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Processing gender: lived experiences of reproducing and transforming gender norms over the life course of young people in Northern Uganda

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ABSTRACT
The years between 10–19 represent a critical stage of human development during which boys and girls learn and embody socially constructed gender norms, with long-term implications for their sexual and reproductive health. This ethnographic cohort study sought to understand how gendered norms and practices develop during the transition from child to young adult in post-conflict northern Uganda. A total of 60 girls and boys aged 10–19 were selected using purposive sampling for in-depth interviews over a three-year period; 47 individuals completed all four interviews. Drawing on feminist theory and an ecological perspective, findings were used to create a conceptual framework displaying the experiences of young people navigating patriarchal and alternative norms, emphasising their lived processes of performing and negotiating norms within six key domains (work, puberty, family planning, intimate partner relations, child discipline and alcohol). The framework identifies: (1) personal factors (knowledge, agency and aspirations); (2) social factors (socialisation processes, capital, costs and consequences); and (3) structural factors (health/educational systems, religious institutions, government policies) which may encourage young people towards one norm or another as they age. These findings can inform policies and programmes to transform gender norms and promote equitable, healthy relationships.

Introduction
Few factors affect sexual and reproductive health (SRH), economic opportunities and overall well-being throughout the life course as much as the socially constructed gender norms related to the roles and capacities of men, women, boys and girls. While gender norms have the potential to promote gender-equitable relationships and healthy sexual development, in most contexts they perpetuate power imbalances between men and women. While such
inequitable gender norms are harmful to the SRH and well-being of both women and men, they especially disadvantage women and girls, who often have fewer opportunities to challenge norms (Marcus et al. 2015). Young people aged 10–19, especially girls, have particular SRH needs and challenges due to the combined effects of gender- and age-related vulnerabilities. Cultural and institutional barriers to access to information and services contribute to high rates of unmet contraceptive need among women aged 15–19 in low and middle-income countries (LMICs), with over half of pregnancies in this population reported to be unintended (Darroch et al. 2016). Power structures that disadvantage young people and women also result in girls highly vulnerable to HIV and other sexually transmitted infections through sexual violence, child marriage and sexual exploitation, and girls’ SRH risk often accompanies disadvantage in other areas, such as education (Mbizvo and Zaidi 2010).

The ages of 10–19 years represent a critical stage of human development when health trajectories developed during childhood are modified as young people undergo physiological, emotional and social transitions towards adulthood (Viner et al. 2012). It is also a time when individuals learn and embody gendered norms, values and practices (Kågesten et al. 2016; Viner et al. 2012). A global systematic review found that inequitable gender norms are already commonly endorsed between the age of 10–14 years, and that family members and peers are key in shaping construction of such perceptions (Kågesten et al. 2016). Several studies in Uganda and across sub-Saharan Africa have explored inequitable gender norms (Bell and Aggleton 2012; Bhana 2016; Eaton, Flisher, and Aarø 2003; Sennott and Mojola 2017). This prior research, however, focuses primarily on older youth and describes inequitable gender norms with a focus on sexual socialisation and implications for negative sexual health behaviours and outcomes. Few studies have sought to understand the lived experience of boys and girls as they negotiate gender norms across their teenage years, especially in low-income settings and in the context of conflict environments which – as discussed below – may exacerbate gender inequalities.

In this paper, we describe findings from a 30-month ethnographic cohort study that followed young people aged 10–19 in post-conflict northern Uganda. The study was part of a larger initiative to develop and evaluate an intervention to transform gender norms and improve SRH outcomes. Drawing on in-depth interviews, we developed a conceptual framework of the negotiation of gender norms through the three life-stage transitions prioritised by the intervention: childhood into early adolescence; puberty into mid-adolescence; and the transition to marriage and childbearing. In contrast to models that focus on layered ecological influences, our model stresses the lived processes and performative efforts of young people as they negotiate, reproduce and transform complex, and often contradictory, gender norms across personal, social and structural contexts.

**Gender norms and SRH in the northern Ugandan context**

The study took place between 2012 and 2014 in northern Uganda, at the close of the two-decade civil war during which nearly two million people – 90% of the Acholi and Lango population – were relocated to internally displaced persons (IDP) camps that were officially closed in 2012 (Mailer, Tusingwire, Jorgensen, and Carvalho 2008). The protection of IDPs in camps and following their return to ancestral villages was precarious, with at least 60% of women reporting sexual or domestic violence (UNICEF 2012). Nationally, at the time of the study about one in five women aged 15–19 had begun childbearing and the Northern Region
had the lowest median age at first birth. Twenty-three per cent of married women aged 15–49 years in the Northern Region were using modern contraception, as compared to 40% of women in the greater Kampala area (UBOS and ICF 2011). SRH services were weak at the end of the conflict and inadequate to meet community needs.

Even in the face of prolonged conflict, both the Acholi and Lango people sought to maintain local cultures, norms and traditions. Prior research in these communities suggests that although the civil war altered gender roles, norms remain largely patriarchal (Adams, Salazar, and Lundgren 2013). For example, despite the need to adapt normative roles during the conflict to sustain the family, the husband is still typically viewed as the head of the household, and girls are generally considered ready for marriage following the onset of puberty. Both the Acholi and Lango attach great significance to marriage and childbearing, with failure to marry considered a curse or abnormality, and childlessness a serious misfortune, with women being usually held responsible (Epila-Otara 2013).

**Theoretical grounding**

Our study was grounded in a social constructivist perspective, which asserts that humans make and re-make the world through social interactions and relationships (Burr 2015). Many societies, including the study communities, employ gender as an organising principle that is constantly enacted, negotiated and reproduced through individuals’ interactions with their social environments (Bouta, Frerks, and Bannon 2005; West and Zimmerman 1987).

In order to understand how gender is constructed, we draw upon feminist theory. Butler (1990) argues that gender and sex are not essential and innate, but performative and constantly in the making. Applying Butler’s lens, we strive to look closely at those moments where gender is produced across different layers of participants’ contexts – focusing on moments when new opportunities are articulated. We also recognise that individuals exercise agency to challenge systems, and to excel within them (Mahmood 2001). Womanist theorists such as Hudson-Weems (2001) stress that African women face multiple kinds of oppression, relating to race, class and colonialism, and that their priorities – often for stable and safe families and communities frequently differ from those articulated by western feminists. Furthermore, femininities within Africa are diverse and responsive to the local economic and political context (Sennott and Mojola 2017).

While there are multiple understandings of gender norms, we follow the definition offered by Keleher and Franklin (2008, 43): ‘powerful, pervasive values and attitudes, about gender-based social roles and behaviours that are deeply embedded in social structures’, ensuring ‘the maintenance of social order, punishing or sanctioning deviance from those norms’. Implicit in this definition is the link between gender norms and underlying ideologies of power (Keleher and Franklin 2008; Marcus and Harper 2014).

Patriarchy refers to ‘a political-social system that insists that males are inherently dominating, superior to everything and everyone deemed weak, especially females, and endowed with the right to dominate and rule’ (hooks 2004, 18). It manifests itself in social, legal, political and economic organisations as well as within norms, beliefs, relationships and actions (Richards 2014; Tickner 2001). By patriarchal gender norms, we refer to norms that disproportionately favour men and masculinity, and deny resources, opportunities and power to women. Both women and men may reproduce or challenge patriarchy – men and boys are also harmed by this system and may support alternative norms (hooks 2004). For example,
a cross-cultural comparison of 10–14-year-olds who challenge gender norms in China, the USA, Belgium and India found that boys who violated gender stereotypes faced strong retribution (Yu et al. 2017).

To organise the complex influences on gender norms negotiation, we utilised Bronfenbrenner’s (1979) ecological systems theory, which posits that in order to understand human development, the entire ecological system in which growth occurs needs to be taken into account. An ecological perspective is useful for exploring social determinants of health, recognising that vulnerabilities and consequences of ill health are determined by location within societal hierarchies (Marmot and CSDH 2007).

Together, these theoretical lenses require that we examine how study participants navigate gender systems and construct gendered identities within specific contexts, and how their capacity to do so influences future well-being. We find that young people construct identities under the influence of forces operating at different layers of social ecology. Through these processes, gender is produced, and opportunities, power or resources endowed or limited.

Methods

We conducted a cohort study between 2012 and 2014 in two post-conflict settings in northern Uganda: the Pader (Acholi sub-region) and Lira (Lango sub-region) districts. The study was conducted as part of the Gender Roles, Equality and Transformations (GREAT) Project – a six and a half-year intervention conducted by Georgetown University’s Institute for Reproductive Health (IRH) in partnership with Save the Children and Pathfinder International and their implementing partners, Straight Talk Foundation and Concerned Parents Association. GREAT used life course tailored intervention strategies to promote gender-equitable attitudes and behaviours among young people and their communities, theorising that shifts towards more progressive gender norms will lead to better SRH outcomes and reduce domestic and disciplinary violence (Lundgren, Dagadu, and Slesinski 2016).

Participants

Study participants included 10–14-year-old girls and boys; 15–19-year-olds who were unmarried with no children; and 15–19-year-olds who were newly married, pregnant or parenting. All participants had spent most of the decade prior to their first interview in an IDP camp, and interviews took place about a year after they had returned to their ancestral villages.

We selected 60 participants using purposive sampling (Table 1). Local partner organisations recruited participants to represent a range of experiences (e.g. current romantic relationship, community involvement, family constellation) equally divided by gender, life stage and district. Participants agreed to be interviewed every six months, and retention was excellent with 47 of 60 young people completing the final interview. Those who missed one round of interviews were still contacted for the next round. The primary reason for drop out was inability to interview the participant, generally because they had left the area for marriage or schooling.
Data collection began with a baseline interview in 2012, followed by two interviews in year two, and a final interview at the start of year three. Interview guides tailored to the appropriate life stage were used to explore relevant topics including family, social networks, puberty, schooling, sexual/romantic relationships, family planning, marriage, parenting and discipline, alcohol and gender-based violence. Interviewers conducted 60-minute semi-structured in-depth interviews, drawing on projective techniques, games and other participatory methods which actively engage young people (e.g. photo elicitation, pile sorts). Interviews were organised around a timeline of key life events, developed during the first interview and updated at each interview. Interview guides for the first two rounds were almost identical. The third guide was modified to incorporate narrative interviewing, using events noted on the timeline as prompts to elicit detailed stories. After each interview, the interviewers summarised life events, attitudes and behaviours into a matrix to inform subsequent rounds. Interviews were conducted in Acholi and Langi, audio taped, transcribed verbatim and translated into English. Visual output was photographed and included in the transcripts.

We trained a team of 10 local interviewers under age 30 who grew up in the study area, spoke local languages, were experienced working with young people and held a relevant university degree. Interviewers worked in gender-matched pairs and attempted to interview the same individual at each round to build rapport. For safety and comfort, participants were interviewed at home, out of hearing but within sight of their family.

Ethical clearance was obtained from the Georgetown University and Makerere University School of Public Health Institutional Review Boards and from the Uganda National Council of Science and Technology. Written informed assent and parental consent (participants under
age 18), and consent (participants over age 18) were obtained prior to each interview. Participants were provided referrals to health, legal and social services at the end of each interview.

**Analysis**

We used content analysis and grounded theory to allow concepts to emerge from the data inductively, emphasising change processes (Strauss and Corbin 1994). Using Atlas.Ti 7, we coded interviews and created matrices for each participant (Corbin and Strauss 1990) that mapped changes over time.

We then analysed changes in six domains related to development of gender norms among study participants: chores/work; puberty; family planning; intimate partner relations; child discipline; and alcohol use. All domains were derived deductively except child discipline, which emerged inductively from the formative research. Each domain held its validity and integrity throughout data analysis.

Next, we inductively conducted cross-case analysis of each domain to identify common life trajectories. Finally, we conducted content analysis of inductively and deductively selected key terms to identify new patterns and relationships among factors affecting the development of gender norms, and to validate terms emerging from the trajectory analysis, further refining the conceptual model.

To assess the credibility of our analysis, we compared results with previous research conducted in the same settings during the study period. In addition, the interviewers, who built relationships with study participants and their families over the 30-month study period, assessed the credibility of the results, and non-governmental organisation (NGO) staff reviewed the results at key points in the analysis process.

**Results**

**Patriarchal and alternative gender norms**

As participants approached adulthood, they faced strong pressure to conform to patriarchal gender norms and risked negative sanctions if they failed to do so across six key domains (Table 2). Archetypal understandings of gender played out in household and family roles, puberty and sexual relationships, decisions about the timing and spacing of children and contraceptive use, forms of discipline and alcohol use. Some participants, however, challenged these norms, and their trajectories evolved differently than those of their peers, for example through both partners contributing to childcare, household tasks and resource generation. These patriarchal and alternative norms form the backbone of our conceptual framework (Figure 1).

**A conceptual framework for the negotiation of gender norms**

Across each domain and over time, internal and external factors acted as turning points in young people’s life trajectories and gender performance. These results underpin our conceptual framework.

The framework is depicted as a tree to illustrate how interactions with different ecological levels lead to the cultivation of assets or pathways for development. Young people’s
| Table 2. Patriarchal and alternative gender norms over the life course of young people. |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                                  | Alternative norms               | Patriarchal norms                | Alternative norms                | Alternative norms               | Patriarchal norms                | Alternative norms                |
| Chores and work                  | • Girls responsible for household tasks  |
|                                  | • Boys responsible for caring for animals and compound  |
|                                  | • Boys and girls share chores equally and flexibly  |
|                                  | • Roles remain as in childhood  |
|                                  | • Boys stop helping with childcare or fetching water  |
|                                  | • Boys and girls help each other despite potential embarrassment  |
|                                  | • Men provide financially  |
|                                  | • Women are responsible for household tasks  |
|                                  | • Men control household assets  |
|                                  | • Men and women contribute to childcare, household tasks and medical and school fees  |
| Puberty                         | • Boys discouraged from seeking advice about puberty because it is associated with sexuality  |
|                                  | • Girls must hide menstruation  |
|                                  | • Boys and girls able to seek puberty support and advice and may circulate freely  |
|                                  | • Young people must avoid relationships in order to be ‘good’  |
|                                  | • Boys receive more respect and less work  |
|                                  | • Girls increase workload and regulate their movements  |
|                                  | • Girls can negotiate the terms of their romantic relationships  |
|                                  | • Girls and boys receive support for school and personal development  |
|                                  | • Young people expected to marry  |
|                                  | • Girls must demonstrate respect  |
|                                  | • Girls (and some boys) must regulate movements and friendships to protect chastity  |
|                                  | • Young people choose when and whom to marry  |
|                                  | • Girls, as well as boys, continue with education and personal development, despite reproductive status  |
| Family planning (FP)            | • Young people delay sex and contraceptive use until married  |
|                                  | • Young people have difficulty seeking FP services  |
|                                  | • Young people aware of contraceptive options and service locations  |
|                                  | • Young people protect future fertility  |
|                                  | • Young people use traditional methods perceived not to have side effects  |
|                                  | • Young people perceived to be too young to use contraception  |
|                                  | • Young people capable and comfortable seeking FP information and services  |
|                                  | • Providers give them assistance, despite their age  |
|                                  | • Young people must give birth to many children to solidify adult status  |
|                                  | • After giving birth, they may consider different methods to space pregnancies  |
|                                  | • Husbands and in-laws dictate FP decisions  |
|                                  | • Young people capable and comfortable seeking FP information and services  |
|                                  | • Partners make FP decisions collaboratively  |
| Intimate partner relations       | • Parents teach children to fulfill conventional gender roles as spouse/parent  |
|                                  | • Role models encourage girls to take leadership positions and boys to share decision-making  |
|                                  | • Women expected to be submissive to new husbands and in-laws  |
|                                  | • Men expected to be authoritarian providers  |
|                                  | • Role models and peers encourage expectation of safe and respectful relationships  |
|                                  | • Wives submissive to husbands and in-laws  |
|                                  | • Men dominate decision-making and entitled to sex and use of violence  |
|                                  | • Partners respect each other and make decisions together  |
|                                  | • Men ‘teach’ their wives without violence  |

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<td>Parents discipline children non-violently Beating considered violence and not acceptable as discipline</td>
<td>Parental discipline continues Young people experiment with physical discipline of younger siblings</td>
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negotiation between patriarchal and alternative gender norms is represented in each strand of the helix. Their capacity to negotiate these norms depends on internal assets, socialisation processes, capital, costs and consequences, and structural factors, each depicted as groups of rungs on the helix. This process occurs throughout the life course and the branches of the tree illustrate developmental outcomes of this journey in the areas of SRH, education, well-being, safety and economic security. By representing participants’ lives in this way, we offer a lens for understanding how individuals negotiate norms throughout the social ecology and across the life course.

**Figure 1.** Conceptual framework for the negotiation of gender norms among youth.
Below we describe the five groups of rungs on the helix using examples from the data. We also provide a case-study of one participant, Josephine, 19 when she entered the study, to highlight the factors that shaped her experiences negotiating and producing gender norms. A newly married parent, her narratives substantiate the influence of personal, social and structural factors on individual experiences negotiating patriarchal and alternative norms over time. We also include examples from other participants to show how the framework applies across age groups and genders. Quotes are identified by R1–R4 to refer to the different interview rounds. All participant names are pseudonyms.

**Embodying and acting on internal assets**

Internal assets contributing to the negotiation or reproduction of gender norms included knowledge, agency and aspirations – i.e. personal characteristics, or skills that young people learned and cultivated during the transition from child to young adult. While agency can also be viewed as a developmental outcome, we focused on agency as an individual asset that can help young people achieve the framework outcomes.

Josephine, for example, experienced notable shifts in gender dynamics with her partner. At the beginning of the study she navigated a challenging marital relationship: ‘We used to love each other so much,’ she said, ‘but now I cannot compare this love anymore.’ She described verbal abuse, rape and infidelity by her partner. Yet she also exhibited agency and tenacity to create the family life she desired. After trying to discuss contraception repeatedly with her husband, she decided to use it secretly, explaining, ‘I am the one who suffers with the pregnancies, not him.’ By the fourth round of interviews, her relationship improved, and she had convinced him to use contraception, explaining, ‘I began by telling him that this time if we don’t space the children people will laugh at you and you will lose respect in this community.’ By grounding her experience in one aspect of womanhood – childbirth – Josephine asserted her power to make contraceptive decisions, a subtle challenge to gender norms dictating that men make fertility decisions. Other study participants subtly resisted gender norms they perceived as problematic by articulating their aspirations for their future. For example, some young men resisted the social pressures to consume alcohol by citing their aspiration to grow into successful, respected adults.

Individual aspirations alone, however, were insufficient to resist patriarchal gender norms: participants also needed knowledge. Many, such as newly married Edith, aged 17 at her first interview, lacked accurate information: ‘I hear people say contraceptives, when you put it in your body the body begins aching, you become sick, you lose a lot of blood, but I do not know if that is true’ (R3). Poor understanding and fear of side effects of modern methods prevented even those with favourable attitudes from subverting patriarchal gender norms related to contraceptive use.

**Socialisation processes**

Throughout the course of adolescent development, the study participants engaged with gender norms through a series of socialisation processes including role modelling, mentoring, instruction, task assignment and discipline. As participants assumed new roles and responsibilities, they learned both patriarchal and alternative norms by observing and receiving (or not) advice from their social networks (e.g. parents, peers, in-laws, spouses).

Parents were especially central during early development. For example, most of the youngest study participants were open to performing chores typically associated with the
opposite gender did so because their parents encouraged gender-equal work. With the onset of puberty, however, parents began advising their daughters to avoid boys, come home early and not travel alone. However, some younger girls and boys such as Daniel, 12 at first interview, learned alternative gender expectations from others:

My parents had told me that boys and girls are the same and that what a girl can do, a boy can also do and vice versa, and generally how I started cooking food and smearing the house while my sisters helped me with tying and untying the goats. (R4)

Upon marriage, participants learned new roles as spouses and parents. For Josephine, this process included expectations to adopt patriarchal norms contradictory to her desires: ‘The community wants and expects that only you the woman, who is under a man, obey him’ (R1). In-laws became powerful forces, as Josephine described: ‘[my husband] told me that his mother says that she needs children, so the issue of family planning should not even cross our minds’ (R2). Against the backdrop of shifting relationships and social pressures, Josephine strived to establish her own voice.

Capital

Different forms of economic, cultural and social capital (Bourdieu and Passeron 1990; Laberge 1995) shaped young people’s trajectories and the negotiation of gender norms. In particular, access to capital enabled some participants to explore alternative gender norms. For example, Ritah, a newly married/parenting 18-year-old at her first interview, accessed social capital through her grandmother:

I spoke with my grandmother; I told her that I wanted to use family planning because I did not want to get pregnant again because of the experience I had already had with the first relationship, so she only encouraged me to use. (R2)

Access to social and economic capital helped young women balance power within marriage, especially when able to leverage an influential social network. For instance, Edith’s in-laws were able to prevent violence because her abusive father-in-law was living on his wife’s family land (rather than the patrilineal custom of the wife moving to her husband’s land). In addition, younger participants often identified education as a form of cultural capital that could empower women, emphasising the need to invest in education for their (future) daughters.

Lack of access to capital made it difficult for participants to challenge patriarchal norms. The gendered distribution of economic capital, for example, compelled Josephine to stay in an abusive marriage. Her husband forbade her from visiting friends or neighbours and from working: ‘He says when a woman earns, she becomes big headed; she does not listen’ (R1). Social and cultural capital wielded through community institutions (such as clan arbitration systems or the local councillor [LC]) tended to reaffirm patriarchal norms, as in the example of Henry, 19 at his first interview, who described how such capital secured gender hierarchies and maintained ‘peace’ within the household:

I can also organise the elders to handle the issue by giving punishments to them … you can call her and warn her. The second time you can use the elders. The third time you use her people to warn her. Lastly, the law through the LCs will take over. (R1)

Costs and consequences

While growing up, participants faced various costs and consequences of challenging patriarchal gender norms. In particular, we found three forces – stigma, sanctions and violence
– influencing how young people navigated their lives. Despite personal beliefs, fear of embarrassment and loss of status often motivated participants to comply with patriarchal norms.

Successful adherence to patriarchal gender norms was often key to economic security. While older boys rarely discussed refraining from dating to protect their social status, girls who violated expectations of female chastity and obedience risked forfeiting various opportunities. For example, Florence, an unmarried 16-year-old when she entered the study, explained that she avoided sexual relationships to preserve her church leadership position: ‘If you are a girl who is promiscuous and moves out with many men, you are not elected for that post at the church’ (R3).

Violence was frequently used to (re)establish patriarchal boundaries, with girls experiencing particular vulnerability. At puberty, sexual harassment and bullying became available avenues for boys to reinforce patriarchal sexuality norms, while gender norms taught from childhood prepared girls to accept men’s right to use violence. Social norms often legitimised men’s violence against women in marriage, as Josephine recounted: ‘People here say that a woman must respect her husband because without this, then violence will be inevitable’ (R1). Others explained that husbands are expected to use violence to demonstrate male authority and maintain household stability. Many young women supported (rather than condemned) men’s right to hit their wives, including Rashida, a newly married parent at 17 at her first interview. She stated, ‘If you are beaten, then they are teaching you because you must have done something bad; but if you have done nothing wrong, then you are not beaten’ (R3).

**Structural factors**

Finally, we identified structural factors that influenced participants’ trajectories, including the health system, educational system, religious organisations and legal and government policies.

Access to education and interactions with teachers and classmates contributed to the construction of gender norms, sometimes offering a platform for enacting alternative norms. Cathy, aged 12 at her first interview, ‘head girl’ at her school, appreciated school because it gave her access to esteemed ‘masculine’ roles, such as visibility and voice in public spaces and leadership resolving disputes. She noted that school gave her ‘confidence so that when people come for advice [she] can give it and also settle issues in the school’. However, she also observed social consequences for transcending gendered norms, noting that others might ‘say that I am a girl who is too sharp and confident, and that people might even think I am a boy’ (R4).

Religious institutions were found to reinforce patriarchal norms but also offered alternative paths and fostered respectful, positive relationships. Samuel, aged 14 at first interview, said:

> Yesterday they were saying it in the church that when your feelings for girls has gone very high you should not go and force a girl to have sex … I felt good because, in this community, when boys are in their adolescence, they become very loose on girls. (R1)

Health institutions such as hospitals and health centres sometimes reinforced gender and power structures. Participants’ stories focused primarily on contraceptive services. Some girls hesitated to seek care because they feared being perceived as ‘too young’ or feared that health workers would not respect their confidentiality. Others perceived health workers as knowledgeable, friendly and respectful. Notably, despite her many barriers, Josephine
described access to health services as one option for challenging her husband’s dominance, saying: ‘I would go to family planning clinics in … town; they are very many … I can go secretly without telling, and I join family planning’ (R3).

Finally, participants’ narratives indicated that gender norms are shifting as a result of new laws and rights-based discourse that promote gender equality. After Josephine’s mother-in-law attacked her during an argument about her performance as a wife, the community encouraged her to involve law enforcement, saying: ‘[they] told me if she attacks you again, run to the LCs or police station and report her there’ (R3). Furthermore, Ivan, 17 when the study began, described broad structural and normative changes:

I heard that nowadays Uganda is a country in which women have equal rights … Women can also do things that men can do. The same way men do … My interest is that the government should continue with such laws so that women can have the same rights like men. (R3)

While many participants embraced these developments, others resisted changes to gendered power dynamics. Poverty and weak institutions sometimes prevented accountability for domestic violence.

Discussion

Based upon the lived experiences revealed in this study, we developed a conceptual framework for the negotiation of gender norms during the transition from childhood to adulthood. Grounded in ecological and feminist perspectives, this framework provides practitioners and policy-makers with a deeper understanding of the negotiation of gender norms and impacts on health-related outcomes. We offer this framework as a tool to inform decisions about when and where to intervene.

While our framework is grounded in data from post-conflict northern Uganda, it is not unique to this context, but can be applied to research and programmes in other low-income settings. Cleeve et al. (2017), for example, describe the pervasive gender inequitable contexts that contribute to unintended pregnancy, including imbalances in economic capital and costs of gender-based violence in a different Ugandan setting. Women in their study embodied the tension between patriarchal and alternative norms, as they reclaimed reproductive agency through family planning. Similarly, Bhana’s (2016) description of young women’s appropriation of virginity norms in a high-poverty South African setting can be viewed within our framework as an active negotiation between patriarchal and alternative norms.

Our framework is in line with other conceptualisations of the social construction of gender norms, including a recent conceptual framework for gender socialisation in low- and middle-income countries that draws on ecological and life course perspectives to highlight interactions between structural and interpersonal forces with individual factors (John et al. 2017). Our framework however takes a more emic approach by grounding its development in the stories and lived realities of young people, focusing on processes across ecological levels as young people transition – in particular the consequences associated with deviation from patriarchal norms, and how personal agency and different forms of capital help boys and girls embody alternative norms.

The finding that new gender norms emerged throughout the life course trajectory further highlights the need to reach girls and boys at early ages, and to implement tailored life course interventions. Although it is possible to challenge patriarchal gender norms (Lundgren,
Gibbs, and Kerner 2018; Lundgren et al. 2012), few interventions have demonstrated long-term effects (García-Moreno et al. 2015; Jewkes, Flood, and Lang 2015). This may be explained by the fact that behavioural change occurs slowly, and few studies have the resources to follow young people over time (John et al. 2017). The results from this study and the GREAT intervention more generally (Lundgren, Dagadu, and Slesinski 2016) are therefore unique as they underscore the importance of ongoing efforts to support gender equity over time.

Furthermore, our findings stress the role of young people themselves in (re)constructing gender. Interventions should focus on strengthening internal assets (e.g. knowledge and agency) to enable young people to successfully navigate complex gender processes. Strengthening agency involves investing in programmes that bolster opportunities for self-reflection, provide a critical and empowering lexicon, and build socio-economic capital by engaging key support people in positive change.

Young people should be encouraged to reflect critically on gender norms, as our data revealed multiple examples of sanctions discouraging deviation from patriarchal norms. Critical reflection on masculinity has been promoted globally as a strategy to end violence against women and reduce sexual risk-taking and HIV transmission (García-Moreno et al. 2015). A review of male engagement interventions concluded that programmes must challenge norms of male superiority and power to achieve long-lasting effects in violence prevention (Jewkes, Flood, and Lang 2015).

Programmes and interventions must encompass socialisation processes in order to transform gender norms. This involves expanding and strengthening social networks through positive role models and mobilising capital. The most effective programmes bolster social and structural support for individuals to challenge norms, rather than focusing solely on attitudinal change (John et al. 2017).

Finally, programmes and policies must address structural issues such as girls’ access to education and other resources. Less visible influences, such as gendered social institutions also shape gender norms. The power of hidden influences, along with sanctions for gender role transgressions, is one reason that increasing gender equality is challenging, and requires critical pedagogy to uncover hidden assumptions and encourage individuals to effect change through social critique and political action.

**Strengths and limitations**

This is one of the first longitudinal studies to explore the construction of gender norms across young people’s life course, with a specific focus on low-income, post-conflict contexts. The methodology offers a deep, holistic view of the context and key factors affecting developmental outcomes. The study’s longitudinal and projective techniques further helped to understand norms negotiation from the perspective of 10–19-year-olds.

Given that the open-ended methodology allowed participants to discuss the topics they found most salient, the amount of time spent on different topics was not consistent across participants or interview round. Furthermore, the interviews focused on topics of interest to the GREAT intervention, and thus placed greater emphasis on gender-based violence and family planning in comparison to other topics. Finally, although the interviews were conducted in local languages, most of the analysis relied on English transcripts.
Conclusions

Our findings emphasise the vulnerabilities of young people in post-conflict study communities, and the importance of support systems that intervene in maltreatment or exploitation. Programmes and policies to improve gender equality in low-resource settings must engage institutions to better serve youth, enhance social networks, build young people’s agency to challenge patriarchal gender norms and provide safe spaces for reflection and performance of alternative norms. Longitudinal research and participatory techniques are important for understanding norms negotiation. Future research should approach young people as key knowledge-bearers and change agents.

Note

1. Covering the walls of the house with a mixture of mud and cow dung for durability.

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