



GOVERNMENT OF UGANDA



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FORMATIVE ASSESSMENT OF ADOLESCENT BOYS AND YOUNG MEN'S HEALTH STATUS IN KAMPALA, UGANDA

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SUMMARY REPORT

1. Background and methods

The number of people living in urban areas is growing exponentially and is envisaged to reach 60% of the global population by 2030. People living in urban areas face context specific challenges such as a burgeoning use of social media, sedentary lifestyles, inadequate housing, poor social capital and lack of access to basic health services. Adolescent boys and young men (ABYM) form a significant proportion of urban dwellers. Although global and national data show that adolescent boys and young men have poorer health statistics compared to their female counterparts, little in terms of research and evidence have been generated to inform the realization of the health needs of this population sub-group and particularly less so in urban settings. This mixed-methods study utilized both quantitative and qualitative methods to collect data. Quantitative data were collected on risk-taking behaviours, health protective behaviours and health status of 2500 adolescent boys and young men aged 10-24 years in- and out-of-school in all the five divisions of Kampala City. Quantitative data were collected on health status of adolescent boys and young men in Kampala. Specifically, data were collected on: alcohol use, dietary behaviour, illicit drug use, tobacco use, sanitation and hygiene, mental health, physical activity and sedentary behaviour, protective factors, sexual risk behaviours, violence and unintentional injury, risk perception, adolescent health needs and the effects of COVID-19 on ABYM's health and social wellbeing. On the other hand, qualitative data were collected from 13 key informants and 31 in-depth interview participants. Qualitative data were collected on the health needs and the opportunities and barriers for improving access to and utilization of health services among ABYM. Quantitative data were analysed and presented as proportions while qualitative data were analysed manually following a thematic framework approach.

2. Summary Findings

Adolescent health risk behaviours and access to services

A total of 2500 Adolescent Boys and Young Men participated of whom 1869 (74.8%) were in school. Among the respondents, 771 (30.8%) had ever consumed alcohol while 262 (10.5%) had consumed alcohol within 30 days preceding the date of the interview. More than half (1335, 53.4%) had always had breakfast in the 30 days preceding the date of the interview. Only 63 (2.5%) met the WHO recommendations for fruit and vegetable intake of at least 5 servings of fruit and/ or vegetables per day in a typical week. Of all the respondents in the survey, (n=289, 11.6%) had ever used *khat*; (n=263, 10.5%) had ever used *marijuana* while 97 (3.9%) and 133 (5.3%) had ever used *marijuana* and *khat*, respectively, within the previous 30 days before the date of the interview.

Among the 2500 participants, 384 (15.4%) had ever used a smoked tobacco product while 82 (3.3%) had used one within 30 days before the interview. More than 9 in 10 of in-school ABYM had a source of water for washing hands before eating (n=1726, 92.3%) and after using the toilet (n=1837, 98.3%) while at school. More than half of the out-of-school ABYM (n=331, 52.5%) had experienced loss of appetite due to worry in the 12 months

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preceding the survey. More than 1 in 5 ABYM (n=620, 24.8%) spent more than 2 hours per day on social media. Of the 2500 ABYM, 1495 (59.8%) reported to have ever received an HIV test of whom 26 (1.7%) were HIV positive. Among those who had ever had sexual intercourse, 199 (18%) had ever been diagnosed with a sexually transmitted infection. The respondents in the survey reported that the most prevalent health issues that impact them were related to substance use (n=1162, 46.5%) and sexual health (227, 9.1%).

Qualitative findings show that ABYM in Kampala consume alcohol from bars and on benches placed in shops with friends and workmates mostly to celebrate their achievements. Results also show that ABYM take illicit drugs which include *marijuana*, *khat/mairungi* and cigarettes as a result of peer pressure to fit in amongst friends and to cope with challenges. The drugs eventually boost their confidence and help them to forget their problems. Qualitative results also show that ABYM engage in different physical activities like running, boxing, gymnastics and playing football. ABYM engage in physical activities in order to keep their bodies fit, prevent diseases and to relieve themselves of stress and anxiety. Findings also show that ABYM in older age groups especially those out of school engage in risky sexual behaviour; that is, having unprotected sex with multiple partners under the influence of drugs. This increases their chances of acquiring STIs. The health needs of ABYM include health information, counselling and guidance on sexuality, testing for STIs, vaccination and treatment for non-communicable diseases. The different interventions and services needed to address the needs of ABYM include; school and community outreaches where, information, testing and referral for treatment is done. Health facilities also offer immunization and circumcision services for free.

Effect of COVID-19 on the health and psychological wellbeing of ABYM

Although more than 80% of the respondents were aware of at least two primary COVID-19 prevention measures, only 22.2% (n=555) reported that they always wore a face mask while in a public place; 22.0% (n=551) always washed their hands with soap and water while 17.6% (n=440) always avoided gatherings of more than five people. COVID-19 led to increased *mental health challenges* (e.g. 70.3% [n=1758] reported feeling more nervous as a result of COVID-19 than ever before); *suicidal ideations* (e.g. 1.2% [n=31] contemplated committing suicide as a result of COVID-19); *limited ability to meet basic needs* (e.g. 62.0% [n=1549] found it difficult to afford a diverse or balanced diet as a result of COVID-19); *socio-economic disruptions* (e.g. 30.3% [n=756] experienced a reduction in income as a result of COVID-19) and *engagement in unhealthy behaviours* (e.g. 62% [n=1554] reported a sedentary life style such as excessive watching of TV; 25.0% (n=628) engaged in binge eating). These effects were more pronounced among older adolescent boys (15-19 years) and young men (20-24 years) and out-of-school compared to in-school ABYM, suggesting a need to target these groups with appropriate interventions.

Suggestions for improving access to and utilization of SRH services among ABYM

ABYM continue to experience barriers in accessing and utilizing health services. These include the fact that most health programs neglect boys; the high cost of the health services; structural barriers; limited human resources; unavailability of medicine in the health facilities; and gender norms. COVID 19 complicated access to SRH services due to closure of NGOs where ABYM mostly get free services coupled with the lockdown on transport. In general, during the lockdown, ABYM had limited access to condoms and free treatment for infections. In order to improve access to and utilization of health services by ABYM, there is a need for: a) creating awareness about the available adolescent and youth health services; b) providing youth-friendly services in all centers; c) bringing health services closer to ABYM; d) empowering ABYM economically, with a particular focus on those that were heavily impacted by the COVID-19 lockdown in terms of job losses; reduction in income and close of businesses; e) provision of subsidized health services to ABYM, and f) use of role models/health ambassadors to reach ABYM with essential health services.



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3. Conclusions and Recommendations

There is a burden of alcohol and illicit drug use such as tobacco, *marijuana* and *khat* among ABYM in Kampala as a result of social influences. Alcohol and illicit drug use cessation services should be designed and availed for this age-group. The survey found high engagement in protective factors such as physical activity in spite of a significant number adopting sedentary lifestyles that involve spending long hours on social media. The ABYM had good access to sanitation and hygiene services but poor access to mental and sexual health services. There is a need to design youth friendly services to address the sexual health and mental health needs of ABYM in Kampala through school and community outreaches where information, testing and referral for treatment are done. There is also a need to create awareness about the available health services for ABYM, provision of subsidized health services and appointment of adolescent health ambassadors/ champions. The COVID-19 restrictions have complicated access to sexual and reproductive health services by ABYM which calls for deliberate communication about their availability following the lifting of the restrictions.