

POWER TO YOU(TH)

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

EXECUTIVE SUMMARY UGANDA





AUTHORS

Makerere University, School of Public Health, Uganda:Christine Nalwadda

- Lydia Kabwijamu

KIT Royal Tropical Institute:Lincie Kusters

- Hannah Kabelka
- Ophelia Chatterjee

PREFACE

KIT Royal Tropical Institute (KIT), in collaboration with in-country research partners, is pleased to present this executive summary of the Power to You(th) baseline study conducted in Uganda¹. This was one of seven such studies conducted for the Power to You(th) programme in the seven programme implementation countries, namely Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal, and Uganda. Power to You(th) is a five-year programme (2021–2025) with a specific focus on harmful practices (such as female genital mutilation/cutting (FGM/C) 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 in the participating countries.

The Power to You(th) programme 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 funded by the Dutch Ministry of Foreign Affairs and globally the programme is coordinated by three consortium partners: Amref Flying Doctors, Rutgers and Sonke Gender Justice. The programme will be implemented 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 The full baseline study report is available here: https://www.kit.nl/publication/power-to-youth-baseline-report-uganda/.

BASELINE FINDINGS: YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

A baseline mixed-methods study and desk review was conducted to inform the Ugandan PTY programme implementation. The baseline study has analysed young people's (15-24 years old) perspectives and uncovered what their role is in decision-making processes to address SGBV, harmful practices and unintended pregnancy.

The study was conducted by a research team from Makerere University and KIT Royal Tropical Institute in three out of the six implementation areas of the PTY programme, namely **Bukwo**, **Isingiro**, which included the Nakivale refugee settlement; and **Kalangala**, made up of islands in Lake Victoria.

The study design included a literature review; a quantitative survey among adolescents and youth and an online civic space survey among civil society organisations (CSOs) and youth advocates. The qualitative component added focus group discussions with adolescents and youth; semi-structured and key informant interviews with social and state actors; and in-depth interviews with young people. Additionally, the research team conducted Photovoice research, that equipped young people in the study areas with cameras and where group discussions were held after, based on the pictures taken by young people in their community.

This study covered 105 qualitative interviews/ FGDs and three photovoice activities, 911 adolescents and young people participated in the survey, and 15 respondents filled out the civic space survey.

KEY BASELINE RESULTS FOR THE POWER TO YOU(TH) PROGRAMME IN UGANDA

The baseline study suggests a mixed picture of youth knowledge, agency, and attitudes towards harmful practices, SGBV and unintended pregnancy. It also shows large reserves of untapped potential among young people ready to act on these issues, and some positive shifts in public attitudes. On the one hand, young people felt subjectively well-informed about many topics, and most felt comfortable expressing themselves. On the other hand, their knowledge was not always comprehensive, they often felt excluded from decision-making processes, and in practice most do not participate in community activities. Repressive gender norms still restrict rights of all young people, particularly those with multiple vulnerabilities such as poverty or disability.

Most young people were aware that FGM/C was illegal and felt informed about puberty and prevention of STIs. This was not always connected to actual knowledge as misconceptions about contraception were very widespread (often linked to concerns about morality). Unintended pregnancy, SGBV, and victim-blaming around SGBV were common. Young people's understanding and confidence was positively nurtured through youth platforms; where these platforms functioned well, they felt empowered by them, but most youth were not meaningfully engaged by CSOs and many youth clubs were found to be ineffective. Despite their potential positive impact, most young people were not encouraged to participate in such organisations.

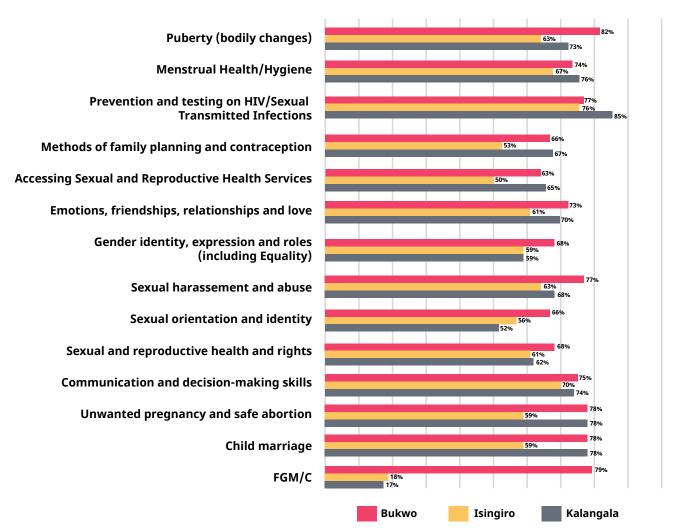
Women and girls were particularly excluded from action and decision spaces; the view that young people, particularly girls and young women, should defer to elders was widespread, and the most meaningful engagement in youth activities was too often limited to educated men. These views had demonstrable knock-on effects on rights, restricting agency in decisions about whether and when to marry and have children – partly due to stigmas around pregnancies occurring outside of marriage and (reporting of) SGBV. Despite this – and in response to it – young people are increasingly active in standing up for their rights. They are not merely passive victims but are actively resistant to child marriage, FGM/C, and other forms of SGBV. Communities require more support in this from authorities such as the police and local leaders. Informal community-based mechanisms do not always deliver justice for young people, while police often fail to follow up on cases.

A healthy civic space and media environment is necessary for constructive public conversations which hold duty-bearers accountable on these issues. A mixed picture emerged on the freedom and protection of civic space in Uganda, with most CSOs feeling it to be restricted and many reporting that CSOs, journalists and activists were not safe in the national context. However, young CSO advocates felt actively engaged by the government and able to successfully influence policy. Media platforms like radio and social media are increasingly important for lobbying and advocacy, but there were concerns about the digital exclusion of some communities, such as refugee settlements. CSOs face many challenges around finances and bureaucracy, but they continue to find ways to build dialogues and defend the rights of young people, while respecting the culture and values of communities with which they work.

YOUNG PEOPLE'S KNOWLEDGE AND SUPPORTS

Respondents from Bukwo felt most informed about SRHR topics, Kalangala least

Respondents who felt averagely or very informed about:



In **Bukwo** young people felt least informed about accessing sexual and reproductive health (SRH) services, sexual orientation and identity and methods of family planning (FP) and contraception.

In **Isingiro** topics young people felt least informed about accessing SRH services and methods of FP and contraception.

Respondents from **Kalangala** felt least informed about sexual orientation and identity and gender identity, expression and roles¹.

2

FGM/C is hardly to not prevalent in Kalangala and Isingiro, so therefore not taken along here.

Mothers, school teachers and films/TV were most important sources for information

In Bukwo and Isingiro, respondents referred to mothers (33% and 20%) and school teachers (29% and 24%) as their first main and most preferred source of information, while in Kalangala school teachers (24%) and films/TV (20%) were mentioned mostly. Next to films/TV, they would also prefer their mothers as first sources of information.

"If abstinence has failed you, you could use a condom."

Abstinence and male condoms are the most known modern contraceptives, some participants also recognized the importance of sexuality education. In Kalangala, 85% of respondents knew a modern method of contraception to prevent pregnancy followed by Bukwo (62%) and Isingiro (60%). Male respondents overall had more knowledge of a modern method of contraception than female respondents. Prevalent misconceptions about the use of modern contraceptive methods:

- Failure to give birth in the future
- Concerns that they would be encouraging young people to engage in sexual activities further

Parents, health workers and teachers are the most trusted actors to address PtY issues

Child marriage: In order of preference, young people in Bukwo and Isingiro felt most supported to address child marriage by their parents, religious leaders and health workers. In Kalangala, health workers were mentioned to be most supportive on this issue, followed by parents and teachers.

FGM/C: Young people in Bukwo felt most supported by health workers to address FGM/C. Other important actors for them to turn to were their parents, particularly for female respondents, as well as religious leaders and teachers.

SGBV: Respondents in Bukwo and Isingiro considered that parents were most supportive in addressing SGBV, followed by health workers and religious leaders. In Kalangala, young people felt most supported by health workers, followed by their parents, other family members and their teachers.

Unintended pregnancy: Young people in Bukwo and Kalangala on average considered health workers the most supportive of their access to sexuality education and SRH services, such as family planning, STI/HIV testing or counselling, followed by their parents and teachers. Respondents from Isingiro mentioned parents to be most supportive as well as health workers and teachers.

Less than half of young people knew the legal minimum age for marriage

In Isingiro, 52% of respondents knew the legal minimum age of marriage for girls, with lower results in Kalangala (47%) and Isingiro (33%). Reasons that young people attributed to child marriage were:

- Poverty
- drug abuse
- socio-cultural norms
- having abusive parents

Young people at large did not intend to have FGM/C done to their daughters in the future

"it is against the law" and "it is painful for girls"

Most respondents knew that FGM/C was illegal with 96% in Bukwo, 87% in Kalangala and 84% in Isingiro. More than 95% of young people among all districts did not intend to have FGM/C done to their daughters in the future. Reasons why young participants thought the practice continued in their communities:

- Preventing pre-marital sex and preserving virginity
- Symbolising the readiness for marriage and providing better marriage prospects
- The practice being a source of income for the surgeons

Young people felt that SGBV was common in their communities

Forty percent of respondents in Isingiro and Kalangala knew someone that has been sexually abused, and 30% in Bukwo district. The qualitative findings from the study showed that cases of rape (including fathers raping their wives and daughters), defilement, fighting between spouses and battering children were present in all 3 districts.

"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, young women, 20-24 years, Bukwo).

Causes for SGBV mentioned by young participants

- Poverty
- Drug abuse especially alcoholism
- Wives and young girls being untidy in the home
- Misunderstandings and quarrels between spouses, and between parents and their children

<u>What stood out:</u> Most young people have been active in community activities related to unintended pregnancy and SGBV, least on FGM/C and child marriage. 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.

YOUNG PEOPLE'S AGENCY AND MEANINGFUL ENGAGEMENT

Two out of three young persons (65%) felt that they could express their opinions about relationships, love, puberty and pregnancy in their community.

The most mentioned barrier for respondents (35%) who could not easily express themselves on these topics was fear of embarrassment and worry about what people in the community would think of them.

<u>What stood out:</u> When it comes to speaking up against PtY core issues, young participants made a distinction between trained youth leaders, who regularly used their voice to speak up and where connectivity allowed to write pieces on social media, and regular young people in the communities who often lacked the courage, self-esteem and determination to speak up.

"They don't think about us."

Less than one out of four young people considered that their community and opinion leaders involved and acknowledged them. It was commonly reported that the community political leaders were little approachable and did not invest time to listen to the issues of the young people. At family level, both male and female youth found female adults especially mothers easier to share their issues with as compared to the fathers/male guardians.

Gender and age affect young people's decision-making power

Overall male respondents reported to be more involved in decision making compared to their female counterparts by a difference of about 12%. Youth had more decision powers on what they do in their free time than adolescents, especially in Isingiro where 86% of youth indicated to have decision-making powers on what they did in their free time compared to 55% of adolescents.

More youth spaces does not automatically translate into meaningful youth participation

Thirty six percent (36%) of young respondents were engaged in a CSO in Bukwo, 40% in Isingiro and 56% in Kalangala. According to 83% young respondents from Bukwo, there was hardly any space available for participation in their community, but at the same time when engagement happened, in Bukwo 85% of young people felt meaningfully involved. On the other hand, in Kalangala less than one out of two young person engaged (47%) considered their engagement meaningful.

Young people engaged in CSO activities were dissatisfied with the organisations and groups due to:

not having enough resources to execute planned tasks

- not have transport for club activities
- not given lunch or any refreshments, hence they go hungry during club activities.
- some of the clubs were becoming more business oriented and less focused on the youth activities
- particularly, females reported to be manipulated by older team members or leaders and sometimes sexually abused

Little experience with SRHR-focused CSO engagement

When engaged with CSOs, three out of four young people (73%) were engaged in "youth-led organisations or groups" across the three districts; NGOs (3%) and faith-based organisations (5%) engaged the least adolescents and youths. "Awareness raising in the community" was the type of activity young people had most experience with. Young people across the three districts have little experience with "inputting to policies and laws" with only 3% of respondents indicating so.

What stood out: The agency of young people, seemed more profound when young people are engaged in youth structures. When unpacking young people's CSO engagement, it became clear that 42% of engaged young people were involved in other youth structures, such as sports activities (especially football clubs), saving clubs and income generating activities (especially hairdressing).

Young people call for inclusion

Young people in general reportedly considered it was more difficult for them to gather and organise for social change than for adults. Particularly the LGBTI+ groups and indigenous or minority groups were reportedly excluded from dialogues with the government, as well as young people living with disabilities or living in refugee contexts and uneducated young people.

<u>What stood out:</u> In the light of less opportunities for 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.

NORMS AND ATTITUDES OF SOCIAL ACTORS IN RELATION TO HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

Participants aware that roles in their community are different and impacted by their gender, position and abilities

Social actors in the communities confirmed a strong prevalence of gendered norms and expectations:

"To date, there are still roles which are too specific to a particular sex for example in my tribe or community, a woman cannot climb a roof, issues of property, men are basically in charge, 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 District

Attitude statements that relate to SGBV were strongest supported by young respondents from Kalangala (eg. husband wife beating, women causing sexual violence and family honour). In Bukwo male respondents were stronger in support of gender unequal statements than females, in Isingiro this differed per statement.

What stood out: One out of five young respondents in Isingiro (strongly) agreed that people with disabilities should not have any children.

The communities expect police and authorities to address PtY issues, but trust and belief in successful action remains low

The police and law enforcement had no tolerance for FGM/C and reportedly arrested anyone found attempting the practice. Parents who are identified as trying to marry off their children were reportedly also arrested. The government has created platforms where young people can come to speak about SGBV practices, mothers and elders report on behalf of affected girls and where youths are advised regarding issues of SGBV. This study finds that females tended to report to their parents, whereas boys more often directly report such cases to the police and to the Local Councils.

"To go to the police, it requires one to have some money. Mow like me I am not going to go to the police when I do not have 50,000 UGSH all I will do is to just keep quiet with my problems and die with them." – (FGD, female, 20-24, Kalangala)

Bribery of police by SGBV perpetrators has been identified as one of the major challenges. Statements like the above suggested the challenge of addressing SGBV resting more heavily on survivors from lower socio-economic backgrounds and other marginalised populations. Results show that there was awareness among the communities about the laws in place, especially in regard to child marriages and SGBV. It was noted by many that a criminal is liable to arrested and all child marriages should be reported. Furthermore, participants indicated that social actors in the communities, CSOs and donors are well connected and played a great role in the changes of previous laws.

<u>What stood out:</u> Political will to include young people is established in Uganda where community leaders like chairpersons invited groups to talk to young people in past policy changes. The vast majority of young and CSO advocates considered that they were actively engaged by the Ugandan government for meaningful consultation on policies relating to PtY core issues, half of them regarding their influence in government policy as (fairly) successful.

Social change challenges

Participants in this study referred to several challenges when it comes to social change processes:

- Influence of persistent cultural norms and religious norms
- Negligence of young people by parents and caretakers
- Weak law enforcement
- High poverty and illiteracy levels: Especially community members of Kalangala and Bukwo districts mentioned that more emphasis should be put on education policy.
- Insufficient funding to implement changes in laws and policy (e.g. creating new administrative units without additional funds)
- Bribery and corruption
- Understaffing at police
- Porous borders

"They leave Uganda and they go and they are cut in the neighboring country in Kenya, so we enforce here but as long as Kenya has not outlawed FGM, then it continues." [National KII, Ministry of gender]

CIVIC SPACE AND ROLE OF MEDIA

Shrinking civic space

Two thirds of the young and CSO advocates considered that the state's respect for human rights and fundamental freedoms is (very) restricted in Uganda. As well as the ability of all citizens to express views and opinions and the freedom of expression to lobby and advocate on SRHR to be constrained or somewhat restricted/threatened.

"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 riots 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

What stood out: Almost half of the respondents (n=15) felt that CSOs, journalists and activists were not safe (at all) in their national context, activists being rated the least safe.

Social media and radio are considered promising tools for lobby and advocacy

The order of most frequently used types of media that CSO and youth advocates engage with for lobbying and advocacy were social media and radio, television, print and online newspapers. Overall, participants reported low levels of media prevalence in remote communities, therefore radio and television were regarded as most influential media to shape public opinion on PtY issues. Nevertheless, vulnerable communities, such as people living in the Nakivale refugee center, seem to only be able to connect to electricity and internet in a few spaces.

<u>What stood out:</u> Participants reported that the emphasis on (social) media platforms/channels lay on improving access to and use of modern contraceptives among young people and improving SRH service delivery.

Little financial stability for SRHR programming

Two third of civic space survey respondents (n=11) stressed that there were no government mechanisms or initiatives that provide financial support to organisations working on SRHR in Uganda. Challenges discussed related to the large role of foreign governments and other international development donors and consequent dependency on political agendas elsewhere, the weight of bureaucracy with international resource mobilisation, as well as suitability and sustainability defies.

RECOMMENDATIONS PER PATHWAY

Pathway 1. Young people demand accountability and responsiveness on harmful practices, SGBV and unintended pregnancy

- The PtY programme interventions should have activities that empower adolescent girls and young women (AGYW) with skills and knowledge that enable them voice their issues and sensitise boys and wider community to listen and respect AGYW's voices.
- 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 engage in lobby and advocacy, it will be necessary to provide internet literacy education for young people to ensure safe navigation of age-appropriate SRHR information and to learn about right to privacy as well as ensure data protection and mitigate potential risks. Online SRHR information can also directly be linked to appropriate youth-friendly medical and community services.

Pathway 2: CSOs amplify young people's voices to claim, protect and expand civic space

- Collaborate and capacitate youth led organisations in synergy with existing youth groups/structures to address harmful practices and SGBV.
- Advocates must find creative ways to engage diverse groups of individuals in viewing SGBV as a community issue that affects all of us and to bring messages out through social media that build upon mutually shared values, such as safety and respect and that challenge current victim blaming of victims of SGBV.
- The PtY programme activities meant for advocacy should be inclusive of all youth and not focus only on youth leaders (to the extent possible) irrespective of disability, gender, young people living in refugee settlements, LGBTIQ youth and uneducated youth.

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 (village until district level), within CSOs, in formal and non- formal education institutions, including police officers and judges, with traditional and religious leaders, health service providers as well as girls and boys and their families.
- The PtY programme could invest in interventions that target community leaders and how they talk to young people or how they can address the young people's challenges and that generate discussions about acceptable alternatives to stop harmful practices.
- The PtY programme should encourage interventions that bring police closer to the community to foster better understanding of the roles of police and how the community can be helped in case of harmful practices.

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 opposition's arguments.
 Local stakeholders analysis to map power dynamic at play using the ecological
 framework. In areas with strong conservatism, implementers could conduct
 Participatory Learning and Action (PLA) methods to gain clearer insights about
 existing power dynamics and relationships and to jointly agree on 'community's
 qoal(s).
- Where messages fail to come across, invest in more evidence, rethink how to communicate this evidence and take the time to understand the opposition's perspectives to build bridges.
- Invest in cross-country collaborations & advocacy activities with Kenya re-bordercrossing for FGM/C

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 info@kit.nl T: +31 (0)20 56 88 711

