural and systemic factors continue to perpetuate child marriage and adolescent pregnancy in Uganda:

- Cultural Norms and Gender Roles: Deep-rooted expectations around female sexuality, family honor, and marriage readiness disproportionately pressure girls.
- Poverty: For many households, early marriage is viewed as an economic coping strategy. Daughters are seen as a source of bride price or a means to reduce the number of dependents.
- Fragmented Policy Implementation: Despite progressive laws like the Children's Act (Amendment) 2016 and the National Strategy to End Child Marriage and Teenage Pregnancy (2022/23–2026/27), enforcement is weak and coordination across sectors remains limited.
- Weak Support Systems: Schools often lack re-entry policies for pregnant girls or mechanisms to prevent stigma, while health and justice systems are underresourced to protect vulnerable adolescents.



What's Being Done – and Where the Gaps Remain

Efforts by the Ugandan government, development partners, and NGOs include:

- Rollout of adolescent-friendly health services in some districts.
- Education sector reforms like Universal Primary/ Secondary Education (UPE/USE) and Alternative Education Programs.
- Engagement with **faith and cultural leaders** to challenge harmful practices.
- NGO-led interventions in service delivery, community outreach, and school re-entry.



However, critical gaps remain:

- **CSE remains inconsistently applied** or entirely absent in many learning institutions.
- Law enforcement is weak, with minimal accountability for perpetrators of defilement or child marriage.
- Male engagement is minimal, reducing the effectiveness of prevention and behavior-change initiatives.
- Investment in social protection is insufficient, especially for vulnerable families whose economic stress drives early marriage decisions.
- Data systems remain poor, limiting the ability to design targeted, evidence-based programs.



The Case for Comprehensive Sexuality Education

Comprehensive Sexuality Education is not just a health intervention, it is a powerful tool for empowerment, prevention, and gender equality. When delivered effectively, CSE helps young people:

- Understand bodily autonomy and reproductive health.
- Build communication and decision-making skills.
- Challenge gender norms and harmful stereotypes.
- Make informed choices, thereby delaying marriage and pregnancy.

Without CSE, girls remain uninformed and at higher risk of exploitation, early sexual debut, and forced marriage. Evidence from other countries shows that integrating CSE into formal and informal education systems leads to lower rates of early pregnancy, higher school retention, and better health outcomes.

The Poverty Trap – and How Cash Transfers Can Help

Poverty both causes and compounds child marriage and teenage pregnancy. When families are under economic stress, marrying off daughters may seem like a survival strategy. Yet, this short-term coping mechanism leads to long-term intergenerational poverty.

Optional cash transfer programs, targeted at at-risk families and vulnerable girls, have been shown to:

- Delay early marriage and first pregnancy.
- Keep girls in school longer.
- Reduce household reliance on harmful traditional practices.

When combined with social protection services—such as counseling, school support, and access to health care—cash transfers can help lift families out of desperation, allowing them to invest in their children's education and wellbeing.

A Role for Evidence-Based Research

To break the cycle, interventions must be **data-driven and system-oriented**. APHRC proposes two complementary approaches:

- **1. Signature Issue Approach (SIA)** A structured model based on *Analyze, Plan, Implement* to develop issuespecific and evidence-informed advocacy strategies.
- 2. Systems Thinking Mapping the interactions across sectors (health, education, justice, culture, economy) to amplify impact and build resilience into programs.

Recommendations and Call to Action

Government of Uganda should:

- Allocate at least 5% of the national gender budget to programs addressing child marriage and teenage pregnancy.
- Institutionalize and scale up CSE in both formal and non-formal education settings.
- Establish **gender justice units** and train frontline law enforcement and judicial officers.
- Expand optional cash transfers and social protection services for economically vulnerable households.



Development partners and NGOs should:

- **Coordinate programs** across sectors and districts to reduce duplication.
- **Invest in research and monitoring,** not just service delivery.
- **Support grassroots organizations** that understand the local context.

Researchers and practitioners should:

- Conduct longitudinal and participatory studies on what works.
- Develop **gender-transformative reintegration programs** for adolescent mothers.
- **Translate evidence** into user-friendly formats—policy briefs, blogs, infographics—to shape public discourse and policymaking.



Conclusion

Ending child marriage and teenage pregnancy in Uganda is not only possible—it is urgent. Success demands **political commitment, sustained investment, coordinated action, and evidence-informed policy.** With CSE, social protection, and accountability at the center, Uganda can break the cycle and ensure every girl has the chance to learn, grow, and thrive.

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