



## **POWER TO YOU(TH) - UGANDA**

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### **YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY**

Results of baseline study (2021), conducted in Bukwo, Isingiro and  
Kalangala, Uganda



Ministry of Foreign Affairs



**KIT** Royal  
Tropical  
Institute

## AUTHORS

### **Makerere University, School of Public Health, Uganda:**

Christine Nalwadda  
Lydia Kabwijamu

### **KIT Royal Tropical Institute:**

Lincie Kusters  
Hannah Kabelka  
Ophelia Chatterjee

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# PREFACE

KIT Royal Tropical Institute (KIT), in collaboration with in-country research partners, is presenting this baseline study as one of seven baseline studies conducted for the Power to You(th) programme in Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda. The programme has a specific focus on harmful practices, such as female genital mutilation/cutting and child marriage, sexual and gender-based violence (SGBV) and unintended pregnancy. These are persistent 'key issues' on which insufficient progress has been made over the years. Youth-friendly research methods, such as 'photovoice', have been used to actively engage young people and reinforce their voice.

As the Power to You(th) programme emphasises the power of young people (especially adolescent girls and young women), to be meaningfully included in discussions and decisions, the aim of the baseline studies is to provide an understanding of adolescents' and young people's perspectives regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these key issues. The studies also provide data on the voice, agency and decision-making power of young people and how social actors and state actors (through laws and policies) are contributing to positive change. Finally, the studies also provide information about the civic space and the role of the media in these social change processes on the key issues. The baseline studies have been conducted in areas where the Power To You(th) programme will conduct intervention activities. The main study respondents of these baseline studies were young people aged 15–24 years.

The Power to You(th) programme (2021–2025) was developed and is being implemented by a consortium of Amref Flying Doctors, Rutgers, Sonke Gender Justice and its country partners, funded by the Dutch Ministry of Foreign Affairs. The consortium strives to foster ownership at the country level, with locally formed coalitions and representation of beneficiaries in its governance. KIT and Choice for Youth and Sexuality are the consortium's technical partners. KIT, as the research partner, has collaborated with in-country research partners to conduct these studies.

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## ACRONYMS AND ABBREVIATIONS

CSO	Civil society organisation
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
IDI	In-depth interview
KII	Key informant interview
NGO	Non-governmental organisation
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSI	Semi-structured interview



## KEY DEFINITIONS

**Accountability:** In relation to sexual and reproductive health and rights (SRHR), this term describes the processes by which actors are responsible and answerable for the provision of high-quality and non-discriminatory goods and services (including the regulation of private providers) and the enforcement of sanctions and remedies for failures to meet these obligations. Accountability can take many forms. Brinkerhoff identifies three types of accountabilities that are relevant to health systems: (1) financial; (2) performance; and (3) political/democratic (Boydell et al., 2019). Furthermore, accountability in SRHR includes the appropriate prioritisation of SRHR and its implementation throughout the health system and ensuring access to SRHR services, with attention to high-quality and respectful care (ibid.).

**Adolescent:** A person aged 10–19 years.

**Civic space:** A healthy and open civic space implies that citizens and civil society organisations can organise, participate and communicate without hindrance, and in doing so, they can claim their rights and influence the political and social structures around them. These three fundamentals—freedom of association, assembly and expression—define the boundaries of civic space (CIVICUS, n.d.).

**Harmful practices:** An umbrella term that refers to practices (often considered traditional or cultural) that impair the development of adolescents and young people (Schief et al., 2018). Child marriage and female genital mutilation/cutting are examples of harmful practices.

**Meaningful youth participation:** Young people are meaningfully included when they work in all stages of decision-making in organisations/programmes and can participate on equal terms with adults at a number of levels or alternatively work independently from adults and make decisions solely with the involvement of youth voices. Youth can work on many different aspects of an issue, ranging from identifying a problem or opportunity, developing a programme or policy, to the implementation and evaluation of campaigns concerning young people. For this to be accomplished, mechanisms must be in place that allow them to have an active role in which their voices are heard and respected. For participation to be truly meaningful, it must benefit the young people involved, their peers, and society as a whole (You(th) Do It!, n.d.).

**Meeting needs for SRHR:** This is when people are able to understand sexual and reproductive health and related services, have access to and can freely choose the services, including information and health care, they need to experience physical, mental and social well-being in regard to their sexual and reproductive health lives. Sexual and gender-based violence (SGBV): Any act that is perpetrated against

a person's will and is based on gender norms and unequal power relationships (UNHCR, 2019). This includes physical, sexual and psychological violence by an intimate partner and non-partner sexual violence.

**Sexually active young people:** Married or unmarried boys and girls aged 10–24 years who reported having had sex in the last 12 months.

**Societal actors:** Men/boys, women/girls, parents and caregivers, chosen family, teachers, health care workers, religious, traditional and opinion leaders, role models and members of the community.

**State actors:** Local authorities, ministries that deal with harmful practices, SGBV and unintended pregnancy, national governments, parliamentarians, lawmakers and implementers, regional and global governmental bodies (including the United Nations and the African Union), and service providers at public institutions (e.g. health/social workers and teachers).

**Survivors of gender-based violence:** Individuals who have been harmed physically, emotionally or sexually through inhumane acts, including sexual harassment, defilement, rape, physical assault, sexual abuse, intimate partner violence, forced/child marriage and female genital mutilation/cutting.

**Vulnerable young people:** People aged 10–24 years whose healthy development is threatened by inadequate support structures and skills. Such young people may not achieve appropriate milestones on the pathway to adulthood.

**Youth:** In the Power to You(th) programme, youth is defined as adolescents (aged 10–19) and young people (aged under 35). This is in line with the 1995 Constitution of Uganda. However, for this study, data collection activities focused on adolescents and young people (aged 15–24) because those in this age range are more vulnerable to harmful practices. In the civil society organisation survey, the definition of young advocate included all advocates below 35 years of age.

**Youth structures:** Any community-level (in)formal group, organisation, initiative or actor that works with adolescents and youth. It is a broad term and can include youth-led organisations, youth clubs, school clubs, sport clubs, youth councils and youth committees.

# 1. INTRODUCTION

Sexual and reproductive health and rights (SRHR) indicators in Uganda reveal a high prevalence of practices that negatively impact young people, such as early marriage, teenage pregnancy, female genital mutilation/cutting (FGM/C), and sexual and gender-based violence (SGBV) (UBOS and ICF, 2018). Their persistence can be attributed to socio-economic, cultural and health system factors such as inadequate access to SRHR information and services, restrictive cultural norms (Ivanova et al., 2019; UNFPA, 2020), abstinence-focused sexuality education (De Haas et al., 2017), gender and social inequalities (Chandra-Mouli et al., 2018), and limited youth involvement in SRHR programming (De Haas et al., 2017; Ninsiima et al., 2020). Additional challenges include the limited efforts to meaningfully include young people in programmatic processes and ensure they are able to hold decision makers accountable (Alternative Development, 2019). In many low- and middle-income countries a multitude of cultural, economic, social and political factors limit young people's participation in decision-making about SRHR, with consequences for their access to and use of sexual and reproductive health (SRH) services (Furlong et al., 2011; Plesons et al., 2019; WHO, 2008).

In recognition of this, the Constitution of Uganda acknowledges the right to inclusion and participation of youth in key decisions. From village to national level the importance of youth structures is recognised, including within key decision-making bodies such as parliament. The Ministry of Gender, Labour and Social Development is responsible for overseeing youth livelihood affairs, including SRHR, across the country. A network of civil society organisations (CSOs) also exists to support such efforts. These include youth-led CSOs, and many of these CSOs focus on promoting youth SRHR. Nevertheless, these CSOs also face a multitude of challenges, such as an ever-shrinking civic space in which to meaningfully act, difficulties in access to funding (Plesons et al., 2019; Wamajji et al., 2020), and tokenistic engagement (Alternative Development, 2019).

## **Child, early and forced marriage**

Although the legal age of marriage in Uganda is 18, approximately one third of young women marry before this, while 7% marry before age 15 (UBOS and ICF, 2018). These rates have likely increased in recent years due to the COVID-19 pandemic (Esho et al., 2021), as poverty and gender inequality drive this harmful practice. Child marriages are often seen as offering financial security to those with limited professional or educational prospects, and adolescent girls and young women from the poorest households or with lower levels of education marry earlier than those from richer households or with higher levels of education (Girls not Brides, n.d.). Research also suggests that marriage is seen as providing protection (e.g. from sexual violence), and (economic) support when families cannot meet children's basic needs (Schlecht,

2016). Other driving factors include adolescent pregnancy, and intergenerational or transactional sexual relationships (Gottschalk, 2007; Otim and Wamala, 2019; Watson et al., 2018).

### **Female genital mutilation/cutting**

Uganda has one of the lowest rates of FGM/C in Africa. According to the 2016 Ugandan Demographic Health Survey (UBOS and ICF, 2018), prevalence is less than 1%. However, this low national prevalence masks regional disparities, and rates remain high in Karamoja and Sebei (UBOS, 2020; UBOS and ICF, 2018; UNICEF, 2017). In 2016 a study conducted in Bukwo, Kapchorwa, Kween, Nakapiripirit, Moroto and Amudat found the prevalence of FGM/C to be 27%—far higher than the national rate of 1% (UBOS and UNICEF, 2017). While most women in the study supported discontinuation of the practice, traditional gender norms and social pressure severely undermine girls' ability to choose not to undergo FGM/C (ibid.). FGM/C has been illegal in Uganda since the Prohibition of Female Genital Mutilation Act (2010). However it is still performed, but now secretly, which has increased the health risks for girls and women (ibid.). Access to education and information about the consequences of FGM/C are key to ending the practice, while churches and mosques are considered important drivers in its abandonment (UBOS, 2020).

### **Sexual and gender-based violence**

Levels of SGBV are high in Uganda (UBOS, 2019), with rape, incest, forced marriage and domestic violence the most prevalent forms (Nalwadda et al., 2021; UBOS and ICF, 2018). Over half (56%) of married women aged 15–39 in Uganda have experienced SGBV (DFID Uganda, 2014). Evidence suggests many causes, including poverty, alcoholism (for both women and men), cultural practices, limited counselling, peer pressure and drug abuse (Ocheme et al., 2020). Male partners are the most common perpetrators, but other family members and teachers also perpetuate SGBV (Nalwadda et al., 2021). Young people (aged 15–24) are less likely to report cases of sexual violence (UBOS and ICF, 2018).

Uganda also hosts the third-largest number of refugees and asylum-seekers in the world, after Turkey and Pakistan (Concern Worldwide, 2022), with more than 1.2 million currently residing in the country. Over a quarter (27%) of these are girls under the age of 18 (Ivanova et al., 2010). Rates of SGVB, HIV/AIDS and child marriage are higher among girls in refugee settings (Tappis et al., 2016; Schlecht, 2016). A study conducted in the Nakivale refugee settlement (Isingiro district) found that adolescent refugee girls lack access to SRH information and experience poor SRH outcomes, including school absence due to menstruation, sexual violence, and FGM/C (Ivanova et al., 2019).

## **Unintended pregnancy**

Uganda has one of the highest rates of teenage pregnancy in the world: about 25% of pregnant women are below age 20, while in 2018, women aged 15–19 accounted for 116 out of every 1,000 births (WHO, 2019; Kyegombe et al., 2020). The country also has a very high total fertility rate of five births per woman (Worldometer 2022). This has dropped by one birth per woman in about 10 years. In a study by Cleeve et al. (2017), young women reported a lack of ability to negotiate contraceptive use, attributing this to power imbalances related to their economic dependency on male partners.

## **COVID-19 and its impact on youth SRHR**

COVID-19 has negatively impacted the SRHR of many people across the globe. Containment measures such as restriction of movement (lockdowns) and school closures have not only exacerbated a lack of access to critical SRHR services but have also increased SRHR vulnerabilities among young people in Uganda. The country has had the longest periods of school closure globally, with children kept out of education for almost two academic years (UNICEF, 2021). During this time the prevalence of teenage pregnancy, child marriage and SGBV has increased significantly. The increase in the number of child, early and forced marriages related to the pandemic in Bukwo district was confirmed by community members in a study conducted by AMREF (2021).

### **1.1 POWER TO YOU(TH) PROGRAMME IN UGANDA**

The Power to You(th) programme is a five-year programme (2021–2025) that will be implemented in seven districts in Uganda: Isingiro, Kalangala, Bukwo, Mbale, Kampala, Namayingo and Busia. The programme aims to empower adolescent girls and young women to increase their agency, claim their rights, address gender inequalities, challenge gender norms and advocate for inclusive decision-making regarding harmful practices, SGBV and unintended pregnancy. Boys and men will be engaged as positive contributors to this change process. CSOs will be strengthened to have the capacity and legitimacy to represent underserved communities, and to engage with a variety of actors to expand civic space and change social norms, leading to the development and implementation of progressive laws and policies. The overall strategic programme objective of the Power to You(th) consortium is to contribute to the meaningful inclusion of more adolescent girls and young women from underserved communities in all decision-making.

Power to You(th) is a consortium between Amref Flying Doctors, Rutgers and Sonke Gender Justice. The programme will be implemented in seven countries: Ethiopia,

Ghana, Indonesia, Kenya, Malawi, Senegal and Uganda, with coordination support and advocacy activities conducted in the Netherlands and globally. In Uganda, leading partners are the Uganda Youth and Adolescents Health Forum, MenEngage Uganda and the Eastern African Sub-Regional Support Initiative for the Advancement of Women.

## 1.2 STUDY OVERVIEW

This study was conducted as part of the broader baseline assessment to inform the start of the Power to You(th) programme, and its design and/or adaptation of programme interventions. Additionally, the baseline aimed to benchmark the status of youth participation in relation to addressing harmful practices, teenage pregnancy and SGBV, to inform programme indicators as a basis for monitoring and evaluation of programme interventions.

## 2. STUDY OBJECTIVES

### 2.1 RESEARCH OBJECTIVES

#### **Overall objective**

The overall objective of this baseline study is to provide a comprehensive understanding of adolescents' and young people's perspectives (knowledge, attitudes, priorities and demands) regarding harmful practices, SGBV and unintended pregnancy, and their role in decision-making processes regarding these issues, to generate scientific evidence that will inform evidence-based planning and implementation, and form a basis for monitoring and evaluation of the programme interventions in Uganda.

#### **Specific objectives**

- To understand adolescents' and young people's perspectives on harmful practices, SGBV and unintended pregnancy, and whether and how they take action to prevent these practices.
- To examine the (meaningful) engagement of adolescents and young people in lobbying and advocacy, policymaking and community activities on harmful practices, SGBV and unintended pregnancy, and which factors influence this and how.
- To explore the norms and attitudes of community members to the rights of young people, harmful practices, SGBV and unintended pregnancy.
- To document the action taken by community members to address harmful practices, and the factors which influence the action taken.
- To examine the development and implementation of laws and policies addressing harmful practices, SGBV and unintended pregnancy and ensuring young people's rights.
- To assess the civic space available to influence decision-making around harmful practices, SGBV and unintended pregnancy, media trends and the use of evidence in related lobbying and advocacy.

### 2.2 SCOPE OF THE STUDY

The scope of the baseline study entailed generating contextual baseline data to inform the implementation of the Power to You(th) programme in Uganda. The study was conducted in three proposed programme implementation districts: Bukwo, Isingiro and Kalangala. The districts were chosen as study areas in consultation with the Power to You(th) country team and district officials. They were selected for their unique context, relatively large populations of marginalised young people and high prevalence of SGBV and child marriage in Isingiro, high unintended pregnancy rates in Kalangala, and high prevalence of FGM/C in Bukwo.



## 3. METHODOLOGY

### 3.1 MIXED- METHODS APPROACH

This was a mixed-methods study, involving both quantitative and qualitative data collection. Quantitative methods included a survey conducted with young people (15–24 years), as well as a smaller online survey distributed to CSO and youth advocates. Qualitative methods included in-depth interviews (IDIs), semi-structured interviews (SSIs), focus group discussions (FGDs), key informant interviews (KIIs), and photovoice.

### 3.2 STUDY AREAS

The study was conducted in three proposed programme implementation districts: Bukwo, Isingiro and Kalangala. Each of the study districts is briefly described below.

#### **Bukwo**

Bukwo district is located in the eastern corner of Uganda, approximately 400km from the capital, Kampala. The district comprises 12 sub-counties. Two sub-counties, Kaptererwa and Kortek, were included in this study. Bukwo was selected because of its high FGM/C prevalence, which is reported to be 28% (UNICEF, 2017). Around half (51%) of women in Kortek reported being circumcised, compared to 14% in Kaptererwa.

#### **Isingiro**

Isingiro district is located in southwestern Uganda. It hosts the Nakivale refugee settlement. Isingiro was selected because it is the only one of the six programme districts hosting refugees. Nakivale is the oldest refugee settlement in Africa and the fourth largest in Uganda, with a population of 145,206 refugees. The refugees predominantly come from five countries: South Sudan, the Democratic Republic of the Congo, Burundi, Somalia and Rwanda. Refugee communities have been documented as being at increased risk of early marriage, SGBV and teenage pregnancy. In Isingiro, data were collected from both the host community in Kabuyanda sub-county (located approximately 50km from Isingiro Town) and the Nakivale settlement. Within the settlement, data were collected from all three administrative zones (Base Camp, Rubondo Camp and Juru).

#### **Kalangala**

Kalangala district is located on Lake Victoria and is the only island district among the Power to You(th) Uganda programme districts. It consists of 84 islands. They are



served by 15 health facilities located on seven islands, and fewer than 30 schools for both primary and secondary education. The district comprises six sub-counties, with data collected from two: Bufumira and Kyamuswa. It was selected because it is an underserved community due to its unique island geography, which exacerbates the vulnerabilities of young people to poor SRHR outcomes and high unintended pregnancy. Challenges include access to care, and health service delivery across the 84 islands.

### 3.3 METHODS, SAMPLING AND RECRUITMENT

#### 3.3.1 DOCUMENT AND LITERATURE REVIEW

A comprehensive review of the literature (Codina Lopez, M. and Kusters, L. 2021) was conducted to provide a general scope of the situation of harmful practices, SGBV and unintended pregnancy in Uganda. This component of the study also included a review of programmatic evidence and lessons learned related to the different pathways of the Power to You(th) theory of change, with a focus on recent advocacy programmes. Both grey and scientific literature were reviewed, including national policies, legislation and strategies related to child marriage, SGBV and unintended pregnancy.

#### 3.3.2 QUANTITATIVE DATA COLLECTION METHODS

##### **Youth survey**

A questionnaire-based survey was conducted with 911 young people (15–24 years) who were engaged with youth structures in each selected district (see Table 1). The aim of the survey was to generate quantitative indicators on how adolescents and young people rate their current type and level of engagement and decision-making in relation to harmful practices, SGBV and unintended pregnancy. The survey was developed based on validated tools such as the Global Early Adolescents Study (GEAS) (WHO, 2014; Zimmerman et al., 2019), the attitudes to gender norms defined by the gender equity men (GEM) scale developed by MEASURE Evaluation (Promundo, 2003), and previous surveys from related programmes such as 'Yes I Do' and 'Get Up, Speak Out.' Data were collected electronically using ODK. Interviews were held at respondents' place of residence.

In each selected sub-county, line lists of youth structures were generated.<sup>1</sup> For each youth structure, a line list of eligible young people was also generated by the youth group leader/chairperson. These formed a sampling frame for each sub-county and district. From the sampling frame, respondents were selected using simple random

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1. This was done with the assistance of the Community-Based Services Office, District Health Offices, the District Commercial Office, the District Education Office and District Youth Officers.

sampling with replacement. A web-based sampling app, the Research Randomizer (Urbaniak and Plous, 2013), was used for random selection.

Sampled respondents were then sorted by their village of residence. Respondents registered through schools were reached using phone numbers of caregivers and next of kin, and their place of residence. At community level, data collection appointments were made with sampled youth structure leaders. On the day of data collection, youth structure and community leaders enabled access to the sampled person. If they were unavailable, they were replaced with another member from the same area.

### **Online civic space survey**

A self-administered online survey was distributed by email to CSO-affiliated individuals involved in lobbying and/or advocacy. This survey was used to gain insights into the enabling environment for lobbying and advocacy, such as the perceived level of freedom of speech and association, use and influence of the media, and the safety and security of those working on Power to You(th) core issues. The survey also aimed to provide further details on advocacy priorities and strategies. This online civic space survey was conducted among conveniently sampled CSOs connected to the Power to You(th) programme using SurveyMonkey. Most of the respondents to this online survey were CSO advocates and other youth advocates working on harmful practices (child marriage and FGM/C), SGBV and unintended pregnancy with first-hand experience of lobbying and advocacy. The Power to You(th) country team in Uganda provided the email addresses of CSOs and youth advocates to the research team, and also forwarded the survey link to potential respondents.

### **3.3.3 QUALITATIVE DATA COLLECTION METHODS**

A total of 105 interviews were conducted across the three study sites using the qualitative methods described below (see Table 1).

**In-depth interviews:** A total of 42 IDIs were conducted with purposively selected adolescent girls and boys (aged 10–19) and young people (aged 20–24) engaged in CSOs or youth-related activities (e.g. youth activists, young leaders or members of youth clubs or youth-led organisations), as well as with adolescents and young people who had never been involved in any structure or group. These interviews sought in-depth insights and personal stories relating to participants' perspectives on harmful practices, SGBV and unintended pregnancy, their experiences in responding to these issues, and how they perceived their engagement and decision-making space.

**Semi-structured interviews:** These were conducted with purposively sampled social actors such as caregivers, opinion leaders, religious leaders, health care workers and traditional leaders within each of the study sites. They provided insight into perceptions, attitudes and social norms regarding youth engagement in decision-making. Twenty-nine SSIs were conducted across the study sites, including six with adolescents aged 10–14 (Table 1).

With younger adolescents aged 10–14, an age-appropriate SSI guide was used to elicit their views regarding harmful practices and their involvement in decision-making at home, at school and in their community. Child-centred methodologies were used for data collection—for example, use of coloured pencils to shade a reflection of their views on how engaged they felt in decision-making, and use of stories. To reduce power imbalances, data were collected in an area within the community chosen by the respondents, and interviewers were seated at the same level as study participants.

**Focus group discussions:** The FGDs provided information about shared or diverging views regarding harmful practices, SGBV and unintended pregnancy, as well as youth roles and rights, community norms and values around these topics, and experiences or examples of responses and attitudes to harmful practices, SGBV and unintended pregnancy. The FGDs also provided rich insights into the roles, voice and decision-making space of young people within their household, family and community. In each district, six FGDs were conducted with homogeneous (in terms of age group and/or gender) groups of young people and caregivers. FGDs with young people were divided by age and gender, while those with parents and caregivers were divided by gender (Table 1).

**Key informant interviews:** The KIIs provided insights into the views of local authorities, policy- and lawmakers and implementers at different levels, and service providers at public institutions regarding policies and laws (and their implementation) relating to harmful practices, SGBV, unintended pregnancy and youth (participation) rights. In addition, interviews with CSO representatives explored the level of civic space and the role of the media. A total of 13 interviews were conducted: five at national level and eight at district level (Table 1).

**Photovoice:** Three photovoice sessions involving six participants were conducted with purposively selected youth within the study areas. In each district the Power to You(th) team supported the research team in identifying two potential participants (a male and female). Each photovoice session lasted at least three days. On the first day, the respondent was taken through the overall activity and taught how to use the camera. They also held a brief discussion about the SRHR issues within the

community. They were then asked to take pictures of their daily life over three days. On the third day, the interviewer came back and took the young person through an IDI to gain insights into the photographs taken and to select which photos were preferred for use in reports.

**Table 1: A summary of respondents by data collection method across the three study sites**

Method of data collection	Category of respondent	Interviews done per district/national level			
		Isingiro	Bukwo	Kalangala	National
Survey	Girls and young women (15–24)	147	150	170	
	Boys and young men (15–24)	148	154	141	
	Online civic space survey				15
<b>Total</b>	<b>Survey respondents</b>	<b>305</b>	<b>304</b>	<b>311</b>	<b>15</b>
IDI	Girls and boys (15–19) engaged in youth structure	4	3	4	
	Young women and men (20–24) engaged in youth structure	4	4	4	
	Girls and boys (15–19) not engaged in youth structure	2	3	2	
	Young women and men (20–24) not engaged in youth structure	3	4	4	
SSI	Adolescent boys and girls (10–14)	2	2	2	
	Mothers and female caregivers	1	2	1	
	Fathers and male caregivers	2	2	1	
	Teachers	1	1	1	
	Health care workers	1	1	2	
	Religious leaders	1	1	1	
	Traditional leaders			1	
	Opinion leaders	1	1		

FGD	Adolescent girls (15–19 years)	1	1	1	
	Adolescent boys (15–19 years)	1	1	1	
	Young women (20–24 years)	1	1	1	
	Young men (20–24 years)	1	1	1	
	Mothers/female caregivers	1	1	1	
	Fathers/male caregivers	1	1	1	
KII	Youth and Probation Office	1		1	
	Police	1		1	
	District Health Office		1		
	Community development officer	1			
	Ministry of Health				1
	Ministry of Gender				1
	CSO representative		1	1	1
	Power to You(th) country team members				2
Photovoice	Young people (aged 20–27)	2	2	2	
<b>Total</b>		<b>33</b>	<b>34</b>	<b>34</b>	<b>20</b>

### 3.3.4 SOCIO- DEMOGRAPHIC INFORMATION

A total of 920 young people aged 15-24 participated in the adolescent and youth survey. There was an equal representation of respondents from the three study areas, and equal numbers of female and male respondents despite a slight overrepresentation of girls and young women in Kalangala (55%). The average age of survey respondents was 19 years. About 4% of respondents indicated they were living with a disability.

#### Bukwo

Half of the respondents in Bukwo were from Kortek, while the other half were from Keptererwa. Two thirds (64%) identified as Catholic, and 26% as Protestant. The majority belonged to the Sabiny tribe. Three quarters (75%) were single, and 16% married, and 75% had no children. While 28% of respondents had dropped out of school, half were currently attending school. Bukwo was the district with the highest school attendance, and the only study area where any respondents (6%) had completed tertiary education. At the same time, the employment rate (15%) and engagement rate with (youth) organisations (36%) was lower than in Isingiro and Kalangala.

In the qualitative arm of the study, a total of 71 participants were involved. Of these, 15 participated in IDIs, 11 in SSIs, 2 in KIIs, 2 in photovoice, and 41 in FGDs. Among the IDI participants, seven were engaged in youth structures, while eight were not; seven were male, and eight female. Among the youth engaged in youth structures, ages ranged from 19 to 20 years for the males and 18 to 24 years for the females. Ages ranged from 17 to 24 years for both males and females who were not engaged. All respondents reported that they were still living with their parents. Two of the 11 SSI participants were young adolescents, aged 14 and 15 years, respectively. The majority of the adolescent FGD participants were 18 years old, with the youngest participant aged 15 years. Only one boy reported not being enrolled in school. The majority of youth aged 20–24 years, irrespective of sex, were 20 years old. Many boys were engaged in casual labour, unlike the girls who all reported having no occupation and attending school. All the males reported being single, while three of the women were married, and one was divorced. Six young women reported having children, while none of the men did. All men were engaged in some form of work—the majority farming, followed by business—while only two women reported being engaged in business.

## **Isingiro**

Half of the Isingiro respondents lived in the Nakivale refugee settlement, and half in Kabuyanda. As in Bukwo, the main religious affiliations were Protestant (39%) and Catholic (33%), while in terms of ethnicity half identified as Munyankole/Mukiga, and 36% were Congolese. More respondents were single (80%) than married (14%), while few had children (18%), and a slightly higher proportion of young people were living with disabilities in this study area (6%) than others. While 44% of young people were currently in school, a considerable minority (12%) of respondents had not completed any education at all, while 40% had dropped out of school. Correspondingly, a large majority of young people (42%) were currently working, half of whom were engaged in casual daily labour, and a third in subsistence farming/fishing. Around 40% of respondents were engaged with a (youth) organisation.

A total of 64 participants took part in the qualitative arm of the study. Of these, 37 participated in FGDs, 13 in IDIs, 3 in KIIs, 2 in photovoice, and 9 in SSIs. To obtain nuanced insights, efforts were made to include all categories of participants from both Nakivale refugee settlement and Kabuyanda. Adolescents (aged 19 and under) who took part in IDIs were more likely to be enrolled in school and living with their parents than youth aged over 19. In Nakivale, irrespective of age, the majority were living with their parents. Almost half of the young women had children. All the social actors had some level of education. The majority were married and had children. All

three of the district-level key informants had attained university education, had been in their positions for at least two years and were married. All FGDs with adolescents were conducted in Nakivale refugee settlement. All participants were single, with the majority currently enrolled in school. Unlike the girls, boys were engaged in casual labour. Four of the girls already had children. Among the young people, almost half of the girls were married and out of school but engaged in farming. The young men, on the other hand, were mostly single and engaged in casual labour.

## **Kalangala**

Respondents from Kalangala were from the sub-counties of Kyamuswa (56%) and Bufumira (44%). Their religion was predominantly Catholicism (42%) or Islam (24%), with the dominant ethnic group being Muganda. Of the three study districts, Kalangala had a lower percentage of respondents currently in education (37%), while more had children (34%). This also correlates with fewer respondents being single (68%), while more were living with a partner (16%) or married (13%). Kalangala also had the highest employment (49%) and CSO engagement rates (56%) among young people.

Overall, 64 people participated in the qualitative arm of the study. Of these, 14 were young people aged 15–24 who took part in IDIs, 10 were SSI respondents (two young adolescents aged 10–14 years, and eight social actors), 35 took part in FGDs, 2 in photovoice, and 3 were key informants.

The majority of the 14 IDIs conducted were among adolescents and young people who were not engaged in any youth structure. Overall, the majority of adolescents aged under 19, irrespective of sex, were enrolled in schools outside Kalangala district. Two adolescent girls were married and mothers. Among the young people, almost a quarter of the females reported being unemployed, married and mothers. This was unlike the majority of male respondents, who reported being single and engaged in casual labour at the lakeshore. The majority of the young people aged 20–24 years were out of school and Catholic. Among the SSI participants, both were young adolescents aged 12 years and were currently in school.

Among FGD participants, the majority of adolescent participants were currently enrolled in school, with most outside Kalangala district. Due to the COVID-19 related lockdown, many boys were currently engaged in casual labour, unlike the girls, who reported to be a housewife or student. Among the girls, two were married homemakers with children. Among the young people aged 20–24, the majority of females reported being married and already parents, unlike the males. As with the adolescents, men participants were more likely than women to be engaged in income-generating activity such as casual labour.



### 3.4 QUALITY ASSURANCE

Quality assurance processes were developed prior to data collection and adhered to throughout. All study tools were translated into local languages and translated back into English prior to data collection. They were also pre-tested and adjusted accordingly.

Twenty-eight research assistants were recruited. These were males and females under the age of 30 with working knowledge of the predominant languages in each study site: Runyankore/Rukiiga, Swahili, Luganda and Kupsabiny. They were trained in qualitative and quantitative data collection methods, the study objectives, the study methodologies, sampling methods, and were oriented on the ODK data collection system and COVID-19 standard operating procedures to minimise infection risk.

### 3.5 DATA ANALYSIS

#### **Quantitative data analysis**

Data were extracted from ODK data-collect and ODK aggregate, and analysed using Stata. Results were presented in frequency tables including disaggregation by gender, age group and district. For numerical variables, including scale-based variables, central tendency measurements were calculated.

#### **Qualitative data analysis**

Thematic analysis of the data was carried out using a comprehensive thematic matrix (coding framework), to enable identification of patterns and trends. Emerging themes were added during coding, which was carried out using NVivo.

#### **Mixed-methods data analysis**

The analysis of data was carried out by a multidisciplinary team. This allowed for triangulation in relation to the baseline study objectives. Uganda's Power to You(th) programme theory of change was the main conceptual model used to guide the analysis.

### 3.6 ETHICAL CONSIDERATIONS

All study tools and processes were approved by the KIT Royal Tropical Institute Ethical Review Committee, the Makerere University College of Sciences School of Public



Health Higher Degrees Research Ethics Committee and the Uganda National Council of Science and Technology. Permission to conduct the study was obtained from local government in each study district prior to data collection. For Nakivale, permission was also obtained from the Office of the Prime Minister.

### 3.7 STUDY LIMITATIONS

The study focused on three of the six intervention areas of the Power to You(th) Uganda programme, and the findings are, therefore, not necessarily reflective of the baseline context in other intervention areas.

The study was designed to inform the start-up of the Power to You(th) programme, and not as a robust baseline assessment to measure impact over the programme's lifetime.

This baseline was conducted during the COVID-19 pandemic, when in-country containment measures such as restricted movement and school closures were still in place. While study participation may have not been greatly affected, it is probable that the pandemic has had an impact on some of the outcomes of the baseline study. Within the Nakivale refugee settlement, some quantitative data were collected through interpreters. This was because some respondents could not understand Kiswahili, Kinyarwanda, English or Runyankore/Rukiga (the most common languages within the district). The use of interpreters with some respondents could have influenced some responses.

Given that SRHR issues such as FGM/C and SGBV are considered sensitive, it is possible that the results are affected by social desirability bias on the part of some study participants. We tried to minimise this by selecting experienced data collectors who were thoroughly trained on research ethics, and maintaining respectful dynamics during data collection.

The snowballing nature of the recruitment process for civic space survey respondents and the low number of respondents also limit the extent to which we can consider the responses representative of youth and CSO advocates in Uganda.

## 4. FINDINGS: ADOLESCENT AND YOUTH PERSPECTIVES AND ACTIONS RELATING TO HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

### 4.1 STRONG CAREER ASPIRATIONS

Young people in Bukwo, Kalangala and Isingiro had aspirations to get married and start families, to go back to school and carry on with their education. Many also had career aspirations of being doctors, teachers, accountants, lawyers, engineers and/or mechanics or going into business, and some had started working towards achieving their dreams.

### 4.2 KNOWLEDGE AND OPINIONS RELATING TO HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

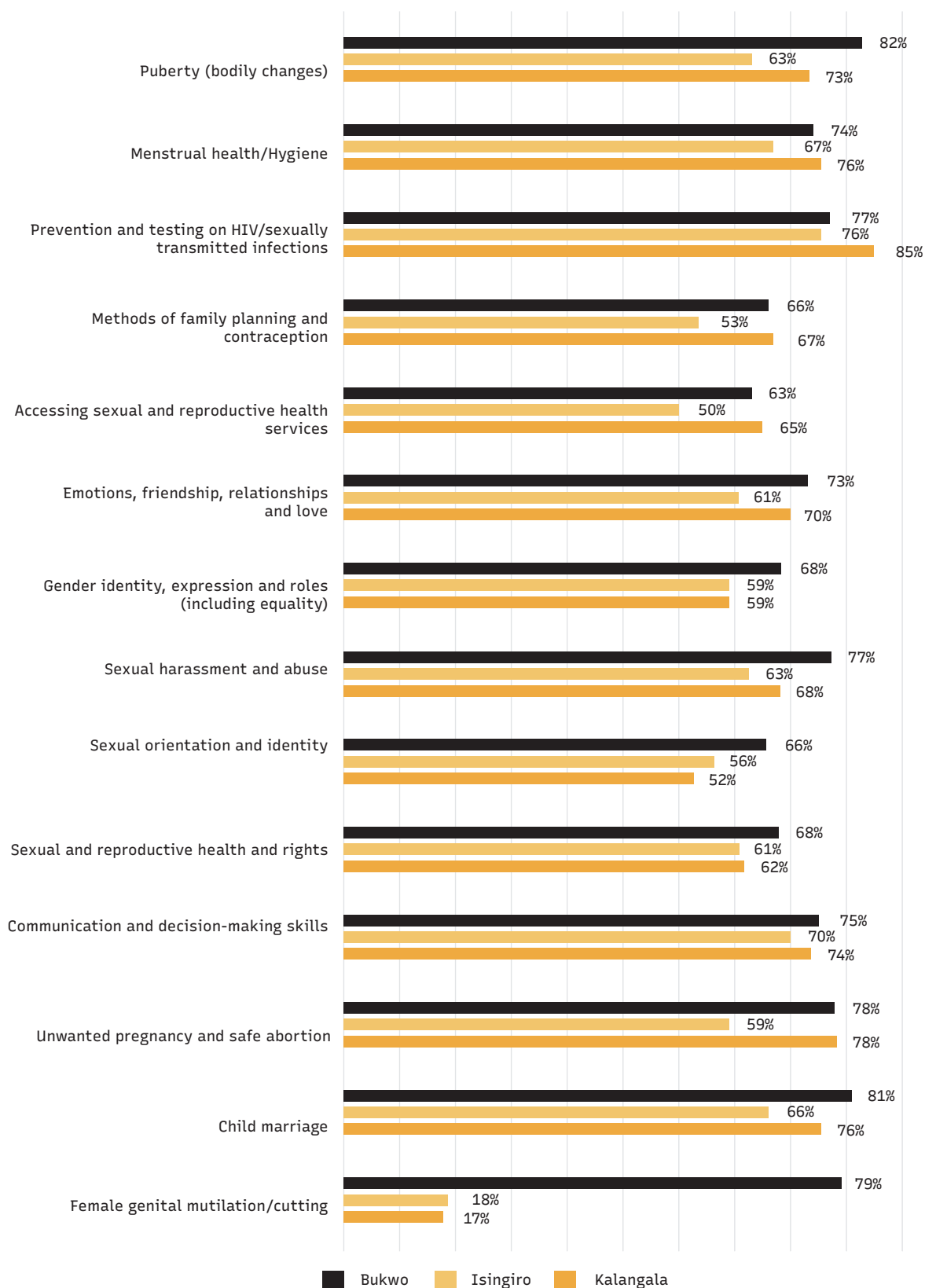
Overall, male respondents felt better informed than female respondents about most SRHR issues in Bukwo and Isingiro, except for menstrual hygiene, sexually transmitted infections/HIV and sexual orientation and identity in Isingiro. In Kalangala, the responses varied considerably by topic. It should be noted that these responses reflect how informed respondents felt they were about these topics, and do not necessarily indicate comprehensive and/or correct knowledge.

In Bukwo, respondents felt most informed about puberty (82%), child marriage (81%) and FGM/C (79%), and were least informed about accessing SRH services (63%), sexual orientation and identity (66%), and methods of family planning and contraception (66%) (see Figure 1).

In Isingiro, respondents felt most informed about prevention and testing of sexually transmitted infections/HIV (76%), communication and decision-making skills (70%), and menstrual health/hygiene (67%). They felt least informed about FGM/C (18%), accessing SRH services (50%), and methods of family planning and contraception (53%) (see Figure 1).

In Kalangala, respondents felt most informed about prevention and testing of sexually transmitted infections/HIV (85%), unwanted pregnancy and safe abortion (78%), and child marriage and menstrual health/hygiene (76%). Respondents from Kalangala felt least informed about FGM/C (17%), sexual orientation and identity (52%), and gender identity, expression and roles (59%). Not surprisingly, the level of (self-assessed) knowledge about FGM/C is considerably higher in Bukwo (79%) than in Isingiro (18%) and Kalangala (17%) (see Figure 1).

**Figure 1: Young people who feel informed about different SRHR topics**



**Image 1: A young mother studying in front of her school caused a photovoice participant to think about the role of the school for young people in the community**



*“So literally the photo with this background of the school is telling us some of the people that the youths trust like maybe the school going youths they trust their teachers so they can tell them what is stressing them, what is hurting them, what has happened to them in the night and all these other related you understand and teachers are some of the people who value our opinions.”* (PhotoVoice, male, 25 years, Kalangala)

The quantitative data show that schoolteachers and mothers were considered the main source of information on SRHR in the three districts, except in Kalangala, where only 9% of respondents considered mothers to be a main source of information. There was also a difference between male and female respondents' sources of information, with male respondents in all districts indicating schoolteachers as their first source of information on SRHR, and female respondents in Bukwo and Isingiro indicating their mothers. In Kalangala, female respondents reported television and films as their primary source of SRHR information.

Mothers and schoolteachers were also the preferred sources of information in Bukwo (28% and 24%, respectively) and Isingiro (20% and 13%, respectively), whereas respondents in Kalangala preferred films/television (21%) and then their mothers (15%).

This preference for mothers as a source of SRHR information was also confirmed qualitatively by some female adolescents:

*“For me it’s easy to talk to my mother about things concerning prevention of pregnancy.”* (FGD with female adolescents, 15–19 years, Bukwo)

In regard to preferred media sources, more than half of respondents across all districts preferred to obtain their information from radio: 85% in Bukwo, 57% in Isingiro, and 64% in Kalangala. TV was the next preferred media source. Newspapers and social media sites such as Twitter, Facebook, and WhatsApp were among the least preferred media channels for accessing SRHR information.

#### 4.2.1 CHILD MARRIAGE

As shown in Table 2, a higher proportion of respondents in Isingiro (51.5%) knew that the legal minimum age for marriage for girls was 18 years, than in Kalangala (47%) and Bukwo (33%). Some respondents (15%) thought it was younger, whereas most (53%) thought it was above 18. Similar proportions of male and female respondents were aware of the legal minimum age for marriage for girls.

**Table 2: Young people who know the legal minimum age of marriage for girls (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	34.0% (n=51)	51.0% (n=75)	47.1% (n=80)	<b>427 (51.0%)</b>
Males	31.4% (n=48)	52.0% (n=77)	46.8% (n=66)	<b>415 (49.2%)</b>
<b>Total</b>	<b>32.6% (n=99)</b>	<b>51.5% (n=152)</b>	<b>47.0% (n=146)</b>	<b>43.6% (n=397)</b>

Across all districts, fewer respondents knew the legal age for marriage for boys. The vast majority (70%) believed it was older than 18, but male respondents were better informed: in Kalangala, 35% of male and 28% of female respondents; in Isingiro, 32% of males and 23% of females; and in Bukwo, 25% of males and 20% of females. Only 2% believed it was 17 years or younger. In the qualitative data, some of the reasons given for child marriage included poverty, drug abuse, socio-cultural norms and abusive parents, among others.

*"Some children are given a lot of work [child labour] at their homes, so they ask themselves that if I can do all this work here, I think I can also get married and do my work alone in my home, so they decide to get married."* (FGD with young women, 20–24 years, Bukwo)

Some older participants knew of the laws prohibiting child marriage, but among adolescents few were aware.

I: "Are those girls aware that there are laws that protect them from early child marriages and sexual abuse?"

P: "They are aware, but because they reported it and were treated as if nothing happened, they just ignore it even if it happens to her." (SSI, male caregiver, Isingiro)

#### 4.2.2 FGM/C

Overall, most respondents knew the legal status of FGM/C in the three districts (96% in Bukwo, 84% in Isingiro and 87% in Kalangala), with more males than females stating correctly that it is not legal (see Table 3). Bukwo respondents had the highest level of awareness (96.5% of males and 95% of females), followed by Isingiro (87% and 81%, respectively) and Kalangala (88% and 85%, respectively). Considerably more respondents in Bukwo (91%) had ever heard about FGM/C than in Isingiro (26%) and Kalangala (31%).



**Table 3: Young people who know the legal status of FGM/C (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	94.8% (n=128)	81.1% (n=30)	85.1% (n=40)	<b>90.4% (n=198)</b>
Males	96.5% (n=137)	87.2% (n=34)	88.0% (n=44)	<b>93.1% (n=215)</b>
<b>Total</b>	<b>95.7% (n=265)</b>	<b>84.2% (n=64)</b>	<b>86.6% (n=84)</b>	<b>91.8% (n=413)</b>

Only 2% of respondents in both Bukwo and Kalangala and 5% in Isingiro intended to have FGM/C performed on their daughters in the future. Furthermore, even though FGM/C is most prevalent in Bukwo, the vast majority (94%) of the respondents in Bukwo mentioned that there were no benefits for girls of undergoing FGM/C. This opinion was shared by 83% of respondents in Isingiro and 82% in Kalangala. When asked the benefits for girls if they do not undergo FGM/C, 63% in Bukwo mentioned avoiding pain, while 41% mentioned fewer medical problems. Just over half (53%) of respondents in Kalangala mentioned that there were no benefits to undergoing FGM/C, compared to 39% in Isingiro and 27% in Bukwo.

The majority of young people in all three districts thought FGM/C should not continue (98% in both Bukwo and Kalangala, and 91% in Isingiro), and also did not think that other young people wanted it to continue (93% in Bukwo, and 86% in both Isingiro and Kalangala). When asked why young people did not want FGM/C to continue, 76% of respondents in Bukwo said that it was against the law, while 52% in Isingiro said it was painful for girls. Some also said that FGM/C had no health and sexual benefits. However, even though the majority of the young people were against the practice, 60% of respondents in Isingiro thought it should continue because it prevented pre-marital sex/preserved virginity. In Bukwo and Kalangala just under half of respondents (43% and 40%, respectively) said that it provided better marriage prospects.

In the qualitative data FGM/C was mainly mentioned by participants in Bukwo district, where FGM/C is reportedly still practiced in secret.

*"It [FGM/C] is there but done in hiding or in bushes—not as before, when it was a public and culturally celebrated event."* (SSI, male parent, Bukwo)

The main reasons given for the continuation of FGM/C were cultural. Many norms perpetuate the practice, such as the belief that girls are only ready for marriage once they are circumcised. Also, it is believed that the practice prevents sexual immorality and infidelity among married women and girls and it initiates girls to womanhood. Other reasons mentioned included the practice being a source of income for the surgeons who do the cutting:

*“Yes, first and foremost, when you come to female genital mutilation, actually our tradition believes that when a girl is circumcised she reaches a state whereby she is now mature, that she is ready for marriage. Yes, it’s believed like that. Then, secondly, they believe that before that practice long ago that there used to be too much immorality between the married and those who are not circumcised. So they believed that the circumcised part is the one causing that issue, yes.” (SSI, teacher, Bukwo)*

### 4.2.3 SEXUAL AND GENDER-BASED VIOLENCE

Sexual abuse was perceived as most acceptable in Kalangala, as 16% of young people agreed that one of the described forms was acceptable. This was followed by 11% of the respondents in Isingiro, and 7% in Bukwo (see Table 4). In Bukwo and Kalangala more males than females agreed that (one of these forms of) sexual abuse was acceptable. More than 90% of respondents in all three districts disagreed that it was acceptable to touch someone’s private parts/genitals without asking them, to force/pressure a person to have sex, or for a husband to force his wife to have sex without her consent. More respondents in Kalangala (14%) than in the other study areas agreed that it was acceptable to whistle at someone or make sexual remarks about them.

**Table 4: Young people who (strongly) agree that sexual abuse is acceptable (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	1.3% (n=2)	11.6% (n=17)	11.2% (n=19)	<b>8.1% (n=38)</b>
Males	11.7% (n=18)	9.5% (n=14)	22.7% (n=32)	<b>14.5% (n=64)</b>
<b>Total</b>	<b>6.6% (n=20)</b>	<b>10.5% (n=31)</b>	<b>16.4% (n=51)</b>	<b>11.2% (n=102)</b>

When respondents were asked whether they knew anyone who had been sexually abused, 40% of the respondents in Isingiro and Kalangala and 30% of those in Bukwo stated they knew someone.

When asked about the most effective ways of preventing sexual abuse, various responses were given by survey respondents. Around 70% suggested not travelling alone (or at night) in Bukwo, as did 50% of the respondents in Isingiro (the most common response in these two areas). However, in Kalangala the most common response (45%) was to educate people so that they do not abuse others.

The qualitative findings showed that cases of rape (including fathers raping their wives and daughters), defilement, fighting between spouses, and battering children were present in all three districts. Some of the causes mentioned were poverty,



substance abuse (especially alcoholism), wives and young girls being untidy in the home, and misunderstandings or arguments between spouses, and between parents and their children. A participant in an FGD explained the kinds of SGBV experienced by young married women:

*"The category who face a lot of violence are the young married women. They face a lot of gender-based violence. They marry early to some young irresponsible men, who leave them to shoulder all the family work. These women have to feed the family, and they struggle a lot. They carry firewood from very far. Then, domestic violence is too much with these women. They are also always beaten and also sexual violence. They are raped without their consent. Even if they are married but they are forced to." (FGD with young women, 20–24 years, Bukwo)*

Violence among married couples is also common, especially on the island of Kalangala, where there are fewer women than men. This results in fights and misunderstandings, attributed in part to high rates of infidelity:

*"...Since the landing site is small, someone can vibe with someone's wife, and they start fighting like that. There are some youths who fall in love with adults and also old women. You find a man or a woman, it causes competition, and it leads to violence. And for the married, you find that the other has cut another one with a panga [machete]..." (FGD with young men, 20–24 years, Kalangala)*

#### 4.2.4 UNINTENDED PREGNANCY

A majority of respondents had knowledge of a modern method of contraception to prevent pregnancy, with more males than females able to name a modern contraceptive method (see Table 5). Knowledge was highest in Kalangala (85%), followed by Bukwo (62%) and Isingiro (60%). The biggest difference between males and females was observed in Isingiro, with more males than females respondents having this knowledge.

**Table 5: Young people who have knowledge of a modern method of contraception (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	60.0% (n=90)	51.7% (n=76)	83.5% (n=142)	<b>66.0% (n=308)</b>
Males	63.6% (n=98)	67.6% (n=100)	87.2% (n=123)	<b>72.5% (n=321)</b>
<b>Total</b>	<b>61.8% (n=188)</b>	<b>59.7% (n=176)</b>	<b>85.2% (n=265)</b>	<b>69.1% (n=629)</b>

The most commonly mentioned contraceptive methods across all districts were abstinence and male condoms. Abstinence was mentioned by more than half of the respondents in Isingiro (64%) and Bukwo (52%), and male condoms were mentioned by 76% of respondents in Kalangala, and 61% in Isingiro.

Methods of preventing unintended pregnancy mentioned by participants in the qualitative study also included abstinence, use of condoms, and providing sex education to young people:

*“If you have failed okay, if abstinence has failed you, you could use condom because condoms are for free. I see there is a thing they are always in; you go there, you pick as many as you want. You go and use a condom to see that you don’t get an unwanted pregnancy.”* (FGD with young women, 20–24 years, Isingiro)

However, some participants had misconceptions about modern contraceptive methods. The most commonly mentioned misconception was the belief that modern contraceptives cause infertility. Furthermore, caregivers of young people discouraged the use of contraceptives for adolescents, due to concerns that this would encourage them to engage in sexual activities.

*“Imagine if a mother got pills or telling her to go for injectables for her young girl. You are promoting her to continue sinning, making mistakes, and continue to produce. But for those who have reached 18 years and 17 years it is possible because she is already a grown-up woman. You can advise her to go for injectables or get pills if she can... for the young ones we can’t protect them. It’s only advice and monitoring them. There is nothing more we can do.”* (FGD with female caregivers, Isingiro)

### 4.3 VOICE AND AGENCY

Two out of three respondents (65%) felt that they could express their opinions about relationships, love, puberty and pregnancy in their community. Talking about relationships was easier overall for male respondents than female respondents, with the biggest difference (74% vs. 59%) observed in Kalangala. The most common reasons given by the 35% of respondents who stated they could not easily express themselves on these topics were fear of embarrassment/worry about what people in the community would think of them (61%). The second most commonly reported barrier was the concern that community members would not listen to them (21%).

**Table 6: Adolescents and youth who feel they can express their opinions about relationships, love, puberty and pregnancy in their community (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

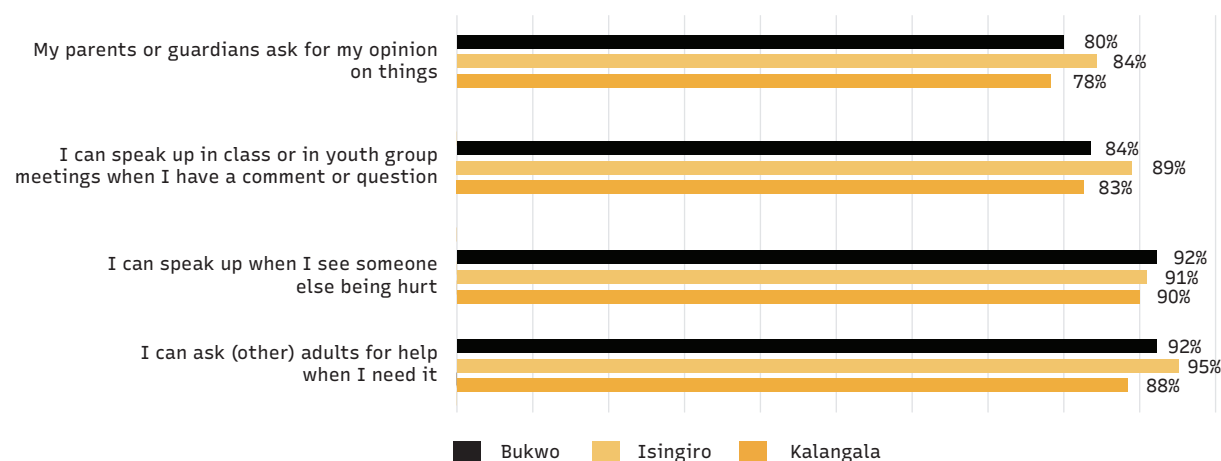
	Bukwo	Isingiro	Kalangala	Total
Females	64.7% (n=97)	61.2% (n=90)	58.8% (n=100)	<b>61.5% (n=287)</b>
Males	65.6% (n=102)	68.9% (n=102)	73.8% (n=104)	<b>69.3% (n=307)</b>
<b>Total</b>	<b>65.2% (n=199)</b>	<b>65.1% (n=192)</b>	<b>66.3% (n=204)</b>	<b>65.3% (n=594)</b>

The qualitative data showed that older people in the community did not provide a sufficiently conducive environment for young people, especially adolescents, to freely and openly express themselves on issues pertaining to relationships, love, puberty and pregnancy. This situation was acknowledged by older and younger participants:

*"I cannot tell my mother about my boyfriend because I am scared. I can only do that when I am finally out of home and fully independent."* (IDI, adolescent girl, 17 years, Kalangala)

The majority of respondents across all three districts (80% in Bukwo, 84% in Isingiro and 78% in Kalangala) indicated that parents and guardians sometimes or often asked for young people's opinions on things. Also, the survey found that the majority of youth respondents (84% in Bukwo, 89% in Isingiro and 83% in Kalangala) could speak up in class or youth groups when they had a comment (see Figure 2). When asked if they could speak up when someone else was being hurt, the vast majority said that they could (92% in Bukwo, 91% in Isingiro and 90% in Kalangala). A similar proportion of young people (92% in Bukwo, 95% in Isingiro and 88% in Kalangala) said they could ask adults for help when necessary.

**Figure 2: Adolescents and youth who report that they can ask questions or speak up often or sometimes**



From the photovoice dialogue (see Image 2), it emerged that young people in Uganda seemed to feel more comfortable asking for help or speaking about sensitive issues with the parent of their own gender:

*"(...) when we come to the parents we have the male and the female parents, so it is literally in the setting of our backgrounds as the African setting that fathers go to hunt with the sons and then the mothers go for garden work with the daughters, so in the same line the discussions may go in the same line; fathers to sons, mothers to the daughters."* (Photovoice, male, 25 years, Kalangala)

**Image 2: A girl in conversation with a mother in Kalangala**



However, overall, the qualitative data suggest that at family level, young people of both genders found it easier to share their personal issues with female adults—especially mothers—than with fathers/male guardians.

Across all three study sites, fewer than half of the young people reported that they always felt safe expressing themselves among their peers in the community (Bukwo 34%; Isingiro 48%; Kalangala 35%). There was no notable difference observed in terms of gender and age. Fewer young people from Bukwo and Isingiro said that they always felt safe expressing themselves in front of adults in the community (18% and 38%, respectively) than their peers.



In Bukwo district, 60% of young people reported that they often or sometimes feared that their peers and adults would make fun of or tease them. In Isingiro and Kalangala, this was lower (40% and 56%, respectively). This fear was more common among female respondents than males across all the three study sites (60% vs. 51% in Kalangala; 44% vs. 37% in Isingiro; 69% vs. 51% in Bukwo for females vs. males, respectively).

More young people in Bukwo (67%) than in Kalangala (49%) and in Isingiro (43%) expressed that often or sometimes they feared being harmed or injured by their peers in the community. This was more commonly reported by females than males in all three districts (62% vs. 52% in Bukwo; 55% vs. 44% in Kalangala; 46% vs. 40% in Isingiro for females vs. males, respectively).

It was commonly reported that the community political leaders were unapproachable, and that they had little time to listen to issues of concern to young people:

*“The chairman doesn’t have a lot of concern about young people’s issues. I’ve never seen them making a meeting for youth. They don’t think about us.”* (FGD with male adolescents, 15–19 years, Kalangala)

Image 3 was taken by a photovoice participant from Kalangala, showing three young SRHR advocates, metaphorically speaking out loud to eliminate harmful practices in their communities.

**Image 3: Speaking out loud**



*"I think what is lacking in the girls is the determination and the courage to speak out on matters concerning these harmful practices, because even if you go to church they can give you a platform and you can tell the people this and this is you can say no to this and this I say no to that and that. I personally do not like this, so it is just a matter of giving these young girls that kind of morale to give them that kind of zeal to speak out."* (Photovoice, male, 25 years, Kalangala)

Young participants, such as the photovoice participant commenting on Image 3, made a distinction between trained youth leaders, who regularly used their voice to speak up and (where internet connection allows) to write messages on social media, and non-engaged young people in the community, who had little voice with which to speak out. In addition to this identified need to improve the voice and agency of non-engaged young people, young participants indicated the need to strengthen girls' and young women's courage, self-esteem and determination. This could be done directly, through leaders, or within existing platforms and community structures, such as schools, churches and community groups, as indicated by a female participant in an FGD in Isingiro:

*"Like when we are in churches, church leaders try to bring for us some seminars regarding such matters like these. They teach us, they ask us where we find difficulties, and we tell them, then they go up and they say what we have told them. Now they bring for us things that can help us on those matters that we reported that were difficult for us."* (FGD with young women, 20–24 years, Isingiro)

#### 4.3.1 DECISION- MAKING IN DAILY LIFE

A large proportion of young people demonstrated that they had the ability to decide on what they did in their free time (93% in Bukwo, 70% in Isingiro and 85% in Kalangala). A slightly larger proportion of males than females stated this in Isingiro and in Kalangala. In contrast, in Bukwo district slightly more females (96%) than males (90%) stated this. In terms of age, more youth than adolescents indicated that they could decide what they did in their free time, with the most notable difference in Isingiro (97% vs. 90% in Bukwo; 86% vs. 55% in Isingiro; 88% vs. 81% in Kalangala).

When asked who was involved in deciding how much education they should get, young people were most likely to say that they themselves were involved in this decision (reported by 68% in Bukwo, 39% in Isingiro and 41% in Kalangala), followed by their mother (36% in Bukwo, 35% in Isingiro and 45% in Kalangala) and father (55% in Bukwo, 55% in Isingiro and 35% in Kalangala). Adolescents (aged 15-19) in all three study sites indicated more involvement than youth (aged 20-24) of their

parents—especially their fathers—in decisions pertaining to education (for fathers: 62% vs. 47% in Bukwo; 70% vs. 39% in Isingiro; 30% vs. 40% in Kalangala).

Across all the three study sites, it was clear that young people themselves were most often involved in deciding who to be friends with, as reported by the majority (95% in Bukwo, 83% in Isingiro and 84% in Kalangala). Similarly, the vast majority of young people stated that they themselves were involved in deciding whom and when to marry (95% in Bukwo, 83% in Isingiro and 84% in Kalangala).

As reflected in the quantitative findings, the qualitative discussions also revealed that boys and young men had more opportunities than females to make decisions and express themselves on issues that mattered to them. Youth seemed to be better positioned to make decisions than adolescents — particularly those that had left their parents' homes and were and/or employed.

*“Like my colleague has said, maybe if it [decision-making power] is there, then it is very minimal because in culture the girl is temporary, and so if you invest in them it is the other side where she will get married who will benefit. So girls are denied decision-making and expression because of that concept. Even if one says she wants to be a doctor or nurse, she is hindered by this.”* (FGD with male caregivers, Bukwo)

Adolescent and youth survey respondents also indicated that they were able to make decisions on other issues that concerned them, such as playing with friends or joining a club, and had power to decide on SRH issues. Many qualitative participants across study areas mentioned that those older than 17 could decide about whom to marry, starting their own money-making initiatives, making career choices and also building their own houses. In Bukwo, these youth were allowed to ask for land for farming, and build their own houses to start families. However, younger adolescents, particularly those still living in their parents' homes, would not be allowed to make decisions concerning contraceptive use (often due to their parents viewing contraceptives as harmful). But these adolescents still had power to decide on certain things, as mentioned by one adolescent:

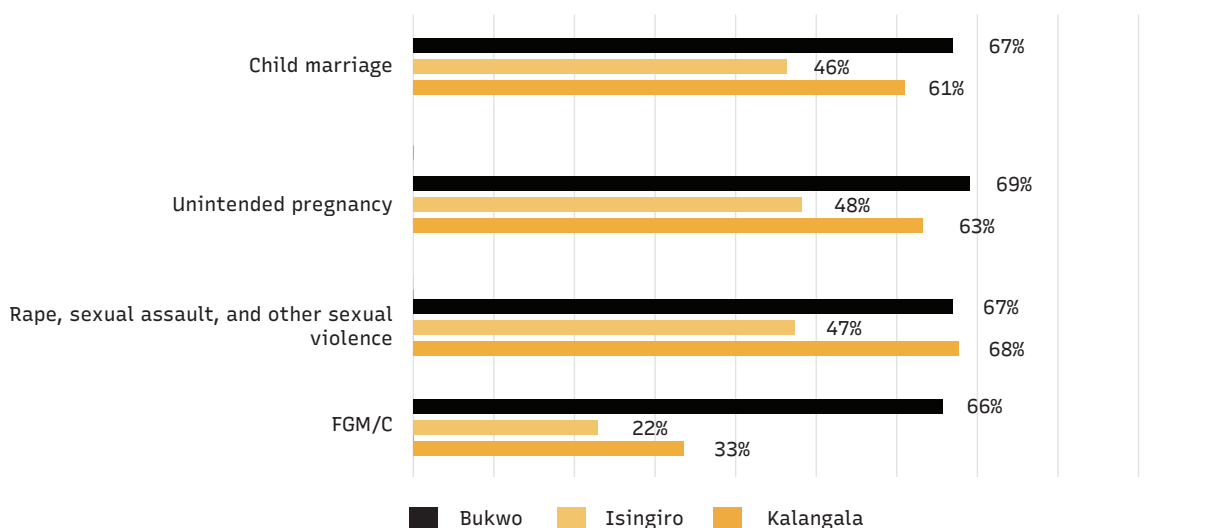
*“Let’s assume they [parents] are forcing me to get married. I tell them that I am still too young for that, so I will not get married.”* (IDI, girl, 16 years, Isingiro)



### 4.3.2 VOICE AND AGENCY IN RELATION TO HARMFUL PRACTICES, UNINTENDED PREGNANCY AND SGBV

In Bukwo and Kalangala, around two thirds of respondents felt comfortable expressing their opinions on social media about child marriage, unintended pregnancy, and SGBV. This differed in Isingiro, where less than half of respondents felt comfortable expressing themselves on social media about child marriage (46%), unintended pregnancy (48%) and rape, sexual assault and other SGBV (47%) (see Figure 3). This differs with regards to FGM/C, with only 22% of respondents in Isingiro and 33% in Kalangala feeling comfortable expressing themselves on social media about the practice.

**Figure 3: How comfortable young people feel expressing themselves on social media**



However, in the qualitative interviews, it was generally mentioned that the social and cultural environment was not generally conducive to young people expressing themselves about harmful practices, SGBV and unintended pregnancy. Social media were scarcely mentioned as a forum for expression on such issues. Friends were more commonly mentioned as being easier to speak to than family or community members. However, some youth participants did point to family members, especially mothers, as individuals with who they felt comfortable discussing these issues.

In the qualitative study, it was noted that young people did not speak out on issues that concerned them, largely because they were denied the opportunity to do so due to their age. Female adolescents in particular felt shy and feared the potential consequences of talking to older people about harmful practices, SGBV and

unintended pregnancy. They were concerned about not being listened to and felt they had little influence.

**Table 7: Adolescents and youth who reported that adults involve young people (under age 24) in decisions regarding practices such as child marriage and FGM/C sometimes, often or all the time (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	51.3% (n=77)	31.3% (n=46)	51.2% (n=87)	<b>45.0% (n=210)</b>
Males	72.1% (n=111)	54.7% (n=81)	42.6% (n=60)	<b>56.9% (n=252)</b>
<b>Total</b>	<b>61.8% (n=188)</b>	<b>43.1% (n=127)</b>	<b>47.3% (n=147)</b>	<b>50.8% (n=462)</b>

Half of the youth and adolescent survey respondents reported that adults involved young people in decisions regarding practices such as child marriage and FGM/C often or all the time. The highest proportion of participants who reported this was in Bukwo (62%). Overall, male respondents reported being more involved in decision-making compared to their female counterparts (57% vs. 45%).

In Image 4, a young participant captured a group of men gathering around a pot of local beer while discussing community issues.

*“Yes, men can come in because they want the quality woman they want because they don’t want girls who have not been mutilated. So they come in to discuss with the elders that I want this lady to be mutilated so that she behaves so that she becomes a good lady. So they come in.”* (Photovoice, female, 21, Bukwo)

**Image 4: Circumcised men joining the group of elders**



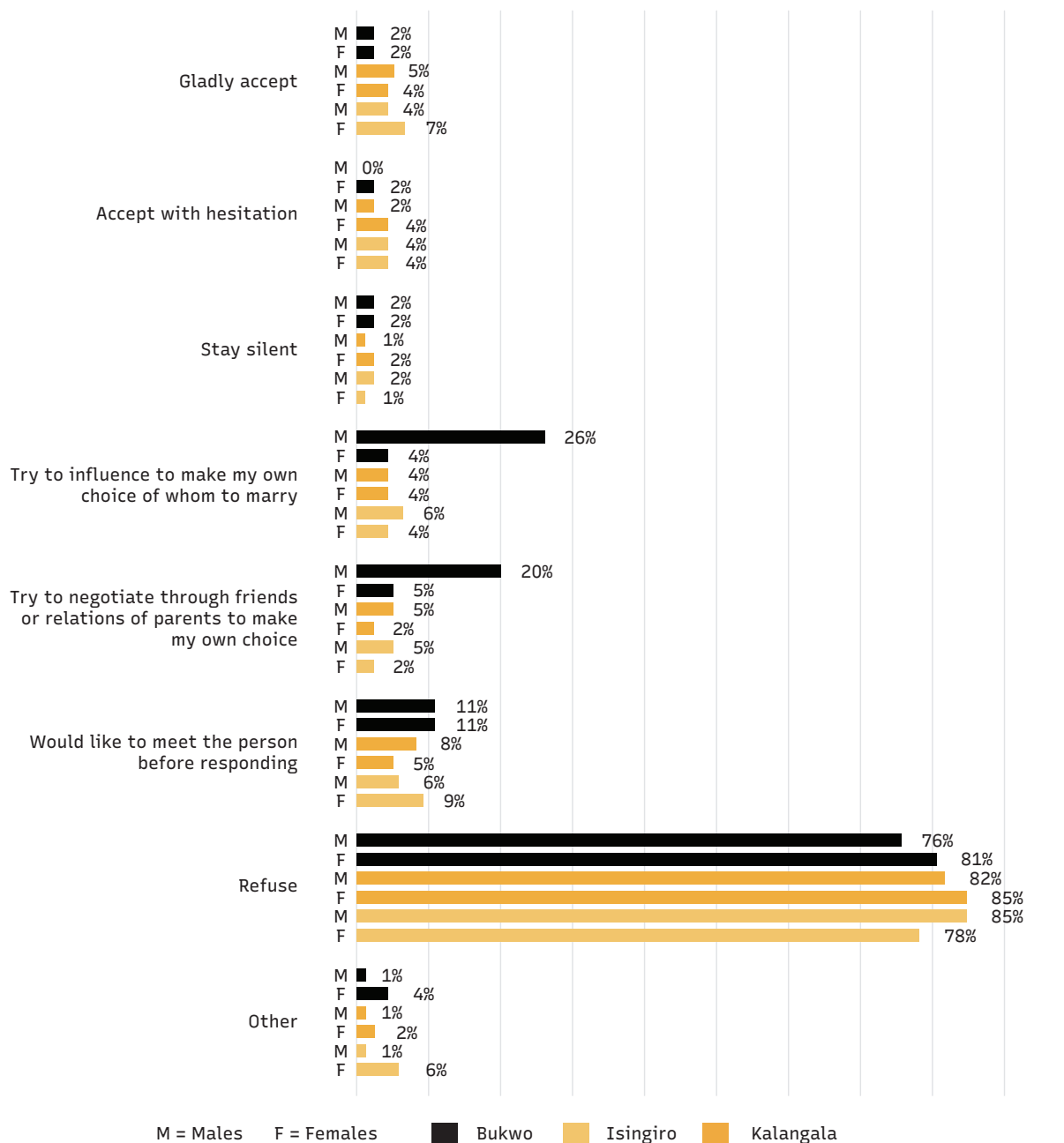
These findings suggest that young women and females in the community in general have very little voice and agency in decision-making about FGM/C. In fact, participants stated that spaces in their communities where these decisions are made are reserved for circumcised boys and men:

*"Yes, as long as you are a man. They always say that once a boy has been circumcised, you become a man. ...Immediately you are circumcised, you can sit with them. If you go there and oppose things that they are planning for, they again force you to leave that meeting, but if you just go with what they are saying, then you are allowed to remain there. So if they say that we are circumcising such and such a person, your work is just to say 'yes' and consent to what they have said."* (Photovoice, male, 23 years, Bukwo)

The quote above in relation to Image 4 demonstrates that while being circumcised enables young men to be physically present within these spaces, they still reportedly felt little agency to speak up among adults and actively participate in decision-making processes.

When asked what young people would do if their parents found them a person to marry, the majority (81%) said they would refuse to marry the person. Only 8% would try to influence others to make their own choice about whom to marry. However, if pressured by their parents to marry the person even after refusal, 35% said they would report it to police, 29% would report it to community leaders, and 22% would run away from home or the community.

**Figure 4: What young people would do if their parents found them a person to marry**



Females and males reported similar responses to their parents finding them a person to marry. However, more males than females (26% vs. 4%) in Bukwo said they would try to use their influence to make their own choice about whom to marry. More males would also try to negotiate through friends or relations of parents to make their own choice. This strategy was indicated by three times more male than female respondents.

The main reasons given for not complying with their parents' wishes in this scenario across the three regions included wanting to marry someone of their own choice (reported by 39%) and feeling too young to get married (indicated by 37%).

Young people were asked how they would respond if they witnessed/suspected sexual harassment. A majority of respondents (59%) said they would report it to a community leader/assembly man. Generally, both females and males felt confident that if they reported a case of sexual abuse to the police, a community leader, teacher, parent or other authority, they would receive appropriate support and protection. This was indicated by 88% of respondents. Female respondents in Bukwo (98%) had the most confidence in reporting such incidents to these authorities (Table 8).

**Table 8: Young people who (strongly) feel confident that if they report a case of sexual abuse to the police, a community leader, teacher, parent or other authority, they would receive appropriate support and protection (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	<b>Bukwo</b>	<b>Isingiro</b>	<b>Kalangala</b>	<b>Total</b>
Females	51.3% (n=77)	31.3% (n=46)	51.2% (n=87)	<b>45.0% (n=210)</b>
Males	72.1% (n=111)	54.7% (n=81)	42.6% (n=60)	<b>56.9% (n=252)</b>
<b>Total</b>	<b>61.8% (n=188)</b>	<b>43.1% (n=127)</b>	<b>47.3% (n=147)</b>	<b>50.8% (n=462)</b>

From the qualitative findings it was noted that young people themselves often advised each other to avoid sexual behaviour as a way to protect themselves. This was particularly noted among young people engaged in structures such as community groups. One key informant said that young people would reach out to the police in case of unwanted or forced marriages:

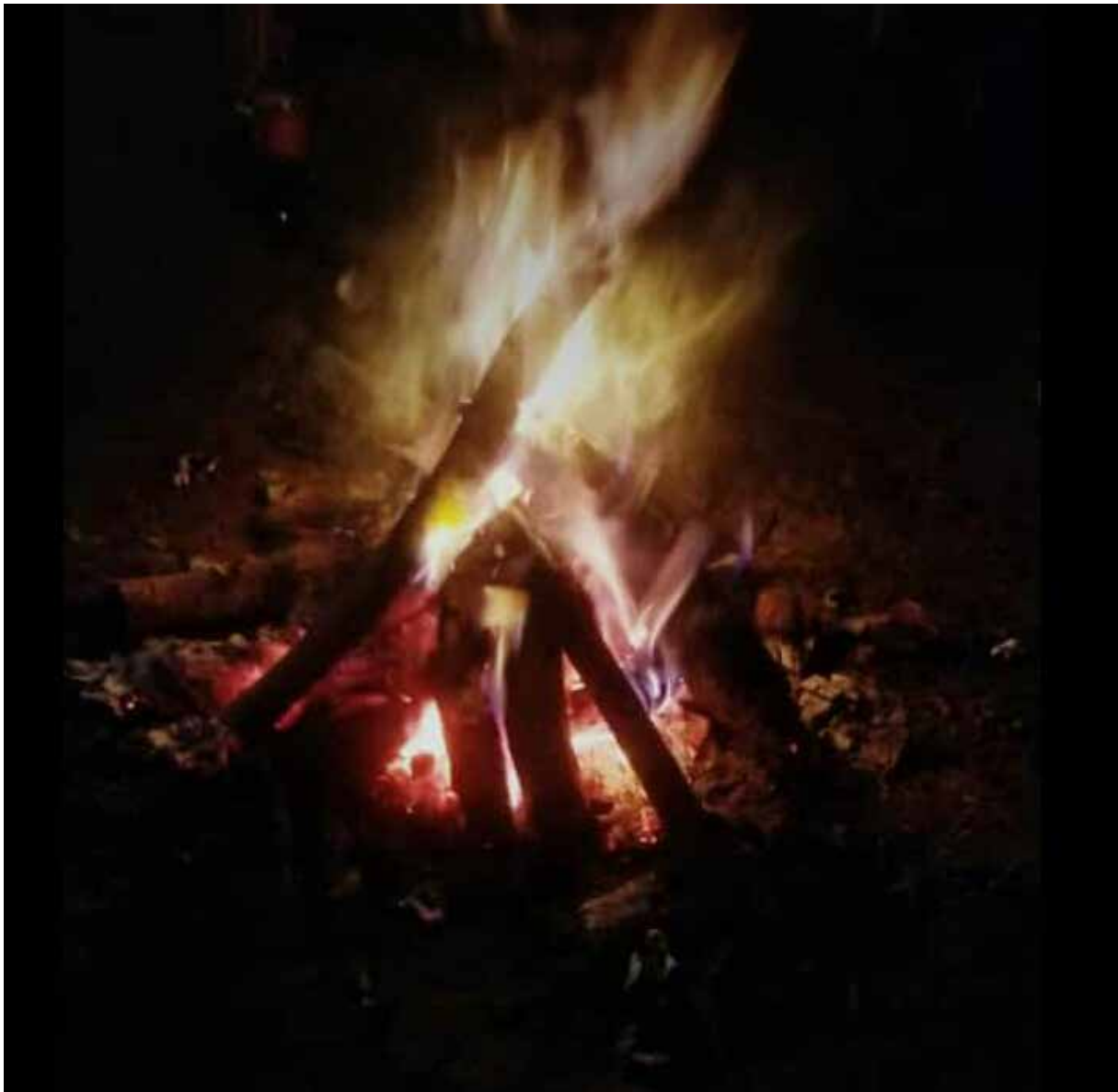
*"We have quite a number of stories of young people who ran to the police because they were being forced to get married in the lockdown, the first lockdown."* (KII, representative of the Power to You(th) consortium)

Study participants suggested that there was support available to young people facing or at risk of harmful practices, including from organisations such as TASO, UNICEF, CRS and REACH (against FGM/C), police and legal authorities, religious leaders and youth groups. These actors provide support in various forms, including community sensitisation on how to handle SGBV-related concerns, and advising them on when and how to contact the police. Participants also mentioned family and friends who would listen to and advise them regarding SRH issues, such as how to prevent unintended pregnancies.

Lastly, a photovoice participant suggested use of open fires, where intergenerational communications traditionally took place, as a potential opportunity for improving community dialogue.

*“Now this fire place, when we look at our history of the African society this used to be a round table where parents or elderly people could sit with the young ones, like each one brought out issues, those issues were sorted out and also to talk with the young ones like the youths about the sexual reproductive health rights like the children try to understand that when you do this; ...so this is a symbol of calling people around the table to discuss these harmful practices and come up with ways of how they can deal with them and end them in our society.”* (Photovoice, female, 27, Kalangala)

**Image 5: Talking around the fire**

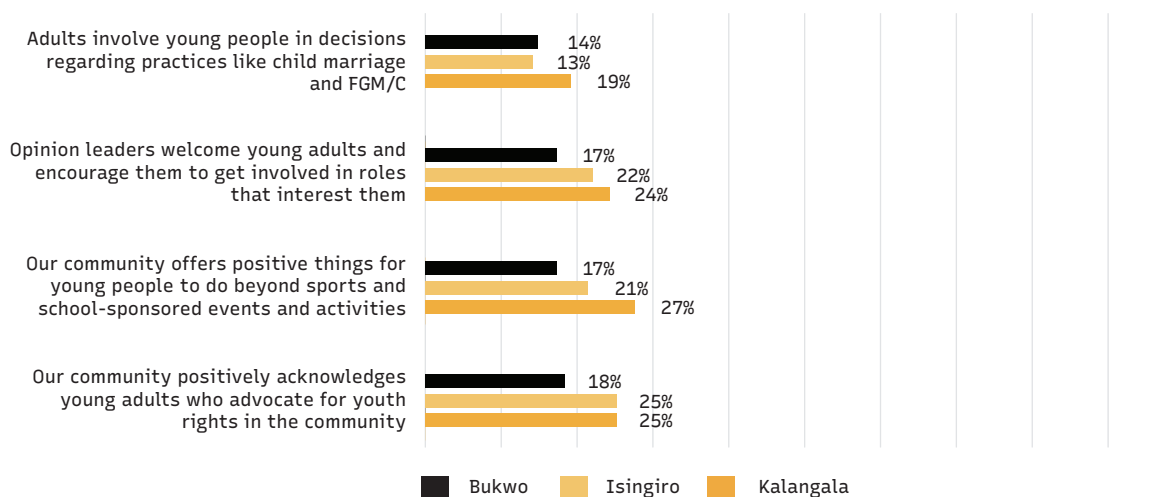




## 4.4 ADOLESCENT AND YOUTH PARTICIPATION IN COMMUNITY ACTIVITIES

Overall, fewer than a quarter of respondents reported that community and opinion leaders involved them in activities and encouraged their contributions to the community in various ways (see Figure 5). Respondents in Bukwo in particular confirmed that there was little space available for participation in community decision-making and leadership. While in Kalangala most respondents also reported they were not involved and acknowledged by adults and their community in these ways, responses were slightly more positive in this study area (see Figure 5). Female respondents in all study areas felt less involved and acknowledged in their communities than male respondents.

**Figure 5: Adolescent and youth participation space in their community**



In general, youth and adult stakeholders in all study areas stressed the important role that authorities and adult-led institutions (schools, churches and, especially, the police) play in addressing young people's SRHR issues. Meaningful engagement was less commonly emphasised.

*"I: Which measures can young girls and women take to prevent unwanted pregnancies?  
P: No, it has to be from these authorities to empower them first. There is no way you can prevent pregnancies, yet you are poor, because you have to accept to get money from the rich people, and what they want is to sleep with you. So if they are not empowered, there are no ways we can prevent this. Other measures are to pay the school fees and to take them to school to teach them handicrafts, and the young boys to teach them carpentry." (SSI, male caregiver, Isingiro)*



The quote above is representative of the overall study findings, in that when participants discussed the involvement of young people in community activities related to the Power to You(th) core issues, they mainly focused on education and employment opportunities. Young people also frequently discussed the importance of education as a way to transform their level of participation in decision-making about their SRHR, or to reintegrate into the community after an unintended pregnancy for which they were shamed or stigmatised.

### Image 6: Desire for education



*"So we are seeing this girl struggling to pull away from this man, and she is holding her books and also looking up. That means like she's looking towards her future. So this guy is trying to pull her maybe as something which could lead to early marriages or unwanted pregnancies, but this girl is pulling away and holding her books tightly not to fall off, so that she realises her aspiration and desires that achieving her education."* (Photovoice, female, 27 years, Kalangala)

Three quarters of respondents in Bukwo who had participated in activities related to Power to You(th) issues felt that these activities were youth-led, compared to 56% in Isingiro and 43% in Kalangala (see Table 9). It is interesting to note the lower reported level of youth-led activities in Kalangala, despite the fact that this district had the highest overall CSO engagement rates among young people. A higher proportion of

engaged female respondents participated in youth-led activities than engaged males in Kalangala (53% compared to 27%, respectively), while in the other study areas this gender pattern was reversed. Young people were also asked if they felt meaningfully engaged in these activities. Respondents from Bukwo felt most meaningfully involved (85%), followed by Isingiro (72%), while only 47% of young people in Kalangala considered their engagement meaningful. No large gender differences were seen in these responses (see Table 9), though males were slightly more likely than females to agree that they were meaningfully engaged.

**Table 9: Respondents' opinions about action/activities related to Power to You(th) core issues (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
<b>Young people who indicated that the activities/action they participated in were youth-led</b>				
Females	68.6% (n=24)	50.0% (n=26)	53.1% (n=43)	<b>55.4% (n=93)</b>
Males	81.1% (n=43)	63.3% (n=31)	27.1% (n=13)	<b>58.0% (n=87)</b>
<b>Total</b>	<b>76.1% (n=67)</b>	<b>56.4% (n=57)</b>	<b>43.4% (n=56)</b>	<b>56.6% (n=180)</b>
<b>Young people who (strongly) agreed that they felt meaningfully engaged in these activities/actions</b>				
Females	80.0% (n=28)	71.2% (n=37)	49.4% (n=40)	<b>62.5% (n=105)</b>
Males	88.7% (n=47)	73.5% (n=36)	43.8% (n=21)	<b>69.3% (n=104)</b>
<b>Total</b>	<b>85.2% (n=75)</b>	<b>72.3% (n=73)</b>	<b>47.3% (n=61)</b>	<b>65.7% (n=209)</b>

The qualitative data suggest even more strongly that girls are generally less meaningfully engaged than boys. While respondents suggested that SRHR programming tended to outwardly focus on girls and women, cultural norms which promote boys over girls in meaningful decision-making (in both formal and informal settings) were highlighted. In all three study areas, more males than females stated they were involved in certain decisions at home and in their communities. Correspondingly, girls highlighted how they were sometimes excluded from youth groups due to gendered forms of community stigmatisation, such as the shunning of those (particularly teenagers) who give birth outside of marriage:

*"In our village, if you have a baby and you enter a group and stand to say something, they can ignore you. They may not call you for some activities. ...You may want to talk in the group meeting on how to live, but they despise you. They can't hear you."* (FGD with girls, 15–19 years, Isingiro)

As illustrated by Image 6, some young participants in the study criticised the lack of meaningful engagement—or even the lack of activities per se—in their communities. One key informant also emphasised the diverse backgrounds and needs of young people and the corresponding need for inclusive advocacy and services:

*“A school-going girl has a different burden of unintended pregnancies than an adolescent girl doing sex work. Their issues are different, and also their needs to give attention to the pregnancy will differ. They will differ on how they want to access. The services will be completely different, so we need to bring all these voices together and be able to push an advocacy agenda that is inclusive.”* (KII, national level, Power to You(th) consortium)

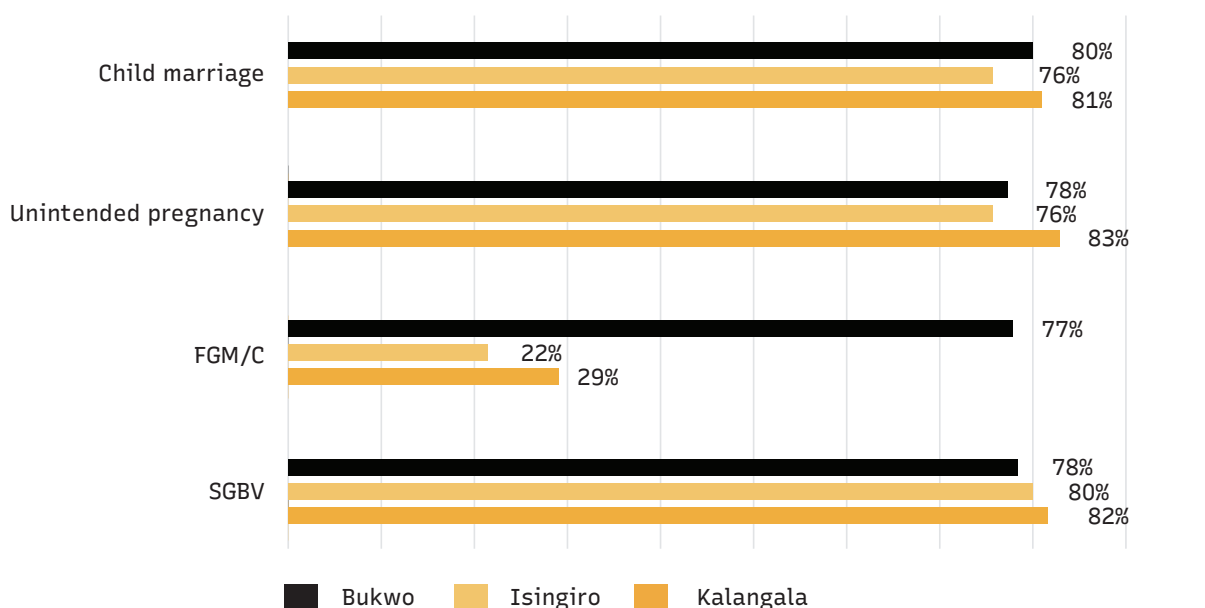
**Image 6: Disused youth centre**



*“I took the photo of the youth centre because I wanted to show that there is a place called a youth centre and that place called youth centre is a name, but it does not provide anything to the youth. When I took the photo you do not see anyone, and it was working time; it was even around I think 2pm. Which it could be a youth centre by name, youth should be there having their own activities and initiatives, but you can see it is a youth centre by name to give a report to give donors, this non-government organisation showing this is a youth centre, but there is no activity by the youth.”* (Photovoice, male, 26 years, Isingiro)

While many young people did not feel currently meaningfully engaged, around three quarters of respondents indicated that they were willing to participate in activities that addressed harmful practices, SGBV and unintended pregnancies (see Figure 6), with the highest percentages in Kalangala.

**Figure 6: Young people's willingness to participate in community activities**



There were no major gender differences observed in reported willingness to participate in such activities in any district, but in terms of age, more youth respondents reported this than adolescents in all study areas.

During interviews, some young people became excited about the idea of engaging and about how their engagement would become more meaningful if they were given increased responsibility for these activities:

*"What can help us to get involved in this issue, is having the capability in that when people see you they say those ones are working for this and this organisation, that helps children that are harassed, in marriage, children that are harassed by their parents. These ones work for this organisation, they are the ones that help children or they are the ones who work on issues of women. So if we have that responsibility and people know we have that responsibility, I think we can do it and those who fail you can call higher authorities and they explain for them."* (FGD with young women, 20–24, Kalangala)

#### 4.4.1 CHILD MARRIAGE

Overall, only 14% (n=124) of survey respondents reported participating in community activities to prevent child marriage. Male survey respondents in Isingiro were most likely to report being involved in preventive activities (see Table 10). The most common types of activities or actions to address child marriage in which respondents



participated were related to educating girls (76% overall, with higher rates seen among females in all districts), empowering girls (38% overall; 56% in Bukwo), and rallying the wider community to stand up for girls' rights (24%). On the other hand, young people rarely reported experienced of petitioning the government or encouraging supportive laws (2%).

**Table 10: Adolescent and youth participation in community activities to prevent child marriage (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
<b>Adolescents and young people who have ever participated in any activities or have taken action to prevent child marriage</b>				
Females	14.7% (n=22)	13.6% (n=20)	12.4% (n=21)	<b>13.5% (n=63)</b>
Males	14.9% (n=23)	17.6% (n=26)	8.5% (n=12)	<b>13.8% (n=61)</b>
<b>Total</b>	<b>14.8% (n=45)</b>	<b>15.6% (n=46)</b>	<b>10.6% (n=33)</b>	<b>13.6% (n=124)</b>
<b>Most common type of activities/actions to prevent child marriage in which they participated</b>				
Educating girls	84.4% (n=38)	82.6% (n=37)	60.6% (n=20)	<b>75.9% (n=95)</b>
Empowering girls	55.6% (n=25)	21.7% (n=10)	36.4% (n=12)	<b>37.9% (n=47)</b>
Rallying the wider community to stand up for girls' rights	26.7% (n=12)	23.9% (n=11)	21.2% (n=7)	<b>23.9% (n=30)</b>

Young people in Bukwo and Isingiro felt most supported in addressing child marriage by their parents, followed by religious leaders and health care workers. In Kalangala, healthcare workers were mentioned as being the most supportive on this issue, followed by parents and teachers. In contrast to the survey findings, some youth interviewees touched on difficulties speaking up against child marriage with their families or policymakers because of the direct involvement of parents as perpetrators of this harmful practice. In all three study areas, young people, particularly female respondents, considered their partners the least supportive stakeholders in addressing child marriage.

Adolescents and youth in all study areas frequently mentioned that they would report cases of child marriage to the authorities, as illustrated by the following quote from a young participant from Kabuyanda in Isingiro:

*"Now when we see such cases, most times we usually tell those in power like the chairman, the LC1 and other people that really know how to advise religious leaders,*

*now when we report there they know what to tell them that this and this is bad.” (FGD with young men, 20–24 years, Isingiro)*

Overall, social actors in all study areas also confirmed that arrests made by the police and punishments awarded by community leaders were common actions taken to address issues such as child marriage. However, young people stated that they were aware of corruption within such institutions and referred to churches as places where they could speak about this issue. Interviewees explained how religious leaders mainly addressed child marriage through counselling with young people and their parents, while activities organised by CSOs or government initiatives often linked girls’ education and economic empowerment to prevention of child marriage.

#### 4.4.2 FGM/C

Overall, only 7% of study respondents had any experience of participating in activities or actions to prevent FGM/C. Low levels of participation are not surprising in Kalangala and Isingira as FGM/C is not practised in these districts. In Bukwo, around 10% of female and male respondents had ever engaged in activities related to FGM/C. Such activities to prevent FGM/C most commonly focused on educating girls on their rights (90%), challenging the reasons for FGM/C (63%), and less commonly, speaking out about the risks and realities of the practice (27%). No young person had experience of petitioning the government or encouraging supportive laws related to FGM/C.

Young people in Bukwo felt most supported by healthcare workers to address FGM/C (compared to other social actors). Other actors commonly reported as supportive were parents, particularly for female respondents, religious leaders and teachers. Qualitative participants further stressed the role of the church and religious leaders in addressing FGM/C, especially when their parents were involved in perpetrating the practice. Examples given of anti-FGM/C activities organised by religious authorities included providing education about the cultural history and origins of FGM/C in Uganda, and translating the FGM Act:

*“Also the church reminds, cultural leaders have come up and translated 2010 FGM Act into kupsabiny from English and discourage harmful practises.” (FGD with young men, 20–24 years, Bukwo)*

From the photovoice data it emerged that the Reach programme had previously played a positive role in tackling the practice, but when the programme stopped in 2017 young people lost this support. Furthermore, interviewees in Bukwo mentioned lack of funding for community-based organisations and police corruption as challenges limiting their effectiveness in addressing FGM/C.

### 4.4.3 SGBV

More respondents (n=161) were engaged in activities to prevent sexual abuse than FGM/C and child marriage. Around 18% of survey respondents had ever participated in activities or taken action to prevent SGBV, with a slightly higher rate of participation in Isingiro than other study areas. In Kalangala, more than twice as many females as males had ever engaged in SGBV-related community activities, while in Bukwo more male than female respondents reported having done so. In all three study areas, the most common type of activities to prevent SGBV were related to educating girls on their rights (72%). Many also had experience of speaking out about the risks and realities about the practice (45%), as well as challenging reasons for sexual abuse (25%). No major age or gender differences emerged regarding the types of engagements.

**Table 11: Adolescents and young people who have ever participated in any activities or taken action to prevent sexual abuse (n=305 in Isingiro, n=304 in Bukwo, n=311 in Kalangala)**

	Bukwo	Isingiro	Kalangala	Total
Females	14.0% (n=21)	23.1% (n=34)	20.0% (n=34)	<b>19.1% (n=89)</b>
Males	17.5% (n=27)	20.3% (n=30)	10.6% (n=15)	<b>16.3% (n=72)</b>
<b>Total</b>	<b>15.8% (n=48)</b>	<b>21.7% (n=64)</b>	<b>15.3% (n=49)</b>	<b>17.7% (n=161)</b>

Respondents in Bukwo and Isingiro considered parents to be the most supportive social actors in addressing SGBV, followed by health care workers and religious leaders. In Kalangala, young people felt most supported by healthcare workers, followed by their parents, other family members and their teachers. Photovoice participants in Bukwo elaborated on this finding, saying they expected that girls who suffered SGBV would first talk to their parents, and then to the police, but often the abuse was hidden by survivors unless they became pregnant.

*"The girl has to take the issue to the parents and then the parents will have to take the follow-up like going to the police and the victim is then arrested. But most girls hide out, and these things are seen out when the girl has gotten pregnant and when the girl is asked about what happened. The girl now starts telling what happened which had already passed. So it is so disappointing because they don't say it immediately."* (Photovoice, female, 21 years, Bukwo)

Narratives such as the one above demonstrate the evident link between SGBV and unintended pregnancy. They also demonstrate the difficulty that SGBV survivors often



have disclosing their abuse to community members, even those considered to be the most supportive such as parents.

In all three study areas, partners were rated as the least supportive individuals in addressing SGBV—possibly because most respondents were single. In Isingiro and Kalangala, comparatively little support was also reported from traditional or community chiefs. Additionally, young interviewees mentioned that SGBV was regularly discussed in school, often in direct relation to abstinence. When students sought support from teachers, interviewees mentioned counselling offers, treatment where required, and use of police referral mechanisms as positive follow-up actions taken. While the quantitative data suggest that peers were generally not considered supportive in relation to SGBV, young interviewees like the participant quoted below stressed that peers and fellow survivors could provide support, but only if they had the necessary tools and knowledge:

**Image 7: You are not alone**



*"I find that these survivors need more of their peers to comfort them and also as a way of limiting the causes of like rape, or like forced marriages. ...Also these people can, some of them can be equipped with knowledge about sexual and reproductive health, like family planning, say, family planning, okay. In case someone gets a problem or that person has been raped, like, they can advise the peer to go and seek more medical services with an expert, yah, so that's all you are not alone." (Photovoice, female, 27 years, Kalangala)*

Qualitative findings further demonstrated a strong emphasis on the role of the authorities such as the police, the child protection agency Alight, and the Office of the Prime Minister in addressing SGBV. However, mothers and caregivers voiced their criticism of unsatisfactory follow-up of reported incidents, and the prevalence of bribery was often discussed. Young people and other social actors attributed unsatisfactory follow-up to the underfunding of responsible institutions and the financial burden placed on individuals reporting incidents:

*“To go to the police, it requires money. Now like me, I am not going to go to the police when I do not have 50,000 Ugandan Shillings. All I will do is to just keep quiet with my problems and die with them.”* (FGD with young women, 20–24 years, Kalangala)

Statements such as the above suggest that SGBV survivors from lower socio-economic backgrounds and other marginalised groups face additional, often insurmountable, challenges seeking justice for SGBV, or escaping from abusive situations. This was one reason why photovoice participants emphasised the importance of economic empowerment, especially for vulnerable young people (see Image 8):

**Image 8: Female economic empowerment activities**





*“Some of the causes are economic. This girl sees this boy or husband as the source of everything—as the provider of everything—and this man uses that advantage to mistreat this young girl. So if we empower these girls, we shall make them determined, and they will also be able to speak out like they won’t die in the silence.”* (Photovoice, female, 27, Kalangala)

In addition, the data suggest that young people with skills such as hairdressing, carpentry or other applied skills are more easily able to reintegrate into communities after being stigmatised or shunned due to being a victim of SGBV, contracting HIV, or becoming a teenage mother.

#### 4.4.4 UNINTENDED PREGNANCY

Of all the Power to You(th) core issues, young people in this study had the most experience of engaging in community activities aiming to prevent unintended pregnancy (see Table 12). On average, a quarter of respondents had ever participated in such activities, including 39% of female respondents and 30% of male respondents in Kalangala. Unusually, in Bukwo a larger proportion of male respondents had been engaged in these activities than females. Consistent with other Power to You(th) issues, the most common type of activities in which young people had participated were educating girls about their rights and educating boys to use condoms, while in Kalangala, raising awareness about family planning and contraception—generally the third most commonly mentioned type of activity—was the most prevalent.

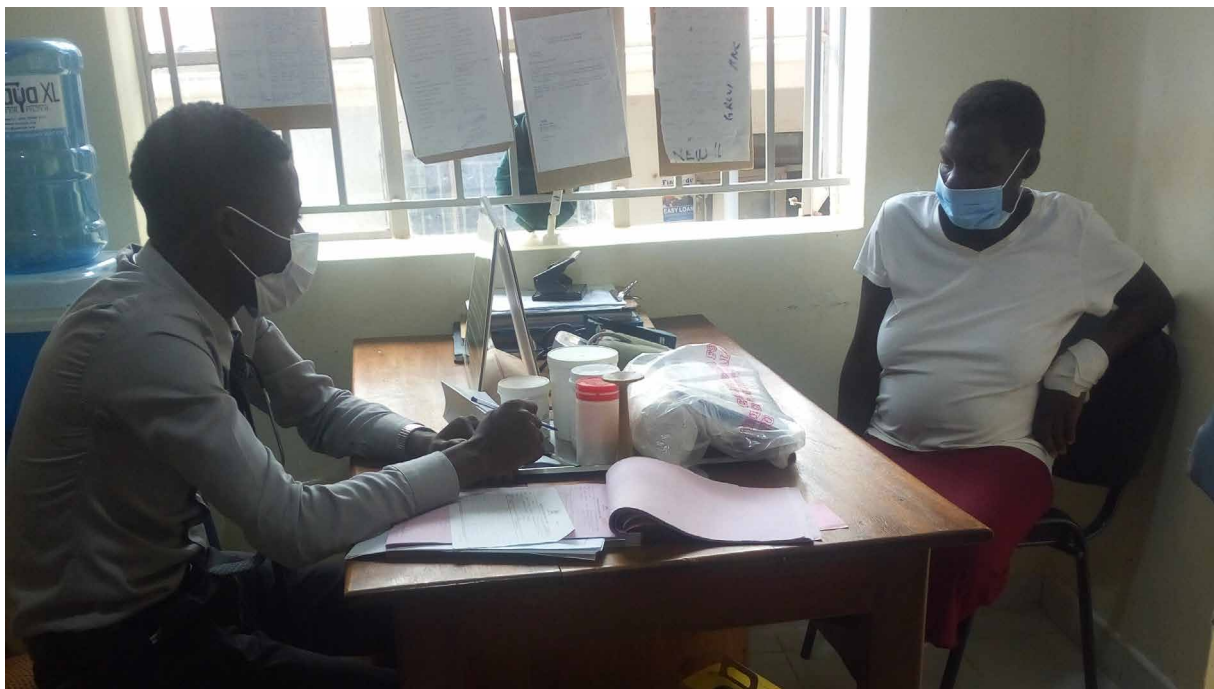
**Table 12: Adolescents and young people who have ever participated in any activities or taken action to prevent unintended pregnancy**

	Bukwo	Isingiro	Kalangala	Total
Females	15.3% (n=23)	21.8% (n=32)	39.4% (n=67)	<b>26.1% (n=122)</b>
Males	26.0% (n=40)	21.6% (n=32)	29.8% (n=42)	<b>25.7% (n=114)</b>
<b>Total</b>	<b>20.7% (n=63)</b>	<b>21.7% (n=64)</b>	<b>34.6 (n=109)</b>	<b>25.9% (n=236)</b>

When asked to rate how supportive different individuals were of their access to sexuality education and SRH services (such as family planning, testing or counselling for sexually transmitted infections/HIV), young people in Bukwo and Kalangala considered healthcare workers to be the most supportive, followed by parents and teachers. Respondents from Isingiro rated parents as most supportive, followed by healthcare workers and teachers.

In interviews with different stakeholders it also emerged that the government had recently increased communications related to family planning. It is likely that such campaigns have exposed young people to this topic more than to the other Power to You(th) core issues. Photovoice participants captured pictures of young adolescents seeking advice from healthcare workers, as illustrated in Images 10 and 11.

**Image 9: Supportive health care workers Kalangala**



**Image 11: Health centre in Bukwo**



The qualitative findings also highlight young people's general tendency to seek support from healthcare workers in relation to unintended pregnancy, and the positive role these stakeholders played in contrast with local leaders:

*"The issue of family planning, the health workers call you here at BIDA. They call us and tell us to use family planning. When you allow, they enrol you in family planning, and they give you condoms for those that do not want planning, so they can protect themselves using a condom. But then I have never seen the leaders here calling for a meeting that they want to educate young girls unless if you go there yourself that you have gone to report, but you must go when you have some money, you don't just go like that." (FGD with young women, 20–24 years, Kalangala)*

Consistent with the quote above, healthcare workers themselves who were interviewed also felt that traditional leaders had little awareness about Power to You(th) issues, and they emphasised that community leaders needed sensitisation. Those religious leaders who were reportedly supportive of activities related to unintended pregnancy played a role in counselling and encouraging girls to return to school after pregnancy. There was no particular difference by gender in these responses—similar to the other Power to You(th) core issues—and respondents considered partners the least supportive on this matter.

The data suggest that compared to other Power to You(th) issues such as harmful practices and SGBV, more peer group support and youth-led activities were held in relation to addressing unintended pregnancy (as captured in Image 12). The quote accompanying the picture also suggests that a focus on abstinence was still prevalent in formal education spaces, while young people may play an important role in educating each other about different contraceptive methods. Young female participants from Kalangala emphasised the importance of female-only gatherings where these issues are discussed, while males reportedly organised their own separate gatherings.

*"Yes, the girls in my community share experiences among themselves, and this is especially by girls who are informed by those people who know about the ways to prevent pregnancy. They are taught about abstinence. So those girls who are not informed, they are taught about these things, and these can help them from being victims of pregnancy, since they are taught about safe measures of not getting pregnant—for example, using pills, condoms." (Photovoice, female, 21 years, Bukwo)*



**Image 12: Peer educators**



## 5. FINDINGS: (MEANINGFUL) ENGAGEMENT OF ADOLESCENTS AND YOUTH IN ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

### 5.1 MORE THAN HALF OF YOUNG PEOPLE ARE ENGAGED IN CSO ACTIVITIES

Overall, more than half of the participants (55%) were engaged with CSOs, with the highest proportion of engaged adolescents and youths in Kalangala (56%), and the lowest in Bukwo (36%) (see Table 13).

While in Bukwo and Isingiro females were less likely than males to be engaged (21% and 34% of females, respectively), in Kalangala more females than males were engaged (63% females vs. 49% males). Three quarters (73%) of engaged respondents were involved with youth-led organisations or groups across the three districts. Non-governmental organisations (NGOs) and faith-based organisations engaged the fewest young people (3% and 5%, respectively).

In relation to CSO activities, more than half of the engaged respondents (52%) were involved in awareness-raising in the community, with a particularly large proportion (85%) in Bukwo (see Table 13). The activity respondents were least engaged in across the three districts was providing input into policies and laws, mentioned by only 3% of all the participants.

**Table 13: Adolescent and youth engagement with CSOs in Bukwo, Isingiro and Kalangala**

	Bukwo	Isingiro	Kalangala	Total
<b>Adolescents and young people who are engaged with a CSO that carries out specific activities with young people</b>				
Females	21.3% (n=32)	34.0% (n=50)	62.9% (n=107)	<b>59.5% (n=189)</b>
Males	50.6% (n=78)	47.3% (n=70)	48.9% (n=69)	<b>51.0% (n=217)</b>
<b>Total</b>	<b>36.2% (n=110)</b>	<b>40.7% (n=120)</b>	<b>56.4% (n=176)</b>	<b>55.3% (n=406)</b>
<b>Type of CSOs adolescents and youth are most engaged with</b>				
Youth-led organisations or groups	79.1% (n=87)	74.2% (n=89)	67.2% (n=117)	<b>72.5% (n=293)</b>
Women's organisations	7.3% (n=8)	5.8% (n=7)	20.1% (n=35)	<b>12.4% (n=50)</b>
Faith-based organisations	8.2% (n=9)	7.5% (n=9)	1.7% (n=3)	<b>5.2% (n=21)</b>



Forty-two per cent (42%) of respondents indicated that they participated in 'other' activities than the survey response options. Sports activities (especially football clubs), savings clubs, and income-generating activities (especially hairdressing) were specified under this category.

According to the qualitative interviews, most engaged young people were involved in youth football clubs and savings groups at the village level, with school clubs such as patriotism<sup>2</sup> and debating clubs being the most commonly mentioned in all districts. A photovoice participant indicated the main form of youth structures in Ugandan villages to be sports clubs.

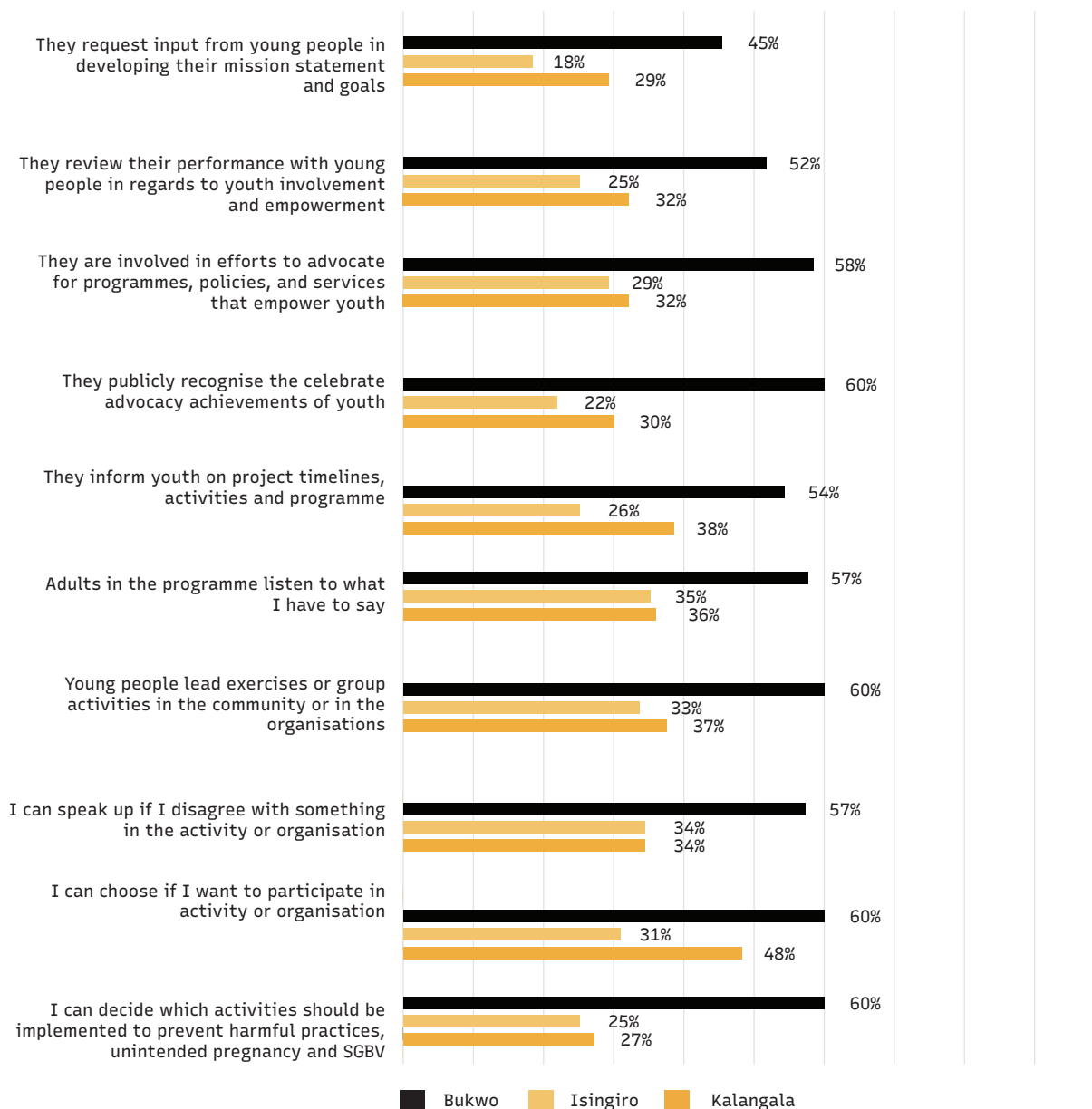
## 5.2 MOST MEANINGFUL ENGAGEMENT OF YOUNG PEOPLE IN CSOs IN BUKWO

As shown in Figure 7, young people viewed their engagement with CSOs as most meaningful in Bukwo, and least in Isingiro. Within each district, respondents rated the different aspects of meaningful engagement fairly similarly (though, as suggested, large differences were seen between districts). However, respondents in all districts were least likely to state that organisations requested young people's input during the development of CSO mission statements and goals, (45% of respondents in Bukwo, 18% in Isingiro and 29% in Kalangala stated that this happened often or all the time).

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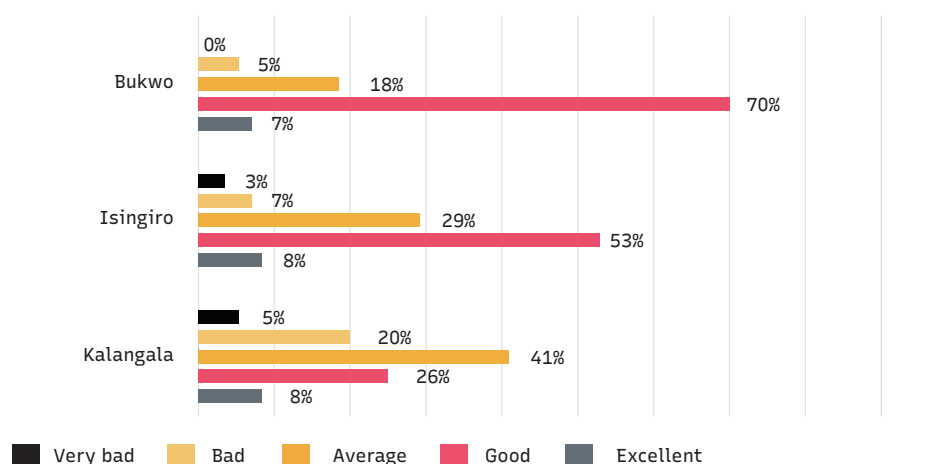
2. In 2009 president Yoweri Museveni launched a new National strategic program to inculcate the norms and values of patriotism in all students in secondary schools and the youth of Uganda subsequently known as the National Patriotic Program. Patriotism club membership today stands at a total of 265,212 members throughout the country. <https://www.patrioticcorpsuganda.go.ug/>

**Figure 7: Role of adolescents and youth in the CSOs they are engaged in in Bukwo, Isingiro, Kalangala**



Consistent with the response data presented in Figure 7, the overall quality of young people's participation in CSOs was most commonly rated as good in Bukwo (77%), followed by Isingiro (61%) and then Kalangala (41%) (see Figure 8).

**Figure 8: Rating of the quality of young people's participation in CSO activities**



When asked why young people are not meaningfully engaged, data suggest that organisations often lack targeted strategies for improving this, as emphasised by a key informant from Isingiro:

*"There are no clear engagement strategies for the youths. Now there are new programmes to come on board. It is now, for instance, in the area of HIV they are now beginning to implement programmes that are supporting the youth living with HIV. But the engagement of the youth is less than 50%." (KII, probation officer, Isingiro)*

### 5.3 ENGAGEMENT CONTRIBUTES TO THE WELL-BEING OF YOUNG PEOPLE

During interviews young people in all three districts reported that their engagement in CSOs/groups greatly improved their lives and well-being. They mentioned being engaged in activities that empowered them as young people on issues concerning sexuality, their rights and development. Engagement in these groups also enabled young people to network, make new friends and gain a sense of belonging. They stated that their engagement in these groups and organisations had given them opportunities to gain new knowledge and skills such as financial literacy, leadership, business, tailoring, and sporting skills:

*"...like tailoring, I see many girls here are benefiting from it. Because as you know with tailoring, somebody can bring a small piece of work, you just tell them to pay 10,000 or 20,000. Just to make a dress for you it can be like 30,000. Now others have learned salon work, and plaiting hair for like 15 or 20 people can earn you a lot!" (IDI, female, 23 years, Isingiro)*

Some key informants highlighted that CSO and youth group engagement had helped young people to understand their rights, interact with legal agencies, and strengthen young peoples' cooperation with their community and other institutions, as well as providing them with productive ways in which to occupy their time. In some schools young people were involved in developmental sessions, described by a teacher:

*"They [young people] have been involved in developmental sessions that we have been brought, like guidance and counselling. You can see them listening attentively. ...Then sometimes workshops are brought, and they are taught about their rights."* (SSI, teacher, Kalangala)

Most parents appreciated the importance of young people's involvement with CSOs. One mentioned that these clubs helped to teach children skills such as tailoring, while another social actor mentioned that they positively occupy young people's time and help them avoid negative peer influences. However, some parents preferred their adolescent children to spend their time on farming and household chores rather than CSO activities.

## 5.4 LACK OF FINANCIAL RESOURCES A MAJOR OBSTACLE FOR MEANINGFUL ENGAGEMENT

Young people raised a number of issues and challenges in relation to their engagement with CSOs and groups. Across districts, young people reported not having enough financial resources to execute planned tasks, while at times they had no means of transport to club activities or were not given food/refreshments during activities. Young people also felt that some clubs were becoming more business-oriented and less focused on youth activities. Some young people, particularly females, felt manipulated by older team members or leaders and even reported experiencing sexual abuse. Some participants in Bukwo were unhappy with the fact that despite receiving money from a group, it had little positive impact on their lives beyond this. Others in Bukwo stated that those who were perceived as lacking formal education were marginalised and excluded from certain privileges such as participation in meetings with town councils:

*"Those of us [youth], who have completed education but have stayed at home until it looks like they didn't get any education, when they come and talk to the educated people, they say that you are not part of the group. They think you aren't educated and they always push you aside."* (FGD with young women, 20–24 years, Bukwo)

In some instances, young people in Bukwo felt neither listened to nor supported by community leaders:

*"I am not satisfied! Sometimes when we try raising our issues at the sub-county headquarters, there are those people that do not want to listen to our voices. Like whenever we say we want the youth celebration, these people do not want to help us yet we know there is a budget for youth celebrations at the sub county." (IDI, male, 22 years, Bukwo)*

In Isingiro, young people complained about receiving late payments or at times not receiving payments at all when they took part in money-making activities. They also complained about leaders being too business-minded, which has caused some groups to be ineffective. Some young people in sports clubs expressed concerns about their inability to meet treatment costs in case of injuries, which discouraged them from continuing with some teams. In Kalangala, some young people indicated that their groups had many adults aged over 40 who occupied positions, which did not feel consistent with the mission and spirit of a youth group.

Efforts to increase youth engagement have been made by creating youth social groups and structures such as the national youth council, and social clubs in schools and communities. The main actors are the government, religious leaders, youth leaders and NGOs.

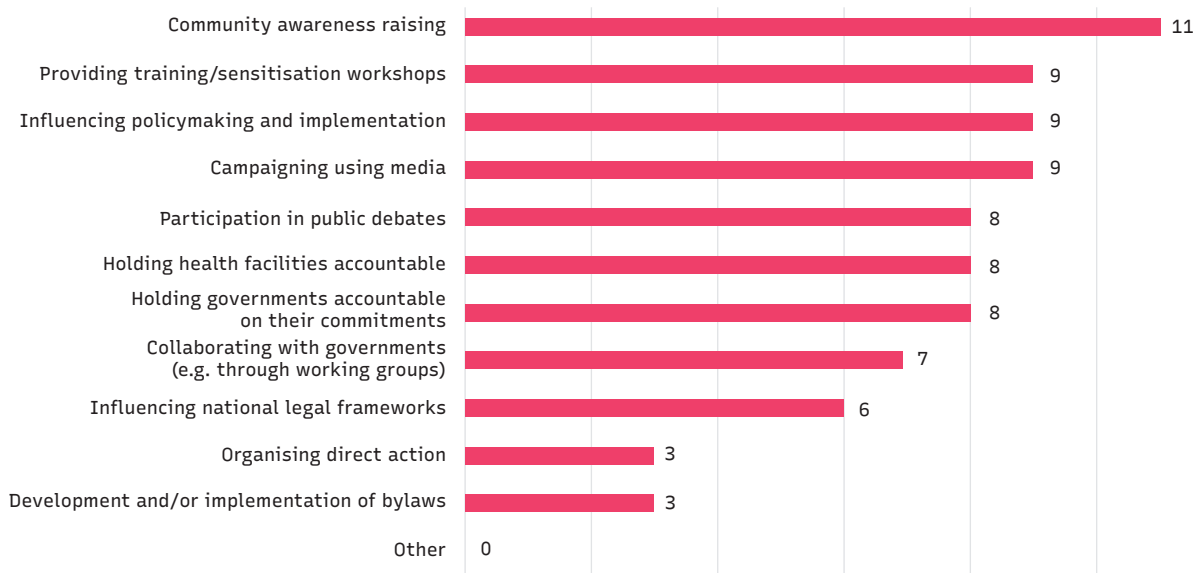
## 5.5 COMMUNITY AWARENESS-RAISING IS THE ACTIVITY THAT MOST YOUNG ADVOCATES TAKE ON

The 12 young advocates (under 35 years) responding to the civic space survey (out of 15 total respondents) were 31 years old on average, ranging from 28 to 35. Seven of them identified as men, and five as women. Six of these respondents were engaged with a youth-led organisation, four with an NGO, and two with a community-based organisation. The majority of young advocates operated at the national level (10) and/or district level (7), and four respondents were active at the regional level. When asked about the activities they were engaged in within their CSO, all had experience of advocacy and programming, while seven each also had experience of lobbying and research.

As Figure 9 demonstrates, civic space survey respondents under 35 were involved in a variety of lobbying and advocacy activities, with the highest rates of participation in community awareness-raising (11 out of 12), but also in providing training/sensitisation workshops (9), influencing policymaking and implementation (9), and campaigning using media (9). Other frequently mentioned lobbying and advocacy activities that respondents participated in were participation in public debates (8), as well as holding health facilities and the government accountable (8 each).



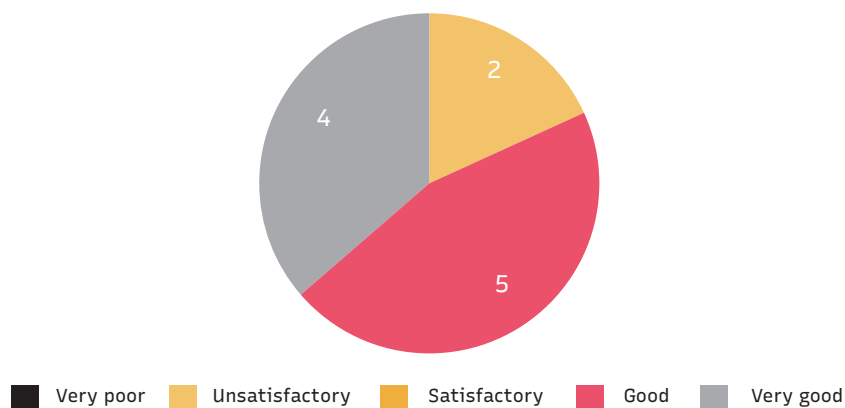
**Figure 9: Youth and CSO advocate (under 35) participation in lobbying and advocacy activities within CSOs**



## 5.6 YOUNG ADVOCATES ARE POSITIVE ABOUT THE QUALITY OF THEIR PARTICIPATION IN LOBBYING AND ADVOCACY

Advocates aged under 35 years participating in the civic space survey overall rated the quality of their participation in lobbying and advocacy activities very positively, with 9 out of 11 respondents considering their participation (very) good, while 2 respondents indicated their participation was poor (see Figure 10).

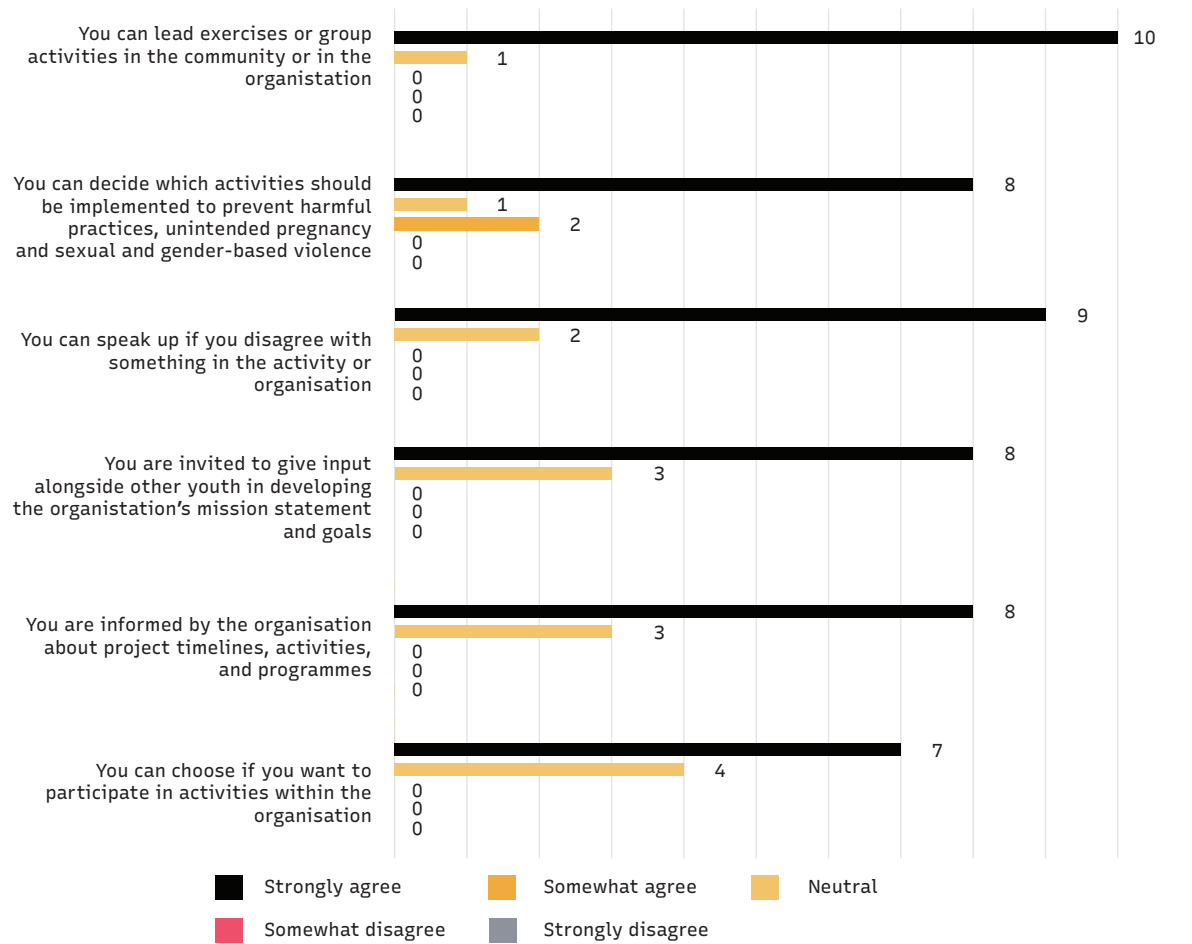
**Figure 10: Youth advocates' (aged under 35) satisfaction with the quality of their participation in lobbying and advocacy activities**



The young respondents reportedly participated and engaged in various aspects of CSO activities. They seemed the most positive about their meaningful involvement

in leading exercises or group activities in their community and speaking up if they disagreed with something, but all other statements outlined in Figure 11 below were also met with overall agreement. Only two respondents felt neutral about their decision-making power in relation to which activities related to Power to You(th) issues should be implemented.

**Figure 11: Youth advocates’ (under 35) participation and engagement in various aspects of CSO activities**



### 5.7 YOUNG PEOPLE HAVE POWER AT DIFFERENT LEVELS TO MAKE DECISIONS

During interviews and FGDs young people indicated that they had the power to make decisions at the national, subnational and district level, where there are different youth structures that enable them to participate. Structures such as the National Youth Council, school councils and youth civil organisations often invite young people to take part in policy discussions. However, young people in certain structures such as

the National Youth Council, as mentioned earlier, often lacked financial resources to carry out certain tasks. Further, it was noted that young people living in humanitarian settings, such as Nakivale, had been excluded from participating in several youth forums. These young people were reported to be less exposed to information on the issues than those outside the settlements, they lacked knowledge and did not have an opportunity to access media such as radio broadcasts to find out what was happening.

In light of the limited opportunities available to certain young people, young participants in this study acknowledged the importance of inclusive and joint efforts and representation of young people in all their diversity when it comes to meaningful youth participation, as metaphorically demonstrated in Image 12.

**Image 12: Peers and inclusion and Image13: Joining forces**



## 5.8 PEOPLE WITH AUTHORITY CAN MAKE A DIFFERENCE

Young people, across different age groups and genders, believed that those with authority—particularly community, religious, and political leaders—had the power to influence certain decisions they made as individuals and as a group. This included decisions such as aspiring to leadership positions, planning a wedding, and group activities. Parents were also mentioned as having authority over young people still under their control, particularly for adolescents. Further, adolescents believed that older people such as parents and teachers could decide for them on the most important issues in their lives, meaning adolescents have limited decision-making power. Young people aged over 19 —mostly males— had more ability to make decisions about their lives.

## 6. FINDINGS: (ENABLING) ENVIRONMENT FOR YOUNG PEOPLE'S RIGHTS AND ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

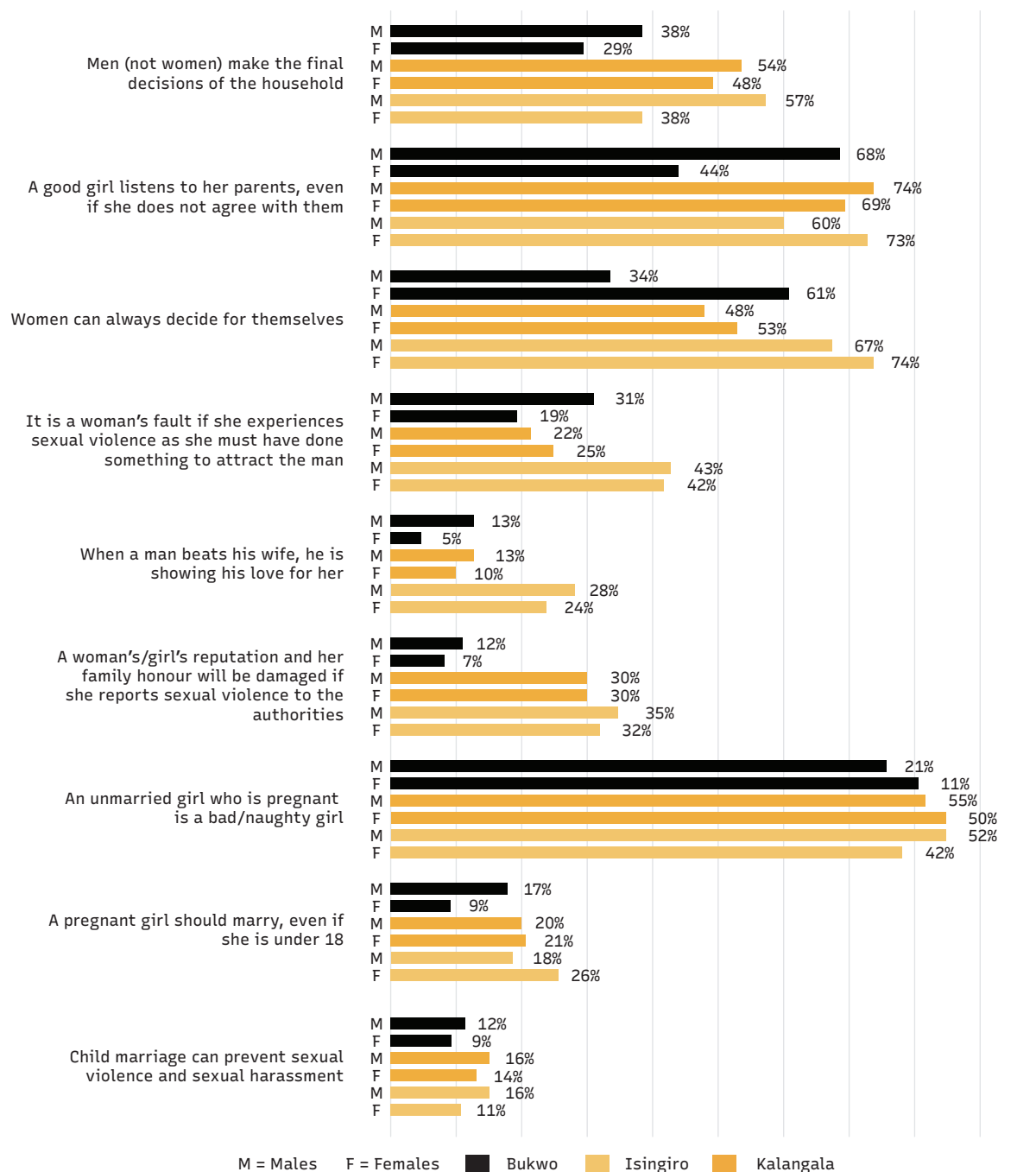
### 6.1 GENDER AND SOCIAL NORMS

Most of the statements about unequal gender norms received the most support from female and male respondents in Kalangala. This was especially the case for statements relating to SGBV, such as 'a husband beating a wife is a sign of love'; 'women who are victims of SGBV do something to cause the sexual violence'; and 'reporting acts of SGBV takes away the family's honour'. Regarding decision-making at the household level, it was male respondents from Kalangala who agreed most strongly that men could or should hold authority over women. Still, a contradiction was noticeable: it was also the male respondents from Kalangala who agreed most strongly that women could always decide for themselves.

In Bukwo, male respondents were more likely than females to agree with all statements supporting gender inequality. Strongest agreement was expressed with the statements that good girls should listen to their parents, even if she does not agree with them, and that women can always decide for themselves. In regards to FGM/C in Bukwo, 3% of the females and 7% of the males strongly believed that if they did not cut their daughters (in the future), then society would judge them.

In Isingiro, responses provided to the gender norm statements differed least among female and male respondents. Quite considerable support for unequal gender norms was also noted among these respondents, especially with regard to who is to blame for sexual violence: 25% of female respondents and 22% of male respondents agreed that it must be the woman's fault. However, more male respondents than female respondents agreed strongly with statements that gave males more decision-making power at household level, and that emphasised the need for a girl child's obedience to parents, irrespective of whether she agreed with them or not.

**Figure 12: Female and male respondents agreeing with statements related to gender norms in the three districts**



When asked whether persons with disabilities should have children, Isingiro had the lowest proportion of respondents who strongly agreed, while Bukwo had the highest. Overall, more females strongly agreed with this statement than male respondents. As Image 14 and the quote below demonstrate, participants in this study were quite aware that roles in their community were very different and impacted by their gender.



**Image 14: Harmful stereotypes**



*"When you look at the causes of gender-based violence or forced marriages or early pregnancies, these are the harmful stereotypes we have in our communities. Like a girl, at the end of it all you will get married, so you don't need to study or you don't need to complete all the classes, so they send you to marriage. What you find at home, women do more of the housework and men do it for them like they just look for money and look after their families, but I think these are all stereotypes which lead to gender-based violence in our societies." (Photovoice, female, 27, Kalangala)*

In the interviews, it was reported that men and women carried out different roles according to culture and tradition. For example, men were considered to be allowed to own property, unlike women, whose role was mostly about confined to managing the home. However, some interviewees referred to recent changes in gender roles that were occurring:

*"Some things have changed: previously women could not plough, but these days they plough and they do it even better." (KII, district health educator, Bukwo)*

## 6.2 ACTIONS TAKEN BY SOCIAL ACTORS RELATING TO YOUTH RIGHTS, HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

According to key informants and social actors, several types of action were being taken against harmful practices. The police and law enforcement had no tolerance for FGM/C and arrested anyone found attempting the practice. Parents who were identified as trying to marry off their children were also arrested. The government has also created platforms where young people can come to speak about SGBV, where mothers and elders can report on behalf of affected girls, and where youth are advised on issues relating to SGBV. Although the government is trying to address these issues, bribery has been identified as one of the major challenges among some of the responsible authorities, with SGBV perpetrators reportedly bribing police to release them without charge. This contributes to a sense of impunity among perpetrators and helplessness among survivors.

It was noted that sensitisation campaigns were carried out by the media and CSOs, and in Kalangala district, community sensitisation meetings were reported as happening routinely to address religious and traditional norms that promote child marriage.

At the community level, parents sometimes reportedly prevented harmful practices related to SGBV. However, others negotiated with the perpetrators and only reported cases of SGBV when it was too late to pursue cases or prevent further abuse, or when attackers defaulted on the informally agreed terms of community settlements.

*"A young girl is defiled by certain man, and what happens, the girl informs the parents, and the parents go into negotiation with the family of the boy, and if they agree, they leave it at that level. So, we at the facility level we get to know later when the agreement they made, one of them has failed to fulfil it, that is when they start following up the case to the police and then to the medical worker, and so most of them young girls we see them when they are 5 months pregnant, 6 months with very late cases of sexual violence, we are receiving them here, and when we try to follow back, that is the information you get, so really most of the decisions are being made by the parents."*  
(SSI, health care worker, Isingiro)

A social actor stated that although parents sometimes tried to stop young children from getting married, children often disregarded parents' advice and ran away to get married:

*"So, to me it looks like there is little control of a parent over a child in this community because we have noticed cases where a parent has consistently denied a child from*

*getting married but what the child does, they run away from home, escapes away with the man. So, listening of a child to a parent is really reduced, it is very reduced in this community, very reduced in this community.”* (SSI, healthcare worker, Kalangala)

According to caregivers, young girls who become pregnant are in some cases readmitted to school after delivery, or alternatively forced to get married. For those who were forced into marriage, the decision to marry off the girl was usually made by the girl's parents after negotiations with the boy's family. Some social actors, especially parents, were unsure of what alternative actions were available to them in these situations. As one parent indicated, the freedoms accorded to children in the form of children's rights prevented them from disciplining young people. Social actors—especially parents—complained that they could no longer physically punish their children because the law prohibited any form of beating, while they felt that this mechanism had previously been used effectively to deter young people (particularly girls) from engaging in sexual activities:

*“The child gets spoiled because they know even if they do bad, they have their freedom from the government. ...Even if the child is bad behaved, he leaves him or her because he knows if he beats him or her he will be put in prison, so parents will leave the children. These days it is not like in long time days; government changed things to find that the children have their freedom.”* (SSI, male caregiver, Isingiro)

## 6.3 LEGAL AND POLICY ENVIRONMENT

In the KIIs, it was noted that Uganda had good laws and policies in place to address SGBV, child marriage, FGM/C and other harmful practices. Often, social actors referred to the 1995 Constitution of Uganda and the Penal Code Act. Generally, the results show that there was awareness among communities about the laws in place, especially in regards to child marriage and SGBV.

According to a national-level key informant from a CSO, the most promising national developments in relation to improving SRHR were: (1) the new adolescent health policy that the Ministry of Education and the Ministry of Health's adolescent health unit were currently revising, which addresses teenage pregnancy; (2) a forthcoming early childhood development policy and parenting guidelines by the Ministry of Gender; (3) the new national development plan (NDP3), which was expected to include strong elements around child protection and adolescent health; and (4) sexuality education guidelines for out-of-school settings that the Ministry of Gender, Labour and Social development was reportedly working on.

It was observed in all three study districts that the government and CSOs have played a significant role in raising awareness about changes in laws, whereby community leaders such as chairpersons have invited groups to talk to young people, and CSOs have taught community members about rights and about advocating for certain by-laws.

*"We have the probation officer, senior probation officer and welfare officer who is in charge of children and adolescents. ...Most of our task here is into mind-set change, into sensitisation and training whenever possible on basically simple basic rights and the laws around the youths, adolescents and children. Yeah, so basically that is our mandate as a sector." (KII, community development officer, Isingiro)*

There are structures with a clear mandate for handling young people's issues. Stakeholders noted that departments such as the police liaison office and legal provisions such as the Child Act provide designated departments and laws, respectively, that govern or address SGBV-related issues. The structures are entrenched in all the study districts and the country at large. But it was also noted that young people or those living in rural areas often lacked knowledge about the law. Some social actors suggested there was a need for stricter laws to ensure the educational participation of all young people:

*"To take these children in schools is what should be done. In other words, the government should do more enforcement and should not relax. If they are at the landing site, let them be in school. Let there be a law that children should be at school, so not leaving the school and go for fishing." (SSI, health care worker, Kalangala)*

### 6.3.1 WEAK LAW ENFORCEMENT

Several participants reported that enforcement of existing laws was weak and that state and social actors (especially police and parents) sometimes exploited this to their own advantage. Furthermore, because of the gaps in enforcement, it was found that victims were sometimes threatened by actors, especially parents, and this prevented them from pursuing justice. It was also mentioned by some participants during FGDs and a key informant that when young people tried to report cases, the perpetrators were sometimes released after a short time, which was demoralising for victims.

*"If I dare report to the police I may end up in prison. I may end up being the one in prison because what works is money. They go there and say that this child of mine doesn't listen. You put him in jail." (FGD with boys, 15–19 years, Nakivale in Isingiro)*

An adolescent boy stated in an interview that when perpetrators were treated with impunity this led to more incidents of rape:

*"I only see them being taken to the chairman and sub-county offices to get arrested, but I have never seen anything like calling superior people and asking them to put rules like, 'Whoever rapes someone will be killed or given a suitable punishment.' It does not happen this side. So now anyone who is caught is taken to the chairman's or the sub-county offices, and it just ends there. That's why the rape cases are rising." (IDI, engaged adolescent boy, 18 years, Isingiro)*

Furthermore, there is also a fear of reporting cases due to a lack of trust in the police, as stated by a key informant from the police in Kalangala:

*"So that's the main role to link the child of the public and the police as a force. People used to fear to report incidences to the police. Once we came in, we go to the ground to convince the public not to fear to report incident of which nature seeking for assistance. We even tell them not to fear to approach police when you have any problem." (KII, police, Kalangala)*

Regarding FGM/C, it was noted that enforcing the law alone without giving the perpetrators—for example, surgeons who perform FGM/C—an alternative source of income would not yield the desired results.

### 6.3.2 MULTISECTORAL STAKEHOLDER COLLABORATION HELPS ENFORCE LAWS AND POLICIES

Participants explained the importance of collaboration and working with various stakeholders for effective enforcement of laws, by-laws and policies at all levels. At the district level, participants mentioned that a good working relationship between NGOs and other stakeholders was important for ensuring that laws are enforced in cases of abuse. In Isingiro, for example, it was noted that the multisectoral approach had helped prioritise responses to SGBV, especially within the refugee settlement.

*"...like the agencies that we have within the settlement, I can say service providers, they quickly respond positively regarding the concerns regarding violence, positively, in a way that when it is reported to a facility, the facility gives it attention, treats what needs to be treated and immediately refers them to the next level of reporting, either police, or police mainly and it is the same, even if they begin with police, police takes it up very positively and refers to another level to facility like that. So the legal agencies like the Alight organisation is there, very much welcoming to reporting, so those are the things that encourage them to always report. Yeah, they are given attention." (SSI, health care worker, Isingiro)*



CSOs have notably contributed to the general awareness of children's and youth rights. Some of their activities include teaching young people and political leaders about children's and youth rights and influencing the enacting of community by-laws.

### 6.3.3 CHALLENGES TO ENFORCING LAWS AND POLICIES

Major challenges to the enforcement of the law and policies include: leaders who are not well versed in their roles and responsibilities; negligence of young people by parents and caregivers; bribery and corruption; high poverty and illiteracy levels; some obstructive cultural norms; inadequate resources for enforcement—for example, limited means of transport and police posts, with few law enforcers in some island communities in Kalangala; migration of offenders, as they can easily move from one island to another; and porous borders enabling girls to easily cross the border from Bukwo to Kenya to undergo FGM/C and come back afterwards.

Key informants in Isingiro and at national level also mentioned that funding was insufficient, given that new administrative units had been created without additional funds, so the distribution of these funds among these units remained a challenge:

*"If we talk of the budget, the budget is always affected, especially with creation of more and more administrative units. The budget remains the same, yet the coverage is being increased, so there is a challenge."* (KII, Isingiro)

### 6.3.4 VERSATILE POLITICAL WILL OF STATE ACTORS

A mixed impression was given with regard to the political will of state actors. State actor key informants themselves indicated that there was political will to engage young people and that CSOs had supported this process at national, subnational and district levels:

*"I think the political will both at national and subnational level and also the will of the technocrats to work with these young people but also the engagement with the CSOs has really made the engagement with young people much more prominent, so there is will for the various stakeholders to work with them and this will continue to grow every day with everyone we are working with to ensure that young people are really engaged."* (KII, national level, Ministry of Health)

Additionally, the political will to address harmful practices such as FGM/C is visible in laws that take precedence over cultural norms that promote harmful practices. At subnational level, respondents highlighted that there was political will to support

young people's rights by creating and designating specific slots for youth in the administrative structures:

*"The political will that is there is again through the institutions and legislations, like having slots for the youth. Specific slots for the youth." (KII, state actor, Isingiro)*

However, a key informant in Isingiro also mentioned double standards: on the surface it might look like there is political will, but it hardly ever translates into action promoting youth issues. Away from the public eye, the behaviour of state actors can be different to the publicly projected image:

*"Like I said that we are people with mixed attitudes. The political will is there on the surface. If I can say for some leaders it is on the surface. When you are there interacting with them, they show you that actually they are interested. They are going to support, but when some things happen, they don't support they work undercover." (KII, probation officer, Isingiro)*

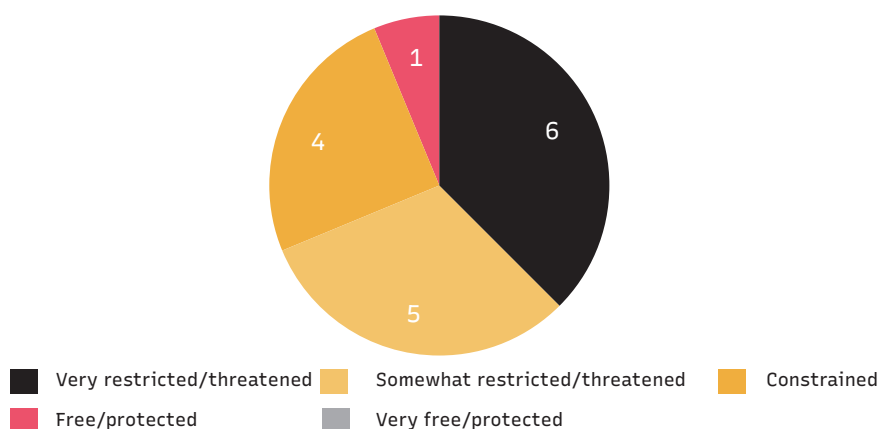
## 7. FINDINGS: CIVIC SPACE

### 7.1 THE STATE'S RESPECT FOR HUMAN RIGHTS IS RESTRICTED

The online civic space survey looked into the four components of civic space: freedom of information and expression, freedom of assembly and association, financial stability, and autonomy and security of civil society.

Figure 13 shows that two thirds (11 out of 16 respondents) of the youth and CSO advocates considered that the state's respect for human rights and fundamental freedoms was (very) restricted in Uganda.

**Figure 13: Youth and CSO advocates' views on the state's respect for human rights and fundamental freedoms (n=15)**



According to the qualitative findings, the government seemed to acknowledge the importance of CSOs' community-level work to advocate for certain issues, as well as to lobby the government itself, to a certain extent:

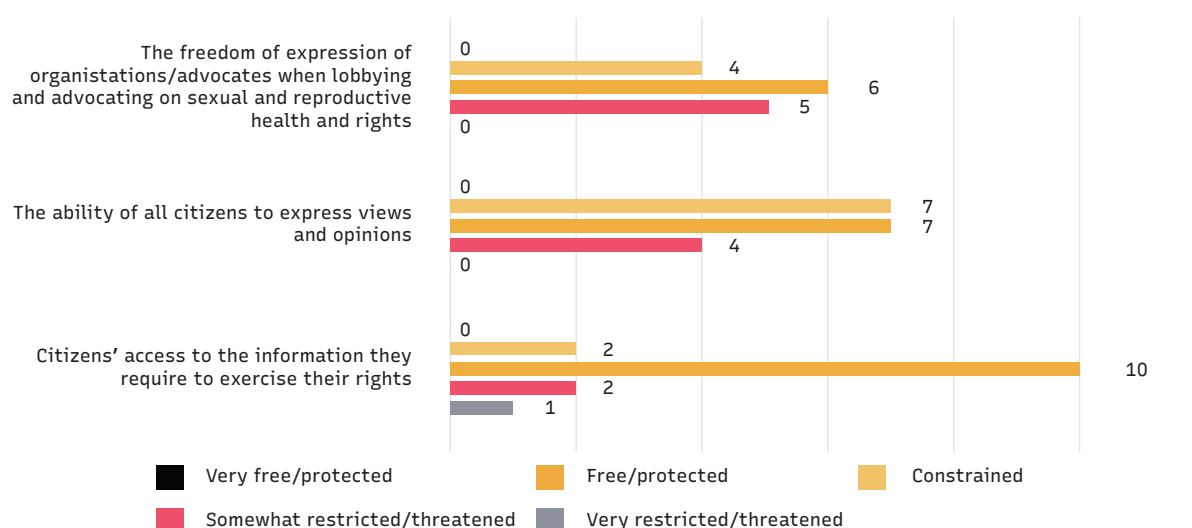
*"The civil society comes in to augment what we are doing. It is also true that when it comes to advocacy, civil society I can say sometimes they are even better than us, in terms of advocacy, because they go to places sometimes by law we can't go to. ...They are very good at influencing the government even when there is a law to come into place for the government to speed up." (KII, Ministry of Gender)*

The same interviewee further elaborated on the relevant use of empirical data provided by CSOs that could be used to influence parliamentarians. It was also mentioned that donors such as USAID have in the past successfully included the Ugandan government's collaboration with civil society as a condition of working together.

### 7.1.1 FREEDOM OF INFORMATION AND EXPRESSION

Respondents were asked to rate the current level of freedom in Uganda of three components of civic space related to information and expression (see Figure 14). 'Citizens' access to information they require to exercise their rights' received the lowest score of these three components, with most respondents rating it as constrained. Out of the 15 respondents, 11 indicated that the ability of all citizens to express views and opinions was (somewhat) constrained or restricted/threatened. In addition, two thirds of respondents considered the freedom of expression of organisations/advocates when lobbying and advocating on SRHR to be either constrained or somewhat restricted/threatened.

**Figure 14: Youth and CSO advocates' assessment of different aspects of freedom of information and expression in Uganda (n=15)**



Overall, few qualitative findings touched on freedom of information and expression in the study areas. One relevant finding was that some CSOs faced challenges accessing information from the government, as relevant knowledge was not fully shared and disseminated because the government wished to avoid being held accountable:

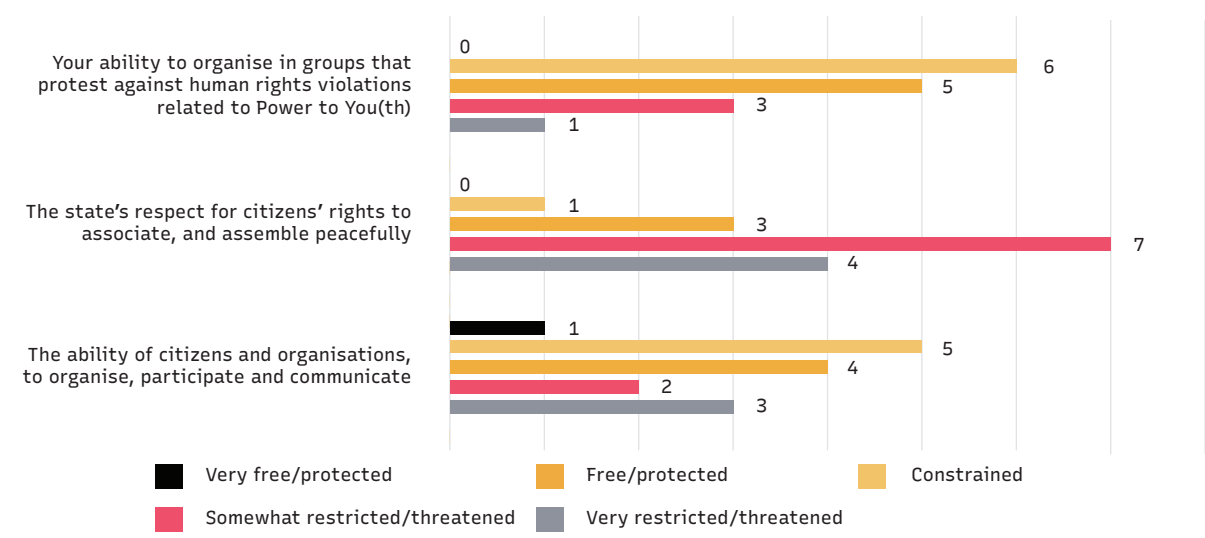
*"I think it is a question of trust because most of the government agencies thinks that CSOs when we get them the information, we use it to mobilise the community and then the government, so that brings mistrust, so limited information is really shared out, but they also know that once you get the information, we will use it to hold them accountable." (KII, CSO representative, national level)*

Furthermore, it emerged that the COVID-19 pandemic had significantly affected the extent to which public gatherings and youth forums on SRHR topics could be held. In relation to the current implications of the pandemic, a CSO representative from Isingiro also considered that social media clearly presented an enabling online alternative civic space for expressing opinions about SRHR issues.

### 7.1.2 FREEDOM OF ASSEMBLY AND ASSOCIATION

Figure 15 shows youth and CSO advocates’ assessment of different aspects of freedom of information and expression in Uganda from the civic space survey (n=15). Alarminglly, the majority (11) assessed the state’s respect for citizens’ rights to associate and assemble peacefully as somewhat or very restricted/threatened. Respondents felt more positive about their ability to organise in groups to protest against human rights violations related to Power to You(th) core issues, and the ability of citizens and organisations to organise, participate and communicate. However, more than half of respondents also considered these aspects of freedom of assembly and association to be constrained or restricted.

**Figure 15: Youth and CSO advocates’ assessment of different aspects of freedom of information and expression in Uganda (n=15)**



The main restrictions that limit the freedom of assembly and legitimate protest emerging from the civic space survey responses (n=15) were the criminalisation or punishment of certain activities and the use of violence, repression and policing (11 responses each). The cost and requirements for authorisations were also frequently mentioned (9 responses). Furthermore, 87% of respondents (13) stated that LGBTQI+ groups had the most difficulty gathering and organising, followed by young people in general (10), indigenous or minority populations (7) and women’s rights groups (6).

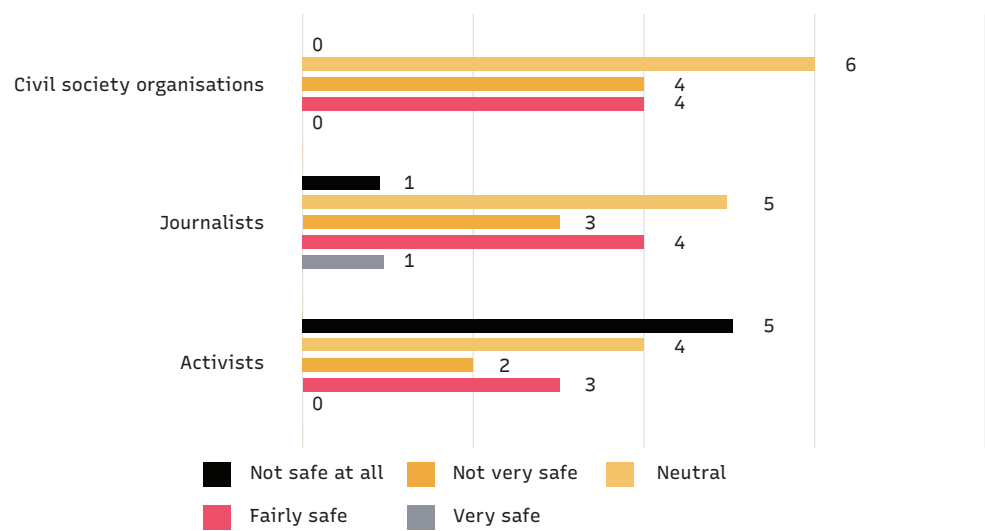


The groups that young advocates (aged under 35) considered discriminated against and/or excluded from dialogue with the government were mostly indigenous or minority groups (7) and people with disabilities (5). Interestingly, three young respondents stated that no groups were excluded or discriminated against, while two specifically mentioned youth. It was also mentioned that people living in humanitarian settings, such as Nakivale, had been excluded from participating in several youth forums and, therefore, lacked information and opportunities to access media and advocacy platforms.

### 7.1.3 FINANCIAL STABILITY, AUTONOMY AND SECURITY OF CIVIL SOCIETY

Respondents to the civic space survey were asked to rate the safety of CSOs, journalists and activists working on SRHR. As can be seen in Figure 16, almost half of the respondents felt that these three groups were not safe (at all) in their national context. Activists were rated the least safe, with four respondents rating this group not very safe, and five not safe at all.

**Figure 16: CSO and youth advocates’ safety level ratings of groups working on SRHR in Uganda (n=15)**



When it comes to financial stability, two thirds of civic space survey respondents stressed that there were no government mechanisms or initiatives that provide financial support to organisations working on SRHR in Uganda. Elaborating on this lack of local government funding, respondents pointed to the large role of foreign governments and other international development donors. This was further related to a dependency on political agendas elsewhere, the weight of bureaucracy with international resource mobilisation, as well as suitability and sustainability challenges.

According to the Power to You(th) Ugandan country assessment, the health sector budget was reduced by 9.3% from US\$2.781 trillion in financial year 2020/21 to US\$2.523 trillion in financial year 2021/22. Expenditures within the sector are incurred both at national and local government levels. At the national level, the key institutions include the Ministry of Health headquarters, Uganda AIDS Commission, Uganda Blood Transfusion Services, Health Service Commission, Butabika Hospital, Mulago Hospital, Uganda Cancer Institute, Uganda Heart Institute, National Medical Stores, Kampala Capital City Authority and 17 regional referral hospitals.

For the year 2021/2022, health sector priorities include:

- Prevention and control of communicable diseases
- Prevention and control of non-communicable diseases
- Improving reproductive, maternal, neonatal, child and adolescent health services
- Improving the emergency medical services and referral system
- Expanding community-level health promotion, education and prevention services
- Supporting improvement in health information management and use
- Strengthening the health system and its support mechanisms to optimise delivery of quality health services.

**Table 14: Summary of approved health budget and estimates by local government (US\$ '000s)**

District	Recurrent approved budget 2020/21 (US\$)	Recurrent approved budget estimates 2021/22 (US\$)
Bukwo	3,441,404	3,971,161
Kalangala	3,464,091	3,522,572
Isingiro	4,942,877	6,560,315

Throughout the qualitative study, the financial challenges preventing CSOs from implementing quality and sustainable activities were mentioned frequently.

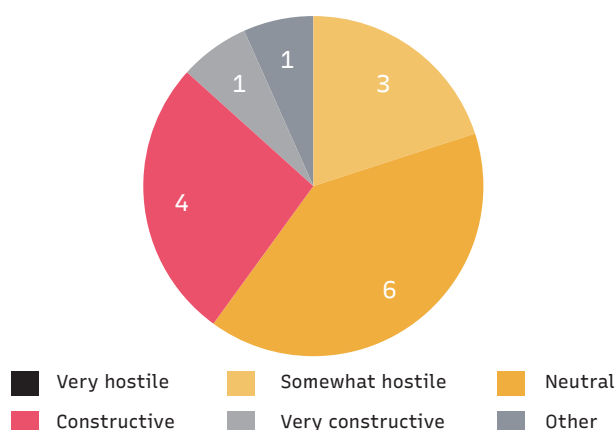
*“Autonomy or duo autonomy and funding you will separate them into two because you know where most CSOs get money from: fundraising, no? It’s a system of fundraising, but they are in the process to see that proposal writing and others, at that there is a problem at this very hour.”* (KII, CSO representative, Kalangala)

As the quote above shows, smaller CSOs in particular felt challenged by dependencies on donor organisations. They suggested that dependency on these organisations for funding resulted in recipients conceding high levels of decision-making power over planning and budgeting to them.

## 7.2 ROLE OF THE MEDIA IN LOBBYING AND ADVOCACY

The types of media that youth and CSO advocates (n=15) engage with for lobbying and advocacy are social media and radio (14 responses each), television (13), and print (9) and online (7) newspapers. Respondents reportedly also discuss all aspects across the Power to You(th) core issues on (social) media platforms/channels, the main focus being on improving access to and use of modern contraceptives among young people, improving SRH service delivery and, to a somewhat lesser extent, eradicating FGM/C. As the findings in Figure 17 illustrate, no clear conclusions can be drawn from the civic space survey about young and CSO advocates' interaction with the public on (social) media platforms or channels, as around a third of respondents considered the interaction to be (very) constructive, while many indicated they felt neutral about the question, and three respondents considered it somewhat hostile. One respondent mentioned that interactions varied depending on the issue being discussed.

**Figure 17: Youth and CSO advocates' assessment of interactions with the public on media platforms/channels (n=15)**



In addition, the qualitative findings suggest that overall in all study areas there was limited experience of successfully using different types of media for lobbying and advocacy activities initiated by civil society, especially in rural areas, where there is a lack of media infrastructure. Instead, interviewees described the role of the media more in terms of an accountability system, as discussed in section 7.3.1.

*"And the challenge we have most of the local people don't have radios. You are there on your radio, they are talking about the challenges, what causes domestic violence, a person is in the cattle. Now you are talking to someone in Mbarara who is watching TV who is listening to the radio, but this is a local village where they don't access the radios." (KII, police, Isingiro)*

### 7.2.1 PRESS FREEDOM: NAVIGATE YOUR MESSAGES CAREFULLY

According to the qualitative findings, there were distinct perceptions of the level of press freedom in the country. While some CSO and government representative indicated good levels of freedom of expression, other CSO participants stated that when it comes to more sensitive and controversial topics, the Power to You(th) programme will likely need to navigate its messaging carefully:

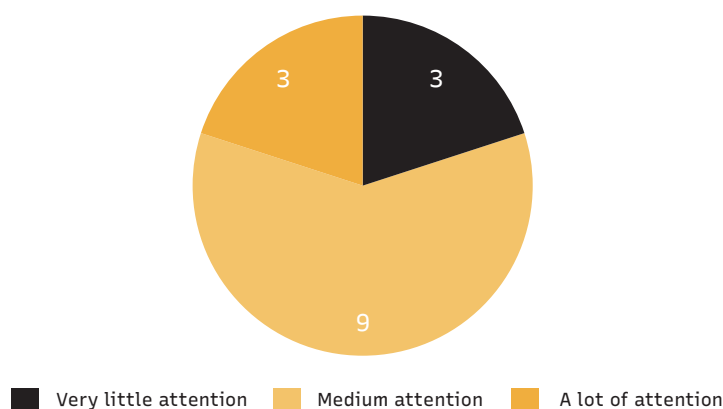
*“The civic space is really very limited, especially on sensitive issues. On general issues like teenage pregnancy, child marriages, those ones will be free to speak, and nobody will disturb you, but when it comes to sensitive issues, like the rights approach, the rights of the sexual minorities, and even gender sometimes, rights of women. Those are sometimes backlashes on the CSOs. Human rights, those are the issues.”* (KII, CSO representative, national level)

There were few qualitative findings specifically on press freedom in relation to Power to You(th) core issues, but as the quote above and other data suggest, the issue of SGBV is likely the most sensitive issue to address in public discourses in Uganda.

### 7.2.2 MEDIA SUPPORT FOR POWER TO YOU(TH) CORE ISSUES

The media’s level of attention to harmful practices, SGBV and unintended pregnancy in Uganda was reported as being either medium (60%) or a lot (also 20%), as shown in Figure 18.

**Figure 18: Youth and CSO advocates’ assessment of the level of media attention to Power to You(th) core issues (n=15)**



In conversations with social stakeholders, it emerged that growing connectivity and more access to the Internet in communities had opened up important new avenues for addressing SRHR issues:

*“The media plays a lot actually because it is always involved by these organisations. Actually, more involved by organisations than government itself, much as government has its airspace. But it is limited, but these ones always have their airspace bought than before, so media plays so much. Actually, plays so much for them. Like reaching out to the people.”* (KII, community development officer, Isingiro)

As illustrated by the quote above, CSOs also reported that they could positively build on the media in relation to their lobbying and advocacy work on the Power to You(th) core issues.

### 7.2.3 MEDIA PLATFORMS, MESSAGING AND TARGET GROUPS

According to the 15 advocates responding to the civic space survey, social media (15 responses), radio (14) and television (12) were the most influential forms of media in Uganda for shaping public opinion on the issues of harmful practices (child marriage, FGM/C), SGBV and unintended pregnancy. Online newspapers (2), books (1) and magazines (1), on other hand, were considered the least influential platforms. Considering the forms of media that were selected as most influential, only half (7 out of 15 respondents) reported the overall or general influence of this form of media on public opinion about these issues to be positive.

**Image 15: Roke spaces to access electricity and the Internet for refugees**





Overall, participants reported low levels of media access in remote communities. Nevertheless, vulnerable communities, such as people living in the Nakivale refugee centre, seem to be able to access the internet to some extent and in certain spaces, as the quote below demonstrates:

*“The photo of the Roke internet you know in Nakivale, you may have a smart phone it is very tricky and you understand that most of the refugees have their relatives in other settled areas out of Nakivale and in Rubondo there is no power, electricity power in that Roke spot area it is where they do like charging their phones and may also get internet whereby they can be able to communicate with their relatives or any other friends.”*  
(Photovoice, male, 26 years, Isingiro)

Also in the civic space survey, 11 respondents considered urban populations to be the target group for social media, while only two mentioned rural populations as a target group. However, study participants considered media platforms, where accessible, to be an enabling tool for sharing positive messages about SRHR. All 15 respondents to the civic space survey agreed that young people were the target group nowadays for social media. CSO interviewees also acknowledged this. Although they put considerable effort into reaching young people with SRHR information through in-person activities, they could not match the reach and speed with which information travelled via social media channels.

*“The one thing is social media. The youth know more than parents. When you ask what things they are watching, she tells you what you know: ‘Your times are gone; for us we are digital.’ They show us they know the world more than us the parents.”* (FGD with mothers/female caregivers, Isingiro)

Interviewees frequently addressed the intergenerational differences in use of (social) media, explaining that young people, therefore, nowadays had access to more knowledge related to Power to You(th) core issues. A health care worker from Kalangala, however, doubted whether young people’s level of understanding had improved.

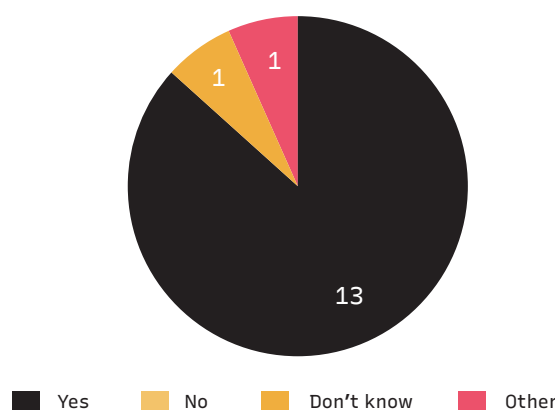
Particularly for areas where other forms of (social) media were not yet commonly used, and where NGOs were less present, civic space survey respondents and interview participants stressed the importance of radio for reaching and sensitising communities with SRHR-related messages. In Isingiro, for instance, the community-based Millennium Radio was mentioned as hosting a number of programmes related to Power to You(th) topics. Radio was reportedly also the best medium used by organisations aiming to reach target groups other than young people—for instance,

their parents. However, local media such as the village radio station in one of the study sub-counties in Kalangala was reportedly run by one man and was the only channel available in the area, which could also introduce bias and affect the quality of SRHR-related messages.

### 7.3 DIALOGUE AND CONSULTATION

A clear majority (13 out of 15 respondents) considered that youth and CSO advocates were actively engaged by the Ugandan government for meaningful consultation on policies relating to Power to You(th) core issues (see Figure 19). Around half of them characterised the dialogue between the organisation(s) they were involved with and the government as constructive, but 6 out of 15 respondents also perceived their involvement as lip service/tokenistic.

**Figure 19: Youth and CSO advocates' views on whether or not CSOs/advocates are actively engaged by government for meaningful consultation on policies relating to Power to You(th) core issues (n=15)**



Nearly all (10 out of 11) young advocates under the age of 35 considered that CSOs and advocates were actively involved in decision-making or approached by the government, and were invited to comment on draft policy documents (9), to jointly organise activities at the national/local level (9) and to attend policy consultations (8).

When the young advocates were asked about the main challenges for CSOs in securing public support, recognition and acceptance on SRHR issues, all 11 mentioned traditions that uphold gender inequality, followed by parents' fear that advocates are promoting sexual activity (10), and the overall opposition from religious leaders (9). Furthermore, policymakers not having the same vision/values as their organisation was considered the main barrier to CSO engagement in policy processes. Other barriers stated were related to limited funding (5), the fact that some policy processes

were not open to engagement from their organisations (4) or that policymakers did not consider their organisation's evidence credible (4).

### 7.3.1 ACCOUNTABILITY MECHANISMS

Young advocate (under the age of 35) respondents to the civic space survey who indicated involvement in government decision-making processes were asked how they were usually involved. All 11 were involved in collaborating with the government on many levels, mainly through community awareness-raising (e.g. community dialogues or peer education), many also by providing training and sensitisation workshops (10), and by influencing policymaking and implementation (9)—for example, by commenting on draft policy documents or by participating in policy consultations or dialogues with policymakers. Out of the 15 respondents, 13 had experience of jointly organising activities with the government at the national/local level, 12 were invited to comment on draft policy documents, and 11 had attended policy consultations.

Nine civic space respondents agreed that these spaces for dialogue with the government engaged a diversity of civil society actors (including women's rights organisations, indigenous people, persons with disabilities etc.), while six respondents did not agree. Ten respondents reported that indigenous or minority groups in particular were discriminated against or excluded from dialogues with the government, and five mentioned that this was the case for persons with disabilities. As stated in the Power to You(th) Uganda Desk Review (Codina Lopez, M. and Kusters, L. 2021), in 2015, the International Planned Parenthood Federation and Reproductive Health Uganda piloted a youth-led social accountability initiative in the country using a community scorecard. In that programme, young people were put in a position to hold duty-bearers directly accountable for the delivery of youth-friendly SRH services. This enabled young people to become more aware of their SRHR and redefined the relationship between young people and different stakeholders. Interviewees in this study also mentioned the social accountability system scorecard and other mechanisms spearheaded by civil society in Uganda. A key informant from the Ministry of Health described the dialogue and involvement between the government and CSOs:

*"They [CSOs] check government, for example, on what is the implementation, and they also bring some pressure. They are also active like some of the things that could just be left there, so they are kind of checking government on what it's doing and social accountability we have mentioned earlier, but also checking to see that what we have agreed to do really works through to the end. Outside the implementation they also support the government in resource mobilisation and also help to implement some of the government priorities." (KII, Ministry of Health)*

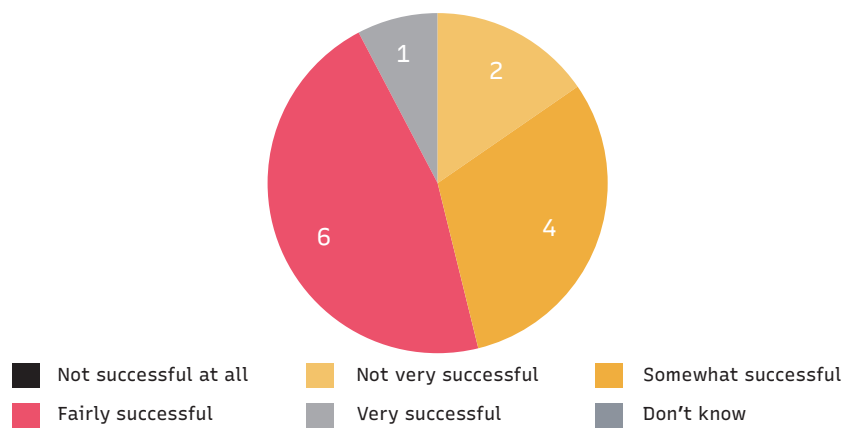
Another recent example of accountability in the country mentioned in the Power to You(th) Uganda Desk Review is the community-based GBV mobilisation and prevention model used by CARE International in Uganda, combining a wide range of activities from strengthening capacity, coordination, resources and accountability, and including women, girls, men, boys and other stakeholders such as local governments and service providers.

While CSOs engaged in lobbying and advocacy were portrayed as playing an important role in holding government and institutions accountable, interviewees also emphasised that CSOs needed to monitor, evaluate and prove themselves accountable towards donors and the general public.

### 7.4 LOBBYING AND ADVOCACY ENVIRONMENT FOR CSOS

Respondents to the civic space survey overall assessed civil society’s success in influencing government policy quite positively, with the majority (7 out of 13) indicating its influence to be fairly or very successful, while two regarded civil society as not being very successful.

**Figure 20: Young and CSO advocates’ assessment of civil society success in influencing government policy (n=13)**

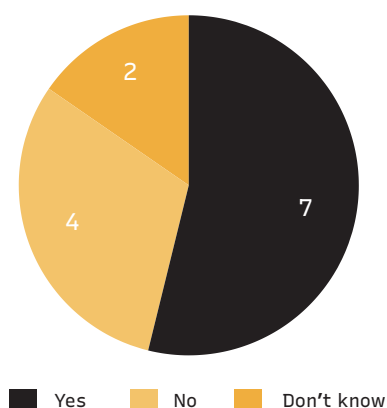


#### 7.4.1 EVIDENCE AVAILABLE TO ASSIST LOBBYING AND ADVOCACY

As shown in Figure 21, 7 out 13 civic space survey respondents considered the level of evidence available to assist lobbying and advocacy efforts to be sufficient, whereas 4 did not. Respondents elaborating further on their evidence needs mentioned specifically the Power to You(th) issues, such as SGBV, child marriage and FGM/C, and, in particular, the causes of unintended pregnancy. Furthermore, comprehensive,

disaggregated SRHR information for other age groups such as young children and elderly people, and evidence on the engagement of men and boys, and on the application of the law and its impact were mentioned.

**Figure 21: Young and CSO advocates' assessment of the level of evidence to assist lobbying and advocacy efforts (n=13)**



According to civic space survey respondents, the types of evidence that were most effective at influencing policy were personal testimonials from beneficiaries (mentioned by all 13 respondents), as well as case studies (10 out of 13 respondents), field reports (8) and anecdotal/success stories (7).

#### 7.4.2 CSO COLLABORATION

The data show that in Uganda, CSOs formed coalitions to strengthen their efforts. Reportedly, this particularly increased their access to information. A key informant talking about several CSOs in Uganda, such as Reproductive Health Uganda, Straight Talk Foundation, Raising a Teenager, Nile Girl Forum, Reach a Hand Uganda, Corbono Initiative, CEHURD and others, concluded:

*"We work with all these partners, and our mandate is really to coordinate them to deliver holistic packages, and to push the policy agenda." (KII, national level, CSO representative)*

As the quote suggests, there is already quite a good level of CSO coordination and collaboration in the country. One network playing an important role in the implementation of the Power to You(th) programme is MenEngage:

*"MenEngage by formation is a network of CSOs. ...And in there we have 60 CSOs. ...These include even international CSOs like Care International, Save the Children, Plan.*

*Those are some of those that air see these youth-led initiatives, so we collaborate with them. But also we have the national NGOs: AIDS Information Center, Nagulu who we collaborate with. The ones we don't collaborate with are those organisations that are provoking men's rights. We don't collaborate with them."* (KII, national level, Power to You(th) consortium)

When it comes to sharing of information between stakeholders and CSOs, the young people and other social stakeholders interviewed referred most frequently to reporting or providing information to the police. However, as previously discussed, at the same time many participants critically questioned their effectiveness or reliability in following up after reports. Interestingly, young people and other stakeholders in Uganda did not report reaching out to CSOs that were active on these Power to You(th) issues. The perceived influence of community-based organisations was more directly mentioned with regard to holding traditional leaders accountable for their responsibilities.

### 7.4.3 USE OF THE MEDIA FOR LOBBYING AND ADVOCACY

The civic space survey respondents (n=15) engaged mostly with radio (14), social media (14) and television (13) for lobbying and advocacy, and some also had experience with printed (9) and online newspapers (7). Those young and CSO advocates participating in the survey who engaged with social media for lobbying and advocacy work tended to regularly use Whatsapp and Facebook (13 each), Twitter (12) or YouTube (9) and, to some extent, Instagram (6) to discuss a wide variety of different SRHR topics related to the Power to You(th) core issues.

*"If I am to add about these girls who always fail to go and report the issue to the policymakers. Maybe we just sensitise, we make communications over the radios, maybe social media that in case you pass through things, these are the people you need to go and report to so that they get aware and so that they now report."* (Photovoice, male, 23 years, Bukwo)

While participants' reported experience of using the media for lobbying and advocacy was limited, it is interesting to note that several young people in the study expressed a belief in the effectiveness of such communication efforts for sensitising their peers.



## 7.4.4 CHALLENGES AND OPPORTUNITIES FACED BY CSOS

### Opportunities

Participants in this study emphasised that, overall, CSOs operated in a somewhat enabling environment in all three study areas, with a track record of sensitisation and community awareness-raising activities. Also, with a particular focus on meaningful youth participation, several CSOs in the country have experience of working with champions of change, youth advocates and peer educators, demonstrating that some capacity has already been built. Likewise, the available advocacy capacity of CSOs, also specifically mentioned in relation to using social media, is an opportunity to leverage further. Interviewees and civic space survey respondents regarded the fact that CSOs found each other, collaborated and strengthened each other's efforts (see Section 7.4.2) as an enabling factor to further build on for the Power to You(th) programme.

The survey respondents also mentioned improved literacy rates and overall education outcomes of young people as an opportunity for CSOs, journalists, activists and human rights defenders in Uganda. Another opportunity that interviewees saw for CSOs was to take advantage of the youth participation component. As illustrated by the quote below, participants thought that young people might be better equipped to overcome inter-group challenges than adult facilitators:

*"Then another one is to involve the youths to take part in teaching their fellow youths than someone coming who will be feared and they will not ask him a question. But if a youth is teaching his fellow youth, if you have selected them from the different areas known to them, still that one in Mazinga may not teach someone in Mazinga because they will be undermining him, but if he is a youth, they will ask him questions and even what he would fear will be split."* (KII, cultural leader, Kalangala)

Furthermore, the data suggest that opportunities to improve civil society's influence and impact on communities relate to meaningfully engaging actors from all levels of the socio-ecological model. Health care workers and young people themselves stressed the (often missed) opportunity of engaging boys and men, as well as their parents, in conversations about family planning, SGBV, menstruation and other Power to You(th) issues. A key informant from the police also made a point about including boys more in CSOs' (girl) child protection activities.

## Challenges

When it comes to the challenges and threats that participants saw for CSOs, the most frequent issues mentioned were related to the limited funding and capacity of organisations. CSOs were challenged by limited funding (particularly for community-level organisations), and an overall decrease in funding, and were struggling with pressure to implement activities within tight implementation timelines and to meet ambitious targets at times set by someone else. Furthermore, as reported in previous sections, CSOs also saw their work challenged by the prevalence of police corruption, which led to criminals being quickly released, and survivors losing trust in support mechanisms. Interviewees also touched on challenges of high staff turnover in many CSOs, the overall scarcity of staff necessary to achieve the project goals, the lack of facilities, as well as the lack of capacity in terms of skills and technical expertise (for instance, proposal writing, project monitoring and reporting). In addition, some civic space survey respondents also brought up a need to strengthen coordination and avoid risks of duplication of work, given that various alliances and partnerships are working on similar SRHR issues in the country.

With regard to the capacity of CSOs more specifically, participants described organisations as at times being weak and unsuccessful at keeping young people engaged, and others also mentioned the challenge of competition among CSOs. Some interviewees further suggested that CSOs that worked on SRHR and youth empowerment themselves still needed more capacity-strengthening on meaningful youth participation to overcome situations such as when International Youth Day events in the past were owned by adults, with only one young person invited to present.

Another difficulty that emerged in the interviews with CSO representatives was the lack of policy guidelines on several matters, particularly highlighting the absence of a national youth participation policy to provide guidance on meaningful involvement of young people in CSO activities. The survey respondents further mentioned arrests of activists and the suspension or closure of CSOs as hindering effective work on Power to You(th) SRHR issues.

Specific to the context of Isingiro, interviewees emphasised implementation challenges related to large distances, lack of transport and language barriers. The latter particularly holds true in communicating with Rwandese, Somali and Congolese participants in the Nakivale refugee settlement. Similarly, comprehensive outreach in Kalangaga was reportedly challenged by travel times and conditions, such as a rough sea, for instance.

Another challenge in Uganda for CSOs is the limited civic space to address sensitive SRHR issues in light of social, cultural and political resistance and opposition:

*“Yes, they [CSOs] get resistance from the established authorities, especially when they have not been well introduced, ...but also local governments tend to make their life very difficult by trying to put their entire load of poverty on them, ...but also they get resistance from cultural leaders in terms of the areas that they feel they are opposing, ...but also from the religious leaders because the religious leaders also have their own doctrines and principles that they cherish so much.”* (KII, Ministry of Gender)

In closing, the COVID-19 pandemic was also mentioned as a significant hindering influence negatively affecting CSOs' ways of working, particularly participatory approaches, under current community restrictions.

## 8. DISCUSSION

### 8.1 PATHWAY 1: YOUNG PEOPLE DEMAND ACCOUNTABILITY AND RESPONSIVENESS ON HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

#### 8.1.1 KNOWLEDGE AND OPINIONS

For young people to be able to hold duty-bearers accountable, insights into their knowledge and attitudes are required. This study found that adolescents and youth felt that they were averagely informed about child marriage, unintended pregnancy and SGBV.

With regard to child marriage, they were aware of the drivers of child marriage, such as poverty, desire for financial security, early pregnancy, cultural traditions and COVID-19. Child marriages have been attributed to gender norms that socialise young girls for marriage and the perception that marriage protects girls from sexual impurity. A majority of the respondents knew that FGM/C was an illegal activity, and many did not want it continued. However, when asked about its benefits, many respondents—specifically from Bukwo—noted that it contributed to improved marriage prospects, was socially desirable and provided passage to adulthood. Consequently, although the legal status of FGM/C is well known, there is a noted shift in the practice, with more adult women consenting to undergo FGM/C in adulthood—for example, during childbirth at traditional birth attendants' homes or by travelling to neighbouring Kenya. This shift in the practice signifies strong cultural ties to FGM/C in Bukwo, which the Power to You(th) programme should be mindful of as it designs interventions.

Young people are exposed to SGBV—for example, husbands beating their wives within the home and rampant cases of sexual abuse among children such as rape, defilement or inappropriate touching. Respondents said that relevant authorities failed to address the majority of cases of sexual abuse because society had accepted the norm of dealing with them informally, or because authorities were corrupt. In Kalangala, some forms of SGBV are rated as minor, and there is a higher level of acceptance, especially among male respondents, than in the two other districts. In addition, by virtue of being formed of islands, Kalangala is a highly underserved area in terms of health care services and other critical services such as schools and legal mechanisms (e.g. police and courts of law). This potentially curtails access to critical information about SGBV and hinders redress for SGBV offences. For Isingiro, previous literature has highlighted the high prevalence of SGBV within the refugee settlement, coupled with limited access to mechanisms of redress, which may explain the emphasis on individual behaviour of potential victims causing and preventing SGBV (Lowicki, 2013). Victims are blamed for the way they dress or for walking alone. These perceptions could point to knowledge gaps about SGBV, as most interventions usually target supporting

survivors and rarely target the deeply held cultural traditions and perceptions that promote SGBV.

Contraceptive knowledge among respondents was higher in Kalangala, which could be related to the high HIV prevalence and entrenched structures such as the DREAMS project for orphans and vulnerable children, which particularly targets girls with information about HIV/AIDS and contraception, unlike in the other districts. Overall, more male respondents were informed about SRHR issues than female respondents. Youth were also better informed than adolescents. The lower levels of knowledge noted among the adolescents in Isingiro and Bukwo could be due to poor access to healthcare services and the emphasis on abstinence both at school and in communities. However, in Isingiro, the language barrier—especially within the refugee settlement—could also be a contributing factor.

### 8.1.2 AGENCY, VOICE, ENGAGEMENT AND ACTION BY YOUTH AT COMMUNITY LEVEL

The agency of young people seemed more profound when they were engaged in youth structures. This could be attributed to the fact that youth structures such as clubs within schools or church offered young people space to voice their concerns, be heard and also ask questions when they required clarifications, provided some level of confidence and covered a wider range of topics. This finding could be attributed to the fact that the power dynamics and relationships within youth structures were easier to navigate than those at home.

Gender variations were noted. Males were more likely than females to express their opinions, decide for themselves or get involved in decisions regarding their daily life, relations or harmful practices. According to the study, males were more likely to express their opinions on SRHR issues than their female counterparts, particularly in Kalangala. Females were reportedly shy and feared that their peers would make fun of them. Similar to our finding, Evelo and Miedema (2019), in their study among adolescents in Jinja, found that girls were often timid and did not want to draw attention to themselves; therefore, they tended to shy away from any active participation in mixed-sex group activities. This points to the fact that although girls tend to be more engaged than boys in structures or programmes, socio-cultural gender norms and presumptions that prohibit girls from explicitly expressing themselves exist and could be a big hindrance to advancing SRHR programming and improving SHRH outcomes among girls. Even more so when youth spaces are not safe and where sexual abuse takes place. This calls for the Power to You(th) programme to develop safe interventions that amplify girls' voices.

The majority of the young people knew about and were confident and willing to report cases of SGBV and harmful practices to authorities such as the police, community leaders, teachers, parents or organisations that were working to address harmful practices in their area. Most of the organisations mentioned were led by adults and limited the visibility and capacity of youth activities. Consequently, the young people were either unaware of the mandate of the youth structures or lacked confidence in them. At the same time, prior evidence has shown that youth-led organisations in many sub-Saharan countries lack skills, capacity or sustained financial capacity to continually address related issues (Development Alternative, 2019). Within this setting there are clearly designated youth structures right from the village level to the highest decision-making bodies such as parliament; however, they are less functional and limited to political issues and usually active at politically charged times (e.g. during the election season). This calls for the Power to You(th) programme to prioritise training in advocacy, leadership and communication for SRHR among the existing youth structures within the districts.

### 8.1.3 INVOLVEMENT OF YOUTH IN DECISION- MAKING

A majority of young people expressed willingness to participate in activities at community level, although they perceived that they had limited space to participate and were not very meaningfully engaged. According to the FGDs, their participation was mostly around issues related to raising awareness about teenage pregnancy, rather than speaking up to challenge SGBV, child marriage and FGM/C. Further, where young people had more opportunities for advocacy, they were limited to the youth leaders and not all youth. The phenomenon of having only a few youth leaders engaged in youth advocacy is not new and has been previously listed as a challenge to youth-led advocacy (Development Alternative, 2019). Implicitly, the Power to You(th) programme can build relationships with young people who have some notable experience, to enable other young people to participate meaningfully in the core programme activities. Furthermore, the tendency of youth-led advocacy to focus more on things that youth have direct control of—and less on issues that have deeply rooted social and cultural norms—cannot be ruled out.



## 8.2 PATHWAY 2: CSOS AMPLIFY YOUNG PEOPLE'S VOICES TO CLAIM, PROTECT AND EXPAND CIVIC SPACE

### 8.2.1 MEANINGFUL ENGAGEMENT OF YOUTH AT CSO/STATE LEVEL

Around 60% of adolescents were reportedly engaged with CSOs in a variety of advocacy activities. Kalangala had the highest number of engaged young people, and Bukwo the lowest, but young people were most appreciative in Bukwo about the quality of their participation. Disaggregated by sex, Kalangala had more females engaged with CSOs than males. Although Kalangala had the most respondents engaged in CSOs, they were the least satisfied with the quality of their participation. Young people want and require deeper engagement beyond having autonomy regarding which activities they can engage in. They want to be engaged in decisions bearing on their well-being.

Youth advocates in Uganda are involved in a variety of lobbying and advocacy activities, with the most experience in community awareness-raising, providing training/sensitisation workshops and campaigning using the media. Very few have been involved in influencing policymaking and implementation. Having few young people engaged in influencing policy could translate as a lack of the population's voice in policies, which has often led to the rejection or failure of key policies and guidelines. For example, the comprehensive sexuality education guidelines were initially rejected by the public because they were largely misunderstood. Furthermore, it should be noted that over 50% of the population are young people; therefore, they should be engaged more in policy issues.

## 8.3 PATHWAY 3: SOCIETAL ACTORS SUPPORT AND PROMOTE YOUTH RIGHTS AND PROGRESSIVE SOCIAL NORMS AND ATTITUDES TO YOUTH RIGHTS

### 8.3.1 LEVEL OF PUBLIC SUPPORT

Young people acknowledge the support that is there at different levels. At the household level, young people had confidence in their parents—especially their mothers—while at community level, religious leaders, healthcare workers and at times teachers were considered supportive. Among the state actors, the police were considered supportive. From the discussions, it was clear that addressing the Power to You(th) core issues would require a multisectoral approach with distinct but connected roles. However, there were very mixed perceptions about the actions of the different stakeholders (e.g. police, community leaders or parents) in cases when

harmful practices or SGBV were reported. For example, while the young people in Bukwo and Isingiro were confident and felt that they would easily be supported, the young people and social actors in Isingiro and Kalangala expressed concerns that even when harmful practices and cases of SGBV were reported, state actors such as the police rarely addressed the issues comprehensively.

### 8.3.2 ROLE OF THE MEDIA

The main forms of media used for advocacy were radio, TV and social media. This could be because these are the major ways of communicating with a large population. The means of communication mentioned match the sources of information on SRHR messages noted by the young people. These sources of information have been previously cited as sources of information for many people. However, despite the preference for these channels of communication, it is necessary to ensure that messages reach all members of the target population, especially persons with disabilities or those for whom linguistic barriers exist—for example, those in refugee settlements such as Nakivale—as young people in Nakivale reported the least comfort expressing themselves through social media, and many young people may not have access to smartphones or may not be able to afford Internet access. For Power to You(th) programme activities, it is important to break down linguistic barriers and ensure that communication is inclusive.

## 8.4 PATHWAY 4: STATE ACTORS IMPROVE POLICYMAKING, BUDGETING AND IMPLEMENTATION AT THE LOCAL, NATIONAL, REGIONAL AND GLOBAL LEVELS ON HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

### 8.4.1 LAWS AND POLICY ENFORCEMENT

Uganda has good laws, policies and frameworks in place to reduce the vulnerabilities and inequalities faced by young women and adolescent girls. However, the implementation of national policies and frameworks is weak, and gender-specific vulnerabilities persist. Key informants indicated that there was an average level of awareness about the laws in place, especially in regards to child marriage and SGBV, with government and community leaders putting effort into awareness-raising. However, enforcement of the law faces challenges predominantly related to persisting cultural and social norms, underfunding and bribery.

## 8.4.2 AVAILABLE CIVIC SPACE

The CSO advocates perceived the freedom of expression and association to be restrictive. According to the discussions, although CSOs often worked hand in hand with government, there was usually mistrust of the CSOs regarding how they could use some of the information they obtained from the state agencies. This resulted in sometimes limiting CSOs' access to critical information needed for advocacy. Regarding freedom of association, the advocates felt that existing laws limited their capacity to come together for advocacy and restricted the activities of minority groups such as LGBTQI+ groups. In Uganda, the Public Management Act criminalises public demonstrations or gatherings unless syndicated by authorities such as the police. This restricts and threatens the freedoms of the advocates. In addition, same-sex relations are criminalised. This further constrains the civic space for minorities such as LGBTQI+ groups. For the Power to You(th) programme, it is critical to package the programme interventions in a way that is sensitive to the authorities so that interventions or activities are not viewed as being against the law.

Although some level of consultation and dialogue was reportedly taking place between CSOs and the government on SRHR issues, it was perceived by some advocates as inconsequential. This could be because the interaction rarely translated into tangible results. To exemplify this, for close to a decade, CSOs have been advocating for an increase in the health budget to meet the Maputo Declaration, which stipulates that governments should allocate at least 15% of their annual budgets to health. This has not been achieved despite consistent dialogue and advocacy by CSOs. Alternatives to dialogue have also been employed—for example, seeking legal redress for key policy issues. Examples of legal wins by CSOs include having the comprehensive sexuality education policy reinstated through legal action, and the Judgement to Constitutional Petition No. 16 of 2011, which held the government accountable for maternal deaths in Uganda (CEHURD, 2020).

## 9. CONCLUSION AND RECOMMENDATIONS

This study has demonstrated that young people, especially girls and young women, are strongly affected by SGBV, unintended pregnancy, FGM/C and child marriage in Uganda. They also face struggles with regard to SRHR, decision-making and meaningful participation. All these problems are interlinked, and mainly caused by, among other factors, poverty, gender inequality, harmful social norms around sexuality, and corruption. Although young people in Bukwo, Isingiro and Kalangala are aware of the occurrence and effects of these issues, and willing to contribute to change, their participation—including in prevention activities—remains limited and can be improved. The decision-making processes they are invited into, especially at community level, are dominated by adults.

State and non-state actors, however, have helped to address these issues by steering the development, establishment and implementation of legislation, by-laws and policies which promote young people's interests, including their participation in decision-making structures. There is also evidence in the implementation of CSO interventions that young people are quite meaningfully engaged, especially young advocates. The CSOs also ensure that there is space for young people to be included in government-related decision-making structures. However the CSOs themselves experience various challenges in their advocacy work, such as the constrained civic space, limited funding, arrests of activists, and strongly held social norms. Furthermore, to create lasting impact, an intensified acceptance of young people as part of the solution, acknowledgment of unequal gender norms (in decision-making processes), and a very strong multisectoral approach by social and state actors are required.

### 9.1 RECOMMENDATIONS FOR PATHWAY 1: YOUNG PEOPLE DEMAND ACCOUNTABILITY AND RESPONSIVENESS ON HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

- The Power to You(th) programme interventions should include activities that provide adolescent girls and young women with skills that enable them to voice their opinions, and that sensitise boys and the wider community to listen to and respect them.
- Diversify the topics and activities that CSOs and young people engage in, as currently most emphasis seems to be placed on awareness-raising activities and on the topic of unintended pregnancy.
- The relevance and impact of SRHR programming could be improved through alignment with CSOs active in social protection schemes, incentives for girls' education, vocational skills training and livelihoods services.
- As (radio and) social media emerged as the most promising media tools to use in lobbying and advocacy, it will be necessary to provide internet literacy education

for young people to mitigate potential online risks and ensure safe navigation of age-appropriate SRHR information. This should include education about the right to privacy and data protection. Online SRHR information can also be directly linked to appropriate youth-friendly medical and community services.

## 9.2 RECOMMENDATIONS FOR PATHWAY 2: CSOS AMPLIFY YOUNG PEOPLE'S VOICES TO CLAIM, PROTECT AND EXPAND CIVIC SPACE

- Encourage and promote youth-led structures in advocacy and community activities to address harmful practices in a safe manner. The Power to You(th) programme should intentionally foster and promote entirely youth-led activities that are aimed at addressing the core issues.
- Build capacity for youth-led organisations in synergy with existing youth groups and structures within the programme areas to proactively take on youth-led activities to address harmful practices and SGBV.
- The members of the district youth councils should be skilled in SRHR, engaged in the generation of evidence on harmful practices, and have their advocacy skills bolstered so that they can use their acquired knowledge to influence policy at national and subnational levels, but also among their electorate to speak out or challenge harmful practices.
- Advocates must find creative ways to engage diverse groups of individuals in viewing SGBV as a community issue that affects everyone, and to disseminate messages through social media that build on mutually shared values, such as safety and respect, and that challenge current victim-blaming of SGBV survivors.
- The Power to You(th) programme activities meant for advocacy should be inclusive of all youth and not only youth leaders (to the extent possible) irrespective of disability, gender, young people living in refugee settlements, LGBTQI+ youth and uneducated youth.
- Capacitate young participants in online and offline lobbying and advocacy, and meaningfully engage youth in the design of digital or radio SRHR resources to make them accessible and youth-friendly and encourage their use.

## 9.3 RECOMMENDATIONS FOR PATHWAY 3: SOCIETAL ACTORS SUPPORT AND PROMOTE YOUTH RIGHTS AND PROGRESSIVE SOCIAL NORMS AND ATTITUDES TO YOUTH RIGHTS

- Address underlying institutional and cultural causes of social exclusion and gender inequality (such as myths and misconceptions) with local governments (from the village to the district level), within CSOs, in formal and non-formal educational institutions, with police officers and judges, traditional and religious leaders, and health service providers, as well as girls, boys, and their families.
- The Power to You(th) programme could invest in interventions that target

community leaders and improve their communication with young people. This should focus on how they can address young people's challenges and generate discussions about acceptable ways to stop harmful practices.

- The programme should work with parents, health care workers and teachers to bridge knowledge gaps and demystify misinformation around contraception and harmful practices.
- The Power to You(th) programme should encourage interventions that bring the police closer to the community to foster better understanding of the role of the police and how the community can be helped in case of harmful practices.

#### 9.4 RECOMMENDATIONS FOR PATHWAY 4: STATE ACTORS IMPROVE POLICYMAKING, BUDGETING AND IMPLEMENTATION AT THE LOCAL, NATIONAL, REGIONAL AND GLOBAL LEVELS ON HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

- Invest in getting to know and strategically respond to the opposition's arguments. Conduct local stakeholder analysis to map power dynamics at play using the ecological framework. In areas with strong conservatism, implementers could conduct Participatory Learning and Action (PLA) methods to gain clearer insights into existing power dynamics and relationships and to jointly agree on 'community' goals.
- Where messages fail to be effectively communicated, invest in more evidence, rethink how to communicate this evidence, and take the time to understand the opposition's perspectives in order to build bridges.
- Conduct community dialogues involving the police and community members to sensitise the community on existing laws and the processes involved in their implementation. This platform could also be used to build the community's confidence in the police.
- Invest in cross-country collaborations and advocacy activities with Kenya regarding border crossings for FGM/C.



## 10. REFERENCES

AMREF (2021) *Evidence on the effects of COVID-19 Pandemic on Female Genital Mutilation/Cutting and Child, Early and Forced Marriages*. The case of Kenya, Uganda, Ethiopia and Senegal. End FGM/C Centre of Excellence.

Boydell, V., Schaaf, M., George, A., Brinkerhoff, D.W., Van Belle, S. and Khosla, R. (2019) Building a transformative agenda for accountability in SRHR: lessons learned from SRHR and accountability literatures, *Sexual and Reproductive Health Matters* 27: 64–75.

CEHURD (2020) Judgement to the Constitutional Petition No. 16 of 2011- Maternal Health Case Decided in the Affirmative. Kampala: Centre for Health, Human Rights and Development. <https://www.cehurd.org/publications/download-info/judgement-to-the-constitutional-petition-no-16-of-2011-maternal-health-case-decided-in-the-affirmative/>.

Chandra-Mouli, V., Plesons, M. and Amin, A. (2018) Addressing harmful and unequal gender norms in early adolescence, *Nature Human Behaviour* 2: 239–240.

CIVICUS (no date). [Website] CIVICUS –Tracking conditions for citizen action. Available at: <https://monitor.civicus.org/country/kenya/> (Accessed: 18 March 2021).

Cleeve, A., Faxelid, E., Nalwadda, G. and Klingberg-Allvin, M. (2017) Abortion as agentive action: reproductive agency among young women seeking post-abortion care in Uganda, *Culture, Health & Sexuality* 19: 1286–1300.

Codina Lopez, M. and Kusters, L. (2021) *Desk review Power to You(th) Uganda*. Amsterdam: KIT Royal Tropical Institute.

Concern Worldwide. 2022. These 12 countries hosted the most refugees in 2021. [online] Available at: <https://www.concern.net/news/these-12-countries-hosted-most-refugees-2021> [Accessed 7 January 2022].

De Haas, B., Hutter, I. and Timmerman, G. (2017) Young people's perceptions of relationships and sexual practices in the abstinence-only context of Uganda, *Sex Education* 17: 529–543.

Department for International Development (DFID) Uganda (2014) *Operational Plan 2011-2016*.

Development Alternative (2019) *Towards a thriving, credible and sustainable youth civil society*. Oxford: INTRAC.

Esho, T., Matanda, D.J., Abuya, T., Abebe, S., Hailu, Y., Camara, K., Mouhammed, B., Kapsandui, T., Kamanzi, L. and Wabwire, A. (2021) *Effects of COVID-19 Pandemic on Female Genital Mutilation/Cutting and Child, Early or Forced Marriages in Kenya, Uganda, Ethiopia and Senegal*. Nairobi: Amref Health Africa. <https://www.researchsquare.com/article/rs-690662/v1>.

Evelo, J. and Miedema, E.A. (2019) 'You don't want to come out from the crowd because you are a girl': gendered differences in young people's participation in sexuality education in Uganda, *Sex Education* 19(2): 130–144.

Furlong, A., Woodman, D. and Wyn, J. (2011) Changing times, changing perspectives: Reconciling 'transition' and 'cultural' perspectives on youth and young adulthood, *Journal of Sociology* 47: 355–370.

Gottschalk, N. (2007) Uganda: early marriage as a form of sexual violence, *Forced Migration Review* 27: 51–53.

Ivanova, O., Rai, M., Mlahagwa, W., Tumuhairwe, J., Bakuli, A., Nyakato, V.N. and Kemigisha, E. (2019) A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda, *Reproductive Health* 16: 35.

Kyegombe, N., Meiksin, R., Wamoyi, J., Heise, L., Stoebenau, K. and Buller, A.M. (2020) Sexual health of adolescent girls and young women in Central Uganda: exploring perceived coercive aspects of transactional sex, *Sexual and Reproductive Health Matters* 28: 1700770.

Lowicki, J. and Paik, K. (2013) Scattered dreams, broken promises: *An Assessment of the Links between Girls' Empowerment and Gender-based Violence in the Kyaka II Refugee Settlement, Uganda*. New York: Women's Refugee Commission.

Matovu, J.K., Bukenya, J.N., Kasozi, D., Kisaka, S., Kisa, R., Nyabigambo, A., Tugume, A., Bwanika, J.B., Mugenyi, L. and Murungi, I. (2021) Sexual-risk behaviours and HIV and syphilis prevalence among in-and out-of-school adolescent girls and young women in Uganda: A cross-sectional study, *PLoS One* 16: e0257321.

Nalwadda C., Kusters L., Chatterjee O. (2021) *Get up Speak Out End Line Report Uganda*. Amsterdam: KIT Royal Tropical Institute.

Ninsiima, A.B., Coene, G., Michielsen, K., Najjuka, S., Kemigisha, E., Ruzaaza, G.N., Nyakato, V.N. and Leye, E. (2020) Institutional and contextual obstacles to sexuality education policy implementation in Uganda, *Sex Education* 20: 17–32.

Ocheme, P., Shajobi-Ibikunle, G. and Zuwen, N. (2020) A Critical Overview of Gender-Based Violence in Uganda, *American Journal of Humanities and Social Sciences* 8.

Otim, J. and Wamala, R. (2019) Early Marriages in Uganda: A Comparative Assessment of Determinants across Regions, 8th African Population Conference, Entebbe, Uganda, 18–22 November. <http://uaps2019.popconf.org/uploads/190685>.

Plesons, M., Cole, C.B., Hainsworth, G., Avila, R., Biaukula, K.V.E., Husain, S., Janušonyte, E., Mukherji, A., Nergiz, A.I. and Phaladi, G. (2019) Forward, together: a collaborative path to comprehensive adolescent sexual and reproductive health and rights in our time, *Journal of Adolescent Health* 65: S51–S62.

Promundo (2003) *The Gender-Equitable Men Scale*. Washington, DC: Promundo and Population Council/Horizons.

Råssjö, E.B., Mirembe, F.M. and Darj, E. (2006) Vulnerability and risk factors for sexually transmitted infections and HIV among adolescents in Kampala, Uganda, *AIDS Care* 18: 710–716.

Schlecht, J. (2016) *A girl no more: The changing norms of child marriage in conflict*. New York: Women's Refugee Commission.

Schief, M., Lin, Q. and Haenni, S. (2018) Harmful Traditional Practices: Child Marriage, Initiation Rituals, FGM/C. *Center for Child Well-being and Development at the University of Zurich*: UNICEF.

Tappis, H., Freeman, J., Glass, N. and Doocy, S. (2016) Effectiveness of interventions, programs and strategies for gender-based violence prevention in refugee populations: an integrative review, *PLoS Currents* 8.

Tirado, V., Chu, J., Hanson, C., Ekström, A.M. and Kågesten, A. (2020) Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review, *PLoS One* 15: e0236316.

Uganda Bureau of Statistics (UBOS) (2019) *Gender Issues in Uganda: An analysis on gender based violence, asset ownership and employment*. Kampala, Uganda

Uganda Bureau of Statistics (UBOS) (2020) *Female Genital Mutilation (FGM) in Uganda: A policy brief*. Kampala: Uganda Bureau of Statistics.

UBOS and ICF (2018) *Uganda Demographic and Health Survey 2016*. Kampala: Uganda Bureau of Statistics and ICF.

UBOS and UNICEF (2017). *Female Genital Mutilation/Cutting Survey Report*. Available at: [https://www.unicef.org/uganda/media/1766/file/FGM\\_C%20survey%20report.pdf](https://www.unicef.org/uganda/media/1766/file/FGM_C%20survey%20report.pdf)

Underwood, C., Skinner, J., Osman, N. and Schwandt, H. (2011) Structural determinants of adolescent girls' vulnerability to HIV: Views from community members in Botswana, Malawi, and Mozambique, *Social Science & Medicine* 73: 343–350.

UNFPA (2020) Sexual & reproductive health. <https://www.unfpa.org/sexual-reproductive-health>.

UNHCR (2019) Sexual and Gender Based Violence. <https://www.unhcr.org/gender-based-violence.html>.

UNICEF (2017) *Female Genital Mutilation/Cutting Survey, Uganda*. New York: United Nations Children's Fund.

Urbaniak, G.C. and Plous, S. (2013) Research Randomiser Version 4.0 ed.

Wamajji, R., Mwesigye, G. and Mubangizi, P. (2020) *The State of the Youth Report Assessing Government Investment in Young People*. Centre for Policy Analysis, Action Aid Uganda, Restless Development, Uganda Parliamentary Forum on Youth Affairs and Westminster Foundation for Democracy. [https://www.researchgate.net/publication/338547644\\_THE\\_STATE\\_OF\\_THE\\_YOUTH\\_REPORT\\_Assessing\\_Government\\_Investment\\_in\\_Young\\_People](https://www.researchgate.net/publication/338547644_THE_STATE_OF_THE_YOUTH_REPORT_Assessing_Government_Investment_in_Young_People).

Watson, C., Bantebya, G.K. and Muhanguzi, F.K. (2018) The paradox of change and continuity in social norms and practices affecting adolescent girls' capabilities and transitions to adulthood in rural Uganda. *Empowering Adolescent Girls in Developing Countries*. London: Routledge.

WHO (2019) *Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization.

WHO and CSDH (2008) *Closing the gap in a generation: health equity through action on the social determinants of health: final report of the Commission on Social Determinants of Health*. Geneva: World Health Organization and Commission on Social Determinants of Health.

WHO and JHSPH (2014) Global Early Adolescents Study. <https://www.geastudy.org/>.

Worldometers.info. 2022. *Uganda Demographics 2020 (Population, Age, Sex, Trends)* - Worldometer. [online] Available at: <https://www.worldometers.info/demographics/uganda-demographics/> [Accessed 7 January 2022].

Wyn, J. and White, R. (1996) *Rethinking youth*. London: Sage.

YOU(TH) Do IT! (n.d) *What is Meaningful Youth Participation? | Youth Do It » Youth Do It*. Available at: <https://www.youthdoit.org/themes/meaningful-youth-participation/> [Accessed 19 April 2021].

Zimmerman, L.A., Li, M., Moreau, C., Wilopo, S. and Blum, R. (2019) Measuring agency as a dimension of empowerment among young adolescents globally: findings from the Global Early Adolescent Study, *SSM – Population Health* 8: 100454.

KIT Royal Tropical Institute  
P.O. Box 95001  
1090 HA Amsterdam  
The Netherlands

Visiting Address  
Mauritskade 64  
1092 AD Amsterdam  
The Netherlands

[www.kit.nl](http://www.kit.nl)  
[info@kit.nl](mailto:info@kit.nl)  
T: +31 (0)20 56 88 711



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