Issues, beliefs and experience of child marriage and gender-based violence in Uganda

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A Qualitative Study

Executive Summary

Esther Kalule Nanfuka
Florence Turyomurugyendo
Eric Awich Ochen

None in Three Research Centre, Makerere University, Kampala Uganda

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Graham R Gibbs
Timothy Gomersall
Adele Jones

None in Three Research Centre, University of Huddersfield, UK

It is a scourge on our global society that even today, one in three women and girls experience physical or sexual violence in their lifetime. Gender-based violence (GBV) is a crisis that extends beyond national and socio-cultural boundaries, across the globe, and across our Commonwealth member countries alike. It affects people of all ages, genders, ethnicities and economic backgrounds. It is an urgent, world-wide human rights issue.

Recognising this, national governments, international bodies such as the United Nations (UN) and non-governmental organisations (NGOs), have developed strategies to end violence against women and girls (VAWG). Appropriate national and international laws are a crucial component in safeguarding women's and girls' rights. But alone, they are not enough. From the moment they are born, millions of girls are subjected to multiple forms of violence including rape, female genital mutilation (FGM), sexual exploitation and child marriage. Survivors may experience trauma, drop out of school, suffer from mental health problems, all of which also have significant social and economic costs.

In spite of the progress made over recent decades, the statistics still tell a shocking and unacceptable story, as do the harrowing individual experiences of the survivors of GBV interviewed by the None in Three Research Centre for this report.

According to the Global Gender Gap Report (2018), more than half of women in Uganda experience gender-based violence in their lifetime[1]. It is estimated that 40% of women aged 20-24 years were first married before the age of 18[2]. The None in Three Uganda team is seeking to prevent the persistent practice of child marriage through their research.

Media attention in countries across the globe raises consciousness of the issue in waves, from the Me Too movement, to the reported 'hidden' pandemic behind the 2020 lockdown due to Covid-19 – a surge in domestic abuse. This is not a new phenomenon, but the growing awareness is a catalyst for action to which we must respond. All countries, all societies need to work to eradicate this pandemic that affects 1 in 3 women in their lifetime.

The Commonwealth Secretariat is working alongside partner organisations on measures that will help our 54 member countries to stem the rising tide of GBV especially school related gender-based violence (SRGBV). Educating to actively promote a gender equal, respectful, non-violent culture with gender aware pedagogy or approaches is key. As a member of the Global Working Group to End School-Related Violence, the Secretariat aims to help practitioners and policy makers in the education sector, apply a gender lens when developing violence prevention, response approaches and safeguarding. SRGBV affects millions of children and young people, especially girls.

The Centre's approach, which we in the Commonwealth subscribe to, is one of prevention through high-quality, gender sensitive education. By engaging young people as adolescents, when attitudes and opinions are forming, we stand the best chance of influencing them for good. The potential for adolescents and young people to act as agents of change and achieve the social transformation necessary to end GBV is tremendous. None in Three's approach includes developing and testing immersive, pro-social computer games, themed around issues of GBV, to help young players build empathy with victims, and to prevent future violence.

We welcome this research and the accompanying three reports (from None in Three in India, Jamaica and the UK) and the contribution that the innovative approach could make to our work. By listening to the lived experiences of both victims and perpetrators of gender-based violence in four study countries, the global research centre has built up a solid evidence base for each of its culturally appropriate, educational video games. It will therefore provide a new resource to help end GBV including school related gender-based violence.

Through renewed commitment and concerted action, we can end domestic and gender-based violence.

Layne Robinson
Head, Social Policy Development
Commonwealth Secretariat

Message from the Commonwealth Secretariat

1 *Global Gender Gap Report 2018, World Economic Forum, https://www.weforum.org/reports/the-global-gender-gap-report-2018*
2 *Petroni, Seinhaus, Fenn, Stoebenau & Gregowski, (2017), New Findings on Child Marriage in Sub-Saharan Africa, Icahn School of Medicine at Mount Sinai*

Education is universally acknowledged as a key factor for human development. Education for women and men, girls and boys widens opportunities, choices, incomes, and therefore plays an important role in lifting communities out of poverty. For women and girls, education contributes to the lowering of fertility rates, delay of the age of marriage, leads to smaller family sizes and significant reduction in infant and maternal mortality rates and ultimately increased mobility and productivity of women and girls.

Although the right to education is constitutionally guaranteed for every person in Uganda irrespective of sex, location or other economic and social standing and its benefits are widely recognised, it is unfortunate to note that many girls in Uganda continue to miss out on this opportunity because of teenage pregnancy and child marriage.

This research report reinforces the fact that 25 per cent of adolescent girls aged 10-18 years in Uganda drop out of school due to teenage pregnancy and child marriage. It further highlights the challenges pregnant girls and child mothers encounter. Pregnant girls and child mothers lack funds for health care for themselves and for their babies, they are most times malnourished, they are chased out of their parents' homes, they are forced to drop out of

school and they are not psychologically prepared for the roles and responsibilities of being mothers and in most cases being "wives".

The study highlights the pains child mothers go through! There is pain carrying the pregnancy, there is pain in unsafe abortion, there is pain and suffering giving birth and parenting a child prematurely. We have learnt that disasters and emergencies such as Covid-19, escalate gender-based violence including teenage pregnancy and child marriage.

The best option for girls, their families and for the country at large, is to prevent teenage pregnancy and child marriage. The time to act is now. The post Covid-19 era provides an opportunity to act on the bold recommendations of this study; protect the rights of pregnant girls and child mothers and commit to take decisive steps to prevent cases of teenage pregnancy, child mothers and child marriages in future. We owe this to ourselves and future generations, to ensure that all women and girls attain their full potential and enjoy their rights.

Angela Nakafeero
Commissioner Gender and Women Affairs,
Ministry of Gender, Labour, and Social
Development, Government of Uganda
International Advisory Group, None in Three

Foreword

Acknowledgements

Child marriage refers to any formal marriage or informal union between a child **under the age of 18** and an adult or another child. While the prevalence of child marriage has decreased worldwide – from one in four girls married a decade ago to approximately *one in five* today – the practice remains widespread.[3]

Child marriage is often the result of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of child marriage among boys is just one sixth that among girls.

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3 https://www.unicef.org/protection/child-marriage

Background

This qualitative study forms part of a larger, international None in Three project that aims at investigating and preventing gender-based violence (GBV) in four countries and is funded by UK Research and Innovation through the Global Challenges Research Fund. The study investigated the drivers and consequences of child marriage on the survivors, their families and the community. It further investigated people's conceptualisations of child marriage and the predominant forms and causes of GBV in Uganda. The qualitative study was conducted in six districts in the Northern and Central regions of Uganda. These include: Wakiso, Nakasongola, Kampala, Masaka, Gulu and Amuru.

Method

This study adopted a cross-sectional qualitative design. It involved obtaining personal experiences, perceptions, beliefs and meanings. The primary respondents of this study were women who got married before they turned 18 years of age. The study participants were recruited from Central and Northern Uganda.

In total, 45 women who got married as children were interviewed for this study, of whom 12 were formerly abducted as girls by the Lord's Resistance Army (LRA).

Other study participants included men (25 years and above) who had been exposed to violence but were not violent themselves, male youth (16-24 years) who had completed or were at least half way through a violence reduction programme, male youth (16-24 years) who had been exposed to violence but were not violent themselves, and members of the communities (male and female) where survivors of child marriage lived.

Data was mainly collected using face to face interviews and focus group discussions. The interviews and focus group discussions (FGDs) were conducted in local languages (Acholi and Luganda) to enable us to gain deep insights into the experiences of the women and FGD participants. Existing literature was reviewed to collect data on the trends and prevalence of child marriage and GBV to complement raw data.

RESULTS

UNDERSTANDING OF GENDER-BASED VIOLENCE

The study explored how participants conceptualised GBV and it emerged that GBV was variously conceived to mean misunderstandings and quarrels between couples in a home, violence meted out to women by their husbands, violations of rights based on gender, general violation of human rights and violation of the rights of vulnerable populations such as children and people with disability (PWD). Most of the study participants viewed GBV as synonymous with human rights violations, domestic violence and violence against children and other vulnerable populations such as PWD.

There was a general consensus that GBV was very common, with some participants estimating the rate to be as high as 70% to 90%. The perceived rates of GBV were much higher than those reported in demographic and health surveys in the country (see UBOS and ICF 2012; 2018); which could have been attributed to the study participants' tendency to perceive GBV to mean all other forms of violence. The findings also showed that GBV was manifest in all the major forms of physical, sexual, emotional and economic violence. Other reported forms included GBV related to cultural practices and gender bias in the distribution of work and execution of formal and informal justice processes.

GBV affected both genders, however women and girls were reported to be its chief victims. While women experienced all the different forms of GBV, men particularly complained about being violated emotionally and treated unfairly when they reported cases of GBV to the authorities (gender bias). Poverty, drug and alcohol abuse, cultural norms, values and practices, women's lack of social and economic

empowerment, religious beliefs and practices, and weak institutional mechanisms emerged as the common causes of GBV. Much of the GBV reported by the study participants was perpetrated by intimate partners.

DRIVERS OF CHILD MARRIAGE

The study identified five main drivers of child marriage, notably: poverty; teenage pregnancy; school dropout; child abuse in the home; and armed conflict. These factors were intricately linked and operated at individual, household and community levels. Poverty mainly contributed to child marriage through increasing the girls' risk of dropping out from school, pushing parents to marry off girls for economic gain and rendering some girls vulnerable to advances of men offering gifts and a better life. School dropout created inactivity that made marriage attractive in the absence of pressure from school. Both the girls and their parents commonly viewed marriage as the best alternative to education. Teenage pregnancy primarily contributed to child marriage through evoking fear, stigma and shame rooted in social norms that illegitimated premarital sex and pregnancy, limited girls' opportunities to continue in school and created tensions that pushed girls to elope. Child abuse at home pushed several girls to opt for marriage to escape the torture and suffering they were subjected to; while armed conflict led to the abduction and forced marriage of others. In addition, the effects of war including insecurity, massive poverty, orphanhood and breakdown in formal and informal institutions incentivised girls, their parents and communities to resort to child marriage for social and economic security and protection.

EFFECTS OF CHILD MARRIAGE: SOCIO-ECONOMIC

The child marriage survivors were asked to share their experiences.

It emerged that the experiences were generally negative, with most participants reporting a range of social, economic, physical and psychological repercussions of child marriage.

The socio-economic effects included increased vulnerability to GBV and isolation, with girls who had eloped being particularly vulnerable. Power and age differentials, but also closeness in age between the girl and her husband, increased the risk for GBV. Other socio-economic effects included:

- limited economic participation as the girls were controlled and denied an opportunity to work by their husbands;
- limited decision making power over household matters like income expenditure and reproduction;
- limited educational outcomes and attendant access to both formal and informal economic opportunities;
- high incidence of family breakdown and single parenthood;
- increased risk of abuse and neglect of children born during the union; and
- stigma and rejection from the family and community.

EFFECTS OF CHILD MARRIAGE: PHYSICAL AND HEALTH

The physical and health consequences included exposure to health and reproductive health risks such as painful sexual intercourse and pregnancy related complications like bleeding, obstructed labour and still births. However, obstetric fistula did not emerge as a key reproductive health effect of child marriage in this study. Other physical and health effects of child marriage included high exposure to sexually transmitted diseases including HIV and adverse effects on children's health and development such as malnutrition, stunting and death. The psychological consequences included feelings of regret and sadness and suicidal thoughts associated with lost dreams, childhood and opportunities as well as a heavy burden of childcare following the dissolution of the marriage.

Risks of Child Marriage

Child marriage exposes us to the risk of sexual injury.
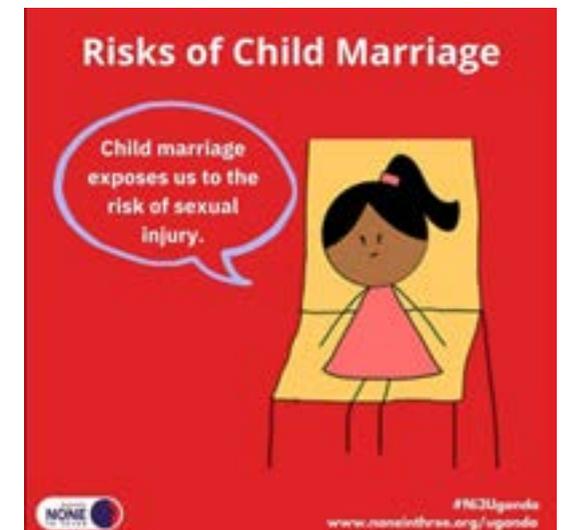
CONCLUSIONS

There is a limited understanding of what GBV entails in the general populace. GBV, and violence against women (VAW) in particular, remains a major problem in Uganda. GBV may be experienced differently by women and men. GBV is perpetuated by an interplay of behavioural and structural factors at individual, relationship, community and society levels. The various forms of GBV are rooted in stereotypes about masculinity and femininity and social norms that promote male dominance and female subordination as well as normative role expectations. These stereotypes and expectations remain very strong.

Child marriage is driven by mutually reinforcing social, economic and political factors at multiple levels. Parents/guardians contributed to child marriage through acts of omission and commission such as abuse and neglect of children and marrying off girls for economic gain. However, several parents interviewed for this study did not wish to see their children married at a young age, which signifies positive change in attitudes towards child marriage among parents and communities in Uganda. While parents/guardians directly or indirectly pushed girls into marriage; several girls actively participated and exercised some autonomy in decisions to marry and in the choice of a partner. Enrolment and retention of girls in school is a key protective factor against child marriage. Child marriage has far reaching and in some cases lifelong adverse consequences on the development and wellbeing of not only the survivors and their immediate families but also the community and society at large.

RECOMMENDATIONS

Promote awareness and understanding of GBV

There is need for more specific and targeted training to increase people's understanding of GBV. Government, through the district community department, should liaise with relevant civil society organisations (CSOs) to mobilise and engage communities in dialogue on the meaning of GBV, its forms, causes and consequences, its relationship with other human rights violations such as domestic violence, and the available support mechanisms, among others.

Address factors that perpetuate GBV

Eliminating or reducing GBV to significantly low levels requires a multipronged approach to address the multilevel factors that perpetuate it. Alcoholism and drug abuse could be addressed through increasing awareness about their dangers to health, relationships and socio-economic development of individuals, families and the society as a whole. The Uganda Ministry of Health (MOH) in liaison with voluntary and private actors should intensify campaigns to inform people about the dangers of alcohol and substance abuse to their physical, emotional, economic and social wellbeing. Mass media such as radio, television and newspapers could be helpful channels for disseminating such information to the populace. In addition, government should strengthen and improve institutional capacity to enforce existing laws and policies regulating access to and use of alcohol and substances. The Uganda Police Force should be equipped with adequate financial and human resources to enable them to enforce laws and policies on alcohol and substance use. CSOs can play a vital role in facilitating local governments to formulate and implement bylaws regulating the time for alcohol consumption and prohibiting the sale and use of dangerous substances.

Changing norms, practices and beliefs

To change deeply ingrained cultural norms, practices and beliefs, the **Ministry of Gender, Labour and Social Development (MGLSD),** and particularly its **Department of Family and Culture,** along with CSOs should concert *efforts to challenge norms that promote male dominance, gender stereotypes and harmful traditional practices*, while advocating for attitude change and adoption of more positive cultural practices. Community dialogues could be useful, to address the need to unlearn negative practices and learn more positive and progressive ones, that promote the rights of all people regardless of gender. Such practices are more likely to support socio-economic development at household, community and country levels.

Partnerships, training and resources

Engagement of and partnerships with cultural and religious institutions to spearhead the process of learning new social norms is critical to success. Innovative strategies such as prosocial games can be employed as a preventive educational tool to change attitudes of young people in and out of school. Training to increase effective communication, mutual respect, support and understanding among intimate partners is critical for optimising the protective benefits of women's empowerment. Similar training should be extended to religious leaders, elders and clan leaders, all of whom are key players in providing support to married couples in Uganda to enable them to impart similar values to their clients. Similar competences are vital for those offering formal support such as CSOs, local councils (LCs), police, probation and social welfare officers. Government should further equip institutions addressing GBV such as police and the judiciary with adequate financial and human resources to improve their capacity to respond to reported incidences of abuse. Training in case management principles, processes and procedures, professional ethics and communication, mediation and counselling skills, among others, may help to improve staff capacity to provide appropriate services and support to clients while minimising gender bias.

Multipronged, collaborative approach

Addressing child marriage requires a multipronged approach that deals with drivers at individual, household and community levels. Multisectoral collaboration is needed, involving the efforts of different government ministries and departments, development partners as well as voluntary and private actors.

Improving access to sexual and reproductive health education

Improving children's and young people's access to sexual and reproductive health information and services is critical in preventing teenage pregnancy. Incorporating age-appropriate sexuality education in school curricula and integrating adolescent and youth friendly reproductive health services in the health care system are some of the ways this could be achieved.

Addressing poverty, child abuse and neglect

To address the impact of poverty, household economic strengthening programmes should be scaled up to improve the capacity of parents/guardians to meet the basic needs of their children including enrolling and maintaining them in school. Since child abuse and neglect play a role in pushing children into marriage, economic strengthening programmes should be complemented with interventions to improve parenting skills and child protection practices at household and community levels. Mass training targeting parents/guardians can be helpful in this regard. This can be organised by the district community department in partnership with CSOs. To foster sustainability of these efforts, grass roots child protection structures such as Para Social Workers and Child Protection Committees should be equipped with requisite knowledge and skills to continue providing the necessary information and support to parents/guardians and other community members.

Promoting school enrolment and completion

Strategies that promote school enrolment, retention and completion are critical in preventing child marriage. Community dialogues to change negative attitudes towards the education of the girl child remain necessary.

We also propose that the Ministry of Education and Sports (MOES) in partnership with development partners and CSOs could institute a centralised system for tracking school enrolment, retention and completion and providing timely support to children on the verge of dropping out.

School-based social workers should be recruited and trained to facilitate the continuous process of identifying, linking and coordinating support to affected children to minimise the risk of dropping out. In addition, mechanisms to improve the school learning environment should be intensified. The MOES and partners should urgently address factors that push girls out of school such as child abuse, poor sanitation and lack of sanitary pads. Government should enforce the policy on allowing pregnant and girls who have delivered to remain in and return to school, vigorously. Action should be taken against school administrators who, on the grounds of pregnancy, deny the children the opportunity to continue in or re-join school. The MOES should partner with relevant government departments such as the MGLSD, with CSOs and with other partners to establish mechanisms for linking girls who wish to return to school after delivery to support services they may need, including psychosocial counselling and care, child day care services, and scholastic materials. These services should enable them to cope with the likely stigma from peers, poverty and strained relationships with family, among other impediments to their enrolment and retention in school.

Empowering young people through education and training

Strategies to empower girls to say no to child marriage are critical. Interventions to educate children about the illegitimacy of marriages below the age of 18 years, the negative consequences of child marriage, its drivers and how to prevent them, and where to seek support when constrained or forced into marriage, are crucial. Such information should be offered in the sections of the curriculum that address issues of child rights abuse. Debates and child rights clubs for in- and out-of-school children can also be used as a forum for discussing and equipping them with information on the dangers of child marriage, how to prevent it and where to seek support. Prosocial games can be employed as a useful tool for relaying information to children on the impacts of child marriage and where to seek support. Life skills training should be enacted to equip children and young people with the necessary competences to improve their problem-solving capacity and ability to make constructive decisions. Children should be further given information about and encouraged to embrace and utilise alternatives to mainstream education such as vocational training, other than resorting to marriage. Information on alternative government educational programmes such as Business Technical Vocational Education and Training (BTVET) should be incorporated in the school curriculum and also shared with parents/guardians. Hindrances to accessing vocational education, including issues of availability, acceptance and affordability should also be addressed.