

Assessing the Influence of Climate Change on Sexual and Reproductive Health Outcomes among Young People in Jinja and Mayuge Districts, Uganda.

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Executive Summary

Climate change poses a serious threat to human-centred development by worsening health vulnerabilities that directly impact sexual and reproductive health (SRH), including maternal outcomes and access to essential services. In Uganda's Jinja and Mayuge districts, climate-related events like floods and droughts disrupt health systems and increase risks such as gender-based violence and child marriage, particularly affecting young people. Despite these pressing challenges, limited research exists on how climate change influences SRHR for youth. This study seeks to address that gap.

The study used a multi-method approach to examine how climate change affects SRH outcomes for young people in Jinja and Mayuge. It combined a document review to identify knowledge gaps, a survey for quantitative data on attitudes and experiences, key informant interviews for expert insights, and focus group discussions with youth to capture personal perspectives, allowing for a comprehensive analysis of the intersection between climate change and SRH.

The study reveals that climate change significantly worsens sexual and reproductive health (SRH) outcomes for young people in Jinja and Mayuge districts, Uganda. Extreme weather events such as floods, droughts, and heatwaves frequently disrupt access to healthcare services, particularly in rural areas. Over 45% of respondents indicated that these events hindered their ability to access SRH services. Power outages, especially in health facilities, affected critical equipment like incubators, while 73.5% reported shortages of medical supplies such as contraceptives and STI treatments. These challenges were more severe in Mayuge, where rural infrastructure is weaker.

Resource scarcity emerged as a key driver of SRH vulnerability. Nearly 50% of respondents reported that lack of water and food impacted their access to SRH services. Young women, in particular, faced difficulties maintaining menstrual hygiene due to limited water, leading to reduced dignity and reluctance to seek care. Economic hardship forced some youth into high-risk behaviours, such as transactional sex, increasing their exposure to unintended pregnancies and STIs.

The study also found strong links between climate-induced economic stress and mental health. Over 49% of respondents reported moderate to severe emotional distress, while 64.2% said financial difficulties hindered their access to SRH services. Gender-based violence (GBV) was another major concern, with 72.2% noting a rise in GBV tied to resource scarcity. Family conflicts and community tensions driven by climate pressures further restricted access to safe, formal SRH care, pushing some individuals toward unsafe alternatives.

Overall, the findings highlight that climate change compounds existing SRH vulnerabilities through systemic disruptions, economic pressure, and social breakdown. The majority of respondents emphasised that addressing climate change would not only improve access to SRH services but also reduce mental health challenges and gender-based violence, underscoring the need for integrated, youth-informed climate and health policies.

The study concludes that climate-related stressors such as extreme weather events, resource scarcity, and psychosocial pressures significantly affect the sexual and reproductive health (SRH) of young people in Jinja and Mayuge. Addressing these challenges requires a comprehensive approach that strengthens healthcare infrastructure, stabilises medical supply chains, and promotes economic resilience. Integrating SRH services into climate adaptation strategies and prioritising community engagement are essential to improving health outcomes and resilience for vulnerable youth.

Key recommendations include expanding rural health facilities and mobile clinics, launching community sensitisation campaigns, and supporting young women through economic empowerment programs. Integrating mental health services within healthcare systems, training providers in basic counselling, and forming GBV prevention committees are also vital. Finally, stronger collaboration among civil society, NGOs, and local organisations is needed to push for policy changes that embed SRH needs within broader climate adaptation plans.

List of Abbreviations and Acronyms

ALP	Adaptation Learning Program
CBOs	Community-Based Organizations
CDOs	Community Development Officers
DCDOs	District Community Development Officers
EAC	The East African Community
FAO	Food and Agriculture Organization of the United Nation
FGDs	Focus Group Discussions
HIVOS	Humanist Institute for Development Cooperation
ILO	International Labour Organisation
IPCC	Intergovernmental Panel on Climate Change
JDLG	Jinja District Local Government
KIIs	Key Informant Interviews
MAAIF	Ministry of Agriculture Animal Industry and Fisheries
MDLG	Mayuge District Local Government
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
PWD	People with Disabilities
RHU	Reproductive Health Uganda
SDGs	Sustainable Development Goals
SRH	Sexual Reproductive Health
UBOS	The Uganda Bureau of Statistics
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	The United Nations Population Fund
UNICEF	The United Nations Children's Fund
USGCRP	The United States Global Change Research Program
WHO	World Health Organization
WMO	World Meteorological Organisation
YPWDs	Young People with Disabilities

1.0 Introduction

Access to comprehensive sexual and reproductive health (SRH) services is a fundamental human right protected by national, regional, and international conventions, including the National Sexuality Education Framework, the United Nations Convention on the Rights of Persons with Disabilities and the Protocol to the African Charter on the Rights of Women in Africa. However, young people with disabilities (YPWDs) in regions like Jinja and Mayuge Districts in Uganda, continue to face significant barriers in accessing these essential services due to societal stigma and cultural norms that foster discrimination. These challenges include physical obstacles, lack of accessible information, inadequate transportation, and biased behaviours from healthcare providers, leading to poor health outcomes and limited-service utilisation. Additionally, socio-economic vulnerabilities and cultural misconceptions further marginalise YPWDs, excluding them from meaningful participation in SRH services. Although Uganda has implemented policies aimed at addressing these issues, their effectiveness is often undermined by insufficient funding, poor execution, and minimal community involvement. There is an urgent need for comprehensive interventions to change societal attitudes, eliminate discrimination, and improve policy implementation. Positive developments, such as creating inclusive healthcare facilities, training healthcare providers, implementing supportive policies, and fostering community-based interventions and peer support networks, offer promising avenues to empower YPWDs and ensure they have equitable access to SRH health services.

2.0 Aims/specific objectives

2.1 Main Objective

1. --To examine the barriers and facilitators to accessing comprehensive sexual and reproductive health (SRH) services among young people with disabilities in Mayuge district.

2.2 Specific Objective

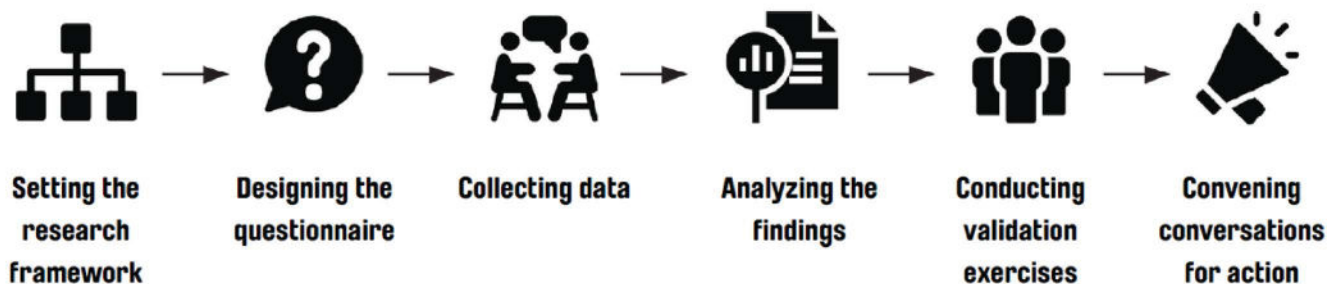
1. To examine the societal attitudes and cultural norms contributing to the stigma and discrimination faced by young people with disabilities in accessing sexual and reproductive health services in Mayuge district.
2. To evaluate the extent and forms of stigma and discrimination encountered by young people with disabilities in Mayuge district and their impact on access to sexual and reproductive health services.
3. To determine the effectiveness of existing policies and programs aimed at reducing stigma and discrimination against young people with disabilities in accessing sexual and reproductive health services.

3.0 Methodology and Approach

3.1 Study Approach

This study employed a mixed-methods cross-sectional design, grounded in Restless Development's youth-led research approach, to explore barriers and facilitators to comprehensive SRH services for young people with disabilities in Mayuge district.

An image of youth-led research methodology



3.2 Study Population

The study population comprised a diverse group from Jinja and Mayuge districts, focusing primarily on young people aged 18–35, selected for their heightened vulnerability to climate change and SRH challenges. Participants were drawn from six sub-counties, three per district, chosen for the presence of these issues. In addition to youth, the study engaged key informants, including healthcare workers, community leaders, and representatives from government, education, and environmental sectors, who offered institutional and policy insights. NGOs, CBOs, and advocacy groups like the Uganda Women’s Network and Uganda Youth Network contributed grassroots perspectives on SRH and climate resilience.

3.3 Sampling Design

The study involved young people aged 18–35 from six sub-counties across Jinja and Mayuge districts, selected for their vulnerability to climate change and SRH challenges. It also included key informants such as healthcare providers, community leaders, educators, and local government officials to provide diverse perspectives. Representatives from NGOs, CBOs, and regulatory bodies contributed insights on SRH and climate resilience, ensuring the study captured both grassroots experiences and institutional viewpoints. See Table 1 below.

For quantitative data collection, a simple random sampling technique was used to select approximately 256 respondents from Jinja and Mayuge districts. This sample size was determined using an established sample size calculator, based on a 95% confidence level and a 5% margin of error, to ensure statistical reliability.

Tool	Number respondents	Participants
KII	30	Community Development Officers, the District Health Officer, YPWD representatives, local leaders, community-based Organisation leaders, Village Health Teams, disability unions at the district level, and health service providers.
FGDs	4	Young people with disabilities, and young people in the community.
Survey	256	Young people from Jinja and Mayuge districts.

A map of Uganda showing Jinja and Mayuge districts where the research was conducted.



4.0 Influence of climate change on SRH outcomes for young people in Jinja and Mayuge

The World Health Organization (WHO) estimates that between 2030 and 2050, climate change will cause approximately 250,000 additional deaths annually, mainly in low- and middle-income countries. Sub Saharan Africa constitutes 1.3 billion people, with more than 60% under the age of 25 and Uganda having approximately 50 million youths increasing at a rate of 3.32% with paucity of information concerning the youth population (WHO, 2023) which also is a concerning issue in the districts under study. Though constituting a significant proportion of the population, their SRH outcomes have a direct impact on the overall health and well-being of the community beside it being a critical transitional phase of life, navigating education, career, and relationships, making them more vulnerable to climate change-related stressors. Climate change affects this age group through increased food insecurity, water scarcity, and displacement, leading to heightened stress, anxiety, and poor mental health, which can further compromise SRH outcomes.

Climate change has direct implications for SRH. Increases in air pollution and rising temperatures worsen maternal and neonatal health outcomes. An increase of one degree celsius in the week before delivery corresponds to a six per cent greater likelihood of stillbirth (Kuehn & McCormick, 2017; USGCRP, 2016). Increased poverty and food insecurity driven by climate-related loss of livelihoods is also impacting maternal health as decreased yields impact nutrient intake of the poor through a decrease in the availability and supply of highly nutritious crops (IPCC, 2014; Lobell & Burke, 2010; Thompson et al., 2014). Climate-related emergencies cause major disruptions in access to health services and life-saving commodity supply chains, including contraceptives (Weitzman & Behrman, 2016). Additionally, climate related loss or change of livelihoods, as well as displacement and migration, increase risks of gender based violence and harmful practices, including child marriage (McLeod et al., 2019).

5.0 Impact of extreme weather events on the availability and accessibility of SRH services for young people

Climate change affects SRH outcomes through various pathways, including Increased frequency and severity of extreme weather events, leading to displacement and disruption of SRH services (IPC, 2018). Changes in temperature and precipitation patterns, impacting agricultural productivity and food security, and subsequently affecting nutrition and health (WHO, 2018b). The impact of extreme weather events, such as floods, droughts, and heatwaves, on the availability and accessibility of SRH services is a growing concern, particularly in regions like Jinja and Mayuge in Uganda. These climatic phenomena disrupt healthcare infrastructure, impede access to services, and exacerbate existing vulnerabilities among young people.

5.1 Floods

According to Tumusiime et al (2020), flooding is a recurrent issue in Jinja and Mayuge, often leading to significant disruptions in healthcare services. Floods can destroy healthcare facilities, damage roads, and cut off communities from essential services. Floods in Uganda have repeatedly led to the closure of health centres, thereby limiting access to SRH services. Young people, who often rely on these local facilities for contraceptives, STI treatments, and maternal health services, are particularly affected. Additionally, floods increase the risk of waterborne diseases, which further strain the healthcare system and divert resources away from SRH services (WHO, 2018b).

5.2 Drought

Droughts also pose severe challenges to SRH service availability and accessibility. Extended periods of drought lead to water shortages, affecting sanitation and hygiene practices, which are crucial for reproductive health and menstrual hygiene management. The lack of clean water can cause health facilities to become non-operational, as seen during severe drought periods in Eastern Uganda (Ninsiima et al., 2021). Drought-induced economic hardships force families to prioritize basic needs over healthcare, making it difficult for young people to afford SRH services. A study by the United Nations Population Fund (UNFPA, 2019) highlighted that during droughts, there is a noticeable decline in clinic visits for SRH services, as transportation becomes unaffordable and health facilities become less accessible.

5.3 Heatwaves

Heatwaves, though less frequently discussed, significantly affect the provision of SRH services. High temperatures can lead to power outages, which affect the storage of temperature-sensitive medical supplies such as vaccines and contraceptives. Research by (Lemke & Kjellstrom, 2012) indicates that extreme heat conditions can also exacerbate health problems, reducing the capacity of health workers to provide care and increasing the absenteeism of both patients and healthcare providers. In regions like Jinja and Mayuge, where healthcare infrastructure is already fragile, they can severely disrupt SRH service delivery.

5.4 Cumulative Impact

The cumulative impact of these extreme weather events can be devastating. For instance, during periods of extreme weather, the reallocation of limited health resources to address immediate crises often results in the neglect of SRH services (UNICEF, 2017). The frequent occurrence of these events undermines long-term health planning and investment in SRH services, making it challenging to maintain consistent service delivery. Furthermore, young people, particularly girls, are disproportionately affected as they face higher risks of early marriage and gender-based violence during these crises, which directly impacts their SRH outcomes (Desrosiers et al., 2020).

6.0 Explore the relationship between resource scarcity and SRH outcomes among young people

The relationship between resource scarcity and SRH outcomes among young people is a critical area of concern, particularly in regions highly susceptible to the adverse effects of climate change. This analysis explores the impact of water and food scarcity, energy scarcity, and healthcare resource limitations on the SRH outcomes of young people in Uganda, Africa, and globally. Water scarcity and poor water quality, increasing the risk of waterborne diseases and affecting menstrual health and hygiene (UNICEF, 2019).

6.1 Water and Food Scarcity

Water and food scarcity, driven by climate change, significantly impact hygiene, drinking water, and food supplies, leading to malnutrition and food insecurity. These factors compromise physical health and increase vulnerability to illnesses, which in turn affect SRH outcomes. In Uganda, prolonged droughts and erratic rainfall patterns have led to reduced agricultural productivity, exacerbating food insecurity (FAO, 2023)). Studies indicate that young people, particularly girls, suffer from poor nutritional status during periods of food scarcity, which affects their overall health and reproductive outcomes (Kassie et al., 2014). Globally, food insecurity has been linked to adverse SRH outcomes, including higher rates of maternal and infant mortality, and increased risk of STIs due to compromised immune systems (Beyene, 2023).

6.2 Energy Scarcity

Energy scarcity also plays a crucial role in affecting SRH outcomes. Limited access to energy sources hampers the ability of healthcare facilities to store medicines, operate equipment, and provide consistent healthcare services. In many parts of Africa, including Uganda, unreliable electricity supply is a major barrier to effective healthcare delivery (Seddighi et al., 2023). Health centers without reliable power cannot adequately store temperature-sensitive SRH commodities like contraceptives and vaccines, leading to supply shortages and interrupted services. This situation is mirrored globally, where energy scarcity in low-income regions significantly impacts the quality and availability of healthcare services, thereby adversely affecting SRH outcomes (WHO, 2018a).

6.3 Healthcare Resources

The increased demand for healthcare services due to climate-related health issues, coupled with disrupted supply chains, leads to a shortage of medical supplies and personnel. In Uganda, climate-induced health crises such as malaria outbreaks during rainy seasons strain healthcare systems, making it difficult to maintain adequate SRH services (UBOS, 2019). Similar challenges are faced across Africa, where health systems are often overstretched due to the high burden of climate-sensitive diseases (WHO, 2018b). Globally, climate change exacerbates health inequalities, with marginalized populations experiencing the greatest impacts due to limited healthcare resources (UNFPA, 2021). These disruptions hinder access to essential SRH services, such as family planning, maternal care, and STI treatment, thereby negatively impacting SRH outcomes for young people.

7.0 Psychosocial stressors related to climate change and their effects on young people SRH outcomes

Psychological stress and anxiety, exacerbating existing SRH challenges and increasing the risk of mental health disorders (Nick Watts et al., 2019). Young People aged 18–30 are prone to climate change-related SRH challenges due to limited access to education and information on SRH and climate change ((UNFPA, 2019)) Economic and social dependence on natural resources, making them more susceptible to climate-related disruptions (ILO, 2018). Climate change poses significant psychosocial stressors that profoundly affect the mental health and well-being of young people, with direct implications for their SRH

outcomes. The stressors we focus on in this study include economic insecurity, family and social disruption, fear and uncertainty, and increased violence, contribute to a complex web of challenges that hinder the overall health and development of youth in vulnerable regions.

7.1 Economic Insecurity

One of the primary psychosocial stressors induced by climate change is economic insecurity. The loss of livelihoods due to climate impacts, such as extreme weather events, severely exacerbates financial strain on families. This economic instability often leads to increased anxiety, depression, and other mental health issues among young people. For instance, studies have shown that economic hardships can limit access to essential SRH services, as families prioritize basic survival needs over health expenditures (Xue et al., 2024). Additionally, the lack of financial resources can impede young people's ability to seek timely and appropriate SRH care, thereby negatively impacting their health outcomes (Anders et al., 2023).

7.2 Family and Social Disruption

Climate-induced stresses significantly strain family relationships and community cohesion. The pressure of coping with the aftermath of climate disasters can lead to domestic conflicts and weaken social support networks. Research indicates that such disruptions can adversely affect young people's mental health, leading to heightened stress and reduced emotional support (Bradley Patrick White et al, 2023). This lack of support is critical, as family and community structures often play a vital role in facilitating access to SRH services and education. Disrupted social ties can therefore result in decreased awareness and utilization of these services, further compromising SRH outcomes (Department of Energy, 2021).

7.3 Fear and Uncertainty

The unpredictability of extreme weather events and their consequences creates a constant state of fear and anxiety among young people. The pervasive uncertainty about future climate conditions can lead to chronic stress, which has been linked to various adverse health outcomes, including poor SRH (Orderud & Naustdalslid, 2018). Chronic stress can impair cognitive function and decision-making abilities, making it challenging for young people to make informed choices about their sexual and reproductive health. Moreover, persistent anxiety can deter them from seeking SRH services due to fear of social stigma or perceived futility (McManus et al., 2022).

7.4 Increased Violence

Resource scarcity and economic stress resulting from climate change can exacerbate tensions within communities, leading to higher instances of gender-based violence and exploitation. Such violence not only impacts the mental and physical health of young people but also directly affects their SRH outcomes. According to David Rothkopf and Claire Casey, (2014), exposure to violence can increase the risk of STIs, unintended pregnancies, and other adverse SRH outcomes. Furthermore, the trauma associated with violence can have longlasting effects on mental health, further complicating the ability to seek and receive appropriate SRH care (WHO,2023).

10. Conclusion

In conclusion, extreme weather events like floods, droughts, and heatwaves seriously affect how young people in Jinja and Mayuge access SRH (sexual and reproductive health) services. These events damage health facilities, make it hard to reach services, and worsen economic and social problems. To deal with this, we need strong strategies that help health systems bounce back, ensure resources are available, and support young people's specific needs during climate change. Mental stress from climate change—like money problems, family issues, fear, and violence—also deeply affects young people's SRH.

A complete approach that includes mental health care, economic support, and strong community involvement is needed to protect their health and well-being. Resource shortages—like not enough water, food, energy, or healthcare—also hurt young people's SRH. These shortages, caused by climate change, lead to poor health, more sickness, and fewer health services. Solving this needs better resource use, stronger health systems, and fair access to SRH services. Future research should find ways to reduce the effects of resource shortages, especially for vulnerable youth. The literature shows climate change has a big impact on SRH for young people aged 18–35 in Jinja and Mayuge. It's important to understand what they face so we can create the right plans and policies to help them stay healthy.

11.0 Findings

11.1 Demographics

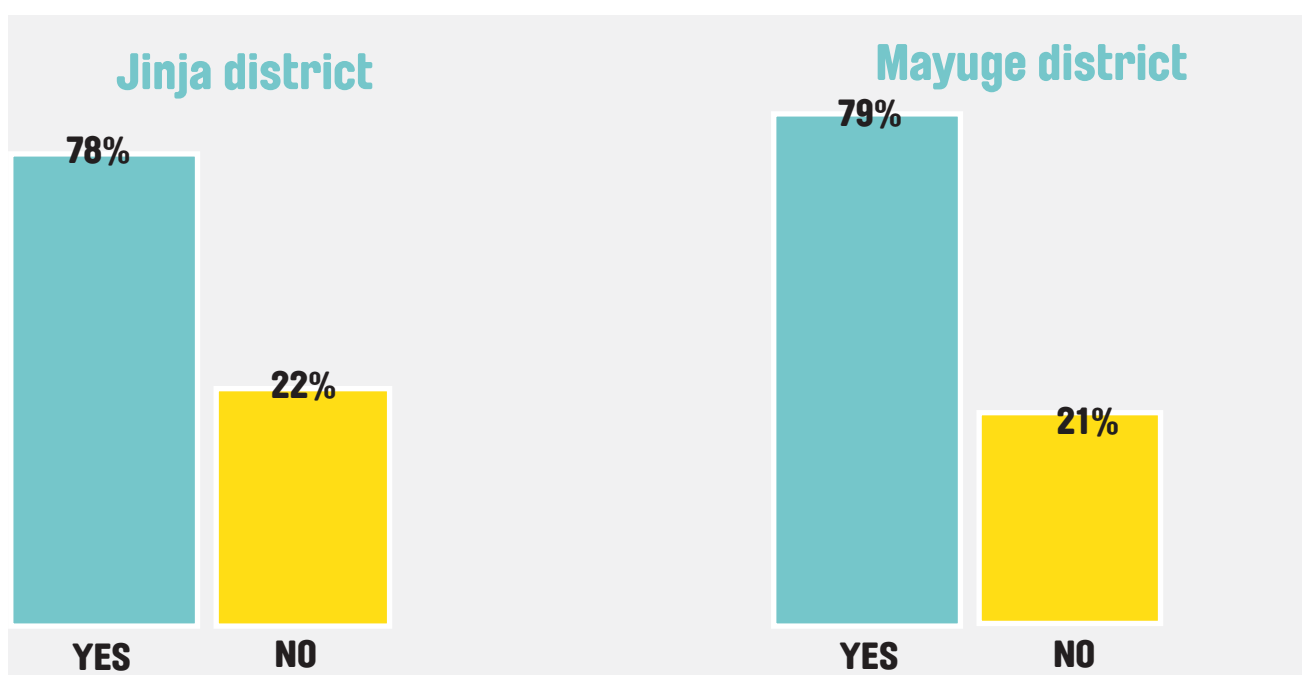
In this data, 60.4% of the respondents are from Jinja and 39.6% from Mayuge, making up a total sample of 212. The low percentage in Mayuge is attributed to two sub counties of Bukatuube and Kigandalo contributing 18.8% and 20.8%, respectively while in Jinja it was in 3 sub counties of Buwenge, Mpumudde, and Walukuba contributing 19.4%, 19.8%, and 21.2%, respectively, showing a more even distribution across all sub counties.

The majority of respondents (47.1%) are aged 25–30 years, followed by 31.6% who are 18–24 years, and 20.3% who are 31–35 years, regarding gender, 51.4% of the respondents are male, while 47.6% are female, indicating a nearly balanced gender representation in the sample of 212 respondents. The data on religion shows that the majority of respondents are Muslim (38.2%), followed by Anglicans (24.5%) and Catholics (17.5%), with smaller percentages for Pentecostals (12.7%), Seventh Day Adventists (5.7%), and other religions.

The data officer from Bukatuube Health center III reported; ‘As Bukatuube Health Centre iii we collaborate with church of Uganda when it comes to issues of sexual and reproductive health, basically church of Uganda, they accept SRHR talks, the reason why I say Church of Uganda is because for me I am catholic but we do not believe in family planning as a religion. As you know family planning includes condoms, contraceptive pills etc and other religions do not support talking about such things but for church of Uganda (Anglicans), they encourage health workers to come and talk to people about family planning issues in most of their church gatherings.

At times they even reach out and request if we can provide free HIV testing and counselling’ This statement underscores the importance of understanding religious dynamics when implementing SRHR programs. While some religious groups, such as the Church of Uganda, collaborate actively with health centers on SRHR issues, others, like the Catholic Church, maintain doctrinal barriers to family planning. Successful SRHR advocacy and service provision must navigate how religion influences followers to seek SRHR services.

12.0 To assess the impact of extreme weather events on the availability and accessibility of SRH services for young people in Jinja and Mayuge within the last 4–year period.



The graph shows that in both Jinja and Mayuge districts, the vast majority of respondents have experienced extreme weather events in the past four years. Specifically, 78% of respondents from Jinja and 79% from Mayuge reported experiencing such events, while a smaller percentage, 22% from Jinja and 21% from Mayuge, did not experience extreme weather events. The data indicates a similar pattern of weather experiences across both districts.

The data compared responses from sub counties in Jinja and Mayuge districts about experiencing extreme weather events in the last four years. In Mayuge district, Kigandalo and Bukatuube sub counties show that the majority of respondents (36 out of 44 and 30 out of 40, respectively) have experienced extreme weather events, while Jinja district has similar results, with 97 out of 128 respondents reporting the same across all sub counties. In the Jinja sub counties, the highest proportion of people who experienced extreme weather is in Walukuba (38 out of 45), followed by Buwenge (28 out of 39) and Mpumudde (31 out of 42), indicating a high prevalence of extreme weather experiences in both districts.

From the Hazard Risk and Vulnerability report for Jinja Drought has been more severe in the last five years. The experienced drought events are manifested as prolonged dry spells that cause shifts in the onset of rainy seasons. The frequency and severity of drought episodes are perceived to be caused by changes in the climate pattern, wetland degradation, changes in land use, poor farming methods and deforestation. Drought occurrences are associated with deficit soil moisture, reduction of surface water sources, rotting of crops and reliance on imported foods. It is aggravated by low adaptive capacity of farmers and reduced soil fertility. Predictably, the most affected months are those from Jan – March and July – September of each seasonal calendar.

In Jinja, 36.7% of respondents reported experiencing heatwaves mainly in Walukuba, followed by 28.1% experiencing drought which was distributed equally across all sub counties, and only 8.6% reporting floods/heavy rains least affecting people in Mpumudde sub county. In Mayuge, the most common extreme weather event was floods/heavy rains, affecting 27.4% of respondents which were mainly experienced in Kigandalo, while 28.6% experienced heatwaves mainly in Bukatuube, and 20.2% experienced drought which was a common effect in both sub counties.

In the past 4 years, in Jinja, 31.3% of respondents (40 out of 128) reported experiencing extreme weather events 5–10 times while 28.9% (37 respondents) experienced them 3–5 times, and 15.6% experienced them twice. In Mayuge, 48.8% (41 out of 84) reported experiencing these events 5–10 times, while 27.4% (23 respondents) experienced them 3–5 times.

13.0 SRH Services available

The data shows that 88.7% of respondents (188 out of 212) are aware what Sexual and Reproductive Health (SRH) services are and these were equally distributed across Mayuge and Jinja, while 10.4% (22 respondents) do not. The services they were most aware of included family planning, including family planning, antenatal care, sex education, and HIV services. In terms of access to SRHR services we had 72.2% of respondents who had accessed SRHR services. On further analysis there were more female respondents 80% (80 out of 101) compared to male respondents 65.1% (69 out of 106) who had accessed sexual reproductive services. We had more respondents who had accessed services more in Jinja 78.9% as compared to the 59.5% in Mayuge in the last four years.

	District	How would you rate the availability of SRH services in your area?					
			3= Fair	1= Excellent	2= Good	4= Poor	5= V.Poor
Said Yes to Accessing SRH services	Jinja	F	38	15	38	8	2
		%	37.6%	14.9%	37.6%	7.9%	2.0%
	Mayuge	F	32	1	11	5	1
		%	64.0%	2.0%	22.0%	10.0%	2.0%

On further analysis where respondents rated the availability of SRHR services in Jinja, 37.6% of respondents rated the availability of SRH services as fair, and the same percentage rated them as good across all sub counties, while 14.9% rated the services as excellent and only 2% and 7.9% considered them very poor and poor and these were mainly from Buwenge. In Mayuge, the majority (64%) rated the availability as fair, while 22% found it good, and 10% rated it poor who were mainly from Bukatuube, with only 2% considering it very poor or excellent thought these were from Kigandalo.

14.0 Extreme weather events affected utilization of SRH services?

45.5% of respondents reported that extreme weather events affected their utilization of SRH services in the last four years, while 54.5% stated that it did not. This indicates that a significant proportion of respondents faced disruptions in accessing SRH services due to extreme weather events and we had more respondents in Mayuge 52.4% compared to Jinja at 40.8%. We had more female respondents 47% affected by the extreme weather compared to 44.3% male respondents.

The data shows that the most common impact of weather events on the utilization of SRH services is increased travel time due to extreme heat (refers to difficulties in reaching destinations (such as health facilities) because of the heat, leading to slower travel or taking more time to rest), affecting 37.2% of respondents. Medical supplies being unavailable was the second most reported issue at 27.7%, followed by power outages affecting medical services (18.1%). Health center closures were reported by 12.8% of respondents, while 4.3% cited other impacts.

The respondents rated the availability of SRH services as moderate decreased from 50.5% to 42.8% during/after extreme weather events. The percentage rating the services as poor increased from 34.1% to 37.5%, and the very poor rating also increased slightly from 6.7% to 7.2%. This indicates that extreme weather events have had a negative impact on the perceived availability of SRH services.

We further scrutinized if extreme weather events influenced the decisions of the respondents to seek SRH services and Out of the 212 respondents, 51.4% indicated that extreme weather events had NOT influenced their decision to seek SRH services, while 46.7% reported that such events had influenced their decisions. On further analysis, from the total number (N = 149) respondents who reported being able to access SRH services in the past four years, 45.6% indicated that extreme weather events did not influence their decision to seek SRH services, while 54.4% indicated that extreme weather events did influence their decision. This suggests a significant association between extreme weather events and decision-making regarding SRH services among those who have accessed these services recently.

Improving access to Sexual and Reproductive Health (SRH) services during extreme weather events requires a multifaceted approach to ensure effectiveness and integrity. Firstly, ensuring accessibility to quality healthcare services involves improving infrastructure like roads and providing emergency vehicles. Acquisition of more healthcare workers who can conduct home visits is crucial, alongside equipping health centers with sufficient medicine and supplies, including those for family planning and HIV treatment. Community engagement through sensitization campaigns is essential to raise awareness and encourage adoption of SRH services. Financial transparency and accountability are paramount to prevent corruption, ensuring that funds allocated for SRH are used effectively. Overall, a friendly and supportive approach in service delivery,

coupled with continuous education and outreach efforts, will enhance SRH service accessibility and utilization, even in adverse weather conditions.

The data suggests key services needed to enhance SRH accessibility during extreme weather events, focusing on improving the availability of SRH services like condoms and family planning, increasing community awareness and outreach, and enhancing healthcare infrastructure. Suggestions include building more hospitals, improving roads, providing shelter, and equipping facilities with adequate supplies. Additionally, there is a need for better healthcare worker attitudes, follow-ups, and incentives like food and transport to encourage service use.

“During heavy rains, pregnant women in Bukatube face difficulties accessing antenatal care and having normal deliveries,” one female respondent from Bukatube said.

A female respondent from Bukatube commented that; “ During heavy rains, pregnant women in Bukatube face difficulties accessing antenatal care and having normal deliveries. The nearest ambulance is located at Mayuge Health Centre IV, which is far from Bukatube. To access the ambulance, families must pay UGX 150,000 for fuel and use their own airtime to contact someone for assistance. It would greatly help if Bukatube Health Centre III had its own ambulance. Moreover, when you arrive at the health facility, you might find that there are no healthcare workers available. Increasing the number of staff quarters at the facility could alleviate this issue and potentially reduce maternal mortality rates. Furthermore, women often give birth without access to essential blood transfusions, which adds to the risks during delivery”.

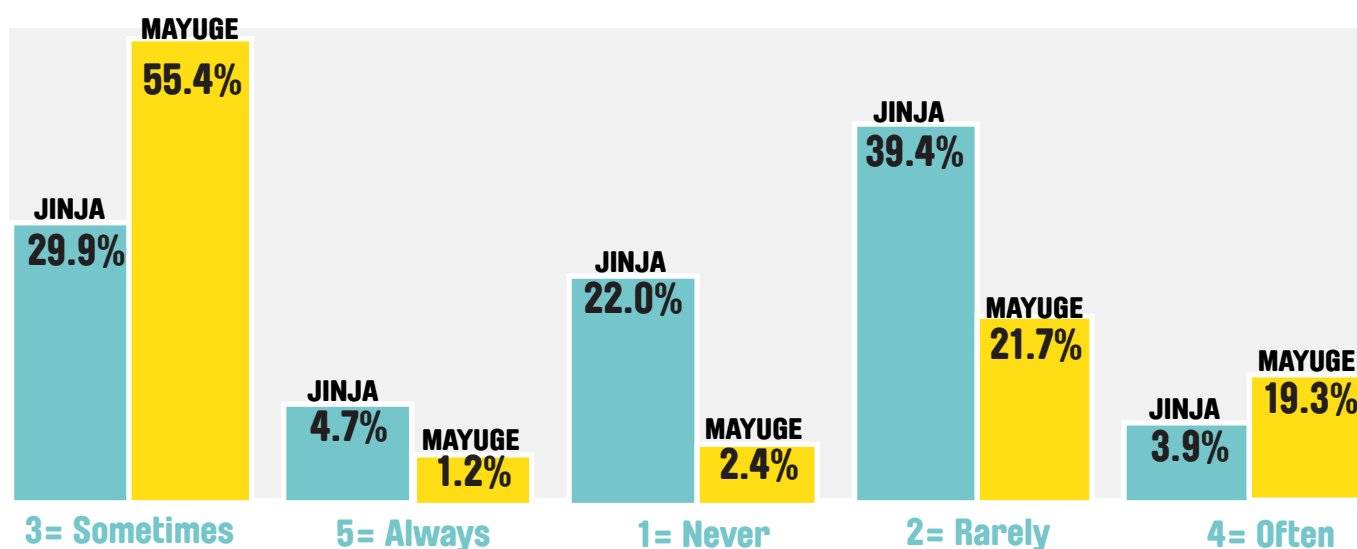
15.0 Objective 2 Explore the relationship between climate change induced resource scarcity and SRH outcomes among young people

15.1 Water and Food scarcity.

The data shows that respondents were almost evenly split on whether water and food shortages affect sexual reproductive health, with 49.8% (104 out of 212) responding "yes" and 51.2% (105 respondents) responding "no".

Food and Water shortage affecting their sexual reproductive health	District	
	Jinja	Mayuge
Yes	35.4%	71.1%
No	63.8%	28.9%

The data above indicates a significant difference in perspectives between the two districts. In Mayuge, 71.1% of respondents believe that water and food shortages can affect sexual reproductive health, compared to only 35.4% in Jinja. Conversely, 63.8% of respondents in Jinja do not think these shortages affect sexual reproductive health, while only 28.9% in Mayuge share this view. This suggests that awareness or experiences related to how shortages impact sexual reproductive health vary substantially between the districts.



On further analysis According to the figure above Mayuge has a significantly higher percentage of people experiencing water and food shortages "sometimes" (55.4%) and "often" (19.3%), compared to Jinja where fewer people report "sometimes" (29.9%) or "often" (3.9%). Jinja has a higher proportion of respondents who report "rarely" (39.4%) or "never" (22.0%) experiencing water shortages, showing that clean drinking water access is more reliable in Jinja compared to Mayuge.

The data suggests that those who experience food and water shortages "often" are more likely to report that extreme weather events have impacted their use of SRH services. Among 21 respondents who experience water shortages "often," 14 (66.7%) reported that extreme weather events affected their SRH services, while 7 (33.3%) said they did not.

A teenage respondent from Jinja shared her experience, saying, "When its sunny, water becomes scarce, and there are times I go two or three days without properly bathing, even during my menstrual period. It's especially difficult when I need water to wash my reusable sanitary towels. I use the little I have, but they require much more water to get clean, and the scarcity makes it impossible. This leads to an unpleasant odor, lowers my self-esteem, and makes me reluctant to visit health centers in such an uncomfortable state."

Additionally, the extreme heat causes food shortages, leading to pressure on young men from their families, especially their wives. Many, out of desperation, turn to stealing and end up getting beaten, imprisoned, or, in some tragic cases, killed a male Respondent in Kigandalo, Mayuge district reported.

15.2 Electricity

The data indicates that out of 212 respondents, 39.6% of respondents "sometimes" have access to reliable electricity at home, the largest group. Those who have electricity "most of the time" make up 21.7%, while 14.6% "always" have reliable access. A smaller portion, 11.8%, "rarely" or "never" have access. The data shows that 43.4% of respondents who "sometimes" have access to reliable electricity reported a moderate or major effect of lack of electricity on healthcare access. For those who "always" have access, only 22.6% report moderate or major effects. Overall, minor or no effect is reported by 50.5% of respondents across all levels of electricity access.

Among those who experienced extreme weather events (95 respondents), 31.6% reported a moderate effect, and 4.2% reported a major effect of electricity shortages on healthcare access. In contrast, among those who did not experience extreme weather events (114 respondents), 20.2% reported a moderate effect and 8.8% reported a major effect. Overall, 43.4% of those impacted by extreme weather events reported moderate or major effects compared to 29% for those not impacted.

"Most times when I visit Bukatube Health Centre III, electricity is needed in almost every department, especially now that many women are giving birth prematurely. Premature babies require machines like warmers or incubators, which run on electricity, but with the current instability in the power supply since harsh weather conditions like heavy rains affect the electricity supply, we see many premature babies dying because the machines cannot function properly. A female respondent from Bukatube said.

15.3 Health resources

The data shows that 73.5% of respondents (156 out of 212) noticed a shortage of medical supplies in their local healthcare facilities in the past four years, while 26.5% (56 respondents) did not. The vast majority experienced a shortage, indicating a significant issue with medical supply availability. On further analysis, regarding the shortage of medical supplies in local healthcare facilities over the past four years, 54.2% of respondents who noticed a shortage indicated that extreme weather events did not affect their utilization of sexual and reproductive health (SRH) services. Conversely, 45.8% reported that these events did impact their usage.

A female participant from Jinja district narrated her experience; "Health workers are not always available at Buwenge Health Centre III, especially during heavy rainfall. I once went for family planning services and ended up waiting for over five hours without being attended to, simply because it was raining. The health workers often have other clinics they work at, and when you do find them, there's no medicine available. They just write prescriptions and ask patients to buy medicine, like contraceptives, from private pharmacies. This has made me stop going there altogether because it feels pointless and like a complete waste of time".

Another male participant in Kigandalo, Mayuge district shared that; 'Shortages of healthcare providers, medicines, and equipment compromise SRH care. For instance, Kigandalo Health Center III frequently experiences stock-outs of contraceptives and essential medicines, leading to delays or inadequate treatment due to resource constraints. These issues negatively impact health outcomes, particularly in the treatment of STIs, which often face significant delays.

The respondent's experience reflects this latter group, where heavy rainfall and poor service delivery during extreme weather significantly impacted their ability to access SRH services. This underscores the need for more consistent healthcare delivery, even during challenging weather conditions, and the importance of addressing both staff shortages and supply chain issues to improve healthcare accessibility.

In conclusion the data shows that 30.2% of respondents believe resource scarcity has a moderate impact on their SRH outcomes, while 24.1% believe it has a major impact. A notable 29.2% perceive a minor impact, and 15.1% reported no impact. This suggests that over half of the respondents feel that resource scarcity significantly affects their SRH outcomes.

The data shows that 59.2% of those affected by extreme weather events reported a moderate (40%) or major (15.8%) impact of resource scarcity on SRH outcomes. In comparison, among those not affected by extreme weather events, 54.4% reported a moderate (22.8%) or major (31.6%) impact. Only 15.1% of respondents overall reported no impact of resource scarcity on SRH outcomes.

A midwife from Jinja district in Walukuba health centre III noted from her experience; "Resource scarcity affects everyone, whether employed or unemployed. Sometimes, it's not a permanent situation; it's just a phase in life where you may lack money or food. In such circumstances, it becomes difficult to prioritize accessing services when you're hungry and don't even have the money for transportation. This is why we often recommend long term family planning methods, such as implants, IUDs, and injectable contraceptives, to individuals with low socioeconomic status, ensuring they are protected for an extended period despite their financial challenges".

In addition, a participant from the FGD conducted at Kigandalo, Busui, Mayuge District reported that; 'We lost a mother who died while giving birth at a traditional birth attendant's facility, which highlights the challenges we face in our community. Many women are either unaware of the importance of seeking care at health centers or lack proper sensitization compared to other areas. The bigger issue, however, is the scarcity of resources in our health centers. They often lack essential medicines, and there are too few healthcare workers who sometimes do not treat patients with the care and respect they deserve. Because of these shortcomings, people are forced to turn to clinics or traditional methods, which are often unskilled and result in many complications.

16.0 Objective 3: Psychosocial stressors related to climate change and their effects on young people SRH outcomes

The data indicates that 44.3% of respondents reported "sometimes" facing financial difficulties due to climate impacts over the

past year, making it the most common experience. Another 28.8% said they "rarely" faced such difficulties, while 15.1% faced financial hardships "often." A smaller percentage, 1.9%, reported "always" experiencing financial struggles, and 8% indicated they "never" faced any financial difficulties.

	Jinja		Mayuge	
	F	%	F	%
2= Rarely	35	28.2%	26	31.0%
1= Never	16	12.9%	1	1.2%
Always	3	2.4%	1	1.2%
Often	13	10.5%	19	22.6%
Sometimes	57	46.0%	37	44.0%
TOTAL	124	100%	84	100%

In Jinja, 46% of respondents reported "sometimes" facing financial difficulties due to climate impacts, compared to 44% in Mayuge. More respondents in Mayuge (31%) reported "rarely" facing such issues compared to 28.2% in Jinja. while in Mayuge, a higher percentage (22.6%) experienced difficulty "often," in Jinja the percentage was very low at 10.5%. Notably, Jinja had more respondents indicating they "never" faced challenges (12.9%) compared to Mayuge (1.2%).

Financial stress has led me to seek relief through frequent sexual encounters with different girls as a way to relax my mind. Unfortunately, this behavior has resulted in several unintended pregnancies. For instance, two girls are currently pregnant by me due to the decisions I made while coping with stress," said a male participant from Buwenge, Jinja district.

In addition, a female participant from Buwenge, Jinja district, "Financial constraints have influenced me to adopt negative and dangerous sexual behaviours like having unprotected sex with multiple men in exchange for money. This is because am a young mother who needs money to feed my two children. This has resulted in several unintended pregnancies, as many men refuse to use condoms after offering money in exchange for sex. In desperation, I've had to resort to unsafe abortions, risking my health because I cannot afford proper medical care. The most scary thing is I think I may be infected with STIs but I do not have that money for treatment."

Out of those who faced financial difficulties due to climate impacts, 33.5% (71 respondents) reported that it "moderately" affected their mental health, while 16% (34 respondents) were "significantly" affected. The majority of respondents who faced difficulties "often" indicated a significant impact on their mental health (65.6%), whereas those who faced difficulties "sometimes" were mostly affected "moderately" (37.2%) or "slightly" (25.5%). Only 1.9% reported their mental health was "not at all" affected. The findings also show that 64.2% of respondents reported that financial difficulties have affected their accessibility to SRH services, while 35.4% indicated that their access was not affected.

Recently, I lost my sister and her unborn baby due to financial constraints that prevented her from accessing better healthcare services. She was experiencing complications such as bleeding and severe stomach pain and had been referred to Mayuge Health Centre IV for further examination and treatment. However, due to her economic situation, she was unable to go. Unfortunately, I was also struggling financially and couldn't assist her. As a result, she turned to a traditional healer who gave her herbs for a week, but there was no improvement. Tragically, she lost her life because she couldn't access the necessary

medical care in time. (A female participant from an FGD conducted in Bukatuube, Mayuge district).

The data shows that 29.2% (62 out of 212) of respondents experienced "slight" strain or conflict in their family relationships due to climate-induced stresses, while 26.9% (57 out of 212) reported a "moderate" impact. About 24.1% indicated that these stresses did not affect their family relationships at all, whereas 16% experienced "significant" strain, and 3.3% reported being "severely" affected.

The data shows that 55.7% of respondents "rarely" experienced conflicts within their community due to climate related issues, while 31.1% experienced conflicts "sometimes," and 5.7% "always" faced such conflicts. The data indicates that domestic violence, including physical, psychological, economic, and sexual abuse, was the most commonly reported type of violence (7 instances). Economic exploitation, such as forced labor and debt bondage, was reported 4 times. Political violence was mentioned twice, while community violence and cultural or traditional practices were each reported once.

'Parents have neglected their children due to family conflicts, when parents have their conflicts, they tend to forget about their children need for example sanitary towels, sex education, this has made girls to run to men in order to cater for the needs and this has resulted into many unwanted pregnancies and many registered unsafe abortions said by Midwife at Buwenge health centre iii.

The data shows that 42.9% of respondents "sometimes" feel anxious or fearful about extreme weather events and their potential impacts on their life, while 30.7% feel this way "rarely." About 12.7% reported feeling anxious "often," 7.5% said "always," and 5.7% indicated they "never" feel anxious or fearful. This suggests that a significant portion of respondents experience at least occasional anxiety about extreme weather events. The data from the survey question "Have you or someone you know experienced an increase in gender-based violence or exploitation due to resource scarcity or economic stress?" reveals significant concerns regarding gender-based violence in relation to economic conditions.

Of the total 212 respondents, a substantial majority, 153 individuals (72.2%), reported that they or someone they know had indeed experienced an increase in gender based violence or exploitation. In contrast, 56 respondents (26.4%) indicated that they had not encountered such issues which were the same across both districts. Only 3 individuals (1.4%) did not provide a valid response. This data underscores a critical issue, highlighting that a large proportion of the population is affected by gender based violence, which is likely exacerbated by resource scarcity and economic stress.

How has the increased gender based violence or exploitation affected your ability to access SRH services?

Have you been able to access SRH services in your area in the past four years?	YES	Severely	Moderately	Not at all	Significantly	Slightly	TOTAL
	F	6	45	39	16	44	150
	%	4.0%	30.0%	26.0%	10.7%	29.3%	100%

Overall, the data suggests that increased violence or exploitation has a varying level of impact on access to SRH services, with most respondents (59.3%, combining 30.0% moderately and 29.3% slightly) experiencing moderate to slight challenges. However, a notable minority (14.7%, combining 4.0% severely and 10.7% significantly) face significant barriers, pointing to a need for focused support to ensure equitable access to SRH services amidst increasing violence or exploitation.

“A participant from Kigandalo in Mayuge district reported; Extreme heat waves have led to a rapid increase in famine in our community, where agriculture is the major economic activity. This has resulted in illnesses related to poor nutrition. In addition, this year, we have also seen a rise in family conflicts driven by poverty, which has caused significant mental health issues, particularly among the youth. As a result, many young people have turned to drug abuse and early marriage. Therefore, it is crucial for the government and other concerned bodies to work together to address these stressors related to climate change and SRH among the youth”.

In the past year, a significant number of respondents reported facing barriers to accessing sexual and reproductive health services due to climate-related stressors. Specifically, 139 individuals (approximately 60.4%) indicated they had faced such barriers, while 70 individuals (about 39.6%) reported not experiencing any issues. The data reveals that the majority of these challenges were reported in Jinja, where 84 out of 125 (67.2%) respondents acknowledged barriers, compared to 55 out of 84 (65.7%) in Mayuge.

In response to whether addressing climate change could alleviate some mental health challenges faced by individuals and communities, a majority of respondents expressed a positive belief. Specifically, 178 individuals (approximately 83.96%) agreed that tackling climate change could help mitigate these mental health issues, with 112 of those respondents from Jinja and 66 from Mayuge. Conversely, 32 individuals (about 16.04%) disagreed, with 14 from Jinja and 18 from Mayuge indicating that they do not believe climate action would alleviate mental health challenges. This data highlights a significant inclination towards recognizing the potential mental health benefits of addressing climate change.

16.0 Discussion of Findings

16.1 Objective 1; To assess the impact of extreme weather events on the availability and accessibility of SRH services for young people in Jinja and Mayuge districts within the last 4-year period

The findings highlight the significant impact of extreme weather events on the availability and accessibility of sexual and reproductive health (SRH) services for young people in Jinja and Mayuge districts over the past four years. Data indicates that a large percentage of respondents from both districts reported experiencing extreme weather, with notable occurrences of droughts and heatwaves. In Mayuge, 81.8% of respondents from Kigandalo and 75% from Bukatuube reported high rates of extreme weather experiences. Similarly, in Jinja's Walukuba sub county, 84.4% of respondents indicated similar impacts. The increasing frequency and severity of these events, attributed to climate change, disrupt daily life and challenge access to essential health services, highlighting the interplay between climate change and health outcomes (World Health Organization, 2021).

The analysis further reveals that while a substantial majority (88.7%) of respondents are aware of SRH services, access to these services is significantly affected by extreme weather conditions. Over 45.5% of respondents indicated that their ability to utilize SRH services was hindered by climate-related stressors. Key barriers identified include increased travel times due to extreme heat (37.2%) and the unavailability of medical supplies (27.7%). Additionally, the perceived quality of SRH services has deteriorated during and after extreme weather events, with ratings of service availability dropping from 50.5% to 42.8%. The data also shows that extreme weather events influenced decision-making regarding seeking SRH services, with 46.7% of respondents acknowledging that adverse conditions swayed their choices. Such findings align with existing literature that underscores the negative impacts of climate change on health service delivery (Patel et al., 2020).

The findings highlight a critical issue: the impact of extreme weather events on access to sexual and reproductive health (SRH) services. It's concerning to see that many people in both Jinja and Mayuge are struggling to access essential health services due to climate-related challenges. In fact, 45.5% of respondents reported that extreme weather has affected their ability to utilize SRH services, indicating that this is a widespread problem that needs urgent attention. This data adds to the growing evidence of the connection between climate change and health, showing that we need integrated strategies to address these intertwined issues (United Nations Population Fund, 2022).

16.2 Objective 2: To explore the relationship between climate change induced resource scarcity and SRH outcomes among young people in Jinja and Mayuge districts.

The findings suggest a complex relationship between resource scarcity, extreme weather events, and access to Sexual and Reproductive Health (SRH) services in Jinja and Mayuge districts. Respondents were almost evenly split on whether water and food shortages affect SRH outcomes, with differing perspectives between the two districts. In Jinja, the majority (63.8%) did not feel that shortages affected SRH, whereas in Mayuge, a significant 71.1% believed it did. This discrepancy may indicate differing levels of awareness or varying experiences related to how these shortages impact health. Recent studies (UNICEF, 2023) have shown that communities with limited resources are more vulnerable to disruptions in healthcare services during extreme weather events, which may contribute to these varying views.

The data shows that more female respondents (47%) reported that extreme weather events affected their utilization of SRH services compared to male respondents (44.3%). This difference highlights the increased vulnerability of women to disruptions caused by climate events, possibly due to their unique health needs, such as menstruation, pregnancy, and reproductive health. For instance, women often need consistent access to healthcare facilities for maternal care, antenatal visits, and other SRH services, which can be severely disrupted by extreme weather conditions, as noted by a teenage respondent from Jinja who struggled with menstrual hygiene due to water scarcity.

Furthermore, disparities were evident in the rates of SRH service utilization between males and females. A higher percentage of female respondents (80%) accessed SRH services compared to male respondents (65.1%). This disparity may be attributed to the nature of the services provided, which often focus more on female reproductive needs, such as antenatal care, family planning, and maternal health services. The qualitative accounts indicate that food shortages place additional pressure on young men, leading some to engage in risky behaviors, such as theft, to meet their families' needs.

Meanwhile, female respondents often reported challenges related to water scarcity affecting their hygiene and comfort in accessing health centers, particularly during menstruation. These gender-specific impacts reflect the broader gendered vulnerabilities in coping with resource scarcity and accessing SRH services during extreme weather events. Addressing these disparities requires gender-responsive policies and interventions that consider the unique needs and vulnerabilities of both men and women in the context of climate change and resource scarcity (FAO, 2023).

Water and food shortages appear to correlate with the frequency and impact of extreme weather events, with Mayuge reporting higher occurrences of these shortages compared to Jinja. In Mayuge, 55.4% of respondents experienced water shortages "sometimes" and 19.3% "often," which aligns with the higher proportion of respondents reporting that extreme weather events have disrupted their access to SRH services. Extreme heat conditions particularly exacerbate water scarcity, limiting essential hygiene practices, as noted by a teenage respondent from Jinja who faced difficulties maintaining personal hygiene during her menstrual period. These challenges are consistent with findings in recent climate studies which indicate that extreme weather disproportionately affects vulnerable groups, particularly young women who need water for menstrual hygiene management (WHO, 2022).

The lack of reliable electricity further compounds the issue, as healthcare facilities struggle to maintain essential services during power outages, which are exacerbated by extreme weather. A female respondent from Bukatube reported that frequent power shortages have resulted in the deaths of premature babies, as incubators and warmers could not function properly. Moreover, shortages of healthcare providers and medical supplies in both districts limit SRH services. The lack of medicines, especially contraceptives, means that residents have to seek services from private providers, leading to increased costs and, in some cases, discontinuation of treatment. These findings highlight the necessity of resilient infrastructure, improved healthcare services, and reliable power supply to maintain SRH services even during extreme conditions. Addressing these challenges would align with Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all, particularly in under-served areas (UN, 2023).

16.3 Objective 3; To investigate the psychosocial stressors related to climate change and their effects on young people SRH outcomes in Jinja and Mayuge districts.

The findings indicate that financial difficulties related to climate impacts have become a common psychosocial stressor affecting young people in Jinja and Mayuge districts, particularly in relation to their Sexual and Reproductive Health (SRH) outcomes. The data shows that 44.3% of respondents "sometimes" faced financial difficulties over the past year due to climate impacts, with a significant proportion (16%) reporting that these difficulties had a "significant" effect on their mental health. This financial pressure has led some young people to engage in negative sexual behaviors as coping mechanisms. For example, a male participant from Buwenge, Jinja district admitted to engaging in multiple sexual relationships to relieve stress, resulting in unintended pregnancies. Similarly, a female participant shared that she had to exchange sex for money to provide for her children, leading to unintended pregnancies and unsafe abortions. These cases highlight the link between financial stress induced by climate change and increased risky sexual behaviors, contributing to adverse SRH outcomes.

Gender disparities are evident in the way climate-induced financial hardships influence coping behaviors among young people. The findings show that while both males and females are affected, the coping mechanisms they resort to differ. Females were more likely to engage in transactional sex due to economic vulnerability, which not only puts them at risk of unintended pregnancies but also exposes them to sexually transmitted infections (STIs), as seen in the account of the young mother who feared she might be infected but lacked money for treatment. This situation aligns with broader studies, which indicate that during periods of economic stress, women, particularly those from low-income backgrounds, are more vulnerable to sexual exploitation and poor SRH outcomes (UN Women, 2023). The increase in gender-based violence reported by 72.2% of respondents, combined with economic stress, further underscores the heightened vulnerability of women and the need for targeted interventions to support female SRH needs.

The psychosocial effects of climate change are further reflected in the impact on mental health and family relationships. Among those facing financial difficulties, 33.5% reported a "moderate" impact on their mental health, and 16% experienced "significant" effects. The data also revealed that 29.2% of respondents experienced "slight" strain or conflict in their family relationships due to climate-induced stress, while 16% faced "significant" strain. Such family conflicts, often exacerbated by economic stress, can lead to neglect of children's needs, as noted by a midwife at Buwenge Health Centre III, who mentioned that family conflicts often lead to parents neglecting their children's SRH needs. These findings are consistent with recent research that indicates climate induced stress contributes to increased domestic violence and family conflict, which subsequently affects children's well-being and access to healthcare services (IPCC, 2023). Addressing these psychosocial stressors through community support systems and ensuring equitable access to SRH services is essential in mitigating the negative effects of climate change on young people's health.

17.0 Recommendations

17.1 Improve Healthcare Infrastructure at Local Levels

In order to reduce the impact of extreme weather events on the availability of SRH services in Jinja and Mayuge districts, the government should focus on improving healthcare infrastructure at local levels. Increasing the number of health facilities, particularly in rural areas such as Bukatube, would help ensure that essential services are within closer reach during adverse weather conditions. Investing in mobile clinics that can reach remote communities during floods or droughts would also be effective in mitigating accessibility issues and ensuring continued SRH services. Government and local stakeholders could collaborate with NGOs to mobilize resources for purchasing emergency vehicles, such as ambulances, to serve the rural areas.

17.2 Community Sensitization on SRH in the Context of Climate Change

There is a need for community sensitization programs that educate people on the importance of accessing SRH services, particularly during times of resource scarcity. Involving village health teams (VHTs) to conduct door-to-door awareness

campaigns would be ideal in this context, where local health workers are trusted by community members. These campaigns should focus on raising awareness of how extreme weather events can impact health outcomes and highlight the importance of accessing services such as family planning, antenatal care, and menstrual hygiene products even in difficult times. Using local leaders and radio stations to spread this information can increase the reach of these campaigns.

17.3 Economic Empowerment Programs Targeted at Young Women

The data reveals that young women, particularly those from economically vulnerable households, are disproportionately affected by climate-induced financial challenges, leading to risky sexual behaviors. To address this issue, programs that provide young women with economic empowerment opportunities are crucial. Vocational skills training in areas like tailoring, hairdressing, and agriculture can help them earn an income and reduce dependence on transactional sex. NGOs, local government, and microfinance institutions should collaborate to provide low-interest loans or grants that allow young women to start small businesses. Moreover, training and empowering women in savings and credit cooperatives (SACCOs) can further help them become economically independent.

17.4 Integration of Mental Health Services into Existing Healthcare Facilities

Climate-induced financial challenges are leading to increased mental health issues, such as stress, anxiety, and risky coping behaviors among young people. Therefore, integrating mental health services into existing healthcare facilities at the community level is crucial. This could include training healthcare workers at health centers to provide basic counseling services or creating peer support groups where young people can share their experiences and support each other. Establishing safe community spaces where young people can access mental health and psychosocial support, particularly in schools and youth centers, would also be beneficial. This intervention can help young people develop healthier coping mechanisms and reduce the negative effects on SRH outcomes.

17.5 Strengthen Community-Led GBV Prevention and Response

Gender-Based Violence (GBV) is a significant issue exacerbated by climate-induced stressors, and it requires an urgent, community-driven response. Establishing and supporting GBV committees at the local council level can help to address cases of violence promptly. These committees should include local leaders, healthcare workers, and police officers trained to handle GBV cases. Community dialogues led by VHTs and cultural leaders can help change harmful gender norms that increase women and girls' vulnerability during times of crisis. Linking GBV survivors to available services, such as emergency healthcare and legal support, can be facilitated by partnerships between health facilities and NGOs.

17.6 Strengthen Advocacy and Coalition Building among CSOs, CBOs, and NGOs for Climate Resilient SRH Services

Advocacy and coalition building involving Civil Society Organizations (CSOs), Community-Based Organizations (CBOs), and Non-Governmental Organizations (NGOs) is crucial for ensuring effective delivery of SRH services in the context of climate change. These organizations should come together to form a network that advocates for policy changes to integrate SRH needs into climate adaptation strategies at district and national levels. This could include advocacy for increased funding for SRH services during extreme weather events and improved infrastructure for healthcare facilities. Additionally, CSOs and NGOs should collaborate to launch campaigns that raise awareness on the impact of climate change on SRH outcomes, amplifying the voices of young people, women, and marginalized groups. By engaging community leaders, policymakers, and government stakeholders, the coalition can push for better integration of SRH services into climate resilience plans, ensuring vulnerable populations have uninterrupted access to essential health services. Movement-building can also involve organizing community dialogues and workshops to educate communities about the intersection of climate change, resource scarcity, and SRH, thereby creating a strong grassroots movement that demands action from local authorities and contributes to sustainable change.

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