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CHARACTERISTICS OF VULNERABLE PREGNANT ADOLESCENTS ENROLLED IN PND-SUUBI PROJECT IN WAKISO DISTRICT, UGANDA.

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Introduction

About 1 in 5 adolescents in Sub-Saharan Africa become pregnant yet their risk of death due to complications of pregnancy and childbirth is doubled compared to older women. Teenage pregnancy affects the social-psychological well-being of teenagers and results in poor future career prospects following dropping out of school. Pregnant adolescents are at risk of depression and substance abuse disorders. Further, infants of adolescent mothers are at risk of being born premature and face a higher risk of dying, poor development, and malnutrition. PND-Suubi project aims at psychosocial and economic empowerment of pregnant adolescents (13 -19 years) as well as ensuring good pregnancy outcomes.

Methods

The Mildmay Hospital PND-Suubi project enrolls pregnant adolescents who are followed up until the mother overcomes her social-economic vulnerability. They are brought in by Village Health Team members (VHTs) from the catchment area. Vulnerability is assessed using the Household Vulnerability Assessment Tool (HVAT) of the Uganda Ministry of Gender, Labour and Social Development. Thereafter, HIV testing is conducted, and the HIV negative girls are enrolled in the PND-Suubi project while the HIV positive girls are enrolled in the Mildmay Uganda HIV care programme. The girls in the PND-Suubi project receive free antenatal and maternity care while upon delivery; the baby gets free medical

care until 18 months of age. During this period, the mother and her household undergo skills training like making of liquid soap and candles to improve their socio-economic circumstances. The girls have scheduled dialogue meetings and depression is assessed monthly using the Edinburgh Postnatal Depression Scale (EPDS).

Results

Since March 2020, 138 pregnant girls were screened, 22 (15.9%) of these were vulnerable HIV negative adolescents. Of the 22 girls, 11 (50%) were aged 18-19 years, 16 (73%) had pregnancies beyond first trimester, and none had ever attended antenatal care. They were all school dropouts and unemployed. All the girls accepted

the pregnancies through individual and group counselling as well as peer sessions and 21 (95%) girls have since delivered. One girl was diagnosed with depression at 3 months post-partum (EPDS score 15) and is undergoing treatment. Economic empowerment is ongoing.

Conclusion

Pregnant adolescents are unemployed school dropouts who are unlikely to attend antenatal care. The PND - Suubi project has supported their wellbeing and they need routine assessments for depression as part of their care package.

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