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**A RIGHTS-BASED ANALYSIS OF THE IMPACT OF PUBLIC
HEALTH EMERGENCIES ON ADOLESCENT PREGNANCY
IN BUSOGA REGION, UGANDA.**

Submitted in partial fulfilment of the requirements of a master's
degree (MPhil) in Human Rights (Sexual and Reproductive Rights in
Africa)

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List of Acronyms

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
ALHIV	Adolescents living with HIV
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CEDAW Women	Convention on Elimination of All Forms of Discrimination against Women
COVID-19	Corona Virus Disease
CRC	Convention on the Rights of the Child
ESCR	Economic, Social, and Cultural Rights
EVD	Ebola Virus Disease
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HIV/AIDS Syndrome	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Indicator Survey
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
RDC	Residential District Commissioner
SGBV	Sexual and Gender Based Violence
SOPS	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
UDHS	Uganda Demographic Health Survey
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

CHAPTER ONE

1. Introduction

This chapter provides a general overview of the study including the background, problem statement, research objectives, research questions, research methodology, significance of the study, literature, and the study chapters.

1.1 Background

Adolescent pregnancy is the occurrence of pregnancy among girls aged 10 – 19 years.¹ According to UNICEF, 13% of adolescent girls globally had given birth before their 18th birthday in 2022, presenting a huge public health concern.² Public health emergencies have been associated with increasing adolescent girls' vulnerability to early and unintended pregnancies.³ Rates of pregnancy among adolescents in the Busoga region in Eastern Uganda have risen during or in the aftermath of a pandemic such as COVID-19 or epidemics such as Ebola and HIV epidemics. This vulnerability was exacerbated by the primary and secondary effects, including school closures, socio-economic distress, disrupted access to sexual and reproductive health and rights (SRHR) information and services, and increased sexual violence.⁴ This unappalling trend is attributed to the shift towards preventing the pandemic or epidemic which unintentionally halts access to adolescent SRHR services including contraceptives. Thus, perpetuating risks for poor adolescent sexual and reproductive health and rights (ASRHR) outcomes and increased violations of SRHR of adolescent girls provided for in national, regional, and global legal and policy frameworks.

The government of Uganda is obliged by the Constitution to take precautionary measures during states of emergencies including threats of war or external aggression and internal insurgency or natural disaster to secure public safety, defense, and maintenance of public order and services essential for the community's life.⁵ On the other hand, national governments are

¹ T Ganchimeg and Others 'Pregnancy and childbirth outcomes among adolescent mothers: a World Health Multicountry study' (2014) *International Journal of Obstetrics and Gynaecology* 40

² United Nation Children's Fund 'Early childbearing can have severe consequences for adolescent girls' (2022) <<https://data.unicef.org/topic/child-health/adolescent-health/>> accessed 10 February 2024

³ N Kumar & K Singh 'Impact of COVID-19 on Gender Equality, Sexual and Reproductive Health Rights of Adolescent Girls and Young Women: A Narrative Review' (2022) 3 *Current Health Women's Reviews* 6–12.

⁴ S Okeke and Others 'Adolescent Pregnancy in the time of COVID 19: what are the implications of sexual and reproductive health and rights globally?' (2022) 19 *Reproductive Health*

⁵ Constitution of the Republic of Uganda, 1995 art 110

also mandated by international human rights law to take measures to ensure that everyone attains the highest standard of health, including averting public health risks.⁶ This research therefore explores the several human rights of adolescent girls violated due to the impacts of COVID-19, Ebola, and HIV on adolescent pregnancy including the right to information, education, health, non-discrimination, equality, bodily autonomy, privacy, expression, adequate living standards, protection from economic exploitation, protection from sexual exploitation. This research specifically focuses on adolescent girls in the Busoga region because it had one of the highest rates of adolescent pregnancy during the COVID-19 pandemic.⁷ Busoga region is one of the sub regions in Uganda, constituted by 11 districts including Bugiri, Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo, and Namutumba districts.⁸

1.2 Problem Statement

Following the outbreak of the COVID-19 pandemic, the government of Uganda instituted stringent measures to curb the spread of the coronavirus. On March 18, 2020, a Presidential directive instituting a lockdown was made including closure of educational institutions and banning of social gatherings of more than 10 people.⁹ As COVID-19 cases soared, other restrictions including a nationwide curfew, ban on transportation (except for essential services) and closure of businesses were instituted.¹⁰ Uganda's COVID-19 response measures were rated at 90% stringent levels by the Oxford COVID-19 Government Response Tracker.¹¹ The COVID-19 pandemic-related restrictions such as the lockdown of people and closure of schools in particular affected the routine delivery of and access to the SRHR services as outreaches to schools where the majority of the in-school teenage girls could have easily accessed services were stopped.¹² Additionally, sexuality education programs are often provided in school settings and hence, closure of schools meant that adolescent girls did not

⁶ J Amon and Others 'A Virtual Roundtable on COVID-19 and Human Rights with Human Rights Watch Researchers' (2020)22 *Health and Human Rights Journal* 399

⁷ United Nations Population Fund 'Factsheet on teenage pregnancy' (2021)
https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy_factsheet_3.pdf accessed 22 March 2024

⁸ Uganda Bureau of Statistics (2020)
https://www.ubos.org/wpcontent/uploads/publications/11_2020STATISTICAL_ABSTRACT_2020.pdf
accessed 16 March 2024

⁹ E Ajari and Others 'COVID-19 in Uganda: Epidemiology and Response' (2020) 13 *European Journal of Medical and Educational Technologies* 10

¹⁰ Ajari (n 9)

¹¹ N Haider and Others 'Lockdown measures in response to COVID-19 in nine sub-Saharan African countries' (2020)5 *BMJ Global Health*

¹² Kumar (n 3)

have access to information to support them in making informed decisions.¹³ The pandemic exacerbated cases of sexual exploitation, abuse, and harassment of adolescent girls. The Uganda Child Helpline March 2020 report revealed that sexual abuse was the third most reported form of child abuse contributing 20.1% of all the cases (98% of the victims being girls and 17% of the perpetrators being close family members).¹⁴ Additionally, a child protection rapid survey that covered 24 districts in 2020 revealed that most parents were unable to provide their children with basic needs citing the lack of gainful economic activities due to lockdown measures.¹⁵ This made adolescent girls from such families more susceptible to engaging in risky sexual behaviors including transactional sex.¹⁶ Therefore, adolescent girls were disproportionately affected by both primary and secondary effects of the pandemic, birthing poor SRHR outcomes for adolescents including unintended pregnancies and child marriages in Uganda. Between January and September 2021, Uganda registered a total number of 290,219 teenage pregnancies, which equates to more than 32,000 per month.¹⁷ Busoga region was one of the most affected regions for example two districts within the region including Kamuli and Mayuge districts individually registered 6535 and 6205 cases respectively.¹⁸

Between 2000 and 2016, Uganda experienced eight filovirus epidemics, including five Ebola Virus Diseases (EVD) more than any other country in the world. Although the Busoga region was not greatly affected by Ebola outbreaks within that period, the region was affected by the recent outbreak in 2022, with Jinja being one of the districts among the nine that had confirmed Ebola cases.¹⁹ Uganda's response to pandemics and epidemics has always been reactionary dating back to the early 2000s when Uganda was first hit by the Ebola epidemic in Northern Uganda.²⁰ Like the COVID 19 pandemic, the government of Uganda announced containment

¹³S Shrivastava 'Unintended pregnancy and gender-based violence in settings experiencing humanitarian crisis' (2022)15 *Indian Journal of Health Science and Biomedical Research KLEU* 180

¹⁴ Save the Children 'Protection Assessment on the Impact of COVID-19 in Uganda' Save the Children International (2020)

<https://resourcecentre.savethechildren.net/pdf/Save+the+Children+Child+Protection+Survey+Report+-+June+2020+Final_web.pdf/> accessed 15 February 2024

¹⁵ Save the Children (n 14)

¹⁶ Q Sserwanja and Others 'Increased child abuse in Uganda amidst COVID-19 pandemic' (2021) 57 *Journal of Pediatrics and Child Health* 188.

¹⁷ United Nations Population Fund (n 7)

¹⁸ As above

¹⁹ C Olaro 'Ebola virus disease outbreak response accountability forum' (2023) <

<https://www.afro.who.int/sites/default/files/202301/EBOLA%20VIRUS%20DISEASE%20OUTBREAK%20RESPONSE%20ACCOUNTABILITY%20FORUM%20-%2010%20January%202023.pdf>> accessed 17 March 2024

²⁰ G Akello & M Parker 'Confronting epidemics: the art of not knowing and strategic ignorance during Ebola preparedness in Uganda' in G Onyango (eds) 'Routledge handbook on public policy in Africa' (2022) *Taylor and Francis* 462

measures to curb the spread of Ebola including lockdown, curfew, travel restrictions including banning of cross border movements across the two case districts as well as the closure of public places such as bars, markets, and churches.²¹ These measures are associated with exacerbating the vulnerability of adolescent girls to pregnancy.

In Uganda, HIV prevalence has been increasing since its lowest rate of 6.4% in 2006, with empirical research suggesting that adolescents living with HIV regardless of how they contracted it have highly risky sexual behaviors characterized by multiple sexual partners, drug abuse, and engagement in unprotected sex making them susceptible to unintended pregnancies.²² The 2020 Uganda Population HIV Impact Assessment survey report indicates that the HIV prevalence rate in the Busoga region is 4.5%²³

A study conducted by UNICEF on the impacts of pandemics such as COVID-19 and epidemics including HIV and Ebola on child protection revealed the effects on adolescent girls including unintended pregnancies, child marriages, child abuse, sexual exploitation, and intimate partner violence.²⁴

This research therefore sought to unpack the socio-economic, physical, and emotional impact of public health emergency response and containment measures during the pandemic and Ebola and HIV epidemics and their consequential link to adolescent pregnancy and its implications for the violation of human rights of adolescent girls in Busoga region in Eastern Uganda. The study builds a case for improved safeguarding and protection of the rights of adolescent girls during public health emergencies in the future.

1.3 Research aims and objectives.

The research primarily aims to analyze the impact of public health emergencies on the SRHR of adolescent girls in the Busoga region in Uganda to inform improved adolescent-responsive public health emergency mitigation and response measures in the future. This research focuses

²¹ United Nation Children’s Fund ‘Socio-Economic Impact Of The Ebola Virus Disease Outbreak On Household Welfare: The Case of Kassanda and Mubende Districts In Uganda’ (2023) <https://www.unicef.org/uganda/media/15866/file/EVD%20Socio%20Economic%20Impact%20Assessment%20Report.pdf> accessed 26 February 2024

²² S Mbalinda and Others ‘Correlates of ever had sex among perinatally HIV-infected adolescents in Uganda’ (2015)12 *Reproductive Health*

²³ Ministry of Health (2022) < <https://www.health.go.ug/2022/02/10/ministry-of-health-releases-the-preliminary-results-of-uphia-2020/>> accessed 16 March 2024

²⁴ S Bakrania and Others ‘Impacts of pandemics and epidemics on child protection; Lessons learnt from a rapid review in the context of COVID 19’ UNICEF (2020) <https://www.unicef-irc.org/publications/pdf/WP-2020-05-Working-Paper-Impacts-Pandemics-Child-Protection.pdf> accessed 26 February 2024

on the Busoga region because it had one of the highest rates of adolescent pregnancy during the COVID 19 pandemic.

1.3.1 Specific objectives

- I. To analyse the growth pattern of adolescent pregnancy rates in the Busoga region during public health emergencies.
- II. To examine the responses both at the national and sub-regional level in addressing the COVID-19 pandemic, HIV, and Ebola epidemics in consistency with Uganda's obligation to realize adolescent SRHR during emergencies in international law.
- III. To conduct an intersectional analysis of the impact of emergency-related lockdown measures on adolescent sexual and reproductive behaviours in the Busoga region.
- IV. To suggest mitigation strategies that the country can adopt to safeguard and ensure the enjoyment of SRHR of adolescents during public health emergencies.

1.4 Research Questions

This research aims to primarily respond to the research question of 'What is the impact of public health emergencies on access to ASRHR in Uganda?'

1.41 Specific research questions

1. What is the growth pattern of adolescent pregnancy rates in the Busoga region during public health emergencies?
2. Was Uganda's response to the COVID-19 pandemic, HIV, and Ebola epidemics in alignment with its international obligation to ensure ASRHR during emergencies?
3. How did intersectional factors intersect with the impact of the pandemic and the two epidemics on adolescent pregnancy rates in the Busoga region?
4. What measures should the Ugandan government adopt to mitigate the impact of public health emergencies on the enjoyment of SRHR of adolescents?

1.5 Research Methodology.

This is qualitative research that primarily analyses secondary data sources including relevant published literature through desktop review. The study also critically reviews Uganda's COVID-19, HIV, and Ebola response programs including mitigation and containment

measures. A methodical assessment of the relevant data sources was done to provide an overview and justification of the safeguarding and protection of adolescent girls from unintended pregnancies during public health emergency responses in Uganda.

1.6 Significance of the research

Most of the existing literature focuses on how the COVID-19 pandemic raised the rates of adolescent pregnancy but there is a literature gap on the human rights analysis of this impact. Additionally, there is very scanty literature on the impact of HIV and Ebola epidemics on adolescent pregnancy in the Busoga region and Uganda in general. This research therefore bridges this gap by pointing out the linkages between the vulnerabilities faced by adolescent girls in the Busoga region during the pandemic and epidemics, rights violated, and their cyclical link to unintended pregnancies among adolescents. The research also suggests concrete recommendations to inform improved public health emergency response programs that safeguard adolescent girls from unintended and unwanted pregnancies in the Busoga region and Uganda at large.

1.7 Theoretical approach

The research employs the reproductive justice approach to discuss the limitations on accessibility, affordability, acceptability, and quality of SRHR information and services and the consequential link to the human rights of adolescent girls. The reproductive justice approach is a novel critical feminist theory that pays adequate attention to the social, economic, physical, and emotional realities of the vulnerable group.²⁵ Reproductive justice also explores how access to sexuality education, healthcare, and socioeconomic factors influence one's agency and reproductive decision-making.²⁶ Intersectionality is an integral component of the reproductive justice approach, and it considers the overlapping factors that influence adolescent pregnancy during pandemics or epidemics including age, socioeconomic status, marriage status, and level of education among others.²⁷

²⁵ T Morison 'Using reproductive justice as a theoretical lens in qualitative research in psychology' (2023)20 *Taylor & Francis* 175

²⁶ G Mugenyi 'Queering Reproductive Justice (2020)3 *University of Richmond Law Review* 672

²⁷ T Mukherjee and Others 'Reproductive justice in the time of COVID-19: a systematic review of the indirect impacts of COVID-19 on sexual and reproductive health' (2021) 18 *Reproductive Health*

To some extent, this study is also premised on a socio-legal approach to critically establish the linkages between human rights and socio-cultural dynamics. This interdisciplinary approach will support the analysis of law as an instrument of social control,²⁸ and thus form a basis for the understanding of the implementation bottlenecks of public health emergency measures. This includes unpacking the gendered dimensions of public health emergencies and how the implementation of laws, frameworks, programs, and directives on public health emergencies birth negative ASRHR outcomes.

1.8 Literature review

This research aims to review works including scholarly articles, commentaries, books, reports, and publications from children's and women's rights organizations, as well as UN agencies. In the past three years since the outbreak of the COVID pandemic, discourses on how the pandemic perpetuated violations of the rights of adolescent girls in Uganda have emerged. Similarly, significant literature exists that documents the impact of the Ebola crisis on adolescent pregnancy. This section therefore provides a deep dive into the existing scholarship on a wide spectrum of this topic.

1.8.1 The impact of COVID-19 on adolescent pregnancy

While the stringent measures and Standard Operating Procedures (SOPs) were relevant to curb the spread of the Coronavirus, they birthed unintended negative SRHR outcomes due to the limited consideration of social inequities in the design and delivery of pandemic response programs.²⁹ According to a 2017 UNESCO report, adolescent pregnancy has always been a global public health issue even before the outbreak of the COVID 19 pandemic.³⁰ There has been a reported direct correlation between adolescent pregnancy rates and public health emergencies.³¹ Apondi et al reported that teenage pregnancies increased by 17% in Uganda during the pandemic as per the Health Management Information System (HMIS) national

²⁸ P Letsie 'School re-entry policies: A Human Rights and cultural conundrum for pregnant and parenting adolescents in Lesotho' (2021) 8

²⁹ S Khan and Others 'Dramatic effects of COVID-19 public health measures and mass reverse migration on youth sexual and reproductive health in rural Uganda' (2022) *27 Pediatrics & Child Health* 40 - 46

³⁰ United Nations Educational, Scientific and Cultural Organisation 'Early and Unintended pregnancy & the education sector: evidence review and recommendations' (2017).

<<https://healtheducationresources.unesco.org/library/documents/early-and-unintended-pregnancy-and-education-sector-evidence-review-and>> accessed 11 February 2024

³¹ Okeke (n 4)

database and Uganda Child Helpline.³² In his article, Willie noted that non-pharmaceutical interventions to public health emergencies such as disruption of schools fuel adolescent pregnancy.³³ This notion reaffirms Filippi's argument that access to education is one of the major determinants of adolescent pregnancy,³⁴ and therefore staying out of school fosters early sexual debut and increased adolescent engagement in sexual activities.³⁵ The pandemic also halted access to sexuality education, limiting adolescent girls' right to access accurate information and thus resorting to getting inaccurate information from their sexual partners during unsafe sexual activities and thus the increased risk of teenage pregnancy.³⁶ The COVID-19 pandemic therefore widened the SRHR knowledge gaps and exacerbated myths and misconceptions among adolescents.³⁷

A study conducted in the Mayuge district in the Busoga region identified individual, societal, economic, and physical factors that fuelled adolescent pregnancy rates. Individual factors were sexual ignorance and naivety, a lack of awareness about birth control methods, and redundancy due to the lockdown. The social determinants included peer influence/pressure, a lack of parental supervision, a lack of community responsibility, and media impact. While economic determinants included unemployment and low income for parents/guardians, physical setting considerations included disadvantaged areas and the type of residential structures.³⁸ The same study established that adolescents who gave birth during the pandemic lacked parental abilities, experienced postpartum depression, and their husbands were unsupportive. They also lacked social and survival skills for self-sufficiency.

Public health emergencies birth gendered effects for example making women and girls engage in transactional sex due to cases of displacement, vulnerable social structures, poverty, and low

³² R Apondi and Others 'Gender-based violence shadows COVID-19: increased sexual violence, HIV exposure and teen pregnancy among girls and women in Uganda' (2021) 24 *Journal of the International AIDS Society* 53.

³³ M Willie 'Teenage Pregnancy During a Pandemic' (2021)6 *Journal of Women's Health Care* 218-219

³⁴ V Filippi and Others 'Levels and causes of maternal mortality and morbidity,' in R Black and Others (eds) *Reproductive, maternal, newborn, and child health: disease control priorities* (2016)2.

³⁵ Okeke (n 4)

³⁶ M Musinguzi and Others 'Prevalence and correlates of teenage pregnancy among in-school teenagers during the COVID-19 pandemic in Hoima district western Uganda—A cross-sectional community-based study' (2022) *PLOS ONE*

³⁷ R Lewis and Others 'Disrupted prevention: condom and contraception access and use among young adults during the initial months of the COVID-19 pandemic; An online survey' (2021)47 *BMJ Sexual and Reproductive Health* 269.

³⁸ M Batiibwe and Others 'Factors related to teenage pregnancy during the COVID-19 pandemic: a case of selected villages in Mayuge District, Eastern Uganda' (2023)3 *SN Social Sciences*

livelihood opportunities.³⁹ Save the Children reported that there was an increase in the number of adolescent girls engaging in transactional sex for cash, food, and menstrual products in Northern and Eastern Uganda during the COVID-19 pandemic.⁴⁰ According to Lisa, there are three underlying drivers of transactional sex and these include; the transactional nature of sexual relationships, unequal gender power dynamics, and poverty.⁴¹ The same author elaborated that in circumstances where the female gender is deprived of access to essential services, sex is most likely to be used as a mode of payment or currency. These attributes are linked to the deep-rooted patriarchal society setups that men have more access to resources and agenda-setting powers to determine how those resources are distributed.

Studies conducted from other regions in Uganda for example in Pakwach district in Northern Uganda revealed that 94.4% of teenage pregnancies were unintended.⁴² However, the same author highlighted that the restrictions on movements limited visits to health centers and that girls who managed to visit the facilities during lockdown in search of SRHR services including STI testing/treatment, and abortion were at lower risk of becoming pregnant. A similar study on the prevalence of teenage pregnancies among in-school teenagers revealed that 3 out of 10 adolescent girls got pregnant in Hoima district in Western Uganda during COVID-19, with the prevalence being high among girls who do not use modern contraceptives and those engaged in sex work. This translates to approximately 30% which is higher than the global (15%), national (25%), and sub-regional for Bunyoro region in Uganda (29%) before the COVID pandemic.⁴³

The pandemic affected intersectional groups of adolescent girls differently, for example in Hoima district in Uganda, unmarried adolescent girls were at a greater risk of getting pregnant during public health emergencies as compared to their married counterparts, and this was attributed to idleness and engagement in risky sexual activities and behaviours as compared to

³⁹ C Formson and D Hilhorst 'The Many Faces of Transactional Sex: Women's Agency, Livelihoods and Risk Factors in Humanitarian Contexts: A Literature Review' (2016) *Secure Livelihoods Research Consortium* <<https://assets.publishing.service.gov.uk/media/57a0896440f0b64974000060/WP41-transactionalsex.pdf>> accessed 25 February 2024

⁴⁰ Save the Children 'Uganda youth speak out on the impact of Covid-19 (2020)' <<https://reliefweb.int/report/uganda/ugandan-youth-speak-out-impact-covid-19>> accessed 20 February 2024

⁴¹ D Lisa and Others 'Change the Context Not the Girls: A Critical Analysis of Efforts to Reduce Teenage Pregnancy in Sierra Leone' (2017)1 *Journal of Research in Gender Studies* 19

⁴² J Alunyo and Others 'Factors associated with teenage pregnancies during the Covid-19 period in Pakwach district, Northern Uganda: a case-control study' (2023)20 *Reproductive Health*

⁴³ Musinguzi (n 36)

when at school.⁴⁴ This then presents a development that contradicts several studies that linked married adolescent girls to be prone to unwanted pregnancy as compared to unmarried ones.⁴⁵

All the literature reviewed offers a thorough examination of the linkage between the COVID-19 pandemic and adolescent pregnancy. Nevertheless, there exists a deficiency in addressing the complexities surrounding adolescent pregnancy and the broader spectrum of human rights issues affecting adolescent girls. Furthermore, there is a lack of in-depth discussion on the bottlenecks in implementing lockdown measures while safeguarding the rights of adolescent girls.

Hence, this research aims to bridge the identified gaps in the literature by explicitly examining the interconnectedness between the challenges encountered by adolescent girls in the Busoga region during the pandemic, the violation of their rights, and the consequential link to unintended pregnancies among adolescents. Additionally, the research will conduct a comparative analysis of the incidence of adolescent pregnancy growth rates during COVID-19 in the Busoga region compared to other regions across the country. Moreover, it will shed light on the gendered aspects of public health emergencies, elucidating how the implementation of laws, frameworks, programs, and directives during such emergencies can lead to adverse sexual and reproductive health outcomes for adolescents.

1.8.2 Ebola crisis and adolescent pregnancy

Although there is very scanty literature on the impact of the Ebola epidemic and adolescent pregnancy in Uganda, a study on the effects of natural disasters on development in Uganda revealed that the Ebola crisis grossly affected the service delivery for the community especially education and health care.⁴⁶ The study further alludes that the severe impact on education due to school closures leads to low literacy rates, causes school dropouts, and increases the spread of sexually transmitted diseases, with disproportionate effects on women and girls.⁴⁷

⁴⁴ As above

⁴⁵ A Ochen and Others 'Predictors of teenage pregnancy among girls aged 13–19 years in Uganda: a community-based case-control study' (2019)19 *BMC Pregnancy Childbirth*; Also see B Ahinkorah 'Individual and contextual factors associated with mistimed and unwanted pregnancies among adolescent girls and young women in selected high fertility countries in sub-Saharan Africa: A multilevel mixed effects analysis' (2020)15 *PLoS ONE*.

⁴⁶ B Alungat 'The effects of natural disasters on development; a case for Uganda' (2022) *Journal of Public Policy and Administration*

⁴⁷ Alungat (n 46) above

Considering scanty literature on the impact of the Ebola epidemic on adolescent pregnancy in Uganda, this study will therefore make sense of the existing limited literature while drawing on the literature from other countries like Sierra Leone to explore the gendered dimensions of epidemic responses and their implications for adolescent girls' SRHR. Additionally, this study will lay a foundation to ignite further studies to document the actual impact of the epidemics on adolescent pregnancy not only in the Busoga region but also at the national level. Furthermore, this research will provide tangible recommendations for adolescent-responsive emergency response in case the Ebola epidemic resurgent in the Busoga region or any other region in Uganda.

1.8.3 HIV epidemic and adolescent pregnancy

Systematic research investigating the influence of HIV/AIDS on teenagers' sexual practices in sub-Saharan Africa showed high occurrences of unplanned pregnancy in pregnant adolescents under the age of 17, living with HIV.⁴⁸ The study attributes it too risky sexual behaviours among adolescents living with HIV (ALHIV) caused by factors including stigma and discrimination, lack of or poor disclosure of HIV status to adolescents, distance to ART clinics, insufficient resources including knowledge, and lack of social support.⁴⁹

There is a literature gap in the documentation of the intersection between the HIV/AIDS epidemic and unplanned pregnancy among adolescents in the Busoga region in Uganda. This study will therefore address that gap though to a lesser extent.

1.9 Provisional outline of chapters

This research is composed of a total of five chapters. Chapter One provides a general overview of the study including the background, problem statement, research objectives, research questions, research methodology, significance of the study, and literature review. Chapter two focuses on the theoretical approach, unpacking scholarship on reproductive justice, intersectional feminism, and socio-legal approaches including relevancy and criticism, and the basis for using them in this study. Chapter three examines the regional and global human rights frameworks for safeguarding SRHR of adolescent girls in emergencies globally and regionally. Chapter four describes the growth pattern of adolescent pregnancy rates in the Busoga region

⁴⁸ M Zgambo and Others 'Risky behaviours and their correlates among adolescents living with HIV in sub-Saharan Africa: a systematic review' (2018)15 *Reproductive Health*

⁴⁹ Zgambo (n 48) above

before, during, and after the COVID-19 pandemic, HIV and Ebola epidemics, and the national experiences. The chapter provides an overview of Uganda's public health response system and national policy frameworks and provides a deep analysis of the intersectional dimension of public health emergencies and the specificity of SRHR violations encountered by adolescent girls during the pandemic and epidemics in comparison with international norms and standards. Chapter five provides recommendations and conclusions.

CHAPTER TWO: UNDERSTANDING THE REPRODUCTIVE JUSTICE THEORETICAL APPROACH AND ITS RELEVANCE TO THIS STUDY

2.1 Introduction

This chapter discusses the theoretical approach that this study employs. It therefore discusses in-depth the reproductive justice approach including its definition, origin, applicability to the research problem, significance, critiques, barriers as well as studies that have employed the approach. This chapter also briefly highlights a complementary approach that the study will use which is the sociolegal approach.

2.2 The Reproductive Justice approach to research

2.2.1 Defining the Reproductive Justice Approach.

Different scholars define reproductive justice in various ways. The most used definition is the one in the book '*Reproductive Justice: An Introduction*' by Loretta J. Ross and Rickie Solinger' which describes reproductive justice as a movement-building and organizing framework.⁵⁰ It shows how reproductive oppression results from the intersection of multiple oppressions and is closely related to the fight for social justice and human rights. It argues that a woman's reproductive life is influenced by social institutions, the environment, the economy, and culture. The reproductive justice approach focuses on human rights rather than "choice," emphasizing the freedom to procreate, the right not to procreate, and the right to raise children in safe and healthy environments.⁵¹

According to Laura, reproductive justice is also defined as a framework that takes into account all of the variables that influence an individual's right to have or not have children and raise the children they decide to have.⁵² Therefore, reproductive justice is premised on the notion of positive rights, which states that government should support individuals in achieving a high quality of life.⁵³ A comprehensive approach to reproductive justice considers how the social

⁵⁰ L Ross & R. Solinger 'Reproductive Justice: An introduction' (2017) *California University Press*.

⁵¹ Ross & Solinger (n 50) above

⁵² N Laura 'The right to (trans) parent: reproductive justice approach to reproductive rights, fertility, and family-building issues facing transgender people' (2013)20 *William & Mary Journal of Women and the Law* 79

⁵³ J Chrisler 'Introduction: A Global Approach to Reproductive Justice—Psychosocial and Legal Aspects and Implications' (2013)20 *William & Mary Journal of Women and the Law*

status of women and girls affects their power in relationships, bodily integrity, and ability to make reproductive decisions.⁵⁴

Reproductive justice aligns with international human rights frameworks and incorporates reproductive and social justice principles. In 1994, feminists of colour established reproductive justice as a social justice movement that addressed racism, classism, and other oppressions while focusing on reproductive rights.⁵⁵ Reproductive justice is also rooted in intersectionality by recognizing that one's reproductive choices do not happen in a vacuum but rather are influenced by several factors, such as poverty, racism, immigration status, sexual orientation, and disability.⁵⁶

According to Morison,⁵⁷ the reproductive justice approach can be traced back to the three theoretical streams and these include;

- a) ***Standpoint Theory***: This approach emphasizes how important minority perspectives and experiences are when tackling reproductive issues. It pushes academics to focus on the perspectives of the groups most impacted by reproductive injustices, including low-income women, women of colour, and LGBTQ+ individuals.
- b) ***Intersectionality Theory***: This idea highlights how several forms of oppression including racism, sexism, and classism affect reproductive experiences. Using intersectionality theory, researchers can examine how these different forms of oppression interact and overlap, giving different populations different experiences of reproductive injustice.
- c) ***Feminist Poststructuralism***: This theoretical perspective underlines the importance of dismantling power structures and challenges popular discourses on reproductive issues. It pushes scholars to question how language and narratives shape reproductive experiences and to draw attention to injustices that are consistent across multiple axes of diversity.

⁵⁴ Chrisler (n 53)

⁵⁵ R Powell 'Disability Reproductive Justice' (2022)7 *University of Pennsylvania Law Review* 1885

⁵⁶ Ross & Solinger (n 50)

⁵⁷ Morison (n 25)

2.2.2 The origin of the reproductive justice approach

The reproductive justice movement originated in Black feminist philosophy and arose in the United States in the late 1990s. It began as a theoretical framework developed by Black feminist researchers and activists to address the right to reproductive freedom of women of color in the United States. These activists' intersectional activism, which they approached through the lens of reproductive justice, focused on the interconnectedness of diverse social identities and power systems in forming singular life experiences at the intersection of race, class, gender, and other social identities.⁵⁸

The reproductive justice approach arose from the junction of multiple oppressions, as well as the fight for social justice and human rights. It originated in response to discriminatory reproductive policies throughout history, including laws managing fertility, sexuality, and motherhood, particularly those that racialized the population and enforced reproductive control on disadvantaged groups. The movement was founded in the 1990s by women of color activists who placed human rights over "choice," advocating for the right to reproduce, not reproduce, and raise children in safe environments. This approach challenges conventional conceptions of reproductive rights and stresses the impact of systematic oppression based on race, ability, class, gender, sexual orientation, age, and immigration status.⁵⁹

2.2.3 Applicability of the approach to the research problem

Researchers can employ the reproductive justice approach to investigate sexual and reproductive matters in a more intricate and politicized manner, reorienting the analytical focus from individual rights to the psychological, social, physical, and economic realities of marginalized communities.⁶⁰ Reproductive justice, a relatively young feminist ideology, has been attributed to one of the most important advances in modern reproductive politics. Along with challenging the individualism of the mainstream feminist and sexual and reproductive health and rights movements, it offers a conceptual foundation for intersectional activist behaviors.⁶¹

⁵⁸ Morison (n 25)

⁵⁹ Ross & Solinger (n 50)

⁶⁰ As above

⁶¹ As above

Reproductive Justice provides a wide conceptual framework that academics can use as a guide, even though it does not explicitly present any particular set of analytical concepts or tools.⁶² Scholars using a reproductive justice lens, in Morison's opinion, ought to be more transparent about the theoretical premises upon which their work is based or on how the methodology they have chosen allows for a reproductive justice analysis.⁶³

Researchers should place more emphasis on operationalizing their knowledge production during the study process than just developing it to attain reproductive justice, and it is critical to examine the structures and groups engaged in both asking and responding to the questions in reproductive justice, in addition to the questions themselves.⁶⁴ How and why were these systems and organizations recognized? To generate information and study methodology, researchers need to cooperate with their "subjects" and venture outside of their comfort zones to address these difficulties. To practice reproductive justice, researchers must address the power structures that both affect their research programs and the lives of participants.⁶⁵

2.2.4 Significance of using reproductive justice approach in addressing pandemics and epidemics

Reproductive justice was initially successfully used as a conceptual framework for advocacy and programming before it was more generally acknowledged in the field of reproductive health. The approach gained popularity among proponents of reproductive health and rights, and beginning in the middle of the 2010s, it entered academic study as a theoretical foundation for empirical investigations.⁶⁶ Reproductive justice has been recognized as a critical feminist theory that offers a fundamental social and politicized analytical framework for research on sexual and reproductive health issues, going beyond the limitations of the dominant sexual and reproductive health and rights paradigm.⁶⁷

The approach encourages a comprehensive framework that considers how reproductive health, rights, and justice intersect during times of crisis to address health emergencies. This approach emphasizes how vital it is to make sure that everyone has equitable access to services related to sexual and reproductive health, particularly in times of crisis such as pandemics, armed conflicts, and natural disasters. Reproductive justice-based responses to public health

⁶² Morison (n 25)

⁶³ As above

⁶⁴ A Eaton & D Stephens 'Reproductive Justice: Moving the margins to the center in social issues research' (2020) 76 *Journal of Social Issues* 208

⁶⁵ Eaton & Stephens (n 64)

⁶⁶ Morison (n 25)

⁶⁷ As above

catastrophes aim to address the special needs of marginalized groups such as women and girls who are disproportionately affected by crises.⁶⁸

The main priorities are preserving reproductive autonomy, providing essential services like family planning, emergency obstetric care, and support for victims of gender-based violence, and recognizing the larger societal structures that impact people's ability to make informed decisions about their reproductive health.⁶⁹ The humanitarian ideals of inclusivity, rights-based strategies, local leadership, and gender responsiveness are all in line with using reproductive justice to accomplish SRHR. The goal of this strategy is to restore the dignity of various populations.⁷⁰

2.2.5 Barriers to reproductive justice during pandemics and epidemics

The availability of reproductive health care for women and girls can be significantly impacted by events like pandemics. The physical well-being of women and adolescent girls depends on reproductive justice. By limiting the frequency and spacing of their pregnancies, women can give their bodies enough time to heal from previous pregnancies and deliveries before getting pregnant again with the aid of contraception.⁷¹ Women's mental health is critically dependent on reproductive justice, improved mental health and wellbeing have been associated with control over one's body and environment.⁷²

However, critiques have emerged questioning the effectiveness of the reproductive justice approach in addressing SRHR concerns of women and girls even during times of public health emergencies. Morison for example contends that the reproductive justice approach frequently lacks precision about its underlying theoretical assumptions and how they inform its conception of reproductive justice.⁷³ She also argues that the emphasis placed by the reproductive justice approach on multiple interconnected concerns may cause fragmentation and a lack of attention to SRHR issues.

Additionally, Ross & Solinger also argue that sometimes it is difficult to operationalise the reproductive justice approach, especially in situations when the social, political, and economic

⁶⁸ M Daigle & A Spencer 'Reproductive justice, sexual rights and bodily autonomy in humanitarian action: what a justice lens brings to crisis response' (2022) *HPG working paper*

⁶⁹ Daigle & Spencer (n 68)

⁷⁰ As above

⁷¹ As above

⁷² As above

⁷³ Morison (n 25)

circumstances required for reproductive justice are not yet met.⁷⁴ They additionally criticized the approach for possibly overemphasizing individual agency and decision-making at the expense of larger social and structural issues that affect reproductive outcomes.

2.2.6 Studies that have utilized the same theoretical approach.

In their study, Endler et al highlight that fewer surgical and pharmaceutical abortions were performed worldwide as a result of lack of access to pharmacies, difficulty of transportation, and fear of COVID-19.⁷⁵ He further adds that nations with stringent abortion laws reported a decrease in the number of women seeking abortions and a decrease in the number of policy modifications that considered SRH necessary to improve access to contraceptives or abortion during the epidemic.⁷⁶

Lokot et al pointed out that the pandemic worsens poverty, disproportionately affects individuals with lower socioeconomic levels, and aggravates pre-existing health conditions, such as SRHR-related ones.⁷⁷ In particular, among women and girls of lower socioeconomic status, interventions are vital to maintain adequate access to family planning, STI/HIV testing and treatment, abortion, and other SRH services. These interventions also ensure the continuity of fertility treatments, gynecological cancer screenings and treatment, and other SRHR services. Ultimately, the goal is to reduce the number of unintended pregnancies, unsafe abortions, and STI/HIV transmission while also reversing decades of progress made in health and development.⁷⁸

According to Mukherjee et al, understanding how COVID-19 affects SRHR can help policymakers create guidelines and regulations that, even in the face of lockdowns, support reproductive justice and equal, timely access to SRHR.⁷⁹ He emphasizes that providers should place a high priority on educating patients and providing them with a variety of contraceptive methods. When necessary, they should also offer advice and permit patients to contemplate switching methods, as this review makes clear. Telehealth may be used to complete patient

⁷⁴ Ross & Solinger (n 50)

⁷⁵ Endler & Others 'How the coronavirus disease 2019 pandemic is impacting sexual and reproductive health and rights and response: results from a global survey of providers, researchers, and policy-makers' (2021) 4 *Acta Obstetrica et Gynecologica Scandinavica* 571

⁷⁶ Endler & Others (n 75)

⁷⁷ M Lokot & Y Avakyan 'Intersectionality as a lens to the COVID-19 pandemic: implications for sexual and reproductive health in development and humanitarian contexts' (2020)28 *Sexual and Reproductive Health Matters*.

⁷⁸ Lokot & Avakyan (n 77)

⁷⁹ Mukherjee (n 27)

education on the variety of contraceptive techniques, procedures for method switching, and at-home usage of contraceptive methods (including injectables and self-managed abortion). This may present a chance to reach more women and girls.⁸⁰

Historical disparities in access to SRHR services must be considered when providing services in response to COVID-19 including modifications to service delivery that guarantee access to high-quality SRHR services, precise.⁸¹ Furthermore, more should be done to gather sociodemographic data to comprehend the COVID-19 pandemic's indirect and downstream effects on SRHR for a variety of populations. Lastly, even while the growth of telehealth services offers a chance to reach underprivileged groups, it is also important to consider privacy issues, unequal access to technology, and the long-lasting effects of racism on the adoption of care.⁸²

The pandemic's direct and indirect effects affected people differently because they interacted and overlapped with context-specific factors that contribute to vulnerability and marginalization. These factors include, but are not limited to, gender, age, indigeneity, class, socioeconomic status, geography, disability, sexual orientation, religion, migration/refugee status, and other structural conditions. Crucially, these interdependent elements take place inside power structures and systems, which might include institutions, governments, policies, and the media. These procedures have their historical origins in systems of privilege and oppression that have been shaped by ableism, colonialism, imperialism, xenophobia, systemic racism, and patriarchy. The long-term effects of COVID-19 may be more likely to affect women and girls with numerous or compounded vulnerabilities because of the limitations of health systems, accessibility issues, and social and economic ramifications.⁸³

2.3 Socio-legal approach – A complementary approach that employed in this study.

To complement the reproductive justice approach, this also employs the socio-legal approach. Socio-legal research is a broad word that refers to a variety of methods and definitions.

⁸⁰ As above

⁸¹ As above

⁸² As above

⁸³ N Ryan & A El Ayadi 'A call for a gender-responsive, intersectional approach to address COVID-19' (2020) 15 *Global Public Health* 1404–1412

2.3.1 Defining the socio-legal approach to research.

The term 'socio-legal' refers to the interaction of approaches in both the legal and sociological study disciplines and it arose in response to a perceived insufficiency with contemporary legal methodology, such as the pure 'doctrinal' approach, which stemmed from unhappiness with the constraints of old systems.⁸⁴ Many perceive it as a step toward a more 'academic' orientation, similar to other disciplines, as opposed to traditional practice-driven approaches which can be defined as law placed inside its social framework, from which it is inseparable and analyses how the law interacts with its social, historical, and economic circumstances.⁸⁵

Socio-legal research takes an interdisciplinary approach, combining the study of law with social sciences such as sociology, anthropology, and politics and it seeks to explain how laws and legal systems interact with social, economic, and cultural aspects to shape and be shaped by society.⁸⁶

2.3.2 Significance of using the Socio-legal Approach

The socio-legal study helps scholars understand how laws are implemented, legal processes are carried out, and legal decisions are formed. This approach can uncover areas of the law that may require modification and can inform policy decisions, legal reforms, and advocacy efforts for social justice and equality.⁸⁷

Socio-legal human rights research uses a theoretical and analytical framework of legal knowledge and inquiry that is embedded in the research's social context. While possibly unique in its combining of the legal and social disciplines, the practical portion of the research differs little from other qualitative-based areas of research and scholarship.⁸⁸ Socio-legal research has two major components. The first step is doctrinal, which involves researching legal sources and then analyzing the text. These methods are like document and content analysis, but they make use of legal sources and analysis tools. The second step is

⁸⁴ P Thomas 'Interdisciplinary Methodological Approaches to Desk-Based Socio-legal Human Rights Research' (2023)

⁸⁵ T Peck 'Interdisciplinary Methodological Approaches to Desk-Based Socio-legal Human Rights Research' (2023) *Law and Method*

⁸⁶ Peck (n 85)

⁸⁷ As above

⁸⁸ As above

sociological, in which the law is analyzed and understood through the lens of the research topic's setting and theoretical framework.⁸⁹

Socio-legal research enables legal practitioners and scholars to see the law in action. This is almost impossible within the scope of doctrinal research. Socio-legal research avoids focusing too much on legal norms and instead provides systematic and regular references to the background of the problems that laws were designed to solve, the purpose they were supposed to serve, and the effect they have in practice. This helps to refute the claim that law is conservative and disconnected from the social context in which it acts.⁹⁰

Socio-legal research is important because it functionalizes the law by connecting it to society, making it a useful tool for achieving social, political, and economic goals. Socio-legal techniques are inherently interdisciplinary, allowing for the construction of bridges between law and other disciplines such as economics, history, sociology, politics, and so on. This is important because it increases the law's relevance while also presenting it appropriately, as a little aspect of a greater social universe.⁹¹

2.4 Linking the Socio-legal Theory to the Reproductive Justice Theoretical Approach

As discussed in the previous sections, the reproductive justice and socio-legal theory approaches are closely linked since they both concentrate on addressing the social, legal, and political determinants that affect SRHR. The socio-legal theoretical approach to reproductive justice looks at the intricate interactions that shape reproductive health outcomes and rights between societal norms, legal frameworks, and individual behavior. The approach therefore acknowledges that power dynamics and wider societal injustices are at the core of reproductive justice, making it more than merely a legal matter. The socio-legal theory approach identifies the systemic hurdles and prejudices that disproportionately affect marginalized communities, such as adolescent girls, and evaluates the legal and social circumstances that influence reproductive decision-making and access to SRHR.

This study uses the socio-legal approach to analyse the national, regional, and global legal frameworks and policies linked to adolescent pregnancy, and access to SRH services during

⁸⁹ As above

⁹⁰ M Langford 'Interdisciplinarity and multimethod research in B Andreassen and Others (Eds.) *Research methods in human rights: A handbook* (2017) 161

⁹¹ Langford (n 90)

pandemics and epidemics to identify gaps, obstacles, and possibilities to improve adolescent SRHR outcomes. Additionally, the study investigates the socioeconomic determinants of health, such as poverty, education, gender inequality, and social norms, and how these factors combine with pandemics and epidemics to raise the risk of adolescent pregnancy. The approach therefore supported the study in unpacking how disruptions of accessibility, availability, and quality of SRHR services including contraceptives and safe abortion during public health emergencies perpetuated the risks and effects of adolescent pregnancy for groups of girls in the Busoga region. This study therefore evaluates the effectiveness of policy and programmatic responses to adolescent pregnancy during pandemics and epidemics can help identify best practices, challenges, and opportunities for improving adolescent SRH outcomes.

2.5 Conclusion

Employing both the reproductive justice and socio-legal theoretical approaches to the effects of pandemics and epidemics can shed light on the legal, ethical, and social consequences of such crises on adolescent pregnancy. By using both approaches approach, this research supports in better understanding of the intricate relationships between legal frameworks, social structures, and individual behaviors, and their influence on adolescent pregnancy during pandemics such as COVID-19 and epidemics such as Ebola and HIV/AIDS in the Busoga region and therefore suggest evidence-based policy interventions and legal changes to address the implications of pandemics on adolescent girls.

CHAPTER THREE: INTERNATIONAL HUMAN RIGHTS STANDARDS FOR PROTECTION AND SAFEGUARDING ASRHR DURING PUBLIC HEALTH EMERGENCIES.

2.1 Introduction

As highlighted in chapter one, Uganda's response to COVID-19 and HIV and Ebola epidemics unintentionally birthed poor ASRHR outcomes including driving adolescent pregnancy rates. Building on to the discussion from chapter two, this chapter inclines on the reproductive justice and socio-legal approaches to unpack the different regional and global human rights standards and frameworks, state obligations and limitations, and derogations on economic, social, and cultural rights including ASRHR during emergencies.

3.2 Human rights frameworks for safeguarding SRHR of adolescent girls in emergencies.

This section discusses the international human rights law and adolescent SRHR in emergencies including at the global level (UN) and regional African human rights norms and standards.

3.2.1 Global human rights frameworks and protection of ASRHR during public health emergencies.

Uganda is bound by several UN human rights frameworks and instruments including the Convention on the Rights of the Child (CRC), an instrument that codifies children's rights globally including the right to education,⁹² right to information and to be heard,⁹³ right to protection from violence,⁹⁴ right to survival and development,⁹⁵ right to an adequate standard of living,⁹⁶ and right to non-discrimination.⁹⁷ The CRC defines "emergencies" as situations where man-made or natural disasters including armed wars and natural calamities destroy

⁹² Convention on the Rights of the Child (CRC) art 28 & 29

⁹³ CRC (n 92) art 12, 13 & 17

⁹⁴ CRC art 19 & 34

⁹⁵ CRC art 6

⁹⁶ CRC art 27

⁹⁷ CRC art 2

children's normal living conditions, care, and education facilities, disrupting or delaying their rights including education.⁹⁸ At the onset of the COVID-19 emergency, the Committee issued a warning of the grave physical, emotional, and psychological effects of the pandemic on children and called on states to protect the rights of children.⁹⁹ The Committee acknowledged that in times of crisis, international human rights law allows for restrictions on certain rights to preserve public health but emphasised that such restrictions must be reasonable, balanced, and maintained to a minimum.¹⁰⁰ The Committee also raised concerns that although the COVID-19 pandemic may affect financial resources, it should not prevent the Convention from being implemented and that states ought to prioritize the best interests of children while responding to the epidemic, including resource allocation decisions.¹⁰¹

The CRC Committee emphasized the importance of engaging children affected by emergencies in analysing their circumstances and potential as this assists them in regaining control of their lives, adds to rehabilitation, and improves a sense of identity,¹⁰² which is a reaffirmation of the standpoint theory of reproductive justice that emphasises the participation of the affected group, in this case, adolescent girls in decision-making and emergency response.¹⁰³ The Committee therefore encouraged states to support measures that allow children, especially adolescents, to actively participate in post-emergency reconstruction including in program assessment, planning, implementation, monitoring, and evaluation is crucial.¹⁰⁴ Through its General Comment No. 15 on the rights to health and development of children and adolescents, the CRC Committee emphasizes the essentiality of states to ensure that adolescents access a range of sexual and reproductive information and services including contraception, safe abortion, and social protection.¹⁰⁵

Through its General Comment No. 25 on children's rights related to the digital environment, the CRC Committee also raised concerns about digital threats to children's right to life, survival, and development through associated risks related to content, contact, conduct, and

⁹⁸ Committee on the Rights of the Child (CRC Committee) 49th Session 'The right of the Child to education in emergency situations' (2008) para 2

⁹⁹ In 2020, the Committee on the Rights of the Child warned of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children https://www.unicef.nl/files/INT_CRC_STA_9095_E.pdf accessed 31 May 2024

¹⁰⁰ CRC Committee (n 98)

¹⁰¹ As above

¹⁰² CRC Committee General Comment 12 (The right of the child to be heard) (2009) para 125

¹⁰³ Morison (n 25)

¹⁰⁴ CRC Committee (n 102) para 126

¹⁰⁵ CRC Committee General Comment 15 (right of the child to the enjoyment of the highest attainable standard of health) (2013)

contract include violent and sexual content, cyberaggression and harassment, gambling, and sexual exploitation and abuse.¹⁰⁶ The Committee therefore urged states should recognize and manage developing hazards for children in various circumstances, including listening to their perspectives on the specific risks they experience.¹⁰⁷ The subsequent chapter analyses whether Uganda instituted substantive measures to safeguard children following the adoption of an alternative learning model as part of the public health emergency response.

Additionally, Uganda is also a state party to the International Covenant on Economic, Social, and Cultural Rights (ICESCR) which prescribes the rights to health including SRHR through Article 12. Through General Comment No. 22, the Committee on Economic, Social and Cultural Rights (ESCR Committee) while interpreting that specific article emphasized states' duty to respect, protect, and fulfill the right to SRHR in a way that guarantees all SRHR information and services are available, accessible, acceptable, and of high quality including during public health emergencies.¹⁰⁸

Uganda is also a state party to the CEDAW which requires states to promote gender equality and CEDAW obligations apply during crises and public emergencies, just as they do in other circumstances. The CEDAW alludes that emergencies compel states to address intersecting forms of prejudice and take actions that are gender sensitive.¹⁰⁹ The CEDAW highlights how crucial it is to guarantee SRHR for women and girls, especially in times of emergency when they are frequently disproportionately impacted.¹¹⁰ At the onset of the COVID-19 pandemic, the CEDAW Committee issued a guidance note urging that states must continue to deliver gender-responsive sexual and reproductive health services, including maternity care, as part of their COVID-19 response.¹¹¹ The note also emphasized that women and girls must have confidential access to SRHR information and services such as modern forms of contraception, safe abortion, and post-abortion services, as well as full consent, at all times, through toll-free hotlines and simple procedures such as online prescriptions, which must be free of charge if

¹⁰⁶ CRC Committee General Comment 25 (Children's rights in relation to the digital environment) (2021) para 14

¹⁰⁷ CRC Committee (n 106) para 14

¹⁰⁸ Economic, Social and Cultural Rights (ESCR) Committee General Comment 22 (right to sexual and reproductive health) (2016)

¹⁰⁹ CEDAW Committee General Recommendation 30 (Women in Conflict Prevention, Conflict and Post-Conflict Situations) (2013) para. 73c

¹¹⁰ CEDAW art 12(1)

¹¹¹ CEDAW Committee Guidance Note on CEDAW and COVID 19 (2020) para 2

necessary, and that states parties should promote awareness about the unique dangers of COVID-19 for pregnant women and women with pre-existing health issues.¹¹²

The Principles and Guidelines on Human Rights and Public Health Emergencies urge states to refrain from implementing discriminatory policies that restrict the exercise of the right to health and related rights, such as limiting access to medical supplies, facilities, services, and technology that aren't directly connected to an emergency of public health.¹¹³ This reaffirms the argument in chapter two on the states to employ the reproductive justice approach in addressing public health emergencies.

3.2.2 Regional human rights instruments and protection of ASRHR during public health emergencies.

Uganda signed the African Charter on Human and Peoples' Rights in 1992 and ratified it in 1994, which is a foundational document that protects the rights of African adolescent girls. It contains provisions about the right to life, dignity, and health, which are crucial for protecting ASRHR in public health emergencies.¹¹⁴ Uganda is also a state party to the African Charter on the Rights and Welfare of the Child (ACRWC) which sets out explicitly the rights of children including adolescent girls as well as the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) which affirm the right to youth-friendly sexual and reproductive health services, comprehensive sexuality education, safe abortion, and post-abortion care. Therefore, in the enforcement of COVID-19 response measures, there were reported unintended violations of the rights of adolescent girls in Uganda. For example, adolescent girls were not effectively included in decision-making processes and didn't have representation on national and district task forces, thus marginalizing their voices and opinions. The refusal to involve them in the response activities deprived them of the right to voice their opinion and views¹¹⁵ and is also a misalignment with the standpoint theory of the reproductive justice approach which emphasizes the essentiality of considering perspectives of marginalized groups like adolescent girls in tackling reproductive issues.¹¹⁶ Similarly, the increasing SGBV and sexual exploitation during the epidemic put adolescent

¹¹² CEDAW Committee Guidance Note on CEDAW and COVID 19 (2020) para 2

¹¹³ International Commission of Jurists 'Principles and Guidelines on Human Rights and Public Health Emergencies' (2023) < <https://icj2.wpenginepowered.com/wp-content/uploads/2024/01/Human-Rights-Public-Health-Emergencies.pdf>> accessed 16 May 2024

¹¹⁴ African Union < <https://au.int/treaties/signedby/63>> accessed 20 May 2024

¹¹⁵ African Charter on the Rights and Welfare of the Child (ACRWC) art 4 & 7

¹¹⁶ Morison (n 25)

girls in danger of major bodily and emotional trauma, which can be fatal and violate rights to life,¹¹⁷ the right to be protected from violence or abuse including sexual exploitation and sexual abuse,¹¹⁸ right to be protected from harmful social and cultural practices such as child marriage.¹¹⁹ Additionally, the world's longest school closure during the COVID-19 pandemic instituted by the country as well as the disparities and inefficiencies in online schooling and denial of school re-entry for pregnant girls violated their rights to non-discrimination,¹²⁰ and right to education,¹²¹ and right to receive appropriate protection and humanitarian assistance.¹²² These are discussed at length in the subsequent chapter.

In 2020, the African Committee of Experts on the Rights and Welfare of a Child (ACERWC) adopted a guiding note on the protection of children during COVID-19 and urged member states to ensure continued provision of access to SRHR information and services as essential services to the life, survival, and development of children.¹²³

The African Commission on Human and People's Rights which monitors the implementation of the African Charter on Human and People's Rights and the Maputo Protocol raised concerns about the disproportionate impact of some of the blanket COVID-19 response measures imposed by various States Parties on freedom of movement, with excessively negative consequences for people's access to health care, food, water and sanitation, work, and education.¹²⁴ In a press statement on the effects of COVID-19 on social, economic, and cultural rights, the Commission also stressed sexual and gender-based violence becoming a pandemic within the COVID-19 pandemic.¹²⁵ The Commission also was concerned about the severe socioeconomic and humanitarian implications of COVID-19 and the response measures and their effect on access to essential services including social protection and sexual and reproductive health. The Commission therefore called upon states including Uganda to

¹¹⁷ ACRWC art 5; Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol), art 4

¹¹⁸ ACRWC art 16 & 27; Maputo Protocol, art 11

¹¹⁹ ACRWC art 21; Maputo Protocol, art 5

¹²⁰ ACRWC art 3; Maputo Protocol art 2

¹²¹ ACRWC art 11; Maputo Protocol, art 12

¹²² ACRWC art 23

¹²³ African Committee of Experts on the Rights and Welfare of the Child (ACERWC) 'COVID-19 and its Implication on Children's Rights and Welfare- Guiding Note to Member States of the African Union' (2020)

¹²⁴ African Commission Resolution 449 on Human and Peoples' Rights as central pillar of successful response to COVID-19 and recovery from its socio-political impacts adopted at its 44th ordinary session held from 13 July to 7 August 2020 in Banjul, the Gambia.

¹²⁵ African Commission 'Press release on the impact of the COVID-19 pandemic on economic, social and cultural rights in Africa' adopted on 4 June 2020 <https://achpr.au.int/en/news/speeches/2020-10-21/welcome-remarks-honourable-commissioner-solomon-ayele-deresso> accessed 23 June 2024

establish mechanisms to ensure safe access to SRHR services.¹²⁶ However, the African Commission's response to the COVID-19 pandemic has been criticized for its failure to establish new norms and standards for protecting individual human rights during public health emergencies, which could serve as a benchmark for future pandemics.¹²⁷

Generally, International Human Rights Law requires states to provide SRHR information and services and remove barriers to accessing them, which is an indivisible component of reproductive justice. Although public health emergency interventions are essential to save lives, these need to be enforced through laws while respecting individual human rights.¹²⁸ This could be done by adopting the proportionality test as provided in the Siracusa Principles.¹²⁹ Additionally, scholars have cautioned African states including Uganda to not use the principle of progressive realization to undermine their role in respecting, promoting, and protecting SRHR of all people including adolescent girls.¹³⁰

3.3 Limitations on the right to ASRHR during emergencies

As discussed in Chapter Two, reproductive justice for women and adolescent girls is often limited during pandemics and epidemics with a legal basis. Article 12 of the ICESCR guarantees the right to health, which includes government control over the spread of communicable diseases, including through restrictive measures to preserve public safety.¹³¹ Article 4 allows a state party to limit specified rights in times of emergencies, however, the ICESCR does not explicitly limit the right to SRHR. The ICESCR Committee has yet to issue a general comment on article 4 and its applicability which has left an interpretation vacuum on what specific economic, social, and cultural rights can be limited during emergencies, and the extent of their limitation.¹³²

¹²⁶ African Commission n (125)

¹²⁷ E Durojaye 'Role of regional human rights bodies and national courts in addressing human rights in the context of COVID-19 pandemic' in E Durojaye & R Mahadew (eds) 'COVID 19 and the Right to Health in Africa (2024) 341.

¹²⁸ M Achan and Others 'COVID-19 and the law in Uganda: a case study on development and application of the public health act from 2020 to 2021' (2023)23 *BMC Public Health*

¹²⁹ Durojaye n(127) 331

¹³⁰ R Muwanguzi and Others 'Tale of two pandemics: interrogating the impact of COVID-19 on access to maternal healthcare rights for rural women in Kenya and Uganda' in E Durojaye & R Mahadew (eds) 'COVID-19 and the Right to Health in Africa (2024) 174.

¹³¹ ESCR Committee General Comment 14 (Right to Highest Attainable Standard of Health) (2000)

¹³² S Sibanda 'Protection of rural children's right to Education in a state of COVID-19 health emergency in Zimbabwe' (2021) master's thesis unpublished research at 19

Article 4(1) of the International Covenant on Civil and Political Rights (ICCPR) provides for limitations on human rights during times of public emergencies. However, the right to life and right to freedom from torture, and inhumane and degrading treatment are some of the non-derogable rights that enjoy absolute legal protection.¹³³ Some experts argue that socioeconomic rights are inextricably linked to the non-derogable right to life and cannot be limited even during emergencies.¹³⁴ The UN Human Rights Committee through General Comment No. 29 clarified that any restrictions on people's rights and freedoms in the name of public health must be legal, necessary, and proportionate and cannot be used to discriminate against any particular person or group of people.¹³⁵

The UN Commission on Human Rights adopted the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights which states that;

Public health may be invoked as a ground for limiting certain rights to allow a State to take measures dealing with a serious threat to the health of the population or individual members of the population. These measures must be specifically aimed at preventing disease or injury or providing care for the sick and injured.¹³⁶

Scholars have urged that in times of crisis, states do not abdicate their international human rights commitments to uphold, defend, and fulfill the rights to health, life, and non-discrimination, among other rights. For example, Muller points out that while states are permitted and, in certain cases, compelled to adopt extraordinary actions during public health crises, they do not have complete freedom to restrict rights, nor do they totally waive their binding legal commitments.¹³⁷ Accordingly, measures to prevent unsafe abortion and ensure access to important sexual and reproductive health care, including abortion services, are non-derogable core obligations of the state, even in emergencies.¹³⁸ Assessing the impact of emergency measures on women's and girls' rights requires a focus on non-discrimination principles and hence reproductive justice-based responses to public health emergencies aim to

¹³³ UN Commission on Human Rights Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights para 59; UN Human Rights Committee General Comment 29 (Derogations during a state of emergency) (2001) para 7

¹³⁴ A Müller 'Limitations to and Derogations from Economic, Social and Cultural Rights' (2009) 258

¹³⁵ HRC Committee (n 133)

¹³⁶ As above Para 25

¹³⁷ Muller (n 134)

¹³⁸ J Todd-Gher & P Shay 'Abortion in the context of COVID-19: a human rights imperative' (2020) *Sexual and Reproductive Health Matters*

address the special needs of marginalized groups such as women and girls who are disproportionately affected by crises.¹³⁹

The international instruments and guidance on states of emergency and derogation are gender neutral, they do not consider the intersectional impact of emergency measures on women, men, boys, or girls, and do not specify any additional requirements to protect women's or girls' rights,¹⁴⁰ which contradicts the intersectionality theoretical stream of reproductive justice.

3.4 Comparative jurisprudence from the European Court of Human Rights

Several case applications were logged challenging the human rights derogations and restrictions due to COVID-19 measures instituted by countries. The court ruled that most of these cases were inadmissible. For example, in *Terheş v. Romania*,¹⁴¹ the applicant urged that restrictions on freedom of movement violated his right to liberty and security. The court ruled the application as inadmissible on ground that the restriction on freedom of movement did not equate to house rest as no individual preventative measures had been taken against the applicant.

In the case *Le Mailloux v. France*,¹⁴² the applicant argued that France failed in its positive obligation to protect the rights to life and physical integrity of its citizenry due to enforcement of COVID-19 restrictions. The court dismissed the case because the applicant was not a direct victim of the alleged violation.

In the *Aytac Ünsal and Ebru Timtik v Turkey*,¹⁴³ the applicants who were two detained Turkish lawyers on a hunger strike complained that the hospital conditions made them more susceptible to contracting COVID-19. The court unanimously declared the application inadmissible on grounds that the hunger strike was self-inflicted by applicants and therefore, the state was not obligated to provide any extra measures other than those adopted to protect the applicants.

¹³⁹ Daigle & Spencer (n 68)

¹⁴⁰ OSCE Office for Democratic Institutions and Human Rights 'Human Rights and Gender Equality during Public Emergencies; How Women Are Impacted By Restrictions To Fundamental Freedoms And Human Rights: Observations From The Covid-19 Pandemic' (2020) < <https://www.osce.org/files/f/documents/2/a/472956.pdf> accessed 21 May 2024

¹⁴¹ *Terheş v. Romania*, 49933/20, European Court of Human Rights (20 May 2021)

¹⁴² *Mailloux v. France*, 18108/20, European Court of Human Rights (5 November 2020)

¹⁴³ *Aytac Ünsal and Ebru Timtik v. Turkey*, 36331/20, European Court of Human Rights (8 June 2021)

The Court only considered two admissible cases, the partial decision on admissibility in *Fenech v. Malta*¹⁴⁴ in which it unanimously declared that the applicants' complaints were manifested ill-fondly and had to be rejected.

3.5 Conclusion

Uganda is obligated to protect, respect, and fulfil ASRHR under international human rights law and this obligation does not be abdicated even during public health emergencies. As discussed in the chapter, there are some limitations on social, economic, and cultural rights including ASRHR however, emphasis is put on ensuring that enforcement of such limitations is done through laws while respecting human rights. As the WHO stated, integrating human rights into public health response provides ethical advice and sets the standard for future disaster management.¹⁴⁵ In the subsequent chapter, we draw a comparative analysis of Uganda's emergency response with the regional and global obligations to protect ASRHR during emergencies.

¹⁴⁴ *Fenech v. Malta*, 19090/20, European Court of Human Rights (23 March 2021)

¹⁴⁵ A Guterres 'We are all in this together: Human rights and COVID-19 response and recovery' UN (2020) <[avwww.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and](http://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and)> accessed 19 June 2024

CHAPTER FOUR: NATIONAL PUBLIC HEALTH EMERGENCY RESPONSE SYSTEM IN COMPARISON TO UGANDA'S OBLIGATION UNDER INTERNATIONAL LAW.

4.1 Introduction

This chapter traces the growth pattern of adolescent pregnancy in the Busoga region. It highlights the country's public health emergency response system and national policy frameworks for safeguarding ASRHR during emergencies. More importantly, the chapter provides a deeper analysis of the effectiveness of Uganda's public health emergency response system in safeguarding ASRHR, using COVID-19 as a case study.

4.1 The growth pattern of adolescent pregnancy trends in the Busoga region during the COVID-19 pandemic, and Ebola and HIV epidemics.

Before the COVID-19 pandemic, Uganda experienced a decrease in adolescent pregnancies in 2017 before rising by 6.4% in 2018.¹⁴⁶ However, the COVID-19 pandemic and school closures led to a 7% spike in adolescent pregnancy in 2021, the greatest in the past five years. In 2021, 378,790 pregnant girls aged 15-19 years were registered at health facilities around the country, which corresponds to 31,565 pregnancies registered every month and around daily 1,052 pregnancies documented.¹⁴⁷ Busoga region was one of the most affected regions by adolescent pregnancy during the COVID-19 pandemic for example two districts within the region, Kamuli and Mayuge districts individually registered 6535 and 6205 cases respectively.¹⁴⁸ According to the 2022 Uganda Demographic Health Survey (UDHS), Busoga registered a total of 46,337 cases of adolescent pregnancy among 10-19-year-olds in 2021, which was an increase from 44,227 in 2020 and 45,120 in 2019. Therefore, the region's adolescent pregnancy rate stands at 34% which is above the national average of 24%.¹⁴⁹ This growth pattern is attributed to several factors including pandemics and epidemics.

A study conducted on factors that drove adolescent pregnancy during COVID-19 in Mayuge district, one of the districts in the Busoga region attributed the rise in adolescent pregnancy

¹⁴⁶ UNFPA 'Population matters: The magnitude of teenage pregnancy in Uganda' (2022) https://uganda.unfpa.org/sites/default/files/pub-pdf/issue_brief_19_cost_of_inaction_on_teenage_pregnancy_print_ready_final_8.4_2022.pdf accessed 1 June 2024

¹⁴⁷ As above

¹⁴⁸ UNFPA (n 7)

¹⁴⁹ Uganda Bureau of Statistics 'Uganda Demographic Health Survey' (2022)

rates to individual factors such as a lack of maternal knowledge, postpartum depression, unsupportive partners, and a lack of social and survival skills for self-sustenance; social factors such as the influence of peers, family pressure, and social norms also played a crucial role in the growth pattern of teenage pregnancy. Additionally, economic factors such as poverty, as well as limited access to school and job prospects, have been cited as major drivers of adolescent pregnancy. Many adolescent girls in the study were compelled to drop out of school owing to financial restrictions, making them more vulnerable to sexual exploitation and unplanned pregnancies.¹⁵⁰

The above findings correlate with those from another study conducted in Luuka district that attributed the growth in adolescent pregnancy rates to a variety of factors, including behavioral ones like having multiple sexual partners, frequent sex, lacking self-control during sex, and irregular use of contraception; familial factors like peer pressure, being raised as an orphan and living with a mother, sexual abuse; and socioeconomic factors like poverty.¹⁵¹

Additionally, the drivers of high rates of HIV infections among adolescents in the Busoga region are synonymous with those of adolescent pregnancy.¹⁵² These intersectional factors include; poverty which pushes adolescent girls into transactional sex, gender-based violence, particularly sexual abuse, high-risk behaviours including promiscuity, multiple sexual partners, alcoholism, and drug addiction, all of which contribute to the high HIV prevalence among adolescent girls in Busoga region.¹⁵³ Additionally, socio-cultural norms and practices such as early and forced child marriages also drive the region's high HIV infection rates among adolescents. Overall, while the HIV prevalence in Busoga has decreased, the region still has a higher rate of adolescent pregnancy than the national average, which is directly associated with HIV infection among adolescents.¹⁵⁴

4.2 Overview of Uganda's public health emergency response system

Uganda is especially vulnerable to public health emergencies due to its proximity to the Congo Basin epidemic hot spot, several epidemic belts, rapid population increase, and refugee

¹⁵⁰ Batiibwe (n 38)

¹⁵¹ S Kabwigo & Others 'Determinants of Adolescent Pregnancy in Luuka District, Eastern Uganda: A Mixed Methods Study' (2022) *Texila International Journal of Public Health*

¹⁵² P Mwine & Others 'HIV Positivity rate and recent HIV infections among adolescent girls and young women 10 – 24 years in Uganda, 2017 – 2021' (2022) < <https://uniph.go.ug/hiv-positivity-rate-and-recent-hiv-infections-among-adolescent-girls-and-young-women-10-24-years-uganda-2017-2021/>> accessed 6 June 2024

¹⁵³ Mwine (n 152)

¹⁵⁴ As above

influx.¹⁵⁵ Despite that, the country's public health emergency response system is a comprehensive framework designed to successfully handle public health emergencies.

Uganda's public health emergency response system includes a steering committee, legal authority, emergency response plans, and an operational framework. The system is governed by the National Policy for Disaster Preparedness and Management, with the Ministry of Health reacting to public health emergencies as a delegated responsibility. Uganda has two national emergency operations centres: the National Emergency Coordination and Operations Centre in the Office of Prime Minister, and the Public Health Emergency Operations Centre (PHEOC), which was established in September 2013 by Uganda's Ministry of Health following the World Health Organization Strategic Framework for Emergency Preparedness.¹⁵⁶ The PHEOC has so far coordinated responses to 271 public health crises between January 2014 and December 2021 including Ebola, HIV/AIDS, and COVID-19.¹⁵⁷

The key policies, strategies, and mechanisms in place for addressing public health emergencies in Uganda include; the National Policy for Disaster Preparedness and Management (2010) which established the National Task Force that was constituted of public health specialists, physicians, epidemiologists, immunologists, and researchers from Makerere University, the Medical Research Council, and the Uganda Virus Research Institute; the Public Health Act (Chapter 281) which is the primary statute governing public health in Uganda. It delegated to the central government the responsibility of preventing and controlling outbreaks and pandemics. The Act was used to respond to the COVID-19 pandemic, especially the non-pharmaceutical interventions; the International Health Regulations (2005); the PHEOC is essential to the nation's coordination of data, assets, and emergency response activities related to public health; the National Rapid Response and District Rapid Response teams which are responsible for promptly responding to public health emergencies at the national and subnational levels, respectively; the Specifically, the COVID-19 Preparedness and Response Plan which was developed in 2020 focusing on key pillars such as coordination, surveillance, case management, risk communication, and logistics to guide Uganda's comprehensive COVID-19 response.¹⁵⁸

¹⁵⁵ A Ario & Others 'The logic model for Uganda's health sector preparedness for public health threats and emergencies' (2019)12 *Global Health Action*

¹⁵⁶ Ario (n 155)

¹⁵⁷ As above

¹⁵⁸ Ario (n 155)

4.2.1 National human rights frameworks and protection of ASRHR during public health emergencies.

The 1995 Constitution of Uganda which is the supreme law of the land enshrines the rights of all people, including adolescent girls. Although the Constitution does not have an explicit provision for the right to health, it can widely be interpreted to inscribe the right to health including sexual and reproductive health through other constitutional provisions. These include; the right to equality and non-discrimination,¹⁵⁹ right to life,¹⁶⁰ human dignity and protection from inhumane treatment,¹⁶¹ right to education¹⁶² and right to information.¹⁶³ Additionally, article 33 (3) provides for special protection of women including adolescent girls due to their unique status and maternal function.

The Children Act of 1997 in Uganda does not explicitly prescribe access to ASRHR services. However, the Act protects children against any form of sexual exploitation and abuse including transactional sex, which most of the adolescent girls who got pregnant during pandemics or epidemics are victims of.¹⁶⁴ Similarly, the Penal Code Act criminalizes any form of sexual acts with anyone below the age of 18 years.¹⁶⁵

The 2004 National ASRH Policy aims to end gender inequality and violence against adolescents by promoting their access to affordable, high-quality healthcare services and information. It also aims to include adolescents' health needs in the country's development process.¹⁶⁶

In 2021, the government through the Ministry of Education and Sports launched the second National Strategy to end Child Marriages and Teenage Pregnancies in Uganda 2022/23 – 2026/27 to reduce the prevalence of adolescent pregnancy through various strategic focus areas such as social protection, increased provision of SRHR services, addressing harmful social norms among others.

¹⁵⁹ Constitution of Uganda (n 5) art 21

¹⁶⁰ Constitution art 22

¹⁶¹ Constitution art 24

¹⁶² Constitution art 30

¹⁶³ Constitution art 41

¹⁶⁴ Children (Amendment Act), 2016 sec 8A

¹⁶⁵ Penal Code (Amendment) Act, 2007

¹⁶⁶ National adolescent sexual and reproductive health policy, 2015

A general observation is that there is very limited reference to ASRHR during emergencies given that most of the national human rights frameworks do not explicitly address SRHR needs of adolescent girls in emergencies.

4.3 Analysis of the effectiveness of Uganda's response in safeguarding SRHR of adolescent girls during public health emergencies – A case study of COVID-19

The Uganda COVID-19 response plan was hinged on 8 cardinal pillars, with one of the pillars being community engagement and social protection to meaningfully engage communities to ensure continued and sustained access to basic health services including contraceptives/family planning and social protection against sexual and gender-based violence.¹⁶⁷ The pandemic highlighted severe flaws in the implementation of national laws and local by-laws that should protect children and young women from sexual and gender-based violence. The government's reluctance to provide guidelines for the safety of adolescents from SGBV during the lockdowns was another indication of a lack of political commitment to confront SGBV.¹⁶⁸ Additionally, during the COVID-19 and Ebola lockdowns, many community health workers, who play a significant role in health promotion, referrals, and community health outreach in Uganda, ceased their routine duties.¹⁶⁹ This negatively impacted the adolescent pregnancy rates. According to data from Mayuge Health Centre IV, from Mayuge district in Busoga region, the COVID-19 lockdown caused a decline in the demand for family planning services starting in 2020. Since 2020, the facility has only provided family planning information and services to 465 young people between the ages of 10 and 24. Therefore, a total of 6,873 adolescent pregnancies were recorded at the facility as of 2020.¹⁷⁰

4.3.1 National Lockdown

As highlighted in Chapter One, pandemic-related restrictions including lockdowns and bans on both public and private transportation made it difficult for both healthcare workers and service seekers, in this case adolescent girls to access healthcare facilities. Fear of being at a health

¹⁶⁷ W Muhwezi & Others 'The Performance of COVID 19 District Task Forces in Uganda; Understanding the dynamics and functionality' Action for Development (2020) <https://www.acode-u.org/uploadedFiles/PRS101.pdf> accessed 15 May 2024

¹⁶⁸ Musinguzi (n 36)

¹⁶⁹ P Waiswa 'Sexual Reproductive Health and COVID-19 in Uganda: Avoiding the Pitfalls of Unintended Consequences for Maternal, Newborn, Child, Adolescent, and Nutrition Health in the National Response' (2020) *Technical Brief Series*

¹⁷⁰ Mayuge District Local Government < <https://www.mayuge.go.ug/partners/development-partners>> accessed 17 May 2024

facility was pervasive, and many people felt that facilities were either closed or only provided COVID-19 care and treatment. Additionally, community health workers, who play a significant role in health promotion, referrals, and community health outreach in Uganda, frequently ceased their normal duties during the lockdown.¹⁷¹ Although the institution of a national lockdown was essential to curb the spread of the coronavirus, a measure that is permitted under article 110 of the Constitution and article 4 of the ICCPR and ICESCR, the implementation approach was flawed as it did not consider the varying needs of intersectional groups of people for example the disruptions in access to essential reproductive, maternal and adolescent health services disproportionately affected rural areas such as Busoga region compared to urban areas. This is demonstrated in the subsequent section.

4.3.2 Restrictions on public and private transport

During the entire lockdown, public transport was banned while private transport was restricted to only ‘essential workers.’ Although private transportation was permitted in cases of medical emergency, residents were required to get a movement authorization from their Resident District Commissioners (RDCs).¹⁷² However, because of their remote location from many of their population, RDCs were difficult to access. With only one RDC office in a district, these offices became overcrowded which caused delays in permission issuance.¹⁷³ The government later delegated this responsibility to other subordinate local government officials, such as local council chairpersons. Therefore, pregnant people including expecting adolescents were required to contact local leaders in metropolitan communities for assistance in securing ambulances to transport them to healthcare centers. Similarly, in rural villages, mothers required permission from the Local Chairpersons before traveling to health facilities.¹⁷⁴ Additionally, there were reports of pregnant people being harassed during the restrictive law enforcement period as they struggled to reach the health facilities, which propelled some of them to seek maternal services from Traditional Birth Attendants.¹⁷⁵ Again, this mostly affected rural and economically disadvantaged pregnant people which is a manifestation of reproductive injustice through three lenses namely;

¹⁷¹ Waiswa (n 169)

¹⁷² M Mugenyi ‘COVID-19, Pregnant Women, and the Right to Maternal Healthcare in Uganda’ (2020) <<https://www.africanwomeninlaw.com/post/covid-19-pregnant-women-and-the-right-to-maternal-healthcare-in-uganda>> accessed 1 June 2024

¹⁷³ Mugenyi (n 26)

¹⁷⁴ M Nakate ‘Experiences of mothers and significant others in accessing comprehensive healthcare in the first 1000 days of life post-conception during COVID-19 in rural Uganda’ (2022) *BMC Pregnancy and Childbirth*

¹⁷⁵ Nakate(n 174)

Firstly, failure to exempt pregnant people from getting movement authorisation curtailed them from receiving the bare minimum of healthcare which contradicts article 33(3) of the Constitution of Uganda that guarantees special protection of women and girls due to their maternal functions and is a form of discrimination in health care as it disproportionately affects women and girls.¹⁷⁶ Secondly, the delays at health facilities due to the low number of health workers since they have difficulty reaching their employment because of the limited availability of transportation services and provision of Personal Protective Equipment.¹⁷⁷ Thirdly, restrictions on transport also disrupted sexually active adolescent girls from accessing short-term and emergency contraceptives and at the outset of the pandemic, the institutions were not offering youth-friendly services since the government considered them non-emergency.¹⁷⁸ Although innovative approaches were later adopted by the government to increase the availability and accessibility of ASRHR services (discussed in subsequent section 4.4), such interventions were urban-based and hence did not benefit adolescent girls in rural areas like in Busoga region which were disproportionately affected by adolescent pregnancy as discussed in section 4.1. Hence, one would argue that such alternative approaches may not match the reproductive justice approach to public health emergencies.

Therefore, by prohibiting both public and private transportation and instituting nationwide curfews, the Ugandan government breached its obligations to safeguard citizens' rights to health in rural areas, making it more difficult for vulnerable women to receive essential services related to maternal health.¹⁷⁹

4.3.3 Prolonged school closure

The Ugandan government, with a \$15 million grant from the Global Partnership for Education, made steps to support home learning packages through television, radio, and newspapers, as well as by making courses available for download and schools providing learning content via mobile phones.¹⁸⁰ However, distance learning programs, particularly those that needed access

¹⁷⁶ African Commission, General Comment 2 (Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) para 25.

¹⁷⁷ A s above

¹⁷⁸ S Kuria-Ndiritu & Others 'Impact of the COVID-19 pandemic and policy response on access to and utilization of reproductive, maternal, child and adolescent health services in Kenya, Uganda and Zambia' (2024) *PLOS Global Public Health*.

¹⁷⁹ Muwanguzi & Others 'Tale of two pandemics: interrogating the impact of COVID-19 on access to maternal healthcare rights for rural women in Kenya and Uganda' in E Durojaye & R Mahadew (eds) *Covid 19 and the Right to Health in Africa 2024* 167 - 201

¹⁸⁰ S Datzberger & Others 'Intensified inequities: Young people's experiences of Covid-19 and school closures in Uganda' (2022)

to a mobile phone or a computer, have been criticized for primarily targeting and benefiting urban elites as well as boys because they have much control over electronic gadgets in home settings as compared to girls.¹⁸¹ Additionally, the implementation of home learning was less effective as there was less consideration of overlapping identities among learners, such as gender, location, and socioeconomic status. For example, being a female from a rural and economically disadvantaged region was linked to reduced odds of access to online learning.¹⁸² Young girls raised concerns about being unable to find time for distance learning because they needed to support their guardians with domestic duties or participate in activities that generated revenue. Therefore, the Ministry of Education and Sports missed an opportunity to consider such intersectionality and thus did not recognize patriarchal power structures in the design and execution of distance or online learning model, yet the feminist poststructuralism theory of the reproductive justice approach emphasises the need to consider such gendered power dynamics in emergency response.

4.3.4 Limited Social Protection

According to a report by Human Rights Watch, in response to the COVID-19 pandemic, Uganda expanded its social protection budget slightly. However, critiques of direct cash transfers have emerged with almost two-thirds of the children mentioning that their families did not receive any type of COVID-19 assistance.¹⁸³ Article 9 of the ICESCR guarantees everyone's right to social security including social protection, which the ESCR Committee has interpreted to mean that states must ensure access to a social security scheme that provides a minimum essential level of benefits to all individuals and families that will enable them to acquire at least essential health care, basic shelter and housing, water and sanitation, food, and education.¹⁸⁴ The lack of social protection propelled girls to engage in transactional sex, a factor discussed in the previous chapters that drove adolescent pregnancy rates. This assertion was confirmed by a report by Save the Children which indicated that there was an increase in the number of adolescent girls engaging in transactional sex for cash, food, and menstrual products in Eastern Uganda, where Busoga region falls, during the COVID-19 pandemic.¹⁸⁵ The Human Rights Watch report also revealed that many adolescent girls took up informal jobs

¹⁸¹ Human Rights Watch “I Must Work to Eat”; COVID-19, poverty and child labor in Ghana, Nepal and Uganda (2021) https://www.hrw.org/sites/default/files/media_2021/05/crd_childlabor0521_web.pdf accessed 17 June 2024

¹⁸² Datzberger (n 180)

¹⁸³ Human Rights Watch (n 181)

¹⁸⁴ ESCR Committee General Comment 9 (Right to Social Security) (2008)

¹⁸⁵ Save the Children n (40)

to support their families and save money to cover school fees so that they could return to school once they reopened.¹⁸⁶ This is tantamount to child labour and it contradicts Uganda's Employment Act. For instance, there was a recorded rise in child labor among girls from 20% to 37% during COVID-19, compared to 22% to 35% among boys.¹⁸⁷ Although the Employment Act sets the minimum age for work in Uganda at 14 and permits children ages 12 to 14 to perform "light" work, the Act emphasizes that it must be done under adult supervision and only if it does not interfere with the child's education.¹⁸⁸

4.4 Litigation on COVID-19 Restrictions

These prolonged pandemic restrictions and their subsequent violations of human rights later became contentious among the public to the extent of being challenged in national courts. Although no specific lawsuit was related to adolescent health, most of the cases generally challenged Presidential pronouncements that birthed most of the pandemic control restrictions, most of which the courts upheld.¹⁸⁹ For example, in the *Centre for Food and Adequate Living Rights (CEFROHT) v. Attorney General*,¹⁹⁰ applicants argued that COVID-19 restrictions limited people's access to food. The application was dismissed as the Court found that the government had plans to distribute food and regulate food prices and food markets had been exempted from closure. In *Bukeni Ali & 48 Others v Attorney General*,¹⁹¹ the Court dismissed the application because by convening a political campaign with more than 400 people, the applicants had violated the Ministry of Health Standard Operating Procedure (SoPs). In the case of *Kyagulanyi Sentamu and another v. Attorney General & 2 Others, the applicant*,¹⁹² a Presidential aspirant challenged his home confinement by security forces shortly after Presidential elections were held. The Court issued an affirmative ruling in which it found that restrictions imposed on the applicant were unlawful and therefore ordered for restoration of his liberty. The Court however cautioned the applicant to comply with COVID-19 SoPs. Similarly, in the case of *Lt. General Henry Tumukunde v. Uganda*,¹⁹³ the Court cautioned the respondents' use of COVID-19 as an excuse to delay justice to detainees following their call for dismissal of the applicant's bail application. The respondents argued that investigations had been halted

¹⁸⁶ Human Rights Watch (n 181)

¹⁸⁷ As above

¹⁸⁸ As above

¹⁸⁹ Achan (n 128)

¹⁹⁰ *Centre for Food and Adequate Living Rights (CEFROHT) v. Attorney General* (Miscellaneous), 75/2020, High Court of Uganda

¹⁹¹ *Bukeni Ali & 48 Others v Attorney General* (Miscellaneous), 10/2021, High Court of Uganda

¹⁹² *Kyagulanyi Sentamu and another v. Attorney General & 2 Others* (Miscellaneous), 16/2021, High Court of Uganda

¹⁹³ *Lt. General Henry Tumukunde v. Uganda* (Miscellaneous), 26/2020, High Court of Uganda

by COVID-19 lockdown measures. However, the Court guided that the relevant state institutions tasked to do the investigations had been categorised as essential workers and thus, their mandate was not in any way affected by the COVID-19 restrictions. In *Male H. Mabirizi v. Attorney General*,¹⁹⁴ the applicant challenged the implementation of presidential speeches and directives on COVID-19 without enacting any Act of Parliament or statutory instruments. This application was dismissed, and the Court ruled that measures taken by the President and the Chief Justice to prevent the spread of the pandemic were within the law and not *ultra vires* their power. The only case that resulted in the alteration of COVID-19 rules was the *Turyamusiima Geoffrey v. Attorney General and Dr. Jane Ruth Aceng*¹⁹⁵ which led to the amendment of the Public Health (Control of COVID-19) (No. 2) Rules statute to include legal services among the essential services, with minor limitations.

Therefore, there is no absolute dispute that COVID-19 restrictions were necessary and in line with the Siracusa principles. However, in Uganda's case, some of these restrictions were so stringent and prolonged. Hence, the surgency of such lawsuits reaffirms the earlier argument in chapter three on the utmost respect and priority for human rights in the enforcement of public health emergency restrictions.

4.5 Government efforts to ensure continuity of availability and accessibility of ASRHR information and services.

Despite some sharp losses during the first COVID-19 lockdown period, Uganda was able to retain or restore access to contraceptives. The country's access to SRHR services was disrupted less and for a shorter period than expected. The reported shortfall was contraceptive use among adolescent girls aged 15-19 during April and May 2020 due to COVID-19 restrictions, followed by persistent rises during the rest of 2020.¹⁹⁶ This turn of events is attributed to measures adopted by the government through the Ministry of Health to improve access to ASRHR.

To ease the strain on healthcare workers, the government during the COVID-19 pandemic hired over 200 more personnel and made sure that normal and emergency medical services, including family planning, vaccinations, and delivery care, would continue to be provided.¹⁹⁷

¹⁹⁴ *Male H. Mabirizi versus Attorney General* (Miscellaneous), 194/2021, High Court of Uganda

¹⁹⁵ *Turyamusiima Geoffrey v. Attorney General and Dr. Jane Ruth Aceng* (Miscellaneous), 14/2022, High Court of Uganda

¹⁹⁶ F Makumbi & Others 'Access to contraceptive services among adolescents in Uganda during COVID 19 pandemic' Guttmarker Institute (2021)

¹⁹⁷ As above

Additionally, the state created and disseminated informational materials about COVID-19 in regional languages across the country and granted specialized travel authorization to patients and medical professionals everywhere.¹⁹⁸ These efforts were also supplemented by efforts from development partners who worked with key stakeholders to keep vital health services running during the lockdown, with a focus on youth-friendly services.¹⁹⁹ They also made use of community-level structures already in place to reach out to people across the nation with information and service delivery, and they advised the government on how to lessen the lockdown's negative effects on access to community health services. Additionally, in partnership with implementing partners such as UNFPA, the government devised novel techniques to maintain access to SRHR services and information during the pandemic. This included door-to-door delivery of contraceptives and the use of commercial motorcyclists (boda bodas) to provide reproductive health products.²⁰⁰ However, as alluded to in the previous section, such mechanisms were urban-based mainly in Kampala, and hence could not benefit adolescent girls in the rural Busoga region.

In some communities, the COVID-19 District Task Forces integrated SRHR including contraceptive information in COVID-19 services, and information delivery was executed by the Village Health Teams.²⁰¹

4.5 Conclusion

All in all, less attention was paid to safeguarding adolescent girls' rights during emergency response. Additionally, approaches adopted by the government of Uganda to ensure the continuity of availability and accessibility of ASRHR services and information paid less attention to the intersectional needs of diverse groups of adolescents based on gender, location, and socio-economic status. Therefore, Uganda should address the financial, budgetary, logistical issues, and socio-cultural factors that affected the SRHR of adolescents if it is to fully build back better from the poor ASRHR outcomes fuelled by the pandemic.

¹⁹⁸ Ministry of Health 'Update on the COVID-19 Response in Uganda (April 2020) <<https://www.health.go.ug/covid/2020/04/02/update-on-the-covid-19-respon...>> accessed 16 May 2024

¹⁹⁹ Makumbi (n 196)

²⁰⁰ UNFPA East and Southern Africa 'Boda boda drivers deliver contraceptives to the door during Uganda's COVID-19 lockdown' (8 July 2020) <https://esaro.unfpa.org/en/news/boda-boda-drivers-deliver-contraceptives-door-during-ugandas-covid-19-lockdown#:~:text=Using%20the%20E2%80%9CPersonal%20Health%20Shop,the%20ride%2Dhailing%20company%20SafeBoda>. Accessed 27 May 2024

²⁰⁰ Daily Monitor 'How Covid-19 is affecting reproductive health efforts' (24 April 2020) <<https://www.monitor.co.ug/uganda/magazines/full-woman/how-covid-19-is-affecting-reproductive-health-efforts-1886678>> accessed 13 May 2024

CHAPTER FIVE: RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

It is important to remember that the consequences of a pandemic can sometimes be more severe than the outbreak itself when planning and directing our public health response. Experiences and risk are shaped by a variety of intricate, overlapping, and intersecting power differentials, including gender, age, social status, education, and geographical location.²⁰² Tailoring the response to public health emergencies guarantees the promotion and acceptance of equity-responsive policies, programs, and practices intended to lessen harm to everyone, and gender should be included within an intersectional framework. Therefore, this chapter suggests recommendations specific to actors and stakeholders on safeguarding and protecting adolescent SRHR in Uganda, building on best practices from the Ebola outbreak in West Africa and lessons learned from the COVID-19 outbreak, in case of any outbreak in the future. The chapter also has a general conclusion to this study.

5.2 Conclusions

Even before the pandemic or epidemics, Busoga region and Uganda at large were already grappling with an adolescent pregnancy crisis. However, the rates grew substantially in the region and at the national level during COVID-19 although the region's rates remained higher than the national average. Although there is scarce data and literature on the linkage between the two epidemics, HIV and Ebola with adolescent pregnancy, the causal and consequential link cannot be neglected. This study therefore strongly recommends further studies and documentation on the impact of the two epidemics on adolescent pregnancy.

At the national level, Uganda has a policy gap on the protection, respect, and fulfillment of ASRHR during public health emergencies. There is no explicit normative content on ASRHR in national policy frameworks and therefore, one needs to interpret the provisions to infer SRHR for adolescents during public health emergencies. For example, ASRHR can be inscribed from Constitution provisions on rights to life, dignity, equality, and non-discrimination, information, and article 33(3) that protects women and girls due to their

²⁰² N Ryan & A El Ayadi 'A call for a gender-responsive, intersectional approach to address COVID-19, *Global Public Health*' (2020)15 1404-1412.

maternal functions. Additionally, the Penal Code Act and the Children's Act protect all children including adolescent girls below 18 years from all forms of sexual exploitation.

The COVID-19 restrictions instituted by the government of Uganda and the subsequent limitations on individual rights were necessary for public safety as permitted under article 110 of the Constitution and article 4 of the ICCPR, ICESCR, and Siracusa Principles. However, the implementation of these restrictions was flawed by being so stringent, prolonged, and generally applied to all people with very limited consideration of the varying needs of intersectional groups of people. For example, adolescent and youth SRHR was categorized as no-emergency. Specifically, the state failed in the principle of proportionality between public safety and individual rights which compromised the state obligation to safeguard ASRHR during public health emergencies.

Intersectional factors including gender, location, and socio-economic status greatly influenced the extent and nature of the impact on adolescent pregnancy in the Busoga region. Adolescent girls from rural and economically vulnerable communities were disproportionately affected by COVID-19 restrictions and adolescent pregnancy. This is evidenced by rural districts such as Kamuli and Mayuge registering high rates of adolescent pregnancies compared to urban districts like Jinja within Busoga region.

5.3 Recommendations

These recommendations center on a general human and specific children's rights-based approach to prevention, response, and management of public health emergencies.

5.3.1 Ministry of Health

- i. Strengthen the supply chain management, with an emphasis on the "last mile" distribution of family planning commodities and supplies, to maintain method continuity and equitable access to ASRHR services including contraception services to vulnerable groups of adolescents (such as those with disabilities), through community-based accredited private health care institutions, clinics, pharmacies, and drug shops.²⁰³
- ii. The adjustments and practices that helped preserve the continuity of SRHR services during previous epidemics such as Ebola, HIV, and the COVID-19 pandemic must be documented and nurtured so that comparable measures can be used in any future

²⁰³ Makumbi (n 196)

crises.²⁰⁴ For example, Uganda successfully contained major outbreaks such as Ebola and cholera without substantial constraints, and if such best practices had been documented, they could have been replicated during COVID-19.

- iii. Increase utilization of community health workers to minimize the stress on healthcare professionals while also increasing the promotion and uptake of preventive health practices. Close collaboration between the Ministry of Health, district governments, service providers, and advocates is critical to enhancing the health system by recruiting, training, and maintaining a network of community health workers who offer necessary, high-quality services.
- iv. Mainstream meaningful engagement of adolescents and young people in the control, management, and response to public health emergencies including being part of task forces and response committees to ensure gender responsiveness to their intersectional SRHR needs.
- v. To encourage gender-informed decision-making, ensure that national and district-level response committees and task forces have gender parity, and assist women with a variety of experiences in leadership roles (in the public, private, and nonprofit sectors).²⁰⁵
- vi. Adopt innovative service delivery models rather than interrupt support services, for example transitioning to mHealth provision for critical services like essential sexual and reproductive health care and case management for gender-based violence.
- vii. Contraceptive services should be categorized as essential and thus integrated into the minimum health care package and included in emergency response actions.
- viii. Foster adoption of self-managed and administered contraceptives and safe abortion access to improve access to safe, timely, affordable, and person-centered contraceptive and abortion care. This includes decriminalization and de-stigmatization of abortion and training health care providers to provide prescriptions through telemedicine abortion assistance as part of complete abortion care, as well as providing patients with accurate information and counselling.²⁰⁶

²⁰⁴ As above

²⁰⁵ Ryan & El Ayadi (n 202)

²⁰⁶ B Atonga 'COVID 19 and enjoyment of rights to abortion care and the role of transparency in E Durojaye & R Mahadew (eds) *Covid 19 and the Right to Health in Africa 2024* 301 – 325 at 316

- ix. Create an effective system for adolescent sexual and reproductive health services which must be adaptable and strong to stay responsive in the event of a public health emergency.²⁰⁷
- x. Ensure that adolescent mothers have access to safe and clean delivery and antenatal and postnatal care.
- xi. Implementing guidelines during emergencies must be closely monitored to mitigate emerging unintended negative effects, particularly on the community's health.
- xii. There is a clear need to strengthen the health system, especially community-based health services, to improve access to and utilization of Reproductive, Maternal, Child, and Adolescent Health services always, including during emergencies that may restrict travel.
- xiii. Contingencies are required to ensure continuous service provision even in the context of a pandemic. These include ensuring an adequate supply of necessary equipment, such as Personal Protective Equipment, and providing clear information and clear guidelines, including on how those needing services could access them.
- xiv. Provide integrated HIV and SRHR services tailored to the diverse needs of intersectional groups of adolescent girls and young women.
- xv. Use data to ensure that the public health emergency response and recovery efforts are inclusive, that high-quality services are provided to adolescent girls including those with disabilities, and that they do not worsen the unique vulnerability of children during this pandemic, including through the promotion of harmful social and gender norms.²⁰⁸
- xvi. Pregnant people should be exempted from travel restrictions and curfews to enable timely and safe access to maternal health care.

5.3.2 Ministry of Gender, Labour and Social Development

- i. Review the current child social protection provisions and implement feasible measures for expanded coverage, aiming for universal child benefits including expanded and developed programs designed to respond to future shocks, and humanitarian actors should increase efforts to support and link their responses with government social protection schemes.²⁰⁹

²⁰⁷ Okeke n(4)

²⁰⁸ Save the Children (n 14)

²⁰⁹ As above

- ii. Increase investment in social protection to foster supporting livelihoods during epidemics and pandemics to mitigate negative socioeconomic and health-related shocks when people struggle to satisfy necessities. Such social safety nets like direct cash transfers have proved to limit children's engagement in paid and exploitative employment, and engagement in transactional sex.²¹⁰
- iii. Embrace a preventive rather than a reactionary approach to pandemics and epidemics by identifying and safeguarding adolescent girls who are most at risk of sexual violence.
- iv. There is a need to disaggregate the many sorts of sex that girls engage in and how they lead to an adolescent pregnancy. Transactional sex, consensual non-exploitative sex with fellow adolescents or close-to-age young adults, and sexual violence occur for varying reasons. Efforts to minimize adolescent pregnancy must therefore address the characteristics of each of these categories, understanding that girls sometimes engage in numerous forms of sex at the same time and that individual relationships might span multiple categories.²¹¹
- v. Recognise and invest in the socio-cultural justice aspects of addressing drivers of adolescent pregnancy beyond the health and education aspects.
- vi. The national public health emergency response should always prioritize preventing and redressing violence against girls and women through supporting domestic violence shelters and legal services by designating them as essential services, exempting lawyers from travel restrictions, and providing safe spaces and move services online to ensure survivors have access to legal and support services.²¹²
- vii. Girls face increased risks of physical and sexual violence when accessing unsafe water, sanitation, and hygiene facilities. To make these facilities safe during the pandemic, they should be well-lit, and accessible for children with disabilities. Children should be involved in safety mapping discussions, discussing menstrual health, and offering subsidies for reusable sanitary pads.²¹³
- viii. Finalise and disseminate a sexuality education framework for out-of-school children.

²¹⁰ Bakrania (n 24) 52

²¹¹ L Denney & Others 'Change the Context Not the Girls: A Critical Analysis of Efforts to Reduce Teenage Pregnancy in Sierra Leone' (2017)7 *Journal of Research in Gender Studies* 11-51 at 44

²¹² R Wamajji 'The impact of COVID 19 on women and girls in Uganda; policy brief presented to Parliament of Uganda' Westminster Foundation for Democracy (2021)

²¹³ Serwanjja (n 16)

5.3.3 Ministry of Education and Sports

- i. Intensify efforts to publicise and disseminate the school re-entry guidelines among all key stakeholders including local government structures, school management, Parents and Teachers Associations (PTAs), religious and cultural institutions, and the public to build a supportive social system for pregnant girls and adolescent mothers to safely re-enter school.
- ii. Collaborate with local agencies and community-based organizations to create learning spaces during school closures for continuity of school programs including on sexuality education. Investigate in-person meetings, small learning groups, and outdoor teaching, especially in environments with limited technology access, to ensure practicality and safety.²¹⁴

5.3.4 Civil Society Organisations and Development Partners

- i. Enhance preparedness efforts for SRHR and public health in crises through capacity strengthening in a human rights-based approach for governments, local partners, and other humanitarian actors.
- ii. Support locally-led efforts to amplify voices, enhance accountability, and shift power and resources to leaders, particularly women and adolescent girls.
- iii. Support in bridging the unmet demand for contraceptive, safe abortion, and post-abortion care services by improving health systems through clinical skill development, supply chain strengthening, and facility-based, data-driven supportive supervision, and facilitate dialogue to challenge harmful patriarchal norms that drive adolescent pregnancy.
- iv. Enhance advocacy and accountability efforts to ensure that the national response system embraces a human rights-based approach.

5.3.5 National Human Rights Institutions

²¹⁴ J Parkes & others ‘Young people, inequality and violence during COVID 19 lockdown in Uganda’ (2020) CoVAC working paper

- i. Monitor the implementation of state human rights obligations through conducting assessments and inquiries into adolescent rights violations during health emergencies and ensure that there is redress.

5.4 Conclusion

Adolescent girls' rights are widely protected by both national human rights policy frameworks and international norms and standards. Uganda had huge hiccups in addressing pandemics such as COVID-19 because the country did not learn from previous epidemics such as HIV and Ebola. The hiccups included the limited efforts in strengthening national and community health systems which caused major disruptions in access to ASRHR services. The country's public health emergency responses also did not score much in striking a balance between public safety and safeguarding individual rights including the sexual and reproductive rights of the most vulnerable groups such as adolescent girls. Additionally, Uganda's response to COVID 19 for example was generalised and did not factor in the varying needs of intersectional groups of people. Hence most of the interventions did not incorporate the reproductive justice approach and thus birthed unintended negative impacts such as poor ASRHR outcomes including fuelling adolescent pregnancy. Therefore, given that pandemics and epidemics are unpredictable, this is an opportunity for the country to build back better, address loopholes, learn from past lessons, benchmark on best practices including from other countries, and strengthen its resilience to protect, respect, and fulfill adolescent sexual and reproductive health and rights during future outbreaks.

Bibliography

Books

E Durojaye & R Mahadew *Covid 19 and the Right to Health in Africa* (2024)

A Müller 'Limitations to and Derogations from Economic, Social and Cultural Rights' (2009)

T Peck 'Interdisciplinary Methodological Approaches to Desk-Based Socio-legal Human Rights Research' (2023)

P Thomas 'Interdisciplinary Methodological Approaches to Desk-Based Socio-legal Human Rights Research' (2023).

A Eaton & D Stephens 'Reproductive Justice: Moving the margins to the center in social issues research' (2020) 76

L Ross & R. Solinger 'Reproductive Justice: An Introduction' (2017)

Journal articles

Ochen, A.; Che Chi, P. & Lawoko, S 'Predictors of teenage pregnancy among girls aged 13–19 years in Uganda: a community-based case-control study' (2019)19 *BMC Pregnancy Childbirth*

Lisa, D; Rachel, G; Aminata, K & Precious, L 'Change the Context Not the Girls: A Critical Analysis of Efforts to Reduce Teenage Pregnancy in Sierra Leone' (2017)1 *Journal of Research in Gender Studies*

Alunyo, JP; Mukunya, D.; Napyo, A.; Matovu, J; Okia, D.; Wanume, B.; Okello, F; Tuwa, AH; Wenani, D.; Okibure, A.; Omara, G. & Olupot-Olupot, P 'Factors associated with teenage pregnancies during the Covid-19 period in Pakwach district, Northern Uganda: a case study control (2023)20 *Reproductive Health*

Amon, J; Wurth, M; Barr, H; Broner, TT; Brown, B; Buchanan, J; Cosse, E; Denber, R; Dufka, C; Far, TS; Gall, L; Ganguly, M; Kayyali, S; Klasing, A; Knight, K; Majzoub, A; Margolis, H; Martinez, E; Meng, G; Namwaya, O; Ramachandra, K; Robertson, P; Saadoun, S; Sunderland, J; Wang, M; Wang, Y & Williamson, H 'A Virtual Roundtable on COVID-19 and Human Rights with Human Rights Watch Researchers' (2020)22 *Health and Human Rights Journal* 399 – 413

Achan, MI; Nabukenya, I; Mitanda, S; Nakacwa, J; Bakiika, H; Nabatanzi, M; Bukirwa, J; Nakanwagi, A; Nakiire, L; Aperce, C; Schwid, A; Okware, S; Obuku, E; Lamorde, M, Luswata, B; Makumbi, I; Muruta, A; Mwebesa, HG & Aceng, JR 'COVID-19 and the law in Uganda: a case study on development and application of the public health act from 2020 to 2021' (2023)23 *BMC Public Health*

Mugenti, G 'Queering Reproductive Justice (2020)3 *University of Richmond Law Review* 671-704

M Langford ‘Interdisciplinarity and multimethod research in B Andreassen and Others (Eds.) *Research methods in human rights: A handbook* (2017) 161-191

Musinguzi, M; Kumakech, E; Auma, AG; Akello, RA, Kigongo, E; Tumwesigye, R; Opio, B; Kabunga, A & Omech, B ‘Prevalence and correlates of teenage pregnancy among in-school teenagers during the COVID-19 pandemic in Hoima district western Uganda–A cross-sectional community-based study’ (2022) *PLOS ONE*

Willie, M ‘Teenage Pregnancy During a Pandemic’ (2021)6 *Journal of Women’s Health Care*

Kumar, N & Singh, K ‘Impact of COVID-19 on Gender Equality, Sexual and Reproductive Health Rights of Adolescent Girls and Young Women: A Narrative Review’ (2022) 3 *Current Health Women’s Reviews* 6–12.

Letsie, P. ‘School re-entry policies: A Human Rights and cultural conundrum for pregnant and parenting adolescents in Lesotho’ (2021)

Apondi, R; Awor, AC; Nelson, LJ; Cheptoris, J; Ngabirano, F & Egbulem, CD ‘Gender-based violence shadows COVID-19: increased sexual violence, HIV exposure and teen pregnancy among girls and women in Uganda’ (2021) 24 *Journal of the International AIDS Society* 53–5

Lewis, R; Blake, C; Shimonovich, M; Coia, N; Duffy, J Kerr, Y & Wilson, J ‘Disrupted prevention: condom and contraception access and use among young adults during the initial months of the COVID-19 pandemic; An online survey’ (2021)47 *BMJ Sexual and Reproductive Health* 269–76.

Khan, S; Kemigisha, E; Turyakira, E; Chaput, K; Kabakyenga, J; Kyomuhangi, T.; Manalili, K & Jennifer, B. ‘Dramatic effects of COVID-19 public health measures and mass reverse migration on youth sexual and reproductive health in rural Uganda’ (2022)27 *Pediatrics & Child Health* 40 - 46

Okeke, SR; Idriss-Wheeler, D & Yaya, S ‘Adolescent Pregnancy in the time of COVID-19: what are the implications of sexual and reproductive health and rights globally?’ (2022)19 *Reproductive Health*

Shrivastava, S ‘Unintended pregnancy and gender-based violence in settings experiencing humanitarian crisis’ (2022)15 *Indian Journal of Health Science and Biomedical Research KLEU*

Ganchimeg, T.; Ota, E; Morisaki, N; Laopaiboon, M; Lumbiganon, P.; Zhang, J; Yamdamsuren, J; Temmerman, L; Say, L; Tunçalp, L; Vogel, JP; Souza, JP & Mori, R ‘Pregnancy and childbirth outcomes among adolescent mothers: a World Health Multicountry study’ (2014) *International Journal of Obstetrics and Gynaecology* 40 -48.

Morison, T ‘Using reproductive justice as a theoretical lens in qualitative research in psychology (2023)20 *Taylor & Francis* 172 – 192.

Mukherjee, TI; Angubeen, G; Khan, AD & Goleen T ‘Reproductive justice in the time of COVID-19: a systematic review of the indirect impacts of COVID-19 on sexual and reproductive health’ (2021) 18 *Reproductive Health*

Filippi, V; Chou, D, Ronmans, C; Graham, W & Say, L ‘Levels and causes of maternal mortality and morbidity,’ in R Black and Others (eds) *Reproductive, maternal, newborn, and child health: disease control priorities* (2016)2.

Denney L; Gordon R; Kamara A & Lebby P ‘Change the Context Not the Girls: A Critical Analysis of Efforts to Reduce Teenage Pregnancy in Sierra Leone’ (2017)7 *Journal of Research in Gender Studies* 11-51.

Ryan NE & El Ayadi A ‘A call for a gender-responsive, intersectional approach to address COVID-19, *Global Public Health*’ (2020)15 1404-1412.

Makumbi F; Kibira SPS; Gibwa L; Polis C; Giorgio M; Segawa P; Namakula L & Mimbela R ‘Access to contraceptive services among adolescents in Uganda during COVID 19 pandemic’ Guttmacher Institute (2021).

Datzberger S; Parkes J; Bhatia A; Nagawa R; Kasidi JR; Musenze BJ; Naker D & Devries K ‘Intensified inequities: Young people's experiences of Covid-19 and school closures in Uganda’ (2022).

Kuria-Ndiritu S; Karanja S; Mubita B; Kapsandui P; Kutna J; Anyona D; Murwera J & Ferguson L ‘Impact of the COVID-19 pandemic and policy response on access to and utilization of reproductive, maternal, child and adolescent health services in Kenya, Uganda, and Zambia’ (2024) *PLOS Global Public Health*.

Nakate M; Mackay S; Ndiragu-Mugo E & Fleming V ‘Experiences of mothers and significant others in accessing comprehensive healthcare in the first 1000 days of life post-conception during COVID-19 in rural Uganda’ (2022) *BMC Pregnancy and Childbirth*.

Ario A; Makumbi I; Bulage L; Kyazze S; Kayiwa J; Wetaka MM; Kasule JN & Ocom F ‘The logic model for Uganda’s health sector preparedness for public health threats and emergencies’ (2019)12 *Global Health Action*.

Kabwigu S ‘Determinants of Adolescent Pregnancy in Luuka District, Eastern Uganda: A Mixed Methods Study’ (2022) *Texila International Journal of Public Health*.

J Todd-Gher & P Shay ‘Abortion in the context of COVID-19: a human rights imperative’ (2020) *Sexual and Reproductive Health Matters*.

Endler & Others ‘How the coronavirus disease 2019 pandemic is impacting sexual and reproductive health and rights and response: results from a global survey of providers, researchers, and policy-makers’ (2021) 4 *Acta Obstetricia et Gynecologica Scandinavica* 571–5.78

M Lokot & Y Avakyan ‘Intersectionality as a lens to the COVID-19 pandemic: implications for sexual and reproductive health in development and humanitarian contexts’ (2020)28 *Sexual and Reproductive Health Matters*.

R Powell ‘Disability Reproductive Justice’ (2022)7 *University of Pennsylvania Law Review* 1851-1904.

N Laura ‘The right to (trans) parent: reproductive justice approach to reproductive rights, fertility, and family-building issues facing transgender people’ (2013)²⁰ *William & Mary Journal of Women and the Law* 73-104.

J Chrisler ‘Introduction: A Global Approach to Reproductive Justice—Psychosocial and Legal Aspects and Implications’ (2013)²⁰ *William & Mary Journal of Women and the Law*.

M Achan and Others ‘COVID-19 and the law in Uganda: a case study on development and application of the public health act from 2020 to 2021’ (2023)²³ *BMC Public Health*

Domestic legislation

Children (Amendment) Act of Uganda, 2016

Constitution of the Republic of Uganda, 1995

Penal Code (Amendment) Act, 2007

National adolescent sexual and reproductive health policy, 2015

Regional and global frameworks

African Charter on the Rights and Welfare of the Child

Convention on Elimination of All Forms of Discrimination against Women

Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa

United Nations Convention on the Rights of the Child

General comments, Recommendations, statements, and resolutions

CRC Committee General Comment 25 (Children’s rights in relation to the digital environment) (2021) para 14

Economic, Social and Cultural Rights (ESCR) Committee General Comment 22 (right to sexual and reproductive health) (2016)

CEDAW Committee General Recommendation 30 (Women in Conflict Prevention, Conflict and Post-Conflict Situations) (2013) para. 73c

CEDAW Committee Guidance Note on CEDAW and COVID-19 (2020)

African Commission, General Comment 2 (Article 14.1 (a), (b), (c) and (f) and Article 14. 2 (a) and (c) of the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa)

ESCR Committee General Comment 9 (Right to Social Security) (2008)

UN Commission on Human Rights Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights.

UN Human Rights Committee General Comment 29 (Derogations during a state of emergency) (2001)

CRC Committee General Comment 25 (Children’s rights in relation to the digital environment) (2021)

Economic, Social and Cultural Rights (ESCR) Committee General Comment 22 (right to sexual and reproductive health) (2016)

CEDAW Committee General Recommendation 30 (Women in Conflict Prevention, Conflict and Post-Conflict Situations) (2013)

CEDAW Committee Guidance Note on CEDAW and COVID-19 (2020) para 2

Committee on the Rights of the Child 49th Session ‘The right of the Child to education in emergency situations’ (2008)

CRC Committee General Comment 12 (The right of the child to be heard) (2009)

CRC Committee General Comment 15 (right of the child to the enjoyment of the highest attainable standard of health) (2013)

CEDAW Committee Guidance Note on CEDAW and COVID-19 (2020)

African Committee of Experts on the Rights and Welfare of the Child (ACERWC) ‘COVID-19 and its Implication on Children’s Rights and Welfare- Guiding Note to Member States of the African Union’ (2020)

African Commission Resolution 449 on Human and Peoples’ Rights as a central pillar of successful response to COVID-19 and recovery from its socio-political impacts adopted at its 44th ordinary session held from 13 July to 7 August 2020 in Banjul, the Gambia.

African Commission ‘Press release on the impact of the COVID-19 pandemic on economic, social and cultural rights in Africa’ adopted on 4 June 2020
<https://achpr.au.int/en/news/speeches/2020-10-21/welcome-remarks-honourable-commissioner-solomon-ayele-dersso>

International Commission of Jurists ‘Principles and Guidelines on Human Rights and Public Health Emergencies’ (2023) < <https://icj2.wpenginepowered.com/wp-content/uploads/2024/01/Human-Rights-Public-Health-Emergencies.pdf>>

Case law

Terheş v. Romania, 49933/20, European Court of Human Rights (20 May 2021)

Mailloux v. France, 18108/20, European Court of Human Rights (5 November 2020)

Aytaç Ünsal and Ebru Timtik v. Turkey, 36331/20, European Court of Human Rights (8 June 2021)

Fenech v. Malta, 19090/20, European Court of Human Rights (23 March 2021)

Lt. General Henry Tumukunde v. Uganda (Miscellaneous), 26/2020, High Court of Uganda

Male H. Mbirizi versus Attorney General (Miscellaneous), 194/2021, High Court of Uganda

Turyamusiiima Geoffrey v. Attorney General and Dr. Jane Ruth Aceng (Miscellaneous), 14/2022, High Court of Uganda

Centre for Food and Adequate Living Rights (CEFROHT) v. Attorney General (Miscellaneous), 75/2020, High Court of Uganda

Bukeni Ali & 48 Others v Attorney General (Miscellaneous), 10/2021, High Court of Uganda

Kyagulanyi Sentamu and another v. Attorney General & 2 Others (Miscellaneous), 16/2021, High Court of Uganda.

Reports

C Formson and D Hilhorst ‘The Many Faces of Transactional Sex: Women's Agency, Livelihoods, and Risk Factors in Humanitarian Contexts: A Literature Review’ Secure Livelihoods Research Consortium (2016)

<<https://assets.publishing.service.gov.uk/media/57a0896440f0b64974000060/WP41-transactionalsex.pdf>>

Save the Children ‘Uganda youth speak out on the impact of COVID-19 (2020) <<https://reliefweb.int/report/uganda/ugandan-youth-speak-out-impact-covid-19>

United Nation Children’s Fund ‘Early childbearing can have severe consequences for adolescent girls’ (2022) <<https://data.unicef.org/topic/child-health/adolescent-health/>>

United Nations Children’s Fund ‘COVID-19: A threat to progress against child marriage (2021)

<<https://data.unicef.org/resources/covid-19-a-threat-to-progress-against-child-marriage/>>

United Nations Educational, Scientific and Cultural Organisation ‘ Early and Unintended pregnancy & the education sector: evidence review and recommendations’ (2017).

<<https://healtheducationresources.unesco.org/library/documents/early-and-unintended-pregnancy-and-education-sector-evidence-review-and>>

R Wamajji ‘The impact of COVID-19 on women and girls in Uganda; policy brief presented to Parliament of Uganda’ Westminster Foundation for Democracy (2021)

Ministry of Health ‘Update on the COVID-19 Response in Uganda (April 2020) <<https://www.health.go.ug/covid/2020/04/02/update-on-the-covid-19-respon...> >

UNFPA East and Southern Africa ‘Boda boda drivers deliver contraceptives to the door during Uganda's COVID-19 lockdown’ (8 July 2020) <https://esaro.unfpa.org/en/news/boda-boda-drivers-deliver-contraceptives-door-during-ugandas-covid-19-lockdown#:~:text=Using%20the%20%E2%80%9CPersonal%20Health%20Shop,the%20ride%20dhailing%20company%20SafeBoda.>

Daily Monitor ‘How Covid-19 is affecting reproductive health efforts’ (24 April 2020) <<https://www.monitor.co.ug/uganda/magazines/full-woman/how-covid-19-is-affecting-reproductive-health-efforts-1886678>>

Human Rights Watch “‘ I Must Work to Eat’”; COVID-19, poverty and child labor in Ghana, Nepal, and Uganda (2021) https://www.hrw.org/sites/default/files/media_2021/05/crd_childlabor0521_web.pdf accessed 17 June 2024

M Mugenyi ‘COVID-19, Pregnant Women, and the Right to Maternal Healthcare in Uganda’ (2020) < <https://www.africanwomeninlaw.com/post/covid-19-pregnant-women-and-the-right-to-maternal-healthcare-in-uganda>>

W Muhwezi & Others ‘The Performance of COVID-19 District Task Forces in Uganda; Understanding the dynamics and functionality’ Action for Development (2020) <https://www.acode-u.org/uploadedFiles/PRS101.pdf>

P Waiswa ‘Sexual Reproductive Health and COVID-19 in Uganda: Avoiding the Pitfalls of Unintended Consequences for Maternal, Newborn, Child, Adolescent, and Nutrition Health in the National Response’ (2020) Technical Brief Series

P Mwine & Others ‘HIV Positivity rate and recent HIV infections among adolescent girls and young women 10 – 24 years in Uganda, 2017 – 2021’ (2022) < <https://uniph.go.ug/hiv-positivity-rate-and-recent-hiv-infections-among-adolescent-girls-and-young-women-10-24-years-uganda-2017-2021/>>

UNFPA ‘Population matters: The magnitude of teenage pregnancy in Uganda’ (2022) https://uganda.unfpa.org/sites/default/files/pub-pdf/issue_brief_19_cost_of_inaction_on_teenage_pregnancy_print_ready_final_8.4_2022.pdf accessed 1 June 2024

A Guterres ‘We are all in this together: Human rights and COVID-19 response and recovery’ UN (2020) <avwww.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>

OSCE Office for Democratic Institutions and Human Rights ‘Human Rights and Gender Equality during Public Emergencies; How Women Are Impacted By Restrictions To Fundamental Freedoms And Human Rights: Observations From The Covid-19 Pandemic’ (2020) < <https://www.osce.org/files/f/documents/2/a/472956.pdf>

Conference abstracts, presentations, and working groups

J Parkes & others ‘Young people, inequality and violence during COVID-19 lockdown in Uganda’ (2020) CoVAC working paper

M Daigle & A Spencer ‘Reproductive justice, sexual rights and bodily autonomy in humanitarian action: what a justice lens brings to crisis response’ (2022) *HPG working paper*

Student thesis

S Sibanda ‘Protection of rural children’s right to Education in a state of COVID-19 health emergency in Zimbabwe’ master’s thesis, University of Pretoria, 2021