

Working Together for a Better Future in Uganda

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Fighting Malnutrition: A Call to Action for Civil Society Organizations Working in Family Planning

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Family planning, nutrition, and health are synergistic. We must progress in all three if Uganda is to meet its development goals.

- On average, Ugandan women give birth to 5 children, often close together, not giving the mother's body enough time to recover and build up enough nutrients for another pregnancy, and putting a strain on family income. This is among the highest fertility rates in eastern and southern Africa.¹
- About 25% of births occur within 24 months of a previous birth.¹ Children conceived less than 24 months after the birth of the next older sibling have a greater risk of dying and becoming malnourished than children born farther apart.²
- Childbearing begins early in Uganda. By age 19, more than half of adolescent girls have given birth or are pregnant. This has serious consequences because children born to very young mothers are at increased risk of illness and death than those born to older mothers.¹
- Family planning counselling with older mothers and women is an opportunity to counsel them on improving the nutritional status of their adolescent girls and on delaying first pregnancy past the age of 19. This will have a huge impact on improving young child nutrition and survival.
- Family planning interventions, through adequate birth spacing, have been shown to reduce risk for low birth weight and stunting and to decrease infant and maternal mortality. As birth weights increase in a population, nutritional status improves and mortality decreases. As children's nutritional status improves, so do their cognitive development and performance in school, leading to higher educational attainment and improved earning capacity in adulthood. Those who attain a higher level of education are more likely to use family planning and often marry later and delay childbearing, thus continuing the cycle.



Photo credit: Jessica Scranton, FHI 360

Improving nutrition is essential for sustained improvement in health outcomes and nutrition counselling provides a key opportunity to discuss family planning options with women of reproductive age.

How can nutrition interventions support the work of civil society organizations working in family planning?

- In Uganda, nutrition counselling is an opportunity to discuss family planning options with women of reproductive age.



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Civil society organizations working in family planning can expand use of family planning and support improved nutrition in Uganda by:

- Promoting the delay of first pregnancy past the age of 19 by expanding access to family planning services to adolescent girls and their partners because women who wait to have their first child after adolescence have improved nutritional status and better birth outcomes than adolescent mothers.
- Supporting nutrition service providers to improve the nutritional status of adolescent girls, women of childbearing age, and pregnant and lactating women.
- Improving and promoting access to family planning services to encourage small family size and adequate birth spacing (at least 2 years) to reduce the risk of low birth weight and to decrease infant and maternal mortality.
- Engaging men in family planning and safe motherhood.
- Engaging in community-level activities to change normative perceptions about the value of women beyond childbearing.
- Supporting the development of legislation to give women greater custody rights over their children.



THE REPUBLIC OF UGANDA



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