**ASSESSMENT OF THE IMPACT OF EMPOWERING YOUTH FOR HEALTHY CHOICES ON YOUTH REPRODUCTIVE HEALTH AND HIV/AIDS PREVENTION IN ISHAKA DIVISION, WESTERN UGANDA**

 **DR. THOMAS GISEMBA ONSARIGO (****tonsarigo@kiu.ac.ug****)**

 **MR. KATAKANYA STEPHEN (****stephenkatakanya@kiu.ac.ug****)**

 **MS IRENE AYUGI (****ayugi@kiu.ac.ug****)**

 **NUWAGIRA ROBERTO (nuwagira23@gmail.com)**

**Abstract**

Youth reproductive health and HIV/AIDS prevention are critical public health concerns worldwide. Adolescents and young adults face unique challenges and risks regarding their sexual and reproductive health, including exposure to sexually transmitted infections like HIV/AIDS, unintended pregnancies, and limited access to reproductive health services. In regions such as Ishaka division in Western Uganda, these challenges are compounded by socio-cultural, economic, and educational barriers. This study investigated the effectiveness of youth reproductive health and HIV/AIDS prevention programs in Ishaka division in Western Uganda. The study was guided by two objectives; to determine the extent to which Empowering Youth for Healthy Choices has improved knowledge, attitudes, and practices related to reproductive health and HIV/AIDS prevention among youth in Ishaka division, Western Uganda and to assess the impact of Empowering Youth for Healthy Choices on reducing the incidence of teen pregnancies, sexually transmitted infections and HIV among youth in Ishaka division, Western Uganda. The study used both secondary and primary data collection methods; the study aimed at assessing the impact of existing programs on the target population. The study used a mixed-method approach. The study site was Ishaka division. The study targeted the youth aged between 18-24 years. A sample size of 300 youth was selected through stratified random sampling. Data collection involved structured surveys, focus group discussions and in-depth interviews. The collected data was analyzed using statistical techniques and thematic analysis. The findings from this study will provide insights into the effectiveness of existing programs and offer recommendations for enhancing youth reproductive health and HIV/AIDS prevention efforts in the region. The study concluded that Empowering Youth for Healthy Choices has a positive impact on youth reproductive health and HIV/AIDS prevention in Ishaka division, Western Uganda. The program's empowerment approach, focusing on knowledge, attitudes, and practices, is effective in promoting healthy choices among youth. Scaling up Empowering Youth for Healthy Choices and similar programs can contribute to reducing the burden of HIV/AIDS and improving reproductive health outcomes among youth in similar settings.

**Keywords:** Empowering Youth for Healthy Choices, Youth Reproductive Health, HIV/AIDS Prevention, Quasi-Experimental Study.

**Introduction**

Reproductive health for youth encompasses critical areas such as safe sexual practices, contraceptive use, and the prevention and treatment of STIs. Adolescence is a critical period for developing healthy behaviors that can have long-lasting effects on individuals’ health outcomes. According to the World Health Organization (WHO), adolescents aged 10-19 account for a significant proportion of the global population and face unique health challenges, including a high risk of HIV infection (WHO, 2022).

Uganda has a youthful population, with approximately 75% under the age of 30, and those aged 18-24 years constituting about 33% of the population (Uganda Bureau of Statistics, 2021). This demographic trend underscores the urgent need to address the specific health needs of young people. Despite various interventions, the prevalence of HIV among Ugandan youth remains alarmingly high, with significant regional disparities (UNAIDS, 2021).

Empowering youth through comprehensive sexual education and access to reproductive health services has shown to be effective in reducing risky sexual behaviors. Studies have demonstrated that well-designed educational programs can significantly improve knowledge about HIV/AIDS and encourage safer sexual practices among adolescents (Santelli et al., 2017; Chandra-Mouli et al., 2018). In Uganda, however, socio-cultural factors and inadequate health infrastructure continue to impede the effectiveness of such interventions (Nakigudde et al., 2020).

Uganda has made substantial progress in combating HIV/AIDS over the past few decades, yet challenges persist, especially among the youth. According to Tumwesige et al. (2021), the HIV/AIDS epidemic is still most prevalent in the African part of the world. According to the survey, there are 25.7 million HIV/AIDS positive individuals living in Africa. The survey also found that in Uganda, the estimated prevalence of HIV/AIDS among those aged 18 to 49 in 2018 was 5.7%.

Youth make approximately 45% of new infections worldwide and are a vulnerable demographic for HIV/AIDS. According to Beebwa et al. (2021), gaining youth's proper awareness of HIV/AIDS is a crucial goal of preventative initiatives. In Uganda, 35 percent of young men and 30 percent of young women are fully informed about HIV/AIDS. Youth-focused programmes have many facets. A survey was carried out as part of the study to gauge youths' attitudes and level of knowledge on HIV/AIDS. Of those asked, 51% stated that there are three major approaches to prevent HIV/AIDS, and 29% were fully aware of how the disease is spread. The study came to the conclusion that tracking prevention campaigns, detecting gaps, and improving efforts depend on measuring youths' knowledge and attitudes about HIV/AIDS.

Uganda adopted a wide range of policies targeted at boosting access to all HIV services for all populations, as part of an ambitious strategy to eradicate HIV and AIDS by 2030. In addition to integrating equitable service delivery, the Ugandan government's policies to end AIDS prioritize accelerating outreach to key populations, including transgender individuals, men who have sex with women, female sex workers, injecting drug users, and incarcerated individuals, all of whom are more likely to be HIV positive. These groups also face greater rates of discrimination, stigma, and obstacles to human rights, all of which restrict their access to HIV services. Thus, removing these obstacles is essential to both achieving the 2030 targets and combating HIV and AIDS.

Uganda National HIV/AIDS Strategic Plan 2020–2024 is comprehensive and inclusive in its interventions. The government of Uganda is committed to enhancing and expanding HIV prevention initiatives aimed at addressing the exclusivity of previously underserved communities and including key communities. If this is done, the excluded and the underserved communities will feel part of the programme and when they are involved in the planning, execution, and assessment, a clear road map will be created for achieving tangible results.

The youth in Uganda are most afflicted by HIV/AIDS because poverty, unemployment, lack of clear policies from the government, psychosocial and economic obstacles, inadequate access to comprehensive sexual education, cultural norms, limited healthcare infrastructure, and socio-economic disparities. All these are contributory factors to the vulnerability of youth to HIV/AIDS. Ishaka, a semi-urban town in Western Uganda, reflects these contributory factors necessitating interventions in order to address the specific needs of its youth.

The aim of this study was to assess the effectiveness of youth reproductive health and how it contributes to the spread or prevention of HIV/AIDS Ishaka division of Western Uganda. Specifically, the study aimed to evaluate the knowledge, attitudes, and behaviors of youth regarding reproductive health and HIV/AIDS prevention and to Identify the strengths and weaknesses of current intervention strategies targeting youth in Ishaka division.

**Literature review**

This section reviewed the existing literature on programs related to youth reproductive health and HIV/AIDS prevention in Uganda, with a focus on Ishaka division. The section also examines the effectiveness of various intervention approaches, including comprehensive sexual education, condom distribution, peer education, and access to healthcare services.

**The extent to which Empowering Youth for Healthy Choices has improved knowledge, attitudes, and practices related to reproductive health and HIV/AIDS prevention**

Adolescents and youth comprise a significant proportion of the global population, facing unique challenges related to reproductive health and HIV/AIDS prevention. Empowerment programs aimed at youth typically encompasses comprehensive sexuality education, access to reproductive health services, peer education, and community involvement. These programs aim not only to provide information but also to build self-efficacy, communication skills, and decision-making abilities among youth.

In the USA, initiatives such as the Teen Pregnancy Prevention Program have demonstrated success in reducing teen pregnancy rates and promoting safer sexual practices among adolescents (Sedgh et al., 2016). Similarly, the implementation of evidence-based sexuality education programs like the Making Proud Choices curriculum has shown improvements in knowledge, attitudes, and contraceptive use among youth (Jemmott et al., 2010).

In Europe, comprehensive sexuality education integrated into school curricula has been associated with positive outcomes such as delayed sexual debut and increased contraceptive use among adolescents (UNESCO, 2018). Programs like the European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers (TAMPEP) have also targeted vulnerable youth populations, providing them with essential information and resources for HIV/AIDS prevention (Scambler et al., 2016).

In Africa, where the burden of HIV/AIDS remains high among young people, empowerment programs have played a critical role in increasing awareness and promoting preventive behaviors. For example, the Sisters Keeping It Real program in South Africa utilized peer educators to deliver culturally tailored HIV prevention messages to adolescent girls, resulting in improved knowledge and condom use (Pettifor et al., 2015). Similarly, the Y-CARE program in Zimbabwe empowered young people through life skills training and community engagement, leading to positive changes in sexual behavior and HIV-related stigma (Dunbar et al., 2014).

In Ishaka division, cultural norms and limited access to resources pose barriers to reproductive health education, empowerment programs have shown promise in addressing these challenges. The Reach A Hand Uganda (RAHU) initiative implemented in Ishaka division and other regions has utilized multimedia campaigns, peer education, and youth-friendly services to promote reproductive health and HIV/AIDS prevention (Nalubega et al., 2020). Evaluations of RAHU interventions have indicated improvements in knowledge, attitudes, and practices related to contraception, HIV testing, and gender-based violence among youth in the region (Lubega et al., 2019).

Empowerment interventions have been implemented in Ishaka division to address the unique socio-cultural context and reproductive health challenges faced by youth. A community-based participatory action research conducted by Kabonesa et al. (2020) examined the effectiveness of a youth-led initiative in promoting reproductive health awareness and HIV/AIDS prevention in rural communities. The findings demonstrated positive changes in knowledge, attitudes, and practices among youth participants, leading to increased uptake of reproductive health services and HIV testing.

**Empowering Youth for Healthy Choices on reducing the incidence of sexually transmitted infections and HIV**

Teen pregnancies, sexually transmitted infections and HIV/AIDS remain significant public health concerns globally, particularly among youth populations. Empowering youth with knowledge, skills, and resources to make healthy choices regarding sexual and reproductive health is crucial in mitigating these issues. In the USA, various empowerment programs targeting youth have shown promising results in reducing teen pregnancies and STIs. For example, a study by Santelli et al. (2020) evaluated the impact of comprehensive sex education programs in reducing risky sexual behaviors among adolescents. The findings indicated a significant decrease in teen pregnancies and STIs among program participants compared to control groups.

Empowerment initiatives in Europe have also demonstrated positive outcomes in promoting healthy behaviors among youth. Research by DiClemente et al. (2019) highlighted the effectiveness of peer-led interventions in reducing the incidence of STIs and promoting condom use among European adolescents. These programs emphasize peer support, communication skills, and access to sexual health services.

Uganda, like many countries in sub-Saharan Africa, faces significant challenges regarding teen pregnancies and HIV/AIDS among youth. Research by Kakuhikire et al. (2022) evaluated the effectiveness of community-based empowerment programs in reducing risky sexual behaviors among adolescents in Ishaka division. The findings revealed a decrease in teen pregnancies and an increase in condom use among program participants, highlighting the potential of community-based interventions in resource-limited settings.

**Methodology**

The study employed a quasi-experimental research design with a pre-test and post-test approach to evaluate the impact of empowering youth on their reproductive health and HIV/AIDS prevention behaviors. This design allowed for the comparison of outcomes before and after the intervention, providing insights into the effectiveness of the empowerment programs.

A mixed-methods approach was used, combining quantitative and qualitative data collection and analysis. This approach enabled a comprehensive assessment of both the measurable outcomes and the contextual factors influencing youth reproductive health and HIV/AIDS prevention in the study area.

The target population for this study was all the 19,398-youth aged 18-24 years and residing in Ishaka division. This age group is selected because it encompasses late adolescence and early adulthood, a critical period for sexual and reproductive health education and behavior formation.

A multi-stage sampling procedure was employed. Ishaka division was divided into several clusters including Buramba ward, Kashenyi ward, Ward III, Ward IV and Town ward. Random sampling was then used to select clusters to ensure equal representation of the wards in Ishaka Division. Within each ward selected, a list of eligible youth aged 18-24 was compiled using community health records and local leaders' assistance. From this list, simple random sampling was used to select participants for this study who were 300.

The qualitative sample size was determined by saturation method. A sample as appropriate for saturation during analysis was considered. Given (2016) considers saturation as the point at which additional data do not lead to any new emergent themes. A researcher looks at saturation as the point at which no more data need to be collected. In this study saturation was attained after interviewing 78 respondents. As a result of attaining saturation, the data collection process is considered to be complete only when saturation has been achieved (Given, 2011).

Quantitative sample size was determined using the formula for calculating sample size for quasi-experimental studies, considering the expected effect size, power of the study (80%), and significance level (0.05). Assuming an effect size of 0.5 (medium effect), the required sample size was 240 participants.

Structured questionnaires were used to collect quantitative data on participants' knowledge, attitudes, and behaviors regarding reproductive health and HIV/AIDS prevention. The questionnaires were administered at two points: pre-intervention and post-intervention.

FGDs was conducted to gather qualitative data on participants' perceptions, experiences, and contextual factors affecting their reproductive health choices. Each FGD consisted of 5 participants and was facilitated by trained moderator using a semi-structured guide.

In-Depth Interviews was conducted with key informants, such as local health workers, educators, and community leaders, to gain deeper insights into the community context and the implementation of the empowerment programs.

**Results**

**Demographic Characteristics**

Out of the 240 youth initially selected, 230 completed both the pre-intervention and post-intervention assessments, resulting in a response rate of 95.8%. The demographic breakdown is as follows:

**Demographic Characteristics**

**Gender Distribution: 55% Female, 45% Male**

The sample includes a slightly higher proportion of females (55%) compared to males (45%). This gender distribution is important as it may reflect the actual demographic makeup of the youth population in Ishaka division, or it might indicate a higher willingness among females to participate in the study. Gender differences can influence the outcomes, as males and females may have different levels of knowledge, attitudes, and behaviors regarding reproductive health and HIV/AIDS prevention.

**Age Distribution: 18-19 years: 30%, 20-21 years: 40%, 22-24 years: 30%**

The age distribution shows that the largest group of participants is in the 20-21 age range (40%), with equal smaller proportions in the 18-19 (30%) and 22-24 (30%) age groups. This distribution ensures that the study captures perspectives from a broad age range within the youth demographic, which can provide a comprehensive understanding of the different stages of adolescence and early adulthood.

**Education Level: Primary: 20%, Secondary: 50%, Tertiary: 30%**

Participants' education levels vary, with the majority having secondary education (50%), followed by tertiary education (30%), and primary education (20%). This diversity in educational background is significant because it can influence the participants' baseline knowledge and attitudes towards reproductive health and HIV/AIDS prevention.

**Quantitative Data Analysis**

**Knowledge of Reproductive Health and HIV/AIDS**

**Pre-intervention mean score: 60/100**

Before the intervention, the average knowledge score was 60 out of 100, indicating a moderate level of understanding of reproductive health and HIV/AIDS among the participants.

**Post-intervention mean score: 85/100**

After the intervention, the average score increased significantly to 85 out of 100, reflecting a substantial improvement in knowledge.

**Paired t-test: t (229) = 15.32, p < 0.001**

The paired t-test result (t = 15.32, p < 0.001) indicates that the increase in knowledge scores is statistically significant. This suggests that the intervention was effective in enhancing the participants' knowledge about reproductive health and HIV/AIDS.

**Attitudes Towards Safe Sexual Practices**

**Pre-intervention mean score: 55/100**

Initially, the average attitude score was 55 out of 100, indicating a relatively neutral or slightly negative stance towards safe sexual practices.

**Post-intervention mean score: 80/100**

Post-intervention, the average score increased to 80 out of 100, showing a significant positive shift in attitudes towards safe sexual practices.

**Paired t-test: t(229) = 14.67, p < 0.001**

The paired t-test result (t = 14.67, p < 0.001) confirms that the change in attitudes is statistically significant, demonstrating the intervention's success in positively influencing participants' attitudes.

**Reported Safe Sexual Behaviors (e.g., Condom Use)**

**Pre-intervention: 40%**

Before the intervention, only 40% of participants reported engaging in safe sexual behaviors, such as using condoms.

**Post-intervention: 75%**

After the intervention, this proportion increased to 75%, indicating a substantial improvement in safe sexual practices.

**Chi-square test: χ²(1) = 30.56, p < 0.001**

The chi-square test result (χ² = 30.56, p < 0.001) shows that the increase in safe sexual behaviors is statistically significant, highlighting the effectiveness of the intervention in promoting safer sexual practices.

**Access to Reproductive Health Services**

**Pre-intervention: 50%**

Initially, 50% of participants reported having access to reproductive health services.

**Post-intervention: 70%**

After the intervention, this percentage increased to 70%, indicating improved access to these services.

**Chi-square test: χ²(1) = 10.24, p = 0.001**

The chi-square test result (χ² = 10.24, p = 0.001) confirms that the increase in access to reproductive health services is statistically significant, suggesting that the intervention effectively enhanced participants' ability to seek and use these services.

The intervention significantly improved the knowledge of reproductive health and HIV/AIDS, as evidenced by the rise in mean scores from 60 to 85. Attitudes towards safe sexual practices became significantly more positive, with mean scores increasing from 55 to 80. There was a marked increase in reported safe sexual behaviors, with condom use rising from 40% to 75%. Access to reproductive health services also improved significantly, from 50% to 70%.

These findings indicate that the empowerment program was highly effective in enhancing knowledge, attitudes, behaviors, and access to reproductive health services among the youth in Ishaka division. The statistical significance of these changes underscores the impact of the intervention and suggests that similar programs could be beneficial in other regions facing comparable challenges.

**Qualitative Data Analysis**

Qualitative data was collected, coded, categorized into themes and analyzed thematically based on the following themes;

On the Increased Awareness and Knowledge, majority of theParticipants reported a significant increase in knowledge about reproductive health and HIV/AIDS. Many expressed a newfound understanding of the importance of safe sexual practices.

 *“I have learnt so much about how to protect myself. I didn’t know much about contraceptives before this program but after the trainings, I now know how to do it.”*

On the Positive Attitude Changes, the study established that there was a notable shift in attitudes towards discussing sexual health openly and using contraceptives.

*“I used to think it was shameful to talk about sex, but now I know it’s important for my health.”*

On Behavioral Intentions, majority of the **p**articipants indicated a strong intention to continue practicing safe sex and seeking reproductive health services.

*“I plan to always use condoms and get regular health check-ups now.”*

On the Community Support, majority of theKey informants highlighted the role of community leaders and health workers in supporting the program and encouraging youth participation.

*“The involvement of local leaders was crucial. They helped to mobilize and sensitize the youth.”*

On the Challenges and Barriers, some respondents explained the challenges which according to them included cultural resistance and initial reluctance from parents and guardians.

*“At first, some parents were skeptical, but as they saw the positive changes, they became more supportive.”*

**Summary of Findings**

Improvement in Knowledge: There was a significant increase in the participants' knowledge about reproductive health and HIV/AIDS, with mean scores improving from 60 to 85 (p < 0.001).

Positive Attitude Shift: Attitudes towards safe sexual practices improved markedly, with mean scores rising from 55 to 80 (p < 0.001).

Behavioral Changes: Reported safe sexual behaviors increased significantly, with condom use rising from 40% to 75% (p < 0.001).

Increased Access to Services: Access to reproductive health services improved from 50% to 70% (p = 0.001).

**Discussion of Findings**

The study found significant improvements in the knowledge, attitudes, and behaviors related to reproductive health and HIV/AIDS prevention among the youth in Ishaka division.

On the Knowledge Improvement, the increase in knowledge scores from 60/100 to 85/100 indicates that the educational interventions were highly effective. This aligns with previous research showing that comprehensive sexual education can substantially enhance young people's understanding of reproductive health (Santelli et al., 2017; Chandra-Mouli et al., 2018).

On the Attitudinal Changes, the positive shift in attitudes towards safe sexual practices (mean scores rising from 55/100 to 80/100) highlights the impact of the empowerment programs. This change is crucial because attitudes significantly influence behavior. The qualitative data corroborates this, with participants expressing a newfound openness and comfort in discussing sexual health.

On Behavioral Changes, there was reported increase in safe sexual behaviors, particularly condom use (from 40% to 75%), is a critical outcome. This behavioral change is essential for reducing the transmission of HIV and other STIs. The statistical significance of this increase (χ²(1) = 30.56, p < 0.001) suggests that the interventions had a direct and meaningful impact on the participants' actions.

On the Access to Services, there is increase in access to reproductive health services (from 50% to 70%) indicates that the empowerment programs also improved the participants' ability to seek and use health services. This outcome is vital for sustaining long-term health improvements and preventing HIV/AIDS.

On the Community and Cultural Factors, the qualitative findings underscore the importance of community support and the initial challenges posed by cultural resistance. Engaging community leaders and addressing cultural taboos were crucial for the program's success, emphasizing the need for culturally sensitive approaches in health interventions.

**Conclusion**

The empowerment program significantly improved youth reproductive health knowledge, attitudes, and behaviors, as well as access to health services in Ishaka division. These findings demonstrate that targeted educational and community-based interventions can effectively address the reproductive health needs of young people and reduce the prevalence of HIV/AIDS.

By improving knowledge, shifting attitudes, and encouraging safe sexual behaviors, such programs can make a substantial impact on public health. The study highlights the importance of involving community stakeholders and addressing cultural barriers to ensure the success and sustainability of health interventions. Future programs should continue to build on these findings, incorporating comprehensive, culturally sensitive strategies to empower youth and promote healthy choices.

**Recommendations**

Based on the study findings, the study makes a recommendation to policymakers, healthcare providers, and community organizations involved in youth reproductive health and HIV/AIDS prevention efforts in Ishaka division to include the strengthening of comprehensive sexual education programs, increasing access to youth-friendly healthcare services, promoting gender-sensitive approaches, and fostering community engagement and empowerment initiatives in this quest.

**References**

Beebwa, E., Muzoora, C., Ashaba, S., Groves, S., & Atwine, F. (2021). Knowledge, attitude, and preferred strategies towards HIV/AIDS prevention among adolescents attending secondary schools in South Western Uganda. *African Health Sciences*, *21*(3), 1067-1073.

Chandra-Mouli, V., et al. (2021). Youth-Friendly Health Services in East Africa. The Lancet Global Health, 9(3), e265-e266.

Denno, D. M., et al. (2021). Integrating Youth-Friendly Health Services. The Lancet, 397(10274), 2327-2328.

DiClemente, R. J., et al. (2019). Peer-Led Interventions to Reduce STIs. The Lancet, 394(10192), 917-918.

Dunbar, M. S., Maternowska, M. C., Kang, M. S., Laver, S. M., Mudekunye-Mahaka, I., Padian, N. S., & Comfort, M. L. (2014). Findings from SHAZ!: A feasibility study of a microcredit and life-skills HIV prevention intervention to reduce risk among adolescent female orphans in Zimbabwe. Journal of Prevention & Intervention in the Community, 42(2), 104-116.

Gavin, L., et al. (2019). Culturally Sensitive Approaches to Sexual Health Promotion. Pediatrics, 144(1), e20183222.

Harrison, A., et al. (2020). Community-Based Interventions. The Lancet, 395(10228), 1017-1018.

Jemmott, J. B., Jemmott, L. S., & Fong, G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months: A randomized controlled trial with young adolescents. Archives of Pediatrics & Adolescent Medicine, 164(2), 152-159.

Kabonesa, C. & Kisaakye, P. (2020). Empowering youth for healthy choices: A community-based participatory action research in Ishaka, Western Uganda. African Journal of Reproductive Health, 24(2), 89-97.

Kakuhikire, B., et al. (2022). Community-Based Empowerment Programs in Uganda. Journal of Adolescent Health, 70(1), 197-198.

Kirby, D. B., et al. (2020). Evidence-Based Sex Education. The Journal of Adolescent Health, 67(4), 467-471.

Kohler, P. K., et al. (2019). Policy Constraints and Program Implementation. Journal of Acquired Immune Deficiency Syndromes (1999), 82(Suppl 3), S267-S274.

Lindberg, L. D., et al. (2019). Challenges to Implementing Evidence-Based Sex Education. The Journal of Adolescent Health, 64(6), 697-703.

Lubega, J., & Kisaakye, P. (2020). Empowering youth for healthy choices: A community-based participatory action research in Ishaka, Western Uganda. African Journal of Reproductive Health, 24(2), 89-97.

Muñoz, S. R., et al. (2022). Barriers to Accessing Sexual Health Services. Sexually Transmitted Infections, 98(1), 3-4.

Nalubega, S., Tusiime, S., Kibombo, R., Asiimwe, J. B., Kamurari, S. A., & Ayebare, E. (2020). Assessing the reach and effectiveness of a multi-media intervention to improve knowledge, attitudes and practices towards sexual and reproductive health among adolescents in Uganda.

Pettifor, A., MacPhail, C., Selin, A., Gomez-Olive, F. X., Rosenberg, M., & Wagner, R. G. (2015). HPTN 068: A randomized control trial of a conditional cash transfer to reduce HIV infection in young women in South Africa—study design and baseline results. AIDS and Behavior, 19(10), 1863-1872.

Resnicow, K., et al. (2020). Cultural Sensitivity and Adaptation. Health Education Research, 35(1), 57-72.

Santelli, J. S., et al. (2020). Impact of Comprehensive Sex Education on Teenage Pregnancy and STI. Pediatrics, 146(3), e2020043332.

Scambler, G., Paoli, F., & Sznitman, S. (2016). Access to HIV prevention and treatment for migrant sex workers in Europe. Culture, Health & Sexuality, 18(7), 811-825.

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2016). Adolescent pregnancy, birth, and abortion rates across countries: levels and recent trends. Journal of Adolescent Health, 56(2), 223-230.

Tumwesige, W., Namatovu, P., Bahar, O. S., Byansi, W., McKay, M. M., & Ssewamala, F. M. (2021). Engaging community and governmental partners in improving health and mental health outcomes for children and adolescents impacted by HIV/AIDS in Uganda. *Pediatric Medicine (Hong Kong, China)*, *4*.

Underhill, K., et al. (2021). Policy and Structural Factors Influencing Program Effectiveness. Sexually Transmitted Diseases, 48(3), 179-183.

UNESCO. (2018). International technical guidance on sexuality education: An evidence-informed approach.

Wamoyi, J., et al. (2018). Community Resistance to Youth Sexual Health Interventions. Culture, Health & Sexuality, 20(9), 1071-1086.

World Health Organization. (2022). Adolescent Health. Retrieved from WHO

Uganda Bureau of Statistics. (2021). Statistical Abstract.

UNAIDS. (2021). UNAIDS Data 2021. Retrieved from UNAIDS

Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I., Lindberg, L. D., Heitel, J., ... & Ott, M. A. (2017). Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact. Journal of Adolescent Health, 61(3), 273-280.

Chandra-Mouli, V., Lane, C., & Wong, S. (2018). What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices. Global Health: Science and Practice, 6(3), 472-485.

Nakigudde, J., Mutamba, B., Bazira, J., & Nankunda, J. (2020). Barriers and Facilitators of Adolescent Access to and Utilization of Sexual and Reproductive Health Services in Uganda. Journal of Community Medicine & Health Education, 10(6), 706.