

## Setting the Research Agenda on Sexual and Reproductive Health and Rights (SRHR) in Uganda

### FINDINGS OF A QUALITATIVE STUDY

#### BACKGROUND

The East African region faces substantial sexual and reproductive health and rights (SRHR) challenges, some longstanding and others emerging. In Uganda, despite decades of interventions, evidence shows persistent high levels of SRH-related mortality and morbidity, limited access to SRHR services,

and a lack of comprehensive sex education for youth. Recently, cervical cancer has become the leading cause of cancer-related deaths among Ugandan women, and a surge in anti-SRHR rhetoric threatens to undo decades of progress. Currently, however, Uganda lacks a clear, stakeholder-driven

research, policy, and programmatic agenda. To address these challenges, we conducted a study to identify urgent research questions and critical SRHR needs in Uganda. This study aims to inform health investments and support evidence-based efforts to enhance health, well-being, and inclusive prosperity.



#### METHODS

The study gathered data from a purposively selected group of knowledgeable SRHR researchers, practitioners, advocates, donors, policymakers, program managers, educators, service providers, and other stakeholders, including laypersons. Using thematic coding with Nvivo 12 software, the analysis identified urgent gaps in research, programming, policy, investment, and evidence on SRHR in Uganda.



#### KEY FINDINGS



#### Key SRHR challenges for women in Uganda

include restrictive legal frameworks, limited access to comprehensive sexuality education, high rates of teenage pregnancy, HIV, unsafe abortion, and reproductive cancers. Conservative gender norms continue to restrict access to SRH services, contributing to adverse maternal health outcomes, low uptake of modern family planning, and poor health among vulnerable groups, including LGBT individuals. Other persistent issues include the affordability of SRHR services, early marriage, and gender-based violence, particularly sexual violence against children and youth.

#### SRHR evidence gaps:

- **The study highlights an urgent need for evidence on factors driving limited access to SRHR**, the impact of conflicting SRHR policies, climate change implications for

SRH outcomes, and the intersection of mental health and SRH. Further research is needed on menstrual health among poor and vulnerable women, child sexual abuse, and the low support for SRHR from men, religious, and traditional leaders

- **Participants also emphasized the need for ongoing research on unsafe abortion, high fertility**, child marriage, and sexual violence to understand their evolving dynamics and inform effective policy responses. Evidence gaps were noted on the unmet SRHR needs of adolescents, people with disabilities, LGBT persons, and other key populations, as well as the activities and strategies of anti-SRHR movements. Respondents noted that male SRHR needs remain largely ignored, resulting in limited understanding of men's health-seeking behaviors and SRH challenges.
- **Reproductive cancers were identified as a growing concern**, with participants calling for data on patient demographics, access to care, and care-seeking behaviors.

Additionally, older adults were reported to be regularly excluded from SRH programs, prompting calls for more research on their SRH challenges and service utilization patterns.

- **Participants recommended investing in targeted, affordable SRH services** for people with disabilities, youth, low-income individuals, and key populations; building SRHR research capacity; supporting evidence-informed policy-making; and enhancing SRHR program design and delivery. Investments in engaging stakeholders, media, cultural leaders, and communities were seen as essential for fostering an environment that supports open and progressive SRHR dialogue.



Expanding and improving the quality of SRHR services were also considered crucial to increasing access and encouraging service use across Uganda.