POWER TO YOUTH
CHANGE STARTS WITH YOU(TH)

SOCIAL NORMS SURROUNDING SEXUAL AND GENDER-BASED VIOLENCE AND THEIR INFLUENCE ON CARE AND SUPPORT FOR YOUNG SURVIVORS IN BUSIA AND MBALE, UGANDA

OPERATIONS RESEARCH REPORT

ABOUT PTY PARTNERS -UGANDA

Power to You(th) is a consortium of civil society organisations and activists dedicated to including more adolescent girls and young women from underserved communities in meaningful decision -making processes regarding harmful practices (child marriage and female genital mutilation/cutting), sexual and gender -based violence (SGBV), and unintended pregnancies.
We believe in the power of young people, especially Adolescent Girls and Young Women (AGYW), to be meaningfully included in discussions and decisions. Gender norms can be changed, and not only by AGYW but also boys and men can positively contribute to that change process. Together we can achieve change with regard to harmful practices, sexual and gender -based violence (SGBV) as well as unintended pregnancies. The Power to You(th) programme consists of seven country management teams [Kenya, Uganda, Ethiopia, Malawi, Ghana, Senegal and Indonesia], four Global Partners [Amref Flying Doctors, Rutgers, Sonke Gender Justice and the Netherlands Ministry of Foreign Affairs], and two technical partners [Choice for Youth and Sexuality and KIT Royal Tropical Institute]. In Uganda the programme is implemented by three consortium partners :

www.rhu.or.ug

Reproductive Health Uganda (RHU) is an indigenous, voluntary, not-for-profit organisation with a long-standing experience and expertise providing integrated sexual reproductive health and rights information and services which include sexuality education, family planning (FP), HIV prevention, care and treatment, breast and cervical cancer screening, sexually transmitted infections (STIs) management, immunisation, etc. RHU is proud to be associated with pioneering family planning in Uganda. For more than 65 years RHU has been involved in SRHR service provision and advocacy programmes that have defined the SRHR landscape in the country.

www.uyahf.com

Uganda Youth and Adolescents Health Forum (UYAHF) is a dynamic Youth led and Youth Serving Health, Human Rights, and Girl Centred Organization that seeks to advance quality health and wellbeing for young people. Specifically, UYAHF works to address and advance young people's specific needs as regards their sexual reproductive health and rights (SRHR), gender equality and health promotion, livelihoods, climate change, and SGBV among others.

www.eassi.org

The Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI) is a regional champion for gender equality and women's empowerment, dedicated to creating a world where women and girls thrive as leaders, entrepreneurs, and stewards of sustainable development across the East and Horn of Africa. EASSI strengthens capacity in governance, leadership, economic empowerment, policy advocacy, and conflict resolution. Operating in ten countries, we foster gender equity and social justice through networking,research, and advocacy. By catalyzing national, regional, and international initiatives, EASSI drives impactful, inclusive change for women and girls across the region.

This work is a product of Power to Youth Uganda. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of the individual consortium partners.

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ACRONYMS AND ABBREVIATIONS

CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
FGD	Focus Group Discussion
GBV	Gender Based Violence
GTA	Gender-Transformative Approach
HIV	Human Immunodeficiency Virus
IDI	In-depth interviews
IEC	Information, Education, and Communication (materials)
MIYP	Meaningful and Inclusive Youth Participation
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
OR	Operations research
YFS	Youth-Friendly Service

EXECUTIVE SUMMARY

Background and rationale:

Sexual and gender-based violence (SGBV) is a gross violation of human rights and a global public health problem. It manifests in various forms of physical, sexual, psychological, economic violence, and occurs in both public and private spaces (Hester & Lilley, 2014). It predisposes survivors to Sexually Transmitted Infections (STIs) such as HIV, unwanted teenage pregnancies, mental health conditions such as depression and can have a negative impact on survivors' long-term sense of safety, stability, and peace. Evidence-based programming suggests that sustained prevention of SGBV requires addressing social norms that hinder human rights and perpetuate gender imbalances and SGBV, yet social norms remain under-researched (Perrin et al., 2019).

PtY Operations Research on Social norms and SGBV:

Ten youths from Busia and Mbale districts in Uganda were trained in research and together with the lead consultants implemented this OR. A steering committee (Power to Youth Central Operations research (CoR) team) was also established to oversee the process, provide guidance and prepare for use of results for program improvement. The operations research was introduced to the district stakeholders prior to data collection. Ethical and administrative clearances were sought from Makerere University School of Public Health Institutional Review Board, Uganda National Council of Science and Technology, and the administrative offices of Busia and Mbale districts.

Methods and key findings:

The overall aim of this OR was to contribute to the scientific knowledge on social norms influencing SGBV and access to care and support services for young survivors in Uganda. This OR pursued four interrelated objectives using qualitative methods.

First, the OR sought to explore the different social norms surrounding SGBV in Busia and Mbale district. To explore the social norms surrounding SGBV, 21 focus group discussions (FGDs) with young women and men aged 10-35 residing in the selected communities in Busia and Mbale districts were conducted. Findings from the FGDs revealed six prevalent categories of SGBV in the study communities. These included sexual violence (rape, defilement, sexual harassment); physical violence (partner beating); economic violence (denial of financial support); psychological abuse (threats, coercion, silent treatment, controlling behaviours); early and forced marriage; and gender discrimination. The analysis of the social norms surrounding SGBV found five categories of social norms. These included norms related to gender roles and expectations (women's submissiveness, men's authority, gendered household labor division); justification of violence (wife beating being a disciplinary measure, sexual expectations, SGBV survivor blame); early and forced marriage related norms such as parental control over marriage, bride price and ownership, preference of sons; norms on silence and lack of SGBV reporting; and traditional beliefs about polygamy, male dominance and sexual initiation practices.

Second and third, the OR sought to explore stakeholders' perspectives on 1) the social norms that influenced SGBV, and 2) stakeholders' perspectives on the social norms that influenced access to SGBV care and support services. This was done through deliberative engagements with 52 key stakeholders in Busia and Mbale district. The stakeholders engaged included district technical and political leaders, sub-county technical and political leaders, service providers including health workers and implementing partner representatives, community level authorities i.e., local, religious and cultural leaders as well as youth representatives. Deliberations on how social norms influenced SGBV and access to care and support revealed several categories of perspectives by stakeholders regarding how social norms influenced

SGBV and access to care and support by survivors. This included normalization of violence; marital sex obligations and submission; male power and female disempowerment; service provider challenges; cultural rituals, harmful traditions, and religious interpretations; economic dependency; and victim blaming, shame, fear of public exposure, and gendered moral policing.

Lastly, the OR sought to explore SGBV survivors' experiences with care and services. To explore SGBV survivors' experiences with care and support services, we conducted life history interviews with 20 survivors in Busia and Mbale district in Uganda. A thematic content analysis technique that involves in-depth interpretation of the underlying meanings of the text and condensing data without losing its quality was used. The analysis highlighted experiences of stigma and victim blaming; family and community pressures to reconcile, protect family honor; economic issues such as dependence on perpetrators and poverty; fear of retaliation; and weak law enforcement and corruption tendencies by authorities. Regarding access to care and support services, the analysis revealed obstacles such as patriarchal decision making, harmful notions of masculinity and emotional suppression, lack of voice for females, marriage and early union expectations, poverty and dependency as well as victim blaming and silence. The study further reported two major facilitators of access to care and support services by survivors including existing community structures, i.e., community support networks, presence of male champion structure, supportive cultural and religious leaders and presence of some development programs at community level.

In conclusion, social norms in Mbale and Busia districts play a significant role in shaping SGBV and survivors' access to care and support services, often reinforcing silence, stigma, and impunity. For both women and men, these norms are deeply rooted in gendered

expectations that prescribe who is allowed to speak, seek help, or be believed. While women face systemic silencing, victim-blaming, and economic dependency that trap them in cycles of abuse, male survivors are rendered invisible by cultural definitions of masculinity that deny them vulnerability or victimhood. These intersecting barriers not only perpetuate SGBV but also undermine the effectiveness of the available support systems by influencing access to existing care and support programs. Addressing these harmful norms through community sensitization, inclusive service design, and rights-based approaches is critical for ensuring equitable access to justice, care, and healing for all survivors, regardless of gender.

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CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

This OR addresses the top of social norms surrounding Sexual and Gender-Based Violence (SGBV) and access to care and support for young SGBV survivors in Uganda. This chapter introduces and contextualizes the study within the on-going discourse on SGBV and youths in resource-limited settings as well as the intersection between social norms, young people and SGBV. First, it spells out the report layout, then presents an overview of the Power to You(th) programme, followed by a situational analysis on social norms and SGBV. This leads up to the rationale for this study. Finally, the theoretical framework used to guide this work is presented.

1.2 Structure of the Report

The report is divided into 4 chapters. Chapter 1 provides the background and rationale for the study. Chapter 2 provides the methodology used during the study outlining the techniques used in obtaining and utilizing the data required for this OR. It contains research design, study population and area, data collection methods, the procedure of selecting the sample size, research instruments, ethical considerations among others. Chapter 3 provides the results from the research presented according to the study objectives. The final chapter (4) is the discussion that highlights the gaps and opportunities identified during this study. It further provides the implications and recommendations from this study.

1.3 Overview of the Power to Youth programme

This OR is a component in the Power to You(th) (PtY) programme in Uganda, implemented by a consortium of partners namely Reproductive

Health Uganda (RHU), Uganda Youth and Adolescent Health Forum (UYAHF) and The Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI). The PtY is a five-year programme (2021–2025) implemented in six districts in Uganda: Isingiro, Kalangala, Bukwo, Mbale, Kampala and Busia. The PtY 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 are engaged as positive contributors to this change process. Civil Society Organisations (CSOs) are 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 PtY consortium is to contribute to the meaningful inclusion of more adolescent girls and young women from underserved communities in all decision-making. The aim of this Operations research in PtY is: 1) to explore and understand the social norms surrounding SGBV; 2) to generate knowledge on how these social norms influence care and support for young survivors. The findings from this Operations research will support:

- Documentation of key social norms that influence SGBV so as to generate evidence that informs and strengthens targeted strategies and interventions, including Gender Transformative Approaches (GTA) to reduce SGBV in the targeted communities.
- Linkages with already established PtY structures and stakeholders such as community champions, youth advocates, religious, cultural leaders, and CSOs, among others, for effective implementation of newly developed interventions or recommendations from the research.

- Documentation of survivors' views, needs, and challenges related to access to SGBV services, care, and support to inform integration of Gender Transformative Approaches (GTA) to improve their sexual and reproductive health and well-being.

1.4 Background of the OR

1.2.1 The burden of Sexual and Gender Based Violence in Uganda

Uganda has had a long history of SGBV - defined as "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the survivor, in any setting (WHO, 2013). The 2022 Uganda Demographic and Health Survey (UDHS) revealed that approximately 22% of women aged 15-49 experienced SGBV (UDHS, 2022). SGBV is a serious human rights violation and a major public health issue. A trend analysis of SGBV cases from 2017 to 2020 revealed that the number of SGBV cases increased consistently from 79,888 in 2018 to 82,401 in 2019 (3.1 percent increase) then by 9.8 percent from 82,401 in 2019 to 90,489 in 2020 (Ministry of Health-DHIS-2 2017-2020). The 2020 Global Gender Gap Report estimated that 49.9% of women in Uganda have experienced SGBV in their lifetime (The Global Gender Gap Report, 2020). Remarkably, the COVID-19 pandemic exacerbated sexual exploitation and Gender-Based Violence (GBV) in Uganda as elsewhere. Anecdotal reports from Uganda Police and an analysis of national SGBV programme data suggested that SGBV cases had increased during the COVID-19 pandemic, especially during the two lockdown periods in 2020 and 2021 (Apendi, 2022). A notable 33% increase in teenage pregnancies during 2020 and 2021 compared to 2019 indicated a potential rise in SGBV during the COVID-19 pandemic period; analysis of Health Information Management System HMIS data (P.M., unpublished data).

1.2.1 Understanding SGBV

SGBV takes various forms including physical, nonphysical, economic, and psychological. Physical SGBV may include forced sex, forced marriage. Nonphysical SGBV may include coerced sex, verbal threats. Economically, SGBV may include controlling the victim's resources, and undermining their economic independence, and psychologically, it may encompass acts such as being belittled, preventing a woman from seeing family and friends, intimidation, etc. Sexual violence generally affects women, and intimate partner violence affects women even more (Campbell 2008; Balogun et al. 2012; Cao et al. 2014). It encompasses threats of violence, coercion, and other deprivations of liberty, whether occurring in public or private life.

1.2.2 Social norms and SGBV

In Uganda, social norms are deeply ingrained from early childhood. Those which are harmful, perpetuate stereotypes and biases that shape societal expectations and behaviours. Harper and George (2020) emphasize that these norms associate specific roles and status with genders, contributing to the devaluation of women and the denial of their full human rights. This is particularly evident in attitudes towards women's bodies and sexuality, where entrenched beliefs dictate behaviours such as dress codes in the public sector, which unfairly place responsibility on women for preventing sexual violence (Harper & George, 2020). According to Harper & George (2020), the belief that men have the right to physically discipline their wives remains prevalent, often justified as a means of enforcing gender norms when women fail to fulfil expected roles promptly. This form of perceived discipline is commonly accepted among older men, viewed as necessary to correct behaviour and maintain traditional gender expectations . Furthermore, marital rape is frequently disregarded as a criminal act, with marriage perceived as granting men entitlement to sex and control over women's bodies, even extending this control

beyond widowhood (Watson et al., 2020). This perspective stigmatises women who choose to remarry, reinforcing the idea that a woman's body belongs to her husband or the institution of marriage. In addition to descriptive norms, injunctive norms also dictate that wives are expected to endure physical violence without interference, thereby fostering a culture of tolerance towards abuse within marital relationships (Nnyombi et al., 2022).

Furthermore, there are instances where families of victims opt to negotiate with perpetrators, often choosing silence regarding incidents of 'defilement' or abuse in exchange for financial compensation. This diminishes the accountability of the perpetrator and creates incentives for similar behaviours to recur within the community. In other cases, families remain silent due to fears of social stigma and tarnishing the family's reputation within the community. Specifically noted in rural areas, incidents involving abuse by teachers against girls at school may go unreported, as teachers are perceived as powerful and esteemed figures within the community, seemingly beyond the reach of legal consequences (Bantebya et al., 2014). Moreover, women are expected to uphold male domination by being obedient and respectful towards their husbands, under threat of punishment if they fail to meet these expectations (Nnyombi et al., 2022). This reinforces a hierarchy where men and women are assigned distinct roles, and deviations from these roles are met with social sanctions such as ridicule or physical punishment. (Sanyu et al., 2022).

Youths in Uganda commonly hold beliefs that reinforce traditional gender roles and norms regarding sexuality and violence. Both boys and girls frequently agree that men have a greater need for sex and are always ready for it. There is also widespread disapproval towards condom use, with both sexes expressing outrage at the suggestion that a wife might ask her husband to use one. Similarly, a significant

proportion of youths, slightly more boys than girls, believe that it is acceptable for a man to have extramarital sexual relationships even if his relationship with his wife is fine. Moreover, a notable percentage of youths, particularly boys, endorse the idea that it is justified for a man to resort to violence if his wife refuses to have sex with him. Additionally, a significant portion of both girls and boys think that there are circumstances where a woman deserves to be physically assaulted. These findings underscore the persistence of deeply ingrained gender stereotypes and attitudes towards relationships and violence among Ugandan youths (Nalukwago et al., 2019).

Masculinity norms in Uganda include expectations for men to appear tough, avoid showing emotions, and assert dominance over women. These norms promote violence and aggression as displays of authority and control, reinforcing male superiority in decision-making and sexual relationships (Barker et al., 2017, Harper & George, 2020). Young people's attitudes reflect these norms, with significant proportions agreeing with statements that justify violence against women and perpetuate unequal gender roles (Nalukwago et al., 2019, Perrin et al., 2019)

Other barriers to reporting of SGBV reported in literature include shame, guilt and stigma associated with, especially, sexual violence are: lack of access to medical care; concerns about confidentiality and being believed; and fear of reprisal resulting from reporting (Kwiringira et al., 2018; Umubyeyi et al., 2016; Opuku et al., 2016). Similarly, poverty and the costs associated with reporting of SGBV such as transport for the complainant also sometimes hinder reporting and lead to settling cases out of court. Gender inequality has also been cited as a barrier to reporting of SGBV, especially among female survivors. This is because it renders a lot of women submissive and

economically dependent on their male partners who may at times be the perpetrators of the violence.

Research has shown that attitudes and perceptions towards SGBV norms influence disclosure and help-seeking (Naved et al., 2006). Individuals with violent-supportive attitudes are more likely to hold negative help-seeking attitudes. Help-seeking for SGBV is also notably low in communities where sexual violence is tolerated or considered as a normal act (Ansara & Hinin, 2010). Relatedly, past SGBV survivors tend to have a favourable attitude towards help-seeking for SGBV; however, this may be influenced by their experience with services. Other important factors that may influence help-seeking for SGBV include perceived benefits of seeking help and distrust of service providers (Ansara & Hinin, 2010; Vyas & Mbwambo, 2017).

Furthermore, attributes such as sex, age, marital status, and education have also been shown to be important predictors of attitudes towards seeking help for SGBV (Mbwambo, 2017; Parvin et al., 2016.) Research shows that men, compared to women, are less likely to report or seek help from formal sources such as the police, health professionals or community resource centres [Obore et al, 2018].

1.2.3 Social norms and access to care and support for SGBV survivors

The literature on SGBV has increasingly recognized the critical role that social norms play in both perpetuating violence and determining the effectiveness of support systems. This section examines the existing scholarship on how entrenched social norms influence SGBV survivors' experiences and their access to care services, with particular attention to research conducted in Uganda and similar contexts.

Gender Norms as Foundations for Violence - The literature shows that restrictive gender norms are foundational to the occurrence of SGBV. According to Nalukwago (2019), traditional gender roles in Uganda often normalize harmful sexual behaviors among adolescents, creating patterns that persist into adulthood. This normalization process creates environments where certain forms of violence become tacitly accepted within communities (Nalukwago et al., 2019). When such attitudes become internalised, they not only contribute to the prevalence of SGBV but also diminish the perceived urgency for developing comprehensive support mechanisms (Muhanguzi et al., 2017).

Social Norms and Institutional Responses - The relationship between social norms and formal support systems has been examined. First, protective policies have been reported to exist on paper, yet their effectiveness is frequently compromised by inadequate implementation of the same due to poor political will, the prevailing societal attitudes, lack of coordination between actors, and gaps in financing. Secondly, Muhanguzi et al. (2017) argue that interventions addressing issues such as child marriage in Uganda must simultaneously challenge harmful norms while developing accessible care solutions. This dual approach is necessary because support programmes operate within social contexts that can either facilitate or undermine their implementation based on underlying attitudes towards gender and violence.

Barriers to Help-Seeking Behaviours - Social norm-related barriers prevent survivors from accessing available services. For example, survivors have been reported to face social norm-related barriers that stigmatize help-seeking as a sign of personal weakness or failure (Odwe et al., 2018). Additionally, concerns have been reported about privacy, reputation, and anticipated judgment, which can discourage

survivors from reporting incidents or participating in support programs (Haylock et al., 2016). These findings highlight the complex interplay between individual decisions and community-level normative pressures.

Transformative Approaches - Recent scholarship from Uganda by Nnyombi et al. (2022) emphasizes the importance of comprehensive education and sensitization programs that target root causes while strengthening institutional capacities. These scholars indicate that effective approaches must work at multiple levels simultaneously, challenging harmful beliefs at the community level while making care services more accessible and responsive to survivors' needs.

Despite growing attention to the relationship between social norms and SGBV support systems, some gaps remain in the literature from Uganda. There is a paucity of studies that have longitudinally measured how changing social norms directly impact service utilization rates among survivors

1.2.4 SGBV related policy and programs in Uganda

Changing social norms has become the preferred approach in global and local efforts to prevent SGBV. Increasingly, SGBV programmes are targeting transformation of social norms that justify and sustain acceptance of SGBV (Heise, 2011). The approach has been taken up by major international institutions such as UNICEF, the World Bank, Oxfam and the World Health Organization, as well as by small-scale, indigenous non-governmental organisations like Reproductive Health Uganda. Evidence suggests that social norms - shared beliefs and unspoken rules that both proscribe and prescribe behaviours - implicitly convey that SGBV is acceptable or even normal (Read-Hamilton and Marsh, 2016; Glass et.al., 2018). Therefore, sustaining prevention of SGBV requires addressing social norms that hinder human rights and perpetuate gender imbalances and SGBV. Amidst this

growing attention to social norms and SGBV prevention, little efforts have been made within programs to study social norms surrounding SGBV and access to SGBV services within interventions, yet these are context specific. Therefore, this study sought to explore the different social norms surrounding SGBV and access to SGBV care and support in Busia and Mbale districts, in order to inform the PtY programme.

CHAPTER TWO

2.0 METHODOLOGY

2.1 Introduction

This chapter presents the techniques used to obtain and utilize this OR. Qualitative methods were used to address the research objectives. The section contains research design, study settings, study population and area, data collection methods, the procedure of selecting participants, research instruments, among others.

2.2 Overall OR aim and objectives

Four interrelated objectives formed the work package of this OR.

1. To explore the different social norms surrounding SGBV in Busia and Mbale districts, in terms of root causes, prevention, and response, we shall conduct focus group discussions (FGDs) with young women and men aged 10-35 residing in the selected communities in Busia and Mbale districts.
2. To explore stakeholders' perspectives on how social norms influence SGBV in Busia and Mbale districts.
3. To explore stakeholders' perspectives on how social norms influence SGBV, access to SGBV care and support by survivors in Busia and Mbale districts, we shall conduct two stakeholder deliberative meetings, one per district.
4. To explore SGBV survivors' experiences with care and services

Objective I was performed to describe the social norms surrounding SGBV in Busia and Mbale districts, in terms of root causes, prevention, and response. The second objective II explored stakeholders' perspectives on how social norms influence SGBV. At the same time, objective III explored stakeholders' perspectives on how social norms influenced SGBV, access to SGBV care and support services. Objective

IV analysed survivors' experiences with care and services, including barriers and positive norms that influence help-seeking behaviour.

2.3 Study design

This OR was an exploratory study which employed qualitative study methods to explore the social norms surrounding SGBV and their influence on access to SGBV care and support in Uganda. We purposely conducted a *desk review* of literature on SGBV, engaged youths (10-35 years) from Busia and Mbale districts in *focus group discussions*, engaged stakeholders in *deliberative meetings*, and held *in-depth interviews* with young SGBV survivors. This data collection exercise was conducted from September 2024 to January 2025.

A qualitative approach appeared to be the most appropriate method for exploration and obtaining an in-depth understanding of the different social norms surrounding SGBV as well as survivors' experiences of accessing SGBV care and support services (Gill et al., 2008). Notably, the group discussions facilitated the understanding of the different social norms surrounding SGBV and access to care and support services (Collingridge and Ganstt, 2008; Freitas et al., 1998). Some scholars have documented that group discussions facilitate the discussion of taboo topics thanks to mutual comfort and solidarity (Bloor 2001; Hyde et al., 2005). On the other hand, in-depth interviews offered an opportunity to seek deeper information and knowledge on survivors' experiences of access to care and support services. Individual interviews enabled touching personal matters of the selected cases such as their lived experience, values and decisions, and occupation beliefs (Johnson & Rowlands, 2012). Throughout the study, we adhered to the qualitative research guidelines (Silverman and Marvasti, 2008).

2.4 Study settings: Busia and Mbale districts, Uganda

This OR was conducted in two districts of Uganda namely Busia and Mbale. The study districts were purposively selected because they are part of the six districts under the PtY Uganda. The two study districts are located in the eastern region of Uganda. They have a mixture of economic activities i.e. business and agriculture with main emphasis on food crops such as millet, potatoes, beans, simsim and sunflower. There is also fishing on Lake Victoria for Busia district and some cattle keeping across the two districts. In these districts, young people are faced with challenging SRH situations characterised with early sexual activity, early marriage and parenthood (Nalukwago, 2019). This puts young people at a risk of unintended pregnancies and sexually transmitted infections including HIV/AIDS. Within the study districts, the power to youth program is being implemented both in urban and rural areas. For this study, we selected two sub-counties per district including a rural and urban sub-county. In Mbale, the OR was conducted in the northern division of Mbale Municipality and Bufumbo subcounty while in Busia, the OR was conducted in Buteba and Majanji sub counties.

2.5 Study population

The study population comprised youths (10-35 years) residing in Mbale and Busia districts, specifically in geographies where the PtY project was implemented. Both male and female youths, married and unmarried between ages 10-35 years were engaged in the study, irrespective of their educational and occupational status. Married youths below 18 years of age were considered “emancipated minors” and therefore self-consented to participate in the study. On the other hand, consent for unmarried participants below 18 years old was obtained from participants’ parents/legal guardians, then assent was obtained from the minor participants. The study also included young SGBV survivors drawn from the general population of the study sub-counties. The survivors were identified through existing SGBV related structures

such as local council women representative, and community development structures. The OR also included key stakeholders of SGBV within the study area. These included local authorities, religious leaders, youth groups, health workers, district technical and political leaders, and NGOs working in the field of SGBV among others.

2.6 Data collection methods

2.6.1 Focus Group Discussions:

A total of 21 focus group discussions were conducted with both male and female youths, married and unmarried between ages 10-35 years in the study sites. The FGDs were conducted in the two study districts of Busia and Mbale: 11 in Mbale district (6 with females and 5 with males) and 10 in Busia district (5 with females and 5 with males). We separated female and male FGDs in order to capture gender-specific views and to encourage free and open discussions on this sensitive matter. The average number of participants per FGD was 10 and the total number of participants engaged were 210. All youths (males and females, both in or out of school, married and unmarried) aged 10-35 years older were eligible to participate and all those above the age of 35 were excluded.

The FGDs explored the different social norms surrounding SGBV in Busia and Mbale district, in terms of root causes, prevention, and response. Data from the FGDs were analysed using a thematic framework approach based on key themes, concepts and emergent categories. Quotes from the respondents were used to illustrate and emphasize the voices and points made by respondents.

2.6.2 Deliberative meetings:

For this study 52 district and local stakeholders gathered in two dialogue meetings at district level (Busia and Mbale) to discuss the social norms that influenced SGBV. The meetings also discussed how social norms influenced access to SGBV care and support services by survivors. The stakeholders engaged included local authorities,

religious leaders, youth groups, health workers, district technical and political leaders, and civil society representatives. Scholars have documented deliberative methods, such as the dialogue meetings used in this OR, facilitate free and open discussion and debate within and between citizens, policy actors, and researchers (Degeling, Carter, and Rychetnik 2015).

2.6.3 In-depth interviews:

We conducted in-depth interviews (IDIs) with young survivors to explore their experiences in accessing care and support for SGBV services (objective IV). In-depth interviews offered an opportunity to seek deeper information and knowledge on the social norms surrounding SGBV in the study communities. The interviews allowed for a better understanding of the mechanisms through which social norms influenced SGBV and access to SGBV care and support services. We used a content analysis technique that involves in-depth interpretation of the underlying meanings of the text and condensing data without losing its quality (Downe-Wamboldt 1992; Vaismoradi, Turunen, and Bondas 2013).

IDIs generated rich and detailed information concerning the survivors' experiences of accessing care and support services. A life history account was used to dig deeper into the subject of discussion (SGBV and seeking care and support services). The interviews were recorded using a tape recorder. The in-depth interview guide was used to direct the interview. The audio taped IDIs were transcribed by the researcher. The data was analysed using a thematic framework approach, following the key themes and concepts as structured in the interview guide. Relevant emergent themes that were noted during data processing were considered.

All the data collection tools (FGD guide, IDI guide) used under this study to guide face- to-face and in-depth interviews with the study respondents were developed using a gendered approach. This approach enabled the research team to create tools that capture the

experiences of diverse individuals and groups. The process involved integrating a focus on gender and intersectional identities throughout all stages of data collection, from design and implementation to analysis and interpretation.

2.7 Training of young researchers

To ensure Meaningful Youth Participation (MYP) and to build capacity for youths, ten youths were trained in research and on the content of SGBV. The trained young researchers were selected by the PtY program in consideration of their membership in the youth advocacy network. The young researchers were trained for five days on research basics, OR objectives, quality control, record taking and research ethics prior to the beginning of the data collection process. The training involved face to face talk and mock interviews to familiarize with the data collection tools. In the training, young researchers verified, adjusted and aligned the meaning of the translations of the tools into the local languages spoken in the study area. The use of various training approaches was aimed at ensuring accuracy, consistency, uniformity and validity of the dialogues.

More about the training can be seen in the photos below.

Pictorial: Training of young researchers at Eureka Hotel, Kampala

Above: Young researchers rehearsing group interviews during their research training in Kampala

2.8 Data Analysis

We used a thematic analytic approach for data analysis comprising discussion of initial thoughts and critical concepts, identifying, and reconciling codes, and naming emergent themes (Gibbs 2018a). First, verbatim transcription of the 21 focus group discussions, two deliberative meetings, and 20 individual interviews was done by the trained young researchers. Data analysis began with the lead consultant reviewing and comparing the transcripts with the audio recording to ensure that they represented the participants' statements as accurately as possible and correcting the errors to ensure methodological rigor. A coding structure consisting of themes and constructs (both a priori and emergent) was developed in an iterative process. The first version of the codebook was based on both the focus group discussion and deliberative meetings guides. The lead consultant reviewed the first five FGD & deliberative meeting transcripts (small group discussion) without the coding structure and inductively identified concepts and themes raised in the discussion. Using these and subsequent concepts and themes, the coding structure evolved to include the identification of the specific topics outlined

earlier as well as novel concepts or subtopics that allowed a greater appreciation of the depth and breadth of the data presented. The lead consultant and two other consultants independently coded the transcripts using Atlas.ti (version 22). The young researchers were also engaged in the initial manual coding which informed the development of the codebook. To improve inter-rater reliability, the consultants met regularly to review and compare the coding schemes developed by all of the coders, and to verify the coding system and make the necessary adjustments regarding overlaps and divergences (Thomas and Harden 2008). All the consultants reviewed the coded text to generate themes and identify illustrative quotations for each theme (Gibbs 2018b). All the consultants reviewed the coded text to generate themes and identify illustrative quotations for each theme (Gibbs, 2018b). The analysis was discussed among the authors and discrepancies on coding and other issues that required clarity were settled by discussion. Quotes that best described the various categories and expressed what was aired frequently in several groups were chosen. The same process was repeated when analysing IDIs data. The Consolidated Criteria for reporting Qualitative Research steered the reporting of this study (Tong, Sainsbury, and Craig 2007).

Data was collected until saturation was reached which allowed identification of all relevant aspects to answer the research question. Preliminary results were shared to the stakeholders for input and elaboration. To assess dependability, peer checking in between consultants to re-analyze some of the data was done. Consultants also discussed discrepancies on coding and other issues that required clarity and consulted the young researchers as well.

2.9 Ethical considerations

This OR protocol was reviewed and approved by the Makerere University School of Public Health Higher Degrees, Research and Ethics

Committee (number: SPH-2024-648) and National Council of Science and Technology (number: HS5024ES) (**See annex 1. Copy of approval letters**)

Consent, Privacy, and Confidentiality

Written informed consent was obtained from participants for participation in the study. Young researchers informed all study participants of their rights and risks of participating in the study. Written consent was obtained from all study participants (FGDs, IDIs, & deliberative meetings) after explaining the purpose of the study. Participation in the study was voluntary.

Throughout this study, privacy and confidentiality were emphasized. All data was collected in a private setting. Confidentiality was assured by the removal of identifiers and restriction of raw data to only those who were directly involved in the study.

Safety of participants and researchers

The study team included counsellors from local SGBV care and support institutions in Mbale and Busia, to offer counselling and link participants to further support in case it was required. The counsellors also provided standby emotional support, especially to the young researchers who dealt with secondary trauma arising from listening to traumatic SGBV experiences. Safety and well-being of young researchers was a significant component of the research training, encouraging them to know their limits, when to ask for support, and the support options available to them and participants.

2.10 Study Limitations

- We acknowledge a few limitations. First, we did not pre-test the tools and therefore did not check for the face validity of the tools; however, use of the young researchers from the study communities to translate the tools could have helped in improving the readability of the tools.

- Second, the use of group discussions successfully resulted in participants engaging with each other and responding to information offered by other participants; however, use of a group format may have limited the participation of some participants. This was minimized by conducting IDI with survivors to have detailed accounts of SGBV events and access to care and support services by survivors. Despite this, we believe the study presents important insights into the social norms surrounding SGBV and access to care and support services by survivors, hence informative for SGBV related programs and policies.

- Lastly, while purposeful sampling can be valuable for specific research goals under qualitative research designs, it can also introduce selection bias. We enhanced the objectivity of this OR by engaging participants with or without lived experiences of SGBV.

CHAPTER THREE

3.0 STUDY FINDINGS

3.1 Introduction

This chapter outlines the study findings. It reflects the content analysis of the respondents' report on social norms influencing SGBV and access to SGBV care and support services. The findings are presented in this section. Some of the typical or deviant views from respondents have been quoted in this chapter.

3.2 Characteristics of study participants

3.2.1 Socio-demographic characteristics of FGD participants

A total of 210 people were engaged in the twenty-one (21) FGDs conducted. The age range of participants was 10-35 years, and the average size of the group was 10 people. Female participants were more (59%) than the male counterparts. The socio-demographic details can be seen in the table below.

Table 1: Socio-demographic characteristics of FGD participants

FGD Identifier	FGD Type	Number of Respondents		Age range
		Female	Male	
FGD 1- Busia	Female	12	-	15-19
FGD 2- Busia	Female	10	-	20-24
FGD 3- Busia	Female	10	-	25-35
FGD 4- Busia	Female	12	-	20-24
FGD 5- Busia	Female	12	-	10-14
FGD 6- Busia	Female	10	-	20-24
FGD 7- Busia	Male	-	9	15-19
FGD 8- Busia	Male	-	12	25-35
FGD 9- Busia	Male	-	12	20-24
FGD 10- Busia	Male	-	12	10-14
FGD 1-Mbale	Female	9	-	20-24
FGD 2-Mbale	Female	10	-	10-14
FGD 3-Mbale	Female	10	-	10-14
FGD 4-Mbale	Female	9	-	15-19
FGD 5-Mbale	Female	10	-	25-35
FDG 6- Mbale	Female	10	-	25-35
FGD 6-Mbale	Male	-	9	15-19
FGD 7-Mbale	Male	-	5	20-24
FGD 8-Mbale	Male	-	10	25-30
FGD 9-Mbale	Male	-	8	10-14
FGD 10-Mbale	Male	-	9	20-24
Total		**64**	**82**	**-**

3.2.2 Socio-demographic characteristics of IDI respondents

Out of the 20 SGBV survivors interviewed in both districts; 11 were females while nine (9) were males. Half of the survivors interviewed were between ages 10 - 24 years old and 75% (15) of all survivors were married. Table 2 shows the respondents' socio demographic characteristics in detail.

Table 2: Socio-demographic Characteristics of the staff interviewed.

IDI Identifier	Sex	Age	Marital status	Highest level of Education	Employment status
R1 - Busia	M	26	Married	S.2	Cyclist
R2 - Busia	M	30	Married	O Level	Peasant
R3 - Busia	F	22	Married	P.4	Farmer
R4 - Busia	M	23	Separated	S.4	Casual worker
R5 - Busia	F	25	Married	P.4	Business
R6 - Busia	F	35	Married	S.4	Business
R7 - Busia	M	24	Married	P.6	Fisherman
R8 - Busia	M	26	Married	S.2	Cyclist
R9 - Busia	M	30	Married	O Level	Peasant
R10 - Busia	F	22	Married	P.4	Farmer
R1 - Mbale	F	19	Married	P.5	Sales charcoal
R2 - Mbale	F	18	Single	P.6	Unemployed
R3 - Mbale	M	25	Married	P.6	Mechanic
R4 - Mbale	F	27	Married	None	Unemployed
R5 - Mbale	F	29	Single	S.3	Unemployed
R6 - Mbale	M	30	Married	P.7	-
R7 - Mbale	F	19	Married	P.5	Sales charcoal
R8 - Mbale	M	19	Single	P.5	Builder
R9 - Mbale	F	19	Married	P.5	Sales charcoal
R10 - Mbale	F	18	Single	P.6	Unemployed

3.2.3 Characteristics of deliberative (dialogue) meeting participants

Out of the 52 stakeholders engaged in two dialogue meetings; 16% (8) were district leaders, 19% (10) sub-county leaders, 19% (10) service providers, 19%(10) community leaders, while 12% (6) were religious and cultural leaders. The average length of stay at STF was 6.3 years. Among the participants included LC3 Chairpersons, Community Development Officers, Chief Administrative Officers, District Health Officer, health workers, civil society representatives, Police, youth representatives, local council authorities, cultural and religious

leaders from different religious denominations among others. Figure 2 below illustrates the details.

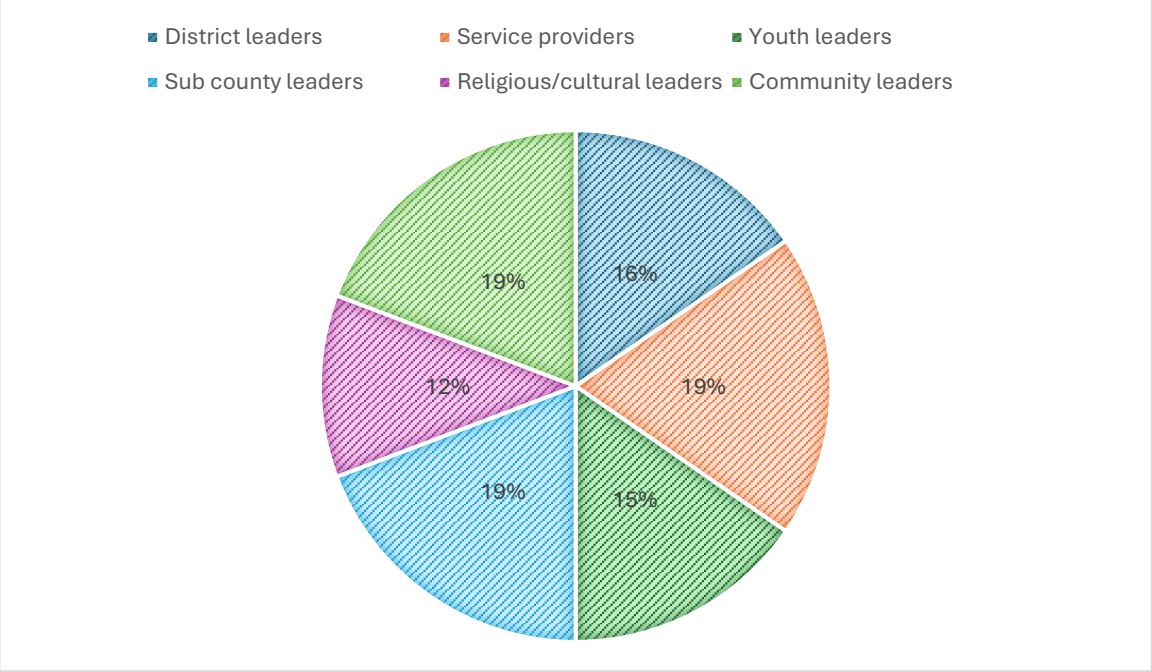

Figure 1: Distribution of participants engaged in dialogue meetings by stakeholder category

3.3 Common SGBV cases in Busia and Mbale districts

The investigation of the social norms surrounding SGBV in the study communities, started with a discussion on the common forms of SGBV in Busia and Mbale. Table 3 summarizes the common SGBV cases reported by the study participants. The findings on the common cases of SGBV are organized into five broad themes: Gender roles and expectations; justification of violence, early and forced marriages; silence and lack of reporting and cultural and traditional beliefs. These themes reflect the most repeated themes drawn from the responses of the participants.

Table 3 : Summary of the six themes and their subthemes on common SGBV cases by study district.

Theme	Sub theme	Categories by district	
		Busia	**Mbale**
Theme 1: Sexual Violence	Rape and Defilement	- Rape - Defilement - Teen pregnancies	- Rape - Defilement
	Sexual Harassment	- Public harassment of girls/women in school and community	- Sexual harassment in public, school & workplace
Theme 2: Physical Violence	Intimate partner violence	- Wife beating	- Physical assault by men
Theme 3: Economic Violence	Denial of Financial Support	- Neglect of Vulnerable Groups - Men abandoning their responsibilities	- Non provision of family requirements - Family abandonment by men - Neglect of children with disability - Belief that disabled children are a curse
Theme 4: Psychological Abuse	Emotional Abuse	- threats, coercion, and controlling behaviours from partners	- emotional manipulation, - coercion - threats
Theme 5: Forced Marriage	Early and Forced Marriages	- Forced marriages due to economic & cultural pressure.	- forced marriages - Teen marriages
Theme 6: Gender Discrimination	Cultural norms favouring males	- Male dominancy	- Gendered roles - Male dominancy

Findings on the common cases of SGBV in the study communities revealed six themes of SGBV. These included sexual violence, physical violence, economic violence, psychological abuse, forced marriage, child exploitation, and gender discrimination.

Theme 1: Sexual violence: Findings on SGBV cases related to sexual violence revealed two forms of SGBV cases in the study districts: rape and defilement as well as sexual harassment. In both Mbale and Busia, cases of rape and defilement were very common, with young girls being the primary victims. Participants reported that the rape and defilement cases were often perpetrated by both family members, and

non family members i.e., neighbours, or strangers, leading to unwanted pregnancies, health complications, and severe emotional distress. In Busia, one participant shared:

> "*There is a girl whose uncle raped her and infected her with HIV/AIDS and also impregnated her*" **17-year-old Female FGD participant.**

Similarly, in Mbale, similar cases were reported, with a notable difficulty in survivors seeking justice due to stigma and community silence.

Furthermore, findings on sexual violence related cases also revealed that in both districts there were frequent cases of sexual harassment, particularly in public spaces, workplaces, and schools. Discussions with the youths during the focus group discussions further revealed that women and girls often faced unwanted advances, touching, and verbal abuse. In Mbale, a participant described:

> "...*some men just touch us on the way, saying it's their right because we are women*", **19-year-old female FGD participant.**

Similarly, in Busia, young girls expressed discomfort with how men in their communities behaved towards them, making public spaces unsafe.

Theme 2: Physical violence: Physical violence was reported to be common in both districts, primarily targeting women who were physically assaulted by their partners over financial disagreements, suspicions of infidelity, or exertion of control. A Busia participant stated:

"*My husband comes home drunk, beats me, and then demands sex by force*", **24-year-old, Female FGD participant.**

In Mbale, participants mentioned that physical violence was normalized in many households, with women having limited avenues for reporting due to cultural expectations that discourage speaking out against one's husband.

Theme 3: Economic violence: This theme reflects views regarding cases of denial of financial support. In both study districts, participants enormously reported economic violence as highly prevalent. Participants reported that many men abandoned their responsibilities to provide for their families, leaving women to struggle with raising children alone. They indicated that this forced some women into survival sex or exploitative labour to sustain their families. A participant from Busia shared:

"*I am a businesswoman, but my husband does not want me to work. Every time I try, he beats me and tells me a woman's place is in the home*". **24-year-old Female FGD participant**.

In Mbale, economic violence was reported by participants to be linked to forced dependency, where men-controlled family finances and denied their wives access to basic needs.

***Theme 4: Psychological abuse*:** This theme reflects participants' views regarding emotional abuse. Emotional abuse was another of the major cases reported in both districts, with women facing threats, coercion, and psychological distress within their households. In Mbale, a woman explained

"When I try to complain about his drinking, he threatens to throw me out and take on another wife", **32-year-old female FGD participant**.

Similar narratives emerged in Busia, where females reported being constantly manipulated and silenced by their partners and in-laws.

Theme 5: Forced marriage: Cases of early and forced marriages were commonly mentioned by the study participants in both districts, with many girls reporting being forced into marriage by their parents due to financial struggles or cultural pressures. A participant in Busia revealed:

"*My father told me to stop asking for school fees and find a husband instead*", **18-year-old Female FGD participant.**

In Mbale, similar cases were reported to be linked to traditional expectations, where girls were married off as soon as they reached puberty.

Theme 6: Gender discrimination: This theme reflects views on gender power dynamics. Cultural norms favouring men over women were deeply rooted in both communities, restricting women's autonomy and decision-making power. A woman from Mbale stated
"When we get married, we have no rights; a woman must always obey her husband, even when he is wrong", **22-year-old Female FGD participant.**

In Busia, similar sentiments were echoed, with women expressing frustration over the cultural expectations that limited their rights. Across districts, participants reported male dominance, women's submissiveness, and gendered roles.

3.4 Stakeholders' perspectives on how social norms influence SGBV and access to care and support services by survivors in Busia and Mbale districts

Table 4: Summary of the five themes and their subthemes on social norms surrounding SGBV.

Theme	Subthemes	Subcategories
Theme 1: Gender roles and expectations	Women's submissiveness	- Women expected to be submissive in relationships and marriage
	Men's authority	- Men hold decision-making power over women's lives
	Gendered household labour division	- Girls and women perform most domestic chores, reinforcing unequal labour expectations
Theme 2: Justification of Violence	Beating as a disciplinary measure	- Beating is seen as a form of disciplining women - Beating of children to enforce obedience
	Sexual Rights of Husbands	- Women expected to fulfil sexual demands of husbands regardless of consent
	Blame on victims	- Women blamed for violence due to dress, behaviour, or being out at night
Theme 3: Early and forced marriages	Parental Control Over Marriage	- Girls forced into early marriage, often due to cultural norms, economic hardships, and social expectations.
	Bride Price and Ownership	- Perception of married women as property
	Preference for Sons	- Prioritization boys' education over girls
Theme 4: Silence and lack of reporting	Fear of stigma	- Social shame and judgment
	Family and Community Pressure	- Discouragement of reporting of violence to protect honour.
	Weak Law Enforcement	- Authorities rarely take action against perpetrators, reinforcing impunity
Theme 5: Cultural and Traditional Beliefs	Polygamy and Its Effects	- Neglect and violence against wives
	Belief in Male Dominance	- Men use violence to assert dominance over women
	Sexual Initiation Practices	- Cultural rituals expose young girls to early sexual initiation

Theme 1: Gender roles and expectations.

This theme reflected content related to the gender roles and expectations that reinforced power imbalances that contribute to SGBV. The theme was based on three subthemes. These included women's submissiveness, men's authority, and household labour division.

Women's submissiveness: Many participants reported that women and girls were expected to be submissive in relationships and marriage. Participants mentioned that women and girls were expected to obey their husbands and male figures in their lives, often enduring physical

abuse, forced sex, and economic control without resistance. Most participants both females and males believed that once a woman or girl was married, she would lose autonomy over her body and decisions, as her husband's authority would take precedence. This expectation discouraged women from reporting violence since submission was highly regarded in the study communities.

"...., *even if I refuse to engage in sex, my husband will force me because he says it is his right*", **24-year-old FGD Participant**.

***Men's decision-making power*:** This category of responses reflected the way in which men held dominant decision-making power. Majority of the participants asserted the position of men as heads of households, which gave them the authority to dictate significant aspects in the lives of their wives and other family members. For example, participants mentioned that many men did not allow their wives to use family planning methods, leading to unwanted pregnancies. Others prevented their wives from working, keeping them financially dependent and vulnerable to economic abuse. Participants further reported that men often decide when and how sexual relations occurred in marriage/relationships, with many women experiencing forced sex justified as a husband's right. One woman explained men's control of their reproductive choices:

> "*If a man hears that you used family planning, he will beat you or chase you away*", **22-year-old Female FGD.**

***Gendered division of labour*:** This category of responses reflected the way in which domestic labour was distributed between the males and females. Majority of the participants mentioned that the division of labour followed strict gender norms, where women and girls are expected to perform domestic and caregiving tasks, while men and

boys engaged in physically demanding but socially valued labour such as farming or herding animals. While women were often overburdened with household responsibilities from a young age, waking up early to fetch water, cook, clean, and take care of younger siblings, which limited their time for education. In contrast, the boys were reported to have fewer domestic duties and more freedom to pursue education and leisure.

> "*A girl must do housework because one day she will be a wife. Boys don't do such things*", **25-year-old Male FGD participant.**

> "*If I tell my husband I am tired, he says I am lazy and threatens to bring another woman*", **21-year-old Female FGD participant.**

Theme 2: Justification of violence

This theme reflected content related to the defence for SGBV practice. This theme contained three sub-themes including beating as a discipline action, sexual rights of husbands, and blame on victims. These sub-themes were derived from three categories related to justified violence.

Beating as a disciplinary action: Beating of women and children for disciplining and for obedience enforcement was normalized. Respondents reported that beating was widely accepted as a form of discipline, especially against women and children. They reported that men justify domestic violence as a way to control and correct their wives' behaviour, while parents and guardians used physical punishment to enforce obedience among children. Many women reported that they were beaten for refusing sex, questioning their husbands, or failing to complete household duties. Some women accepted physical abuse as part of marriage, believing that it is their husband's right to discipline them.

"*For us, we are used to being beaten, we no longer care*." **30-year-old Female FGD participant**

"*If a woman refuses to obey, she must be disciplined. That is how it has always been.*" **35-year-old Male FGD Participant**

"*A husband beats his wife because he loves her and wants to correct her*." **25-year-oldFemale FGD Participant**

Sexual rights of husbands/male partners: Men's unconditional sexual rights over the women were an overemphasized norm influencing SGBV. Participants in both districts mentioned that men were believed to have unconditional sexual rights over their wives, which led to marital rape and coercion being normalized. Participants noted that women were often expected to submit to their partner/husbands' sexual demands, regardless of their own desires or well-being. Participants reported that a woman's body belonged to her husband and therefore refusing sex could lead to beatings, neglect, or threats of replacing the woman with another partner/wife. Many women reported being forced into sex even when they were sick, tired, or unwilling, since men viewed sex as a marital entitlement rather than a consensual act.

"*A woman cannot deny her husband sex, if she refuses, he will beat her or find another woman*." **18-year-oldFemale FGD Participant**

"*If you are a wife, you must do what your husband wants, even if you don't feel like it*." **32-year-oldFemale FGD Participant**

Blame on survivors: This sub-theme reflects the ways in which survivors of SGBV were faulted for their experiences. Some participants reported that women and girls were held responsible for the violence they experienced, with the assumption that they must

have provoked the perpetrator through their behaviour, clothing, or movements. Survivors of rape, domestic violence, and sexual harassment often face stigma, isolation, and judgment instead of support. Participants reported that some community members believed that a woman who is raped was "asking for it" if she was out late or dressed in an 'inappropriate' way, while others argued that wives who were beaten must have disrespected their husbands. The participants further mentioned that this normalization of victim-blaming prevented many survivors from reporting SGBV cases, as they feared retaliation or social rejection. The male participants emphasized that this was the reason male survivors remained quiet.

> "*People say if a girl is raped, she must have done something to invite it—maybe she dressed badly or walked at night*." – **25-year-old -Female FGD Participant**

> "*When a man beats his wife, people ask, 'what did she do?' instead of asking why the man is violent.*" **–32-year-old - Male FGD Participant**

Theme 3: Early and forced marriages

This theme reflected content related to the ways in which early and forced marriages were putative. This theme contained three sub-themes including parental control over marriage, bride price and ownership, and preference for sons. These sub themes were derived from categories related to early and forced beliefs.

***Parental control over marriage*:** This sub-theme is related to the ways in which parents-controlled marriage initiation and sustenance. Participants in both districts reported that teen and forced marriages were common, as some parents saw their daughters as economic assets, marrying them off in exchange for bride price or to reduce the family's financial burden. Furthermore, the participants reported that

education was often deprioritized for girls, as parents believe that a girl's ultimate role is to be a wife and mother. It was mentioned that many girls who resisted forced marriages faced violence, threats, or rejection from their families. Participants further mentioned that some girls were even forced out of school so that they do not "waste resources" that could be used for their brothers.

"*My father told me that school is useless for girls because in the end, I will get married. He said it is better to marry me off and get cows in return*." – **25-year-old Female FGD Participant**

"*In our culture, a girl does not choose a husband. Her parents decide for her. Even if she refuses, she must obey.*" – **22-year-old Male FGD Participant**

"*I wanted to study, but my parents said education is for boys. They forced me to marry an older man, and I had no choice.*" – **21-year-old Female FGD Participant**

"*Some fathers say a girl should marry early before she brings shame to the family by getting pregnant outside marriage*." – **19-year-old Female FGD Participant**

Bride price and ownership: This sub-theme reflects the ways in which the practice of bride price reinforced the idea that women are property rather than equal partners in marriage. When a man pays a bride price (dowry) for his wife, it is often interpreted as a transaction, giving him full control over her decisions, body, and behavior. Many men believe that after paying bride price, their wife owes them obedience, sexual submission, and labor. This financial exchange limits women's autonomy, as they are often discouraged from leaving abusive marriages because their families fear having to return the bride price.

In cases of domestic violence, women are told to endure abuse because they "belong" to their husbands. Some men even use bride price as justification for marital rape, forced labor, and restricting their wives from working or studying. The idea of ownership through bride price is a major driver of gender-based violence and inequality in many households.

> "*In our culture, once a man pays bride price, the woman belongs to him. Even if she wants to leave, her family will say no because they don't want to return the cows or money.*" – **29-year-old Male FGD Participant**

> "*When my sister was beaten badly by her husband, she ran home. But our father told her to go back because the man had paid for her and returning her would bring shame to the family.*" – **21-year-old Female FGD Participant**

Preference for sons: This sub-theme reflects the ways the boy child was favoured over their counterparts. Participants in both Busia and Mbale districts reported that most families often prioritize boys' schooling and economic investments, believing that sons will continue the family name, provide financial support, and inherit property, while daughters are seen as temporary members who will marry and leave and thus not worth the investment of education. Participants further mentioned that this preference for sons resulted in girls being denied education, forced into teen marriage, or overburdened with domestic work, reinforcing their lower status in society. They also reported that in some cases, mothers faced abuse or pressure from their husbands and in-laws for failing to give birth to sons.

> "*... My parents told me that educating girls is a waste of money because I will get married and leave. They said my brother needs*

school more than me because he will take care of the family", **27-year-old – Female FGD Participant.**

"*When my wife gave birth to a third girl, my family pressured me to marry another woman who could give me a son. They said a man without a son has no future*", **29-year-old – Male FGD Participant**.

Theme 4: Silence and lack of reporting.

This theme contained three sub themes of responses including; fear of stigma, family and community pressure, and weak law enforcement

Fear of stigma: Findings on social norms surrounding SBGV revealed that cultural norms and societal attitudes blame victims rather than holding perpetrators accountable, making survivors feel ashamed, isolated, or even responsible for the violence they endured. Study participants mentioned that survivors of rape, domestic violence, or forced marriage often feared being judged by their families and communities, which led them to stay silent rather than report the abuse. In both communities, survivors were given stigmatizing labels such as "spoiled" or "bad women," making it difficult for them to marry, reintegrate into society, or access justice. Findings revealed that the stigma surrounding sexual violence was so severe that some families pressured victims to remain in abusive marriages rather than "bring shame" to the household. This fear of being socially ostracized allowed perpetrators to act with impunity, knowing that many cases would go unreported.

"In my village, if a woman reports her husband for beating her, people call her a troublemaker. They say, "She wants to break her marriage instead of enduring like other women", **34-year-old – Female FGD Participant.**

"*When my cousin was sexually assaulted, her own family told her to keep quiet. They said reporting would shame them and ruin her chances of getting married*." – **22-year-old – Female FGD Participant**

"*A woman who speaks out is seen as disrespectful. If you complain about violence, people say you are disgracing your family*." **– 30-year-old – Female FGD Participant**

Family and Community pressure: Family and community pressure play a significant role in perpetuating SGBV and discouraging survivors from seeking justice or leaving abusive situations. Many women are pressured to endure domestic violence, forced marriages, or marital rape to protect the family's reputation. Families often prioritize maintaining social harmony over the well-being of survivors, urging them to stay silent rather than expose abuse. Some women who try to leave abusive marriages are shamed, threatened, or even forced to return. In cases of sexual violence, families discourage survivors from reporting to avoid "bringing shame" to the family. Relatedly, the social pressure influences men to conform to perpetration of violence. This reinforces cycles of violence, as perpetrators know that communities will protect them rather than support victims.

"In this village, when a woman complains about her husband, people say she is disrespectful. They tell her to apologize even when she is the one suffering." – **28-year-old Female FGD Participant**

"I wanted to leave my abusive husband, but my in-laws said, 'If you leave, you disgrace our family name. Stay and fix your marriage.'" – **26-year-old Female FGD Participant**

Weak law enforcement: Several measures to minimize risks were existent and recognized by participants as strategies for reducing risk and staying safe. These included the local councils, the clan system, police, and the paralegal structure. Survivors who tried to report domestic violence, rape, or forced marriage were reported to often have experienced delays, corruption, or outright dismissal of their cases. They mentioned that some police officers failed to take SGBV reports seriously, blamed victims, or demanded bribes before taking action. In many cases, perpetrators of violence walk free because of ineffective investigations or community interference, where families settle cases informally rather than seeking justice. Survivors also feared reprisals from their abusers, especially those known to them. The weak enforcement emboldens perpetrators, making it difficult to break the cycle of violence.

> *"When my friend was raped, we went to report, but the police officer asked her, 'Why were you walking alone at night?' Instead of helping her, they blamed her. They told us to bring money if we wanted them to 'push' the case. Since we had no money, nothing was done. The man who raped her is still free, walking in our village, while my friend lives in fear.*" **–24-year-old Female FGD Participant**

> *"I tried to report my husband for beating me, but the local leader said, 'This is a family matter, go home and talk to him.' I was sent back to the same house where I was beaten. The next time he beat me even more because I had reported him.*" **– 29-year-old Female FGD Participant**

Theme 5: Cultural and traditional beliefs.

This theme of cultural and traditional beliefs related to cultural beliefs

surrounding SGBV.

Polygamy and its effects: This category of responses reflects the ways in which polygamy was normalized in these communities and its SGBV-related effects. Participants, especially those in polygamous marriages reported that they experienced neglect, economic deprivation, and increased domestic violence. They reported that when some husbands take another wife, the first wife often loses financial and emotional support, leaving her and her children vulnerable. They further mentioned that jealousy and competition between co-wives also led to conflict, emotional abuse, and even physical violence between co-wives and/or husbands. Additionally, they mentioned that some men used polygamy to control and manipulate women, threatening to take another wife if their current wives did not submit to their demands. Women in polygamous marriages often lack power to negotiate their rights, especially in cases of sexual coercion and family decisions. Participants emphasized that the practice of polygamy reinforced male dominance. One respondent remarked,

> "*In polygamy, women are treated like property. A man can marry as many as he wants, but if a woman leaves, she is called a disgrace*", **16-year-old Female FGD Participant.**

***Male dominance*:** Men are considered the heads of households, with absolute authority over their wives, children, and household decisions. This power imbalance allows men to control women's choices, including their education, employment, reproductive rights, and freedom of movement. Many men believe that women must be submissive and obedient, and if a woman challenges her husband's authority, violence is seen as an acceptable way to discipline her. This belief system also justifies marital rape, economic control, and restrictions on women's independence. As a result, many women lack autonomy and are forced

to tolerate abusive situations because their culture and society reinforce male superiority.

> *"A man owns his wife. She must do what he wants, even if she does not agree. That is how it has always been."* – **19-year-old Male FGD Participant**

> *"If a woman refuses to cook or clean, she is disrespecting her husband. A man must show her who is in charge."* – **35-year-old Male FGD Participant**

> *"My husband tells me, 'I am the man, and what I say is final.' Even if I want to work or study, he will not allow it."* – **18-year-old Female FGD Participant**

> *"In our culture, women do not question men. If she does, she must be disciplined so that she remembers her place."* – **30-year-old Male FGD Participant**

> *"A woman who argues with her husband is considered a bad wife. People will say she is bringing shame to her family."* – **32-year-old Female FGD Participant**

> *"Men say they are born to lead, and women are born to serve. If a woman tries to be independent, people say she is trying to be like a man."* – **25-year-old Female FGD Participant**

Sexual initiation practices: In some communities, sexual initiation practices are deeply embedded in cultural traditions and are seen as a way to prepare young girls for marriage as early as adolescence. These practices often forced or coerced sexual experiences, where girls undergo rituals or traditional teachings that expose them to sexual exploitation, early marriage, and abuse. In some cases, older women

or community elders taught young girls how to please a man sexually, while in others, girls were subjected to practices like genital inspection, forced defloration, or arranged sexual encounters. These harmful traditions violate the rights of young girls and reinforce gender inequality, as boys rarely undergo similar practices. Survivors of these rituals often face trauma, health complications, and limited control over their own sexual and reproductive rights.

> "*In our village, when a girl reaches puberty, she is taken to older women who teach her how to behave with a husband. They say if you refuse, no man will marry you*", – **20-year-old Female FGD Participant**

> *"There is a tradition where a girl must be checked to see if she is a virgin before marriage. If she is not, she is shamed and sometimes beaten by her family*", – **25-year-old Female FGD Participant**

> "*Some families arrange for a girl's first sexual experience to happen before she gets married. They believe she must prove she is ready for a husband*", – **32-year-old Female FGD Participant**

> "*I was forced to go through a ritual where they said I had to be 'prepared' for marriage. I did not understand, but I knew I could not refuse. Later, I realized they took away my choice*", – **22-year-old Female FGD Participant**

> "G*irls are taught that they must always please their husband, even if they do not want to. If a girl resists, she is told she is not a real woman*", – **29-year-old Female FGD Participant**

3.5 Stakeholder's perspectives on how social norms influence SGBV and access to care and support services by survivors in Busia and Mbale district

Table 5 summarizes the key results on study objectives 2 and 3, which sought to explore stakeholder's perspectives on 1) how social norms influence SGBV and 2) how social norms influenced access to care and support services by survivors in Busia and Mbale district. The findings are organized into seven broad themes: normalization of violence; marital sex obligations and submission; male power and female disempowerment; service provider challenges; cultural rituals, harmful traditions, and religious interpretations; economic dependency; and victim blaming, shame, fear of public exposure, and gendered moral policing.

Table 5: Summary of the seven themes and their sub themes on stakeholders' perspectives on how social norms influence SGBV and access to care and support services by survivors.

Themes	Sub themes	Categories
Theme 1: Normalization of violence	• Physical violence accepted as normal	• Wife beating a sign of love • Wife beating is a disciplinary measure
	• Sexual violence accepted as normal	• Aggressive sexual behaviour is excused and encouraged during cultural rituals
Theme 2: Marital obligations and submission	• Marital rape not condemned	• Marital rape is often not recognized as violence.
	• Sexual submission as a moral or spiritual duty	• Women are expected to submit to sex at any time, even against their will.
Theme 3: Male power and female disempowerment	• Male dominancy • Female submissiveness	• Men are given unchecked power over women, which they use to control property, sex, and decisions in the home
Theme 4: Cultural rituals, harmful traditions, and religious interpretations	• Cultural rituals • Harmful traditions	• Ceremonial songs and initiation practices encourage sexual aggression and objectify women

	• Religious interpretations	• Religious preaching reinforces sex as an obligation
Theme 5: Victim blaming, shame, fear of Exposure, and gendered moral policing	• Victim blaming and shame • Victim shame • Fear of exposure • Gendered moral policing	• Survivors are blamed for being raped or abused. Communities often side with perpetrators, or they silence the victims
Theme 6: Service provider challenges	• Justice barriers	• Cases are withdrawn or 'negotiated' at the family level. • Police and leaders are often bribed or dismissive
	• Training capacity gaps • Lack of Sensitivity • Psychological toll on providers	• Health workers and police often lack the skills or empathy to support survivors
Theme 7: Economic dependency	• Female economic dependency status • Economic survival and transactional sex practices • Lack of economic empowerment for women	• Women's reliance on men for financial support • Women dependents on men • Poverty driving young girls into sexual exploitation • Poverty and transactional sex

Theme 1: Normalization of violence

This theme reflected content related to acceptance of violence. In both Busia and Mbale, stakeholders reported that violence—particularly physical and sexual violence within intimate relationships was heavily normalized, often framed as a symbol of love, discipline, or male authority. They further mentioned that this normalization silenced survivors and discouraged them from seeking help, as their experiences were routinely dismissed or trivialized. In Busia for example, service providers emphasized that women often don't report cases of SGBV because it is seen as part of marital life. A police officer explained,

"*Even when wives are beaten by their husbands, it is okay—they*

[wife] say that is love. When you go to report, they say: 'You are just reporting that you are beaten? Go back to your husband and settle", **Service provider, Busia**

Furthermore, the stakeholders explained that the casual dismissal of violence not only diminished the survivor's pain but also blocked access to justice, health, and psychosocial support services. In Mbale, however, while the normalization still existed, stakeholders noted a growing awareness of the psychological toll such violence takes—especially with forms such as emotional abuse and silent treatment. District leaders in Mbale pointed out that during cultural ceremonies like Imbalu (circumcision season), aggressive behaviour is excused and even encouraged. As one cultural leader explained,

"*The nature of Kadodi is provocative and kind of rough. The songs sung during circumcision are obscene and incite sexual behaviour. People think it's just fun, but it fuels SGBV*", **Cultural Leader, Mbale**

Theme 2: Marital sex obligations and submission

This theme reflected content related to the view around the expectation that women must always submit to their husbands' sexual demands, regardless of their consent or comfort. Stakeholders in both Mbale and Busia alluded that marital obligation and submission was a deeply entrenched belief that fuelled marital rape. Moreover, they said that marital sex obligations were rarely recognized as a form of SGBV due to the assumption that marriage granted automatic sexual access. In Busia, district leaders highlighted how such expectations were tied to property-like views of women. One local leader shared,

"*A wife has no full authority over her body. When a man wants, she must be ready. Even in bed, a woman should not turn her back—she must face her husband so he can access the service at*

any time. If she resists, violence starts"**, Community leader, Busia**

Stakeholders further discussed that these marital expectations compromised women off bodily autonomy and silenced any attempt to report abuse, especially when the violence was sexual but occurred within marriage.

In Mbale, the issue of marital obligations and submission was compounded by religious and cultural reinforcement of these beliefs. A religious leader plainly stated,

"*In Islam, if a man wants sex and the woman refuses, she is cursed throughout the whole night. That's why we say it's normal for a man to force… even when women say no, they don't mean it. So, we take it as normal*"**, Religious leader, Mbale**

Some stakeholders mentioned that such marital interpretations not only justify coercion but also blurred the lines between consent and obligation, making it harder for survivors to even recognize their experiences as violations.

Additionally, in Busia, the language of property and entitlement dominates the discourse on marital obligations, while in Mbale, religious leaders explicitly codified sexual submission as a moral or spiritual duty. In both cases, women who resist or speak out are often blamed for disrespect or rebellion. This cultural silencing creates a cycle where marital rape and coercion are accepted as part of "normal" life, leaving survivors without safe spaces or legal recognition.

Theme 3: Male power and female disempowerment

This theme reflected content related to the reviews around patriarchal norms related to men being natural holders of power. Across Busia and Mbale, patriarchal norms deeply embed the idea that men are the

natural holders of power, both in private and public life, while women were expected to be obedient, dependent, and silent. Stakeholders mentioned that this power imbalance directly influenced whether women could report violence, seek justice, or even access basic services without male approval. In Busia for example, stakeholders emphasized that men's authority extended to all household decisions, including control over resources women may have worked for. A district leader explained,

> "*A woman can work hard, raise chickens, even buy a goat but she cannot sell it without the man's permission. If she tries on her own, they fight and sometimes the marriage ends. Even if she contributed to building the house, the man says it's his because he's the 'head*", **District leader, Busia**

Stakeholders in both districts emphasized that the power imbalances disempowered women, leaving many women economically trapped in violent situations with no viable exit.

In Mbale, service providers and local leaders described a similar power dynamic, but with a particular emphasis on how it manifests in service access and decision-making. A female health worker noted,

> "*In our community, a woman cannot go for family planning without the husband's consent. If she does, she risks being beaten or chased from home. Even reporting violence—she needs his permission*", **Service provider, Mbale**

While Busia's discussions often centered around resource control and economic disempowerment, Mbale's testimonies revealed how male dominance extends into women's bodies and health decisions, making even medical help a contested terrain.

In both districts, male power was not only reported to be socially sanctioned but also legally and structurally unchallenged. This was

reported to create a pervasive culture where women's agency was constrained at every level. District leaders emphasized that these norms perpetuated SGBV by making it harder for women to leave, report, or recover from abuse, and any attempt at resistance was often framed as disobedience or dishonour.

Theme 4: Cultural rituals, harmful traditions, and religious interpretations

This theme reflected content related to cultural rituals, harmful traditions, and religious interpretations. In both Mbale and Busia, stakeholders discussed traditional and religious structures that reinforced social norms that perpetuated SGBV and obstructed survivors' access to care and support services. These influences ranged from ceremonial practices to faith-based interpretations of gender roles, which normalized male dominance and female submission. In Mbale, stakeholders frequently referenced the *Imbalu* (male circumcision) season and associated rituals as key drivers of sexual violence. A district leader noted,

> "*The nature of Kadodi [a dance during male circumcision] is provocative and rough. The songs during the circumcision season are obscene. They incite sexual behaviour and make boys feel like they've become men, ready for anything–even forced sex. When you're told you are now a man after circumcision, you're expected to prove it, even if that means aggression*", **District leader, Mbale**

Stakeholders in Mbale mentioned that the Imbalu rituals carried messages that equate masculinity with sexual entitlement and aggression.

In Busia, however, the influence of religious interpretation was overtly discussed by the stakeholders especially about sex as a marital

obligation. These beliefs framed male sexual dominance as divinely ordained and female resistance as immoral or sinful, making it difficult for women to define their experiences as violence, let alone report them. In both districts, stakeholders mentioned that the harmful traditions and spiritual justifications denied women the right to consent, bodily autonomy, and justice.

Theme 5: Survivor blaming, shame, fear of exposure, and gendered moral policing

This theme reflected content related to how SGBV survivors were treated and viewed. In both Busia and Mbale, stakeholders discussed how survivors of SGBV faced a toxic blend of victim blaming, public shaming, and gendered moral scrutiny that severely discouraged them from reporting or seeking help. They further highlighted that women and girls were greatly affected because they were often viewed as the cause of the violence they experienced. In Busia, youth leaders highlighted how survivors were humiliated instead of supported:

> "*When a girl gets raped or conceives in adolescence, the community sees it as normal. They don't help her, they just ask, what were you doing there? What were you wearing?' So, she stays silent. But if a boy defiles someone, they clap for him, saying, 'you're now a real man*"**, Youth leader, Busia**

Relatedly, another respondent noted that some families intentionally placed girls in situations where abuse was likely, as a way of initiating early marriage or "testing" their marketability.

In Mbale, the issue was magnified by the fear of public exposure and betrayal by local leaders. It was discussed that survivors often avoided reporting because confidentiality was rarely respected. One district stakeholder described,

> "*You report to the local council, and by evening, the whole*

village knows. People start pointing fingers, gossiping, laughing. That fear alone stops many from speaking up", **District leader, Mbale**

Stakeholders mentioned that the non-confidentiality of leaders resulted in a chilling silence around SGBV, especially for younger survivors or those assaulted by family members.

Furthermore, what differentiates the two contexts (Busia and Mbale) is how blame and shame were culturally enforced. In Busia, there is a heavy focus on gender roles and reputation, where women carried the burden of preserving family honour and any violation, real or perceived, marked them as morally compromised. On the other hand, in Mbale, the emphasis was on community surveillance and lack of safe reporting spaces, where survivors risked further harm just by telling their story. However, in both districts, stakeholders discussed that these norms created a climate of fear and silence that emboldens perpetrators and isolates survivors.

Theme 6: Service provider challenges

This theme reflected content related to the challenges experienced by SGBV service providers while extending their respective services to survivors. In both Busia and Mbale, frontline service providers such as police officers, health workers, and local leader were reported to face significant challenges in responding effectively to SGBV cases. The challenges discussed by the stakeholders included limited training, personal biases, burnout, and lack of survivor-centered approaches, all of which hindered survivors' access to care and support services. In Busia for example, health and legal professionals pointed out that many victims were turned away or discouraged due to provider incompetence or indifference. One participant shared:

"*Some survivors come with clear signs of violence—maybe*

infections or injuries—but the health workers don't even probe. They just treat what they see. If you don't ask the right questions, you'll never know she was raped or abused. That's how many cases go undocumented", **Service provider, Busia**

The service provider added that survivors often feared seeking care because they're afraid of being blamed or misunderstood, especially when providers themselves lacked empathy or awareness of SGBV protocols.

In Mbale, while providers acknowledged similar capacity gaps, they also emphasized the emotional toll of the work and how deep-rooted community norms influenced even trained professionals. A service provider confessed,

"*I work with a civil society organization. Even when we receive serious cases like incest or rape, some colleagues still say, but what was she wearing?' or 'Maybe she provoked him. Sometimes even myself, I have to pause and remind myself, this is not about blame. It's about safety*", **Service provider, Mbale**

In both districts, staff burnout due to overwhelming caseloads and a lack of psychosocial support for providers was a recurring concern during the deliberative meetings.

Theme 7: Economic dependency

Economic dependency emerged as a major underlying factor influencing both the prevalence of SGBV and survivors' inability to seek support in Busia and Mbale. In both districts, stakeholders alluded that women's reliance on men for financial stability severely limited their capacity to leave abusive relationships, report violence, or access healthcare and legal services. In Busia, district leaders shared how men use economic control as a tool for dominance.

In Mbale, participants highlighted how poverty drove girls and young women into transactional sex or early marriage, exposing them to abuse without recourse. A health worker reflected,

> "*Girls here are desperate. They go with older men just to survive. They need sanitary pads, food, and soap. Some families even encourage it. And when abuse happens, they can't report because the man provides. The family would rather keep quiet than lose the support*", **Service provider, Mbale**

In such scenarios, stakeholders mentioned that access to SGBV support would be secondary to economic survival. The difference between the two districts lied in the form this dependency happened. In Busia, the focus was on married women's lack of economic autonomy, where even their own earnings were controlled by men. On the other hand, in Mbale, the issue affected adolescent girls and out-of-school youth who were vulnerable to economic exploitation and sexual coercion due to household poverty.

3.6 Experiences of accessing care and support by SGBV Survivors

Table 6 summarizes the key results on study objective 4, which sought to explore experiences of survivors in seeking SGBV care and support services in Busia and Mbale district. The results shared under this subsection of the report are drawn from survivors' lived experiences. The findings are organized into seven broad themes: stigma and victim-blaming, family and community pressure, economic barriers to seeking support, fear of retaliation, weak law enforcement and corruption, limited access to medical and psychological support as well as cultural and religious barriers.

Table 6: Summary of the seven themes and their sub-themes on experiences of access to SGBV care and support services social norms surrounding SGBV

Themes	Sub themes	Categories
Theme 1: Stigma and victim-blaming	• Survivors blamed for seeking help	• Shaming survivors
	• Discouraged from reporting	• Discouragement from reporting abuse
Theme 2: Family and community pressure	• Pressure to reconcile	• Families forcing survivors to forgive
	• Fear of family dishonour	• Pressure to maintain family dignity
Theme 3: Economic struggles	• Financial dependence on abusers	• Lack of financial independence
	• Lack of resources to access care	• Inability to afford medical or legal help
Theme 4: Fear of retaliation	• Threats and intimidation preventing survivors from seeking support	• Survivors fearing retaliation from abusers or their families
Theme 5: Weak justice system	• Police bribery	• Cases dismissed due to bribery
	• Lack of case follow-ups	• No follow-ups on survivors
	• Impunity for perpetrators	• Police discouraging legal action
Theme 6: Limited Access to Medical and Psychological Support	• Limited health facilities,	• Long distances to health centres
	• Judgmental healthcare providers,	• Lack of confidential services and negative staff attitudes
	• Lack of psychological and Emotional care	• Emotional distress, trauma, suicidal thoughts due to lack of support
Theme 7 Cultural and Religious Barriers	• Religious leaders advocating for forgiveness	• Clerics advising women to stay in abusive relationships
	• Cultural silence around SGBV	• Cultural silence

Theme 1: Stigma and victim-blaming.

Findings show that survivors of SGBV often faced stigma and blame from their communities, families, and even service providers, making them hesitant to seek help. According to the respondents, many of them were accused of provoking the violence by their actions, dress

code, or behaviours. As a result, survivors experienced shame, fear, and isolation, preventing them from accessing medical, legal, or psychological support, one respondent reported.

Theme 2: Family and community pressure to forgive.

Findings on survivors' experiences of seeking help revealed that many survivors were pressured by family and community members to reconcile with their abusers, rather than seek justice or medical care. In some cases, survivors were forced to marry their perpetrators to "restore family honour." Some respondents reported that parents and guardians sometimes discouraged reporting SGBV to the police, fearing social shame or economic loss, especially if the perpetrator was a family member or a respected community figure. As remarked by these respondents:

> "*I was raped by my uncle, and my family ignored it. I had no one to talk to*", **Female survivor, Busia**

> "*They told me to endure because marriage is about patience*", **Female survivor, Mbale**

Theme 3: Economic struggles.

Findings from survivors' life history show that survivors who were financially dependent on their abusers found it difficult to leave abusive relationships or access necessary support services. Many respondents lacked the money for transportation to report cases, medical treatment, or legal fees, forcing them to endure violence in silence. Some survivors resorted to transactional sex for survival, worsening their vulnerability to exploitation.

> "*Some girls engage in early sex because they have no other way to get money*." **Female survivor, Mbale**

Theme 4: Weak justice system

When narrating their experiences of seeking help, many survivors reported encountering barriers within the justice system, including police corruption, bribery, and negligence. Some respondents reported that some police officers demand bribes before handling cases, while others mediate cases informally, thereby allowing perpetrators to escape justice. Additionally, some survivors who attempted to report SGBV cases were often discouraged from pursuing legal action, leaving them without protection or recourse. One respondent in Busia remarked:

> *"The man who raped me was arrested, but his family paid off the police, and he was released",* **Female survivor, Busia**

Theme 5: Fear of retaliation from perpetrators

Findings on survivors' experiences of seeking help highlighted that many survivors did not seek care or report their cases due to fear of retaliation from their abusers or their families. Some respondents mentioned that some perpetrators often threaten survivors with violence, social exclusion, or economic harm if they spoke out. In some cases, survivors were forced to relocate to avoid further abuse or threats from their attackers. One respondent in Mbale reported:

> *"My stepfather threatened me when I tried to resist, so I left home",* **Female survivor, Mbale**

Theme 6: Limited access to medical and psychological support

Many survivors interviewed reported struggling to access medical treatment and psychological care due to long distances to health centers, high costs, or the insensitivity of healthcare workers. Some survivors mentioned that they avoided seeking medical help due to the fear of being judged or blamed by healthcare providers. Additionally, many health facilities lack trained counsellors, leaving survivors without necessary trauma-informed care.

"I was sick from infections, but I had no one to help me. I suffered alone", **IDI with Female survivor, Mbale**

Relatedly, most survivors reported experiencing long-term emotional distress, including depression, anxiety, PTSD, and suicidal thoughts. Some respondents mentioned that seeking care often re-traumatized them due to insensitive service providers, lack of support, and repeated failures in the justice system. Many survivors struggled with self-worth, trust issues, and mental health conditions because of their experiences. One respondent said:

"I felt so bad and even tried to kill myself, but it didn't work", **IDI with Female survivor, Busia**

Theme 7: Cultural and Religious Barriers to Seeking Help

Findings from the life history analysis of survivors show that some religious and cultural beliefs discouraged survivors from reporting abuse. Respondents mentioned that these instead emphasized forgiveness and endurance. Additionally, survivors reported that some religious leaders advised them to stay in abusive marriages, believing that divorce or seeking justice contradicted cultural or spiritual values. Related, survivors highlighted cultural traditions that stigmatized women who left abusive relationships, making it harder for survivors to seek support.

*"They told me to endure because marriage is about patience"***, IDI with Female survivor, Mbale**

3.7 Facilitators of access to care and support by SGBV survivors

Table 8 summarizes the key results on the experiences of survivors in seeking SGBV care and support services in Busia and Mbale districts. The findings are organized into two broad themes: existing community

structures and existing programs. These themes reflect the most repeated themes drawn from the responses of the participants.

Table 7: Summary of the two themes and their subthemes on facilitators of access to SGBV care and support services by SGBV survivors

Theme	Sub theme	Category
Existing community structures	• Male champion structure	• Some men actively advocate against SGBV and support survivors in accessing care.
	• Community support networks	• Support groups or informal networks that encourage survivors to seek help.
	• Religious Institutions advocacy	• Religious leaders promote justice
	• Cultural leaders support	• Elders encourage victims to speak out and report perpetrators.
Existing programs	• Legal awareness and rights Education	• Existing legal awareness program
		• Media advocacy on SGBV
	• Media advocacy on SGBV	• Radio and TV programs educate the public on available SGBV support services.
	• Health facility outreach Programs	• Outreach programs to offer free medical care for survivors.
	• Economic Empowerment and Women's Groups	• Women's savings groups provide financial independence, helping survivors seek support.

Theme 1: Existing community structures

This theme reflects content related to the structures at community level which facilitated help seeking by survivors. Respondents reported several structures which helped the survivors to seek care and support services. These structures included community support networks, religious and cultural institutions and beliefs, male champion structure as well as the local council structure and police.

In both Mbale and Busia, study respondents reported that in some communities, support groups and informal networks existed and played a crucial role in encouraging survivors to seek medical, legal,

and psychological help. The networks reported included women's groups, local leaders, or peers. Respondents mentioned that these structures provided survivors with a safe space to share their experiences, access resources, and receive guidance on where to seek assistance. Some survivors reported that women's savings groups and economic empowerment programs provided survivors with resources to start over, hence reducing their dependency on abusive partners.

> "*Our savings group helped me leave my abusive husband and start over. Now, I can take care of myself",* **Female survivor, Mbale**

Furthermore, respondents also reported some faith-based organizations and religious leaders which actively supported SGBV survivors by encouraging them to report cases, link them to legal aid services, and advocating for justice. Respondents further noted that some religious leaders helped to counter harmful beliefs that pressured women to endure abuse, making faith spaces a source of protection and empowerment for survivors. These findings align with the discussions with key stakeholders. As one religious leader at the Mbale district deliberative meeting remarked:

> *"Our church helps survivors by linking them to legal aid services and counselling centres. We don't tolerate abuse",* **Religious leader, Mbale**

Relatedly, respondents reported some positive traditional beliefs that encouraged survivors to speak out and report their cases. In some communities, for example, elders insist that perpetrators be held accountable, reinforcing the idea that seeking justice is the right thing to do rather than a source of shame.

> *"In our culture, elders insist that SGBV cases should be reported to authorities instead of being settled at home",* **Community elder, Busia**

Lastly, deliberative meeting participants reported a structure of male champions who advocated against SGBV. They mentioned that some men within their communities actively supported survivors, spoke out against SGBV, and challenged harmful gender norms. These male champions served as role models, showing that protecting survivors is not just a women's issue but a collective responsibility.

> "*We, as men, have a role in ending SGBV and helping survivors seek justice. It's our responsibility too*". **Male Advocate, Mbale**

Theme 2: Existing programs

This theme reflects content related to the existing programs related to SGBV. Respondents reported a few existing programs that helped the survivors to seek care and support services, or through education, referral, and service delivery. These programs included a legal awareness and rights education program, a health facility, and outreach programs as well as radio advocacy programs. Among the programs reported was the legal literacy program, which participants believed that it empowered survivors to know their rights and seek justice. They mentioned that this program included strategies such as community workshops, radio shows, and outreach initiatives that educated survivors about available free legal aid, protection orders, and justice mechanisms.

> *"I learned from a radio program that survivors can get free legal help, and I finally got justice",* **Female survivor, Mbale**

Relatedly, respondents reported that some health facilities offered specialized outreach programs that provided free medical care, counselling, and post-rape treatment for survivors. Respondents

mentioned that such initiatives removed barriers like transport costs and stigma, ensuring that even those in remote areas can receive help.

> *"The hospital team visits communities to provide care to survivors who can't afford to travel to health centers"*, **Health worker, Busia**

Lastly, respondents reported some radio, TV, and digital platforms that played a key role in raising awareness about SGBV and providing information on where survivors can seek help. They mentioned that these media campaigns normalized reporting abuse and challenged harmful gender norms. One respondent remarked that:

> *"Through the radio, I knew where to get help after being assaulted. I wouldn't have known otherwise"*, **Female survivor, Mbale**

3.8 Barriers to access to care and support for SGBV survivors

Table 8 summarizes the key results on barriers to access to care and support for SGBV survivors in Busia and Mbale district. The findings are organized into five broad themes: Gender roles and power dynamics and existing programs, marriage and early unions, sexual norms and Control, economic inequality, and community attitudes. These themes reflect the most repeated themes drawn from the responses of the survivors' life history.

Table 8: Summary of the five themes and their sub themes on social norms and other factors hindering access to SGBV care and support services by survivors

Theme	Sub themes	Categories
Theme 1: Gender roles and power dynamics	• Patriarchal decision making	• Men are primary decision makers • Females must be submissive

	• Masculinity and emotional suppression	• Social belief is that men must be "tough,"
	• Expected female obedience	• Women are expected to endure hardships in marriage, including violence
	• Lack of voice for females	• Women's views are often dismissed, especially in male-dominated homes
Theme 2: Marriage and early unions	• Child/early marriage norms	• Girls are expected to marry young, especially after pregnancy or puberty
	• Forced/arranged marriages	• Girls are married off without their consent due to family pressure or financial stress
	• Teen boys considered mature	• Teen boys stay outside the main house
Theme 3 Sexual norms and Control	• Marital sexual expectations	• Wives are expected to submit to sex even when unwilling
	• Stigma around sexual violence	• Victims of rape are blamed or silenced; rape by relatives often covered up
	• Fear of stigma and social ridicule	• Men fear being mocked or ostracized if they admit to being survivors
	• Transactional sex due to poverty	• Girls exchange sex for money, food, or shelter due to economic desperation
Theme 4 Economic Inequality	• Poverty & dependency	• Women and girls lack financial resources or education to be independent
	• Male financial control	• Men control money; women must beg or justify needs
Theme 5 Community attitudes	• Victim-blaming & silence	• Speaking out is seen as shameful; women who talk are mocked or not believed
	• Corruption & bribes for justice	• Access to justice (police, LC) requires bribes
	• Judgment based on dress code	• Girls wearing short clothes are seen as "asking for it"
	• Belief that men cannot be victims of sexual abuse	
	• Lack of male-friendly services and safe spaces	

Theme 1: Gender roles and power dynamics: This theme reflects content related to the gendered roles and the power imbalances that hindered access to SGBV care and support services by survivors. In both Mbale and Busia, study respondents reported several patriarchal norms that dictated that men were the primary decision-makers in families and communities. On the other hand, respondents mentioned that women were expected to be submissive and endure hardships quietly. Respondents highlighted that the norms surrounding decision making and submissiveness affected women's ability to seek help, make reproductive health decisions, or report. A female respondent in Busia shared,

> "*Even if you tell your mother, she will say…,that is marriage, endure. Then you ask yourself what to do because there is no single day you have an appetite*", **35-year-old female survivor, Busia**

In Mbale, another woman described,

> "*We women are not listened to and even if you try to speak out what is burdening your heart, nobody listens*", **27-year-old female survivor, Mbale**

While both districts exhibit similar dynamics, Mbale respondents appeared slightly more vocal about the lack of women's voices. Still, in both areas, respondents reported that the normalization of male dominance stifles any effort by survivors to seek help.

Further still, related to power imbalances, respondents reported a dominant social belief that men must be "tough," unemotional, and immune to vulnerability. This norm was reported to silence male survivors of SGBV, who were expected to endure quietly or deny what happened altogether. Respondents reported that the male survivors

were pressured to uphold a hyper-masculine identity which discouraged them from reporting abuse, especially sexual violence. They further mentioned that reporting sexual violence by male survivors was associated with weakness or loss of manhood. One respondent reported,

> "*If a man cries out that he was beaten or raped, people laugh and say you are not a real man*", **30-year-old male survivor, IDI Mbale**

Theme 2: Marriage and early unions: Findings on the barriers of access to SGBV care and support services by survivors revealed norms surrounding marriage that limited access to the services. The norm of early and forced marriages was highly mentioned by respondents in both districts. They reported that in their communities, pregnancy or puberty was believed to mark a girl's readiness for marriage, regardless of her age or consent. They reported that child marriage trapped many young girls in harmful relationships, interrupted girls' education in addition to pushing them into relationships where they are more vulnerable to abuse and unable to access services without their husband's consent. A respondent in Mbale described,

> "*Once a girl develops breasts, she is supposed to get married or give birth, though others don't go there by their will*", **18-year-old female SGBV survivor**

Meanwhile, in Busia, another survivor shared,

> "*My uncles forced me to go and get married, even Jaja (grandmother) was like I should go and get married*", **22-year-old female SGBV survivor, Busia**

Theme 3: Sexual norms & control: Sexual control within relationships, especially marriage, was another dominant theme. Respondents reported that rape and coerced sex were normalized, and women were

expected to tolerate such acts without complaint. A woman in Busia heartbreakingly noted,

> "*I don't know whether I have a problem, but it reaches evening, and I get worried that this man is going to ask for sex. And I just endure with no choice*", **27-year-old female survivor**

In Mbale, a respondent described how her uncle repeatedly raped her, and when she reported it, her grandmother's response was, "*Oh so what do you expect me to do*?"

Respondents mentioned that the silence and normalization of abuse under the guise of family roles deeply eroded any sense of agency or access to support services. Furthermore, even serious violations like incest or marital rape were reported to be overlooked, as women were conditioned to endure in silence.

Furthermore, in both districts, respondents reported that most men feared being mocked or ostracized if they admitted to being survivors. The community often questioned the legitimacy of a man's claim, especially if the perpetrator was female or if the violence involved emotional or sexual abuse. A male survivor in Mbale said:

> "*You cannot go to police to say a woman beat you—they will just laugh. They say, how can a man be beaten by a woman?"* **25-year-old male survivor, Mbale**

This stigma forces many male survivors into silence, often causing psychological harm and preventing them from accessing the care they need.

Theme 4: Economic inequality: Findings on access barriers to SGBV care and support services show that poverty compounded all other social norms, particularly by limiting survivors' access to healthcare, legal services, or even the ability to escape abusive environments. In both districts, several female respondents described how they entered

exploitative relationships out of economic desperation. A young woman in Busia explained:

> "He can have money, then you tell him to at least give you some capital... He asks you if you are not eating, sleeping." **25-year-old male survivor, Mbale**

Many respondents in Mbale reported that young girls frequently engaged in transactional sex for survival. Regardless, in both districts, economic vulnerability was reported to severely constrain women's choices, often exposing them to greater risks of SGBV without the means to seek help.

Theme 5: Community attitudes: This theme reflects content related to social and institutional responses related to access to SGBV care and support services by survivors. For example, respondents reported that many community leaders, elders, or law enforcement figures dismissed SGBV cases unless a bribe was paid or unless the survivor's family was powerful. One respondent in Mbale shared:

> "*Even if you go to police, they will need money*",**19-year-old male survivor**

Another from Busia said,

> *"He told me to go and throw away the baby. I said no, let me just go to my baby dad to raise up my child"*, **22-year-old female survivor**

In both districts, respondents reported that there was a widespread notion that "respectable" women do not talk about sex or violence, making it doubly difficult for victims to speak up.

Furthermore, male respondents believed that most available SGBV support services (e.g., shelters, counselling centres) were either explicitly designed for women or perceived as such. This belief created

a perception among men that such services were not "for them," further discouraging help-seeking.

> *"Even the places for help, when you go there as a man, they ask you if you're the perpetrator. No one thinks a man can be a victim", **19-year-old male*** **FGD participant, Mbale**

Additionally, there was a prevailing notion in both districts that men could not be raped or sexually abused—especially not by women. This belief undermined male survivors' experiences and invalidated their trauma. Because of this belief, respondents mentioned that male survivors struggled with internal confusion and shame, but also external disbelief and dismissal.

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

This OR aimed at exploring the social norms surrounding sexual and gender-based violence (SGBV) and access to care and support by young SGBV survivors in Busia and Mbale districts in Uganda. The study findings highlight the profound and entrenched role that social norms play in perpetuating SGBV and limiting survivors' access to care and support services in Busia and Mbale districts. Across both contexts, violence against women and girls was normalized within a framework of patriarchal expectations that defined women as subordinate, temporary, or even as property. These beliefs were reinforced not only by individuals but by familial and communal systems that maintained control through silence, stigma, and pressure to conform.

Male survivors on the other hand were rendered invisible by hegemonic (dominant) definitions of masculinity that denied men the possibility of vulnerability or victimhood. The denial of their experiences further reinforced harmful gender roles, creating a cycle of violence and emotional suppression. Meanwhile, service providers, particularly within the health sector, were caught within the same normative structures. Many were desensitized, overwhelmed, or unsupported, contributing to an environment where survivors often found indifference instead of assistance.

The study underscores that addressing SGBV requires more than strengthening response systems; it demands a fundamental shift in the social norms that normalize violence and silence survivors. Efforts must engage communities, challenge harmful gender stereotypes, and create safe spaces both institutional and social, where survivors can seek justice and healing without fear or shame.

Importantly, the findings also expose a gap in research and programming on the nuanced and systemic nature of these norms, especially their effect on male survivors and frontline service

providers. Transformative change will require sustained, multisectoral interventions that are informed by local realities and grounded in human rights, gender equity, and survivor-centered care.

4.2 Recommendations for future SGBV programming

In this section, we present recommendations derived from the findings, structured with implementation timeframes in mind. To facilitate practical adoption, we have categorized each recommendation into short-term (0-6 months), medium-term (6-18 months), and long-term (18-36 months) initiatives. This approach allows PtY to address possible immediate priorities, as the programme will only run for another six months. Future programming on SGBV may adopt the short-term actions and build toward sustainable outcomes. These recommendations may be adopted with flexibility, making adjustments based on ongoing learning and feedback.

4.2.1 Transform gender roles and power dynamics

Following findings on male dominance, unequal power dynamics, division of labor along gender lines, and attitudes that reinforce gender stereotypes, future programmes on SGBV could consider initiatives to transform gender roles and power dynamics. Gender-transformative approaches that engage men and boys alongside women and girls have shown effectiveness in challenging harmful norms and reducing violence in similar contexts (Casey et al., 2018).

Short-term Actions

- Implement gender-transformative community dialogues where men and women critically reflect on harmful gender norms identified in the research, particularly around women's submissiveness, men's authority, and unequal division of household labor.
- Engage community and religious leaders in training on gender equality, emphasizing their role in promoting positive masculinity and women's rights.

- Levy et al., (2019) argue that engaging men and boys is an important strategy in gender-transformative programming, but more comprehensive attention to masculinity and how restrictive gender norms affect all genders is needed for broader systemic change (Levy et al., 2020). We therefore recommend that programmes on SGBV develop targeted engagement with young men and boys through peer education to challenge masculinity norms that promote violence and control.

Medium-term Actions

- Establish male engagement programs that specifically address beliefs about sexual entitlement, using the "Male Champion" structure (section 3.5) identified as a facilitator of access to care and support.
- Create community accountability mechanisms where respected community members publicly address and challenge victim-blaming attitudes.
- Support income-generating opportunities for women to reduce economic dependence on partners who may be abusive.

Long-term Actions

- Advocate for educational curriculum reform to include comprehensive sexuality education that promotes gender equality and consent. Note the contextual sensitivities around the term "comprehensive", and use contextually acceptable terms.
- Support community-level initiatives that publicly recognize and celebrate households practicing gender-equitable behaviours.

4.2.2. Reform Justice and Protection Systems

The research found shortfalls in the justice system, with corruption, bribery, and dismissive attitudes toward SGBV cases. The study documented that authorities rarely take action against perpetrators, reinforcing impunity (Section 3.4).

Short-term Actions

- Establish specialized SGBV desks at police stations with trained officers and private reporting spaces
- Implement anti-corruption measures within law enforcement, including case-tracking systems and independent oversight
- Train local council leaders on SGBV laws and appropriate and confidential referral pathways
- Create mobile legal aid clinics to reach survivors in remote areas

Medium-term actions

- Develop specialized or fast-track court systems for SGBV cases to reduce backlogs and case dismissals
- Implement witness protection programs for high-risk survivors during legal proceedings
- Strengthen prosecution capacity through specialized SGBV units and training on building cases with limited physical evidence
- Reform informal justice mechanisms to prioritize survivor safety while respecting cultural context

Long-term actions

- Advocate for legal reforms to strengthen SGBV legislation, particularly addressing marital rape that was normalized in the research findings
- Establish integrated monitoring systems tracking case reporting, prosecution, and conviction rates
- Institutionalize specialized SGBV response units across the justice chain
- Develop trauma-informed restorative justice approaches that center survivor healing while holding perpetrators accountable

4.2.3 Address justification and Normalization of violence

The findings show the normalization of beating as a disciplinary measure, men perceived as having unconditional sexual rights leading

to sexual abuse, women and girls being held responsible for the violence they experience (victim blaming), the commonality of physical violence as a form of SGBV, and youth acceptance of violence.

To avert these beliefs, effective gender-transformative interventions need to work at the community level, not just with individuals, to create sustainable change in gender norms and social outcomes. Evidence shows that community-based interventions that directly challenge normative justifications for violence have shown promise in reducing acceptance of violence and improving reporting rates (Glass et al., 2018).

Short-term Actions

- Conduct community education campaigns specifically addressing the three harmful norms identified: beating as discipline, husbands' sexual rights, and victim-blaming.
- Promote positive parenting techniques that don't rely on physical punishment through parenting workshops in collaboration with local schools.
- Provide training for healthcare providers on trauma-informed care to avoid re-traumatizing survivors through victim-blaming attitudes.

Medium-term Actions

- Work with traditional leaders to develop community agreements on non-violent conflict resolution, challenging the norm that violence is an acceptable form of discipline.
- Create public awareness campaigns featuring local role models who demonstrate healthy, non-violent relationships.
- Implement sensitization programs on sexual consent in relationships, emphasizing that marriage does not eliminate the need for consent.

Long-term Actions

- Advocate for stronger enforcement of laws against domestic violence and marital rape. This could be done by conducting a comprehensive assessment of current justice responses in districts, establishing multi-stakeholder accountability forums to create oversight, providing specialized training for justice sector actors to address victim-blaming attitudes, strengthening survivor support throughout the legal process, and creating a monitoring system that tracks enforcement improvements. This approach counters the impunity that normalizes violence and discourages reporting in districts.
- Support community monitoring systems that track incidents of SGBV
- Hold perpetrators accountable.

4.2.4 Combat early and forced marriage practices

The research identifies early and forced marriage as both a form of SGBV itself and a risk factor for other forms of violence. The economic, cultural, and traditional factors that drive these practices require specific, targeted interventions that address both immediate protection needs and longer-term norm change. The recommendation to combat early and forced marriage practices is therefore directly responsive to the evidence presented in the report, addressing a critical pathway through which gender-based violence is perpetuated in these communities - Girls were "expected to marry young, especially after pregnancy or puberty" and "married off without their consent due to family pressure or financial stress" (Section 3.8). Bantebya et al. (2014) show that multi-faceted approaches that address both economic factors and social norms have been most effective in reducing early marriage rates in similar contexts (Bantebya et al., 2014).

Short-term Actions

- Conduct targeted awareness campaigns about the harmful effects of child marriage and the legal age of consent.
- Create educational scholarships specifically for girls at risk of early marriage to address the opportunity cost of girls' education.
- Engage parents through community dialogues about the value of girls' education and the harms of early marriage.

Medium-term Actions

- Work with community leaders to develop alternative rites of passage that don't include harmful sexual initiation practices or early marriage.
- Create "safe spaces" for adolescent girls to receive mentoring and support to continue their education.
- Create support pathways for married girls who want to leave those marriages.
- Implement economic empowerment programs for families to reduce economic motivations for early marriage.

Long-term Actions

- Advocate for consistent enforcement of laws against child marriage. This could include policy analysis and advocacy (district level policy audit; coalition building with stakeholders, legal experts, youth advocates or survivors; and evidence based advocacy); strengthening implementation mechanisms by building capacity for law enforcers, strengthening community reporting systems, and developing accountability frameworks for duty bearers; and strategic engagement with cultural institutions to develop culturally sensitive approaches to law enforcement or intergenerational dialogues on culture and legal protections.
- Support community-led initiatives to establish and enforce by-laws against bride price practices that objectify women.

- Develop district-level reporting mechanisms for forced marriages, leveraging the "Media advocacy on SGBV" facilitator identified in Section 3.5

4.2.5. Break the culture of silence around SGBV

The study identified "Silence and lack of reporting" as a major theme (Theme 4) under section 3.4, “Stakeholder perspectives on how social norms influence SGBV and access to care and support…”, revealing that survivors often remain silent due to fear of stigma, with participants describing how survivors are labeled as "spoiled" or "bad women," making it difficult for them to reintegrate into society. Family and community pressure actively discourage reporting to protect family honor. This silence is further reinforced by weak law enforcement, including corruption and victim-blaming. Our findings further show that male survivors face particular challenges with reporting sexual violence due to masculinity norms. Scholars such as Abeid et al. (2015) posit that creating safe channels for reporting and accessing services is essential in communities where survivors face multiple barriers to help-seeking, including stigma, economic constraints, and weak institutional responses (Abeid et al., 2015). With this guidance, our recommendations are as below.

Short-term Actions

- Establish confidential reporting mechanisms in areas where survivors reported stigma, particularly in rural areas of both districts.
- Train the identified "Community support networks" (Section 3.5) on providing first-line support that maintains confidentiality
- Create survivor support groups that address the specific needs of both female and male survivors identified in the research

Medium-term Actions

- Collaborate with service providers to improve response protocols

- Implement community education on survivors' rights, addressing the finding under theme 3 that "women are told to endure abuse because they 'belong' to their husbands"
- Support legal aid services specifically addressing corruption in the justice system, identified in both districts

Long-term Actions

- Advocate for police reform in both districts, directly addressing findings of corruption and victim-blaming in law enforcement
- Support community oversight committees that monitor the handling of SGBV cases
- Develop male-specific services, addressing the finding in section 3.5 that "Even the places for help, when you go there as a man, they ask you if you're the perpetrator". Such services should provide the confidentiality that men at risk need to protect them from stigma

4.2.6. Address religious, cultural, and traditional beliefs

The research findings in theme 5, under section 3.4, “Stakeholder perspectives on how social norms influence SGBV and access to care and support…” indicate that entrenched cultural and traditional beliefs contribute to perpetuating sexual and gender-based violence. Evidence points to practices like polygamy being associated with neglect, economic deprivation, and increased domestic abuse, while cultural justifications for male dominance further entrench such inequalities. Additionally, harmful practices such as exploitative sexual initiation rituals and a pervasive cultural silence around SGBV hinder access to supportive resources. The findings also reveal that in some cases, religious leaders may prioritize forgiveness over justice, reinforcing these harmful norms. Collectively, the research emphasizes the need to address these deep-seated beliefs through culturally informed strategies that both preserve positive cultural values and challenge practices that perpetuate gender-based violence.

Some positive influences were also reported where cultural elders insisted on reporting of SGBV, and religious leaders actively supported survivors by linking them to services.

Literature shows that engaging cultural and religious leaders as agents of change is effective in addressing harmful traditional practices when approaches are contextually relevant and build on positive aspects of culture and religion (AGEDO, 2016; Read-Hamilton & Marsh, 2016).

Short-term Actions

- Identify and engage supportive religious and cultural leaders as champions against SGBV
- Document and amplify positive cultural practices that protect against SGBV
- Develop faith-based messaging promoting gender equality and non-violence
- Create interfaith dialogue spaces addressing harmful interpretations of religious texts (Haylock et al., 2016)

Medium-term Actions

- Establish training programs for religious leaders on addressing SGBV within their communities
- Create community accountability mechanisms led by respected cultural elders as shown in the "Cultural leaders support" group identified in Section 3.5
- Collaborate with cultural institutions to develop alternative practices that maintain cultural identity without harmful gender norms
- Support religious institutions in developing policies on responding to SGBV cases

Long-term Actions

- Institutionalize partnerships between formal services and cultural/religious institutions
- Develop culturally appropriate healing rituals for survivors that complement formal services
- Create centers of excellence showcasing how cultural values can support gender equality
- Establish research programs documenting the impact of cultural and religious interventions on SGBV reduction (include in M&E)

4.2.7. Improve access to SGBV care and support services

The research findings reveal multiple barriers that impede survivors' access to SGBV care and support services. Geographic challenges are prominent, with limited health facilities and considerable distances to health centers creating physical obstacles to care. The quality of available services is compromised by judgmental attitudes from healthcare providers and a concerning lack of confidentiality, which discourages survivors from seeking help. Corrupt law enforcement and limited psychological and emotional support services for survivors are gaps that leave their mental health needs largely unaddressed (section 3.6). Economic factors further exacerbate these challenges, as many survivors face financial dependence on their abusers, trapping them in cycles of violence. Additionally, practical resource constraints, particularly transportation costs, prevent survivors from physically accessing the care they need. Collectively, these barriers create a multifaceted system of obstacles that significantly limit survivors' ability to receive essential care and support services.

Comprehensive care that addresses the physical, psychological, and socioeconomic needs of survivors improves outcomes when services are accessible, confidential, and responsive to specific survivor needs identified through community-based research (Akazili et al., 2020; Umubyeyi et al., 2016).

Short-term Actions

- Train healthcare providers in both districts on trauma-informed or survivor centered, non-judgmental care for SGBV survivors, and provide them with necessary budgets and resources to fulfill this approach.
- Leverage the "Health facility outreach Programs" identified in Section 3.5 to reach remote areas
- Create a directory of SGBV service providers in different sub-counties, with clear referral pathways in local languages

Medium-term Actions

- Develop specialized SGBV units within health facilities and police stations
- Establish safe houses and temporary shelters for survivors in need of immediate protection
- Support the integration of mental health services into existing health facilities in both districts
- Implement transportation solutions for survivors to reach service points, addressing the "long distances to health centres" barrier
- Develop economic support programs for survivors, leveraging the "Economic Empowerment and Women's Groups" facilitator identified in Section 3.5

Long-term Actions

- Advocate for increased government funding for comprehensive SGBV response services in district health facilities and police stations
- Support the establishment of one-stop centers for SGBV services in each district
- Develop programs specifically addressing the needs of male survivors who reported being overlooked by existing services. Other underserved survivor groups should be considered such as adolescents and persons living with disabilities.

- Leverage innovation and technological solutions to provide people with information and helplines, such as through apps, chatbots, tailored to low-internet connectivity areas.

4.2.8. Address economic vulnerability and dependency

Economic barriers were identified as a prominent theme hindering access to care (Section 3.5), with survivors reporting financial dependence on their abusers that prevents them from leaving or seeking help. The study documented that survivors often lack the financial resources necessary to afford medical or legal help, including costs for transportation to service points. Multiple testimonies revealed how poverty forces women and girls into exploitative relationships, with one young woman in Busia explaining, "He can have money, then you tell him to at least give you some capital... He asks you if you are not eating, sleeping" (Section 3.5, Theme 4). The research also found that men typically control family finances, forcing women to "beg or justify needs" (Section 3.5, Table 5). Despite these barriers, the study identified women's savings groups as a potential facilitator of access to care (Section 3.5, Table 4), suggesting that economic empowerment initiatives could provide a pathway to help-seeking for survivors.

Economic empowerment interventions have demonstrated effectiveness in reducing women's vulnerability to violence by increasing their options to leave abusive relationships and reducing economic motivations for harmful practices like early marriage" (Vyas and Mbwambo, 2017; Parvin et al., 2016).

Short-term Actions

- Expand access to existing women's savings groups that were identified as protective factors in the research (Section 3.7)
- Establish emergency funds for SGBV survivors to cover immediate costs, including transportation, medical care, and temporary accommodation

- Establish income-generating activities specifically targeting women and girls at high risk of SGBV. This should be done in parallel with initiatives that target male attitudes around economic violence to reduce the risk of increased violence that may occur when men feel threatened by women's economic empowerment.

Medium-term Actions

- Develop comprehensive economic empowerment programs that address the specific barriers identified in the research, including male control of finances. An example is supporting microenterprise development for women, leveraging existing "Economic Empowerment and Women's Groups" (Section 3.5)
- Create mentorship programs connecting economically successful women with younger women and girls
- Establish scholarship programs to keep girls in school through secondary education, countering the preference for educating boys identified in the research

Long-term Actions

- Advocate for policy reforms that strengthen women's property rights and economic inclusion
- Create sustainable market linkages for women-owned businesses
- Develop programs specifically addressing economic vulnerabilities created by polygamous marriages identified in the research

The recommendations presented offer a pathway toward transformation that respects local contexts while challenging harmful practices. Success for future programmes on SGBV will require a multi-level approach: changing individual attitudes, transforming community expectations, strengthening institutional responses, and reforming systemic barriers. These efforts ought to center the voices of survivors or community members who are affected by SGBV.

These recommendations are practical steps grounded in local realities and global evidence. By simultaneously addressing harmful norms

while strengthening response systems, programmes can create environments where violence is no longer justified, survivors are supported rather than blamed, and communities take collective responsibility for change. The journey toward gender justice requires sustained commitment, but this research provides the foundation for transformative interventions that can break intergenerational cycles of violence and create more equitable futures.

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Appendix 1: Research Approval letters

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COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH
Research and Ethics Committee

17/09/2024

To: Susan Babirye

Type: Initial Review

Re: SPH-2024-648: Exploring the social norms surrounding Sexual and Gender-Based Violence and how these influence care and support for young survivors in Busia: An operations research

I am pleased to inform you that at the **224** convened meeting on **27/08/2024**, the MAK School of Public Health REC (SPHREC) meeting voted to approve the above referenced application.
Approval of the research is for the period of **17/09/2024** to **17/09/2025.**

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes.
3. Reports of unanticipated problems involving risks to participants or any new information which could change the risk benefit: ratio must be submitted to the REC.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by participants and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Continuing review application must be submitted to the REC **eight weeks** prior to the expiration date of **17/09/2025** in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. You are required to register the research protocol with the Uganda National Council for Science and Technology (UNCST) for final clearance to undertake the study in Uganda.

The following is the list of all documents approved in this application by MAK School of Public Health REC (SPHREC):

No.	Document Title	Language	Version Number	Version Date
1	Data collection tools	Lumasaba	Sept 05	2024-09-05
2	Protocol	English	Sept 05	2024-09-05
3	Data collection tools	Lusamia	July 26	2024-07-26
4	Assent form	English	July 26	2024-07-26
5	Informed Consent forms	English	July 26	2024-07-26
6	Data collection tools	English	July 26	2024-07-26

Yours Sincerely

Joseph Kagaayi
For: MAK School of Public Health REC (SPHREC)

Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: HS5024ES **21 October 2024**

Susan Babirye
Makerere University School of Public Health
Kampala

Re: Research Approval: **Exploring the social norms surrounding Sexual and Gender-Based Violence and how these influence care and support for young survivors in Busia: An operations research**

I am pleased to inform you that on **21/10/2024**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **21/10/2024** to **21/10/2025**.

Your research registration number with the UNCST is **HS5024ES**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project. As the Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. Keeping all co-investigators informed of the status of the research.
2. Submitting all changes, amendments, and addenda to the research protocol or the consent form (where applicable) to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local REC for review with copies to the National Drug Authority and a notification to the UNCST.
4. Unanticipated problems involving risks to research participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST notification after review by the REC.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. An annual progress report and approval letter of continuation from the REC must be submitted electronically to UNCST. Failure to do so may result in termination of the research project.

Please note that this approval includes all study related tools submitted as part of the application as shown below:

No.	Document Title	Language	Version Number	Version Date
	Project Proposal	English	SEPT 05	
1	Approval Letter	English		
2	Administrative Clearance	English		

Yours sincerely,

Hellen Opolot
For: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

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Appendix 2: Data collection tools

TOOL 1

FGD GUIDE FOR A STUDY ON SEXUAL AND GENDER BASED VIOLENCE IN MBALE AND BUSIA DISTRICTS, UGANDA.

Focus group discussions guide for young people: Number of participants 8-12

Tool Version Date: 02 July 2024
IRB Study #
Title of Study: An operations Research on Sexual and Gender Based Violence in Mbale and Busia districts, Uganda.
Principal Investigator: Dr. Susan Babirye, School of Public Health, Makerere University, Kampala
Principal Investigator contact: babiryes2004@gmail.com; +256-752-210002

Introduction

SECTION 1: Introduction

Note: Welcome everybody and thank them for being part of the discussion. Introduce yourself as working with a team from Reproductive Health Uganda (RHU) in collaboration with the district health office and introduce the subject of discussion. Then give a summary of the verbal consent below and allow each one of them to introduce them thereafter.

Summary of the verbal consent
Dear Participant,
You have been selected to participate in this study "Exploring your understanding of social norms surrounding sexual and gender-based violence (SGBV) in this community and how these norms affect access and use of care and support for survivors." The generated data will inform the development and implementation of SGBV related programs aimed at improving the sexual and reproductive health and well-being of youths.

Taking part in this discussion is voluntary and what we shall discuss today shall be kept confidential and only used for purposes of improving the programs implemented by RHU and the Power to Youth programme partners. You are free to take part in this discussion, but should you feel like you want to leave at any point, you are also free. If you have any questions about the study, raise it now or should you need any further information about what we are doing you can contact the District Health Office using the number we shall provide at the end of our discussion. We would also like to inform you that you that we shall be recording the discussion, just for the purposes of us capturing everything that we might miss out when taking notes. The interview

will take about 60-90 minutes and your participation or refusal to participate in this interview will not affect the services you receive in any way. If you agree to provide information to the researcher under the conditions of confidentiality set out on this sheet form, please register on the registration sheet.

Note:

1. Make sure the tape recorder is switched on to the start of the interview.
2. Use the demographic log sheet to register the participants (by registering only their first name)

Ice breaker

1. Let's get to know each other. Let's go around the circle – please tell us your name, your marital status, and your favourite song.
2. Where have you gotten SGBV related information in the past 12 months?

SECTION 1: SGBV Knowledge, feelings and practices

SGBV Knowledge

1. Have you heard about sexual and gender-based violence? Where have you heard about sexual and gender-based violence or who has spoken to you about it?
2. How would you define sexual and gender-based violence (SGBV)?
3. Can you name some examples of behaviours or actions that fall under the category of SGBV?
4. What are the most common forms of SGBV in our society? (probe for reasons why these are common)
5. What are some of the causes of SGBV in our society?

SGBV feelings/attitudes

Reflect about the harmful behaviours/practices such as sexual abuse, sexual harassment, domestic violence, forced prostitution, and forced marriage etc., you've heard happening elsewhere. Also think back about similar experiences that have occurred in your community. Think about that one instance that really stands out in your mind (any SGBV occurrence).

1. Please share the story of these events.
2. How does hearing about these events of SGBV make you feel? (Probe for feelings if it happens elsewhere/ own community)
3. Have your feelings or perceptions about SGBV changed over time? If so, how?
4. What are the community attitudes and perceptions towards these SGBV events?
5. Do you think enough attention is given to the emotional and psychological effects of SGBV on survivors?

SGBV practices

1. What are some common forms of SGBV that you have heard about or witnessed in your community? And why? (probe for social norms that influence these events especially those witnessed in the community).

2. Are there specific groups within the community that are more vulnerable to SGBV? If so, why do you think this is the case?
3. How do you think cultural, religious or societal norms influence practice of SGBV?
4. How do you think cultural, religious, or societal norms influence perceptions, practice and responses to SGBV in this community?

SECTION 2: Descriptive norms, injunctive norms, and outcome expectations

Again, think about those SGBV experiences you've heard/seen elsewhere or in your community. Think about that one time that really stands out in your mind. Reflect on what you would have done if you were involved in a similar situation.

1. What would you have done? (probe for reasons for specific actions)
2. Would the other youths in your community have acted the same way as you? And why?
3. What would have been your community's attitudes and perception towards your actions?
4. How would your community have expected you to react in such a situation? (probe for variations in expectations across the community)

SECTION 3: SGBV services

Now, think about those SGBV experiences you've heard/witnessed elsewhere or in your community. Think about that one survivor that really stands out in your community. What support did they receive? Did they seek SGBV support or care and from where? Please tell me the story of this experience.

1. What social norms do you think inform decisions around support and care seeking by SGBV survivors in your community?
2. What care/support services are available for this SGBV survivor (e.g., counselling, legal aid, shelters) in your community?
3. if anything happened to you, would you (1) know where to go (2) would you ask for help, what would be barriers and facilitators that would factor into your decision?
4. How do you think societal attitudes towards SGBV affect survivors' willingness to seek help or report incidents?

Conclusion

What changes would you like to be made on the existing SGBV programs for youths?

What do you think the community can do to address the existing SGBV problems, and what support is needed from the RHU?

Thank you very much once again for taking part in this discussion. We promise to use the information you have shared to serve you better as RHU.

TOOL 2

SGD GUIDE FOR A STUDY ON SEXUAL AND GENDER BASED VIOLENCE IN MBALE AND BUSIA DISTRICTS, UGANDA.

Small group discussions guide for stakeholders during the deliberative meeting

Tool Version Date: 02 July 2024

IRB Study #

Title of Study: An operations Research on Sexual and Gender Based Violence in Mbale and Busia districts, Uganda.

Principal Investigator: Dr. Susan Babirye, School of Public Health, Makerere University, Kampala

Principal Investigator contact: babiryes2004@gmail.com; +256-752-210002

Introduction

SECTION 1: Introduction

Note: Welcome everybody to the group discussion and thank them for being part of the deliberative meeting. Introduce yourself as the moderator of the group discussion. Support the group to identify the note taker and presenter of the highlights of the small group deliberations.

Note: Consent shall be done in the plenary at the start of the stakeholder deliberative meeting.

Emphasize voluntary participation and confidentiality

I remind you that taking part in this discussion is voluntary and what we shall discuss today shall be kept confidential and only used for purposes of improving the programs implemented by RHU and the Power to Youth programme partners. You are free to take part in this discussion, but should you feel like you want to leave at any point, you are also free. We would also like to inform you that you that we shall be recording the discussion, just for the purposes of us capturing everything that we might miss out when taking notes. The discussion will take about 45-60 minutes and your participation or refusal to participate in this discussion will not affect you in any way. The researcher shall under the conditions of confidentiality set out on consent form you signed.

Note: Make sure the tape recorder is switched on to the start of the discussion.

SECTION 1: SGBV Knowledge, feelings and practices

SGBV Knowledge

6. Can you name some examples of behaviors or actions that fall under the category of SGBV?
7. What are the most common forms of SGBV in our society?
8. What are some of the causes of SGBV in our society?

SGBV feelings/attitudes

1. How does hearing about instances of SGBV make you feel? (Probe for feelings if it happens elsewhere/ own community)
2. Does that resonate with the general community attitudes and perceptions towards SGBV?
3. Have your perceptions about SGBV changed over time? If so, how?
4. How do you think societal attitudes/perceptions towards SGBV affect survivors' willingness to seek help or report incidents?
5. How important do you think empathy and support are for survivors of SGBV?

SGBV practices

5. What are some common forms of SGBV that you have heard about or witnessed in your society? And why? (probe for social norms that influence these events).
6. Are there specific groups within the society that are more vulnerable to SGBV? If so, why do you think this is the case?
7. What can be done to address or mitigate this vulnerability?
8. How do you think cultural, religious or societal norms influence practice of SGBV both negatively and positively?
9. How do you think cultural, religious, or societal norms influence perceptions, practice and responses to SGBV in your society?
10. What can we leverage as a programme that works to influence SGBV and reduce it rather than increase it?

SECTION 2: Descriptive norms, injunctive norms, and outcome expectations

Reflect about the harmful behaviors/practices such as sexual abuse, sexual harassment, domestic violence, forced prostitution, and forced marriage etc., you've heard happening elsewhere or in your society. Also think back about that one SGBV instance that really stands out in your mind (any SGBV occurrence).

1. What did the survivor do? What would the other youths have done in a similar situation and why? (probe for reasons for specific actions).
2. What decisions/actions would you have recommended in such a situation and why?
3. What would have been your community's attitudes and perception towards the decisions/actions taken by the survivors? (probe for the reasons for the negative attitudes).
4. What would your community expect you to do? (probe for variations in expectations across the community) (Probe for social norms for the expectations).

SECTION 3: SGBV services

5. What social norms inform decisions of seeking SGBV care and support?
6. What care/support services are available for SGBV survivors in your society(e.g., counselling, legal aid, shelters) in your community?
7. If a survivor of SGBV had to ask for help in your society, what would you prefer to do? Who would provide the help? How would you like the survivor to be helped?
8. Why do you think some youths in your society don't ask for help when they suffer sexual gender-based violence at home/community?

9. What can be done to change this?
10. How do you think societal attitudes towards SGBV affect survivors' willingness to seek help or report incidents? How can we shift these negative attitudes?
11. Are there any community-based programs or initiatives aimed at preventing SGBV? If so, what are they, and how effective do you think they are? (Probe for- why or why not and what needs to be done to make them more effective, any suggestions or ideas for improvement?

Conclusion

What changes would you like to be made on the existing SGBV programs for young people?
What do you think the community can do to address the problems, and what support is needed from the RHU?

Thank you very much once again for taking part in this discussion.
We promise to use the information you have shared to serve you better as RHU

TOOL 3

IDI GUIDE ABOUT THE SEXUAL AND GENDER BASED VIOLENCE IN MBALE AND BUSIA DISTRICTS, UGANDA.

Life history guide with young SGBV survivors: individual interview

Tool Version Date: 02 July 2024
IRB Study #
Title of Study: An operations Research on Sexual and Gender Based Violence in Mbale and Busia districts, Uganda.
Principal Investigator: Dr. Susan Babirye, School of Public Health, Makerere University, Kampala
Principal Investigator contact: babiryes2004@gmail.com; +256-752-210002

Notes to facilitator for preparation:
Life History (LH): This tool is used to guide LH discussions with survivors of SGBV aged 10 – 35 years. This method helps the researcher and the participant to examine how the experiences of SGBV and related behaviours shape individual choices and actions. Through the telling of LHs, important events in the lives of the participants can be mapped over time. **Privacy:** Make sure the place you have the discussion is private, quiet, and open. Ensure that other people cannot hear or observe your discussion. If others are hanging around listening, politely explain we want to only talk to the informant.

Time: Take your time. A life history that includes sexual violence is not easy. You want to remain respectful and compassionate while ensuring to cover all your questions in the conversation.
Consent/ Assent: The consent process should begin with seeking permission to record so that if they cannot sign the consent form, it can be recorded. After the consent to record is provided, turn on the recorder, explain why you have to record again, and seek consent to record again (so that the consent is recorded). Proceed with the consent/ Assent process and ensure the participant understands her rights and the consent process. Ask them to repeat the information you have provided if they look unsure. The participant should sign a consent form, or their consent should be audio recorded.

Note: DO NOT TAKE PICTURES.
Recording: You should turn on the recorder immediately after the participant consents to recording, then explain the reason for record, and then seek consent again to record. After that, proceed to record the consent process, as well as their consent. If they can sign a consent form, let them. If they cannot, the recorded consent will suffice.
Disability: Ensure you are prepared if the participant has a disability. If they are deaf and dumb or have mental disability; and come with a caretaker, interview the caretaker. If they are dumb, inform their caretaker that you will inform your supervisor to get guidance on how to proceed.
GBV/Do No Harm mitigation: do not force a participant to respond to sensitive issues about their experience or those of other people if they appear uncomfortable. Remind them that they can answer the question or not. If they breakdown, halt the conversation, hand them a tissue, and remain compassionate. Apologize for bringing back these memories and reiterate the purpose of the study (to understand the underlying social norms that lead to these experiences). Affirm to her that her experiences will help the organization design programs that reduce SGBV. After this, ask if you can continue. If she declines, thank her, stop the interview, and compensate her time. You can ask if you can walk her back home or if you can take a walk.
Benefits: If the participant expresses the need/ or if you notice the need for psychosocial counselling; or if they express a need for legal redress, ask her to provide her contact and await a phone call. You will immediately forward this information to your supervisor to act.
Interview instruction Try not to interrupt the participant. You can wait for them to finish an issue and ask a question about that issue if it relates to your objectives.
KEEP IT CONVERSATIONAL

Before you begin, check if the recorder is recording.

1. Then ask
    a. Name
    b. Age
    c. Occupation
    d. Marital status

e. Schooling status and level of education attained

2. Explain the life history method and state the objectives below.
    a. We will together understand the life events that may have led to your different sexual experiences.
    b. We will discuss the norms in your community around those experiences.
    c. We will also discuss decisions you made, how you arrived at them and who influenced these decisions, as well as beliefs around them.
    d. We will also discuss your access to and use of SGBV care service experiences, including the norms and beliefs around them
3. Start light
    a. Tell me about where you were born, where you started school, your parents, and what they do.
    b. Tell me about your brothers and sisters – how many are they, where they are and what games you enjoyed as children, what skills they learnt. (You can share yours too but make sure you do not talk too much.
    c. Continue with your school journey (if they stopped school, probe why, what challenges they met, what decisions they made)

Prompt – check if the recorder is recording

4. Explore the context.
    a. How much decision-making power do women and girls typically have in relationships and families here? What kind of things do they make decisions on in relationships/ families? For example, tell me about your family.
    b. What are the typical gender roles and expectations for men/boys and women/girls in this community? in your family – do girls go to school, what makes a girl or a boy be respected?
    c. How do you think these gender norms and power dynamics relate to sexual violence?
5. If they get to the part where they speak about sexual violence-------wait for them to finish speaking, tell them that you want to have a deeper discussion on that part, then ask.
    a. What do people in this community generally know or believe about sexual violence?
    b. What do you know or believe about sexual violence?
    c. Is sexual violence common in this community? Why? What kind of girls/ boys experience it?
    d. Do you think most people approve or disapprove of sexual violence? Why? Men or women? What are some of the things you have heard? Why do you think you had this experience?
    e. What do perpetrators gain from sexual violence? Give me examples of what you have heard.

f. What are some of the punishments that perpetrators might face? What happened to the one(s) who violated you?

6. Get more personal
    a. How do most people feel about survivors of sexual violence?
    b. As a survivor, how do you feel about SGBV.
    c. What actions did you take immediately when you had this experience?
    d. What have other girls done after they experience sexual violence?
    e. What do you think is the right thing to do and why? How do you know this? Why didn't you do it?
7. Social support
    a. Who did you talk to or seek support from after experiencing sexual violence? Why those people?
    b. What kind of support or help did you receive, is it the support you wanted? Is this person still in your life? What is your relationship like or how did it change
    c. What was your experience like seeking help or services? What helped or made it more difficult?
8. Access to SGBV services
    a. Think back about your experiences seeking SGBV services in your community. Think about that one time that really stands out in your mind where you sought (any SGBV service) from any provider. Please tell me the story of this experience. What social norms informed this decision?
9. Time
    a. Have you noticed any changes in how the community views or responds to sexual violence over time? How did people treat you when the incident happened? How do they treat you now?
    b. What do you think has influenced those changes?
10. Recommendations
    a. What do you think needs to change to prevent sexual violence and better support survivors?

Thank you so much for sharing your life with me. We will gather this information, and the organization will reduce it to design programs to reduce sexual violence. Is there anything else you'd like to share about your experiences or perspectives on this issue?

Thank you again