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Ethnographic Research Findings from the Gender Roles, Equality and Transformations (GREAT) Project

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GREAT

GENDER ROLES, EQUALITY AND TRANSFORMATIONS PROJECT
INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY
PATHFINDER INTERNATIONAL
SAVE THE CHILDREN

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Gender Roles, Equality and Transformations Project

The mission of the GREAT Project is to develop and test life-stage specific strategies to promote gender-equitable attitudes and behaviors among youth and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities in Northern Uganda.

Georgetown University's Institute for Reproductive Health
Pathfinder International
Save the Children

Institute for Reproductive Health | Georgetown University
4301 Connecticut Avenue, N.W., Suite 310
Washington, DC 20008 USA

Email: irhinfo@georgetown.edu
Website: www.tinyurl.com/projectgreat

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ACRONYMS

ARV	Antiretroviral Drugs
ASRH	Adolescent Sexual and Reproductive Health
EC	Emergency Contraception
FP	Family Planning
GBV	Gender-Based Violence
GREAT	Gender Roles, Equality and Transformations
IDP	Internally Displaced Persons
IDI	In-depth Interview
IPV	Intimate Partner Violence
IRH	Institute for Reproductive Health
IRB	Institutional Review Board
IUD	Intrauterine Device
LC	Local Council
LH	Life History
LRA	Lord's Resistance Army
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
PIU	Pathfinder International Uganda
RH	Reproductive Health
SCiUG	Save the Children in Uganda
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UPE	Universal Primary Education
USAID	United States Agency for International Development
VHT	Village Health Teams
VYA	Very Young Adolescent
WHO	World Health Organization

OPERATIONAL DEFINITIONS

YOUTH is a socially constructed concept that changes across time, space, and culture. For the purposes of this project, youth refers to persons between the ages of 10 and 19.

GENDER refers to socially constructed roles, responsibilities and behaviors associated with men and women in a society. These roles are cultural, learned, change over time and vary within and between cultures.

GENDER NORMS are the shared expectations and norms within a society about appropriate male and female behavior, characteristics, and roles.

GENDER-BASED VIOLENCE is psychological, physical or sexual violence that is rooted in the power differential between men and women.

LIFE HISTORY is the story a person chooses to tell about the life he or she has lived, told as completely and honestly as possible, usually as a result of a guided interview by another.

PROJECTIVE TECHNIQUES are research methods that encourage participants to project their emotions onto external stimuli in order to facilitate a rich discussion, especially about sensitive topics. This method is particularly useful with younger study participants who often respond better to non-formal qualitative research methods.

EXECUTIVE SUMMARY

INTRODUCTION

This report presents findings from an ethnographic research study conducted by Georgetown University's Institute for Reproductive Health (IRH), in partnership with Save the Children and Pathfinder International during the first phase of the Gender Roles, Equality, and Transformations (GREAT) project. The study focused on adolescents, ages 10-19, and the influencing individuals in their lives and sought to understand how gender norms are learned, internalized and passed on, and why individuals would be motivated to change these norms. The study's ultimate goal was to identify opportunities to promote the formation of gender equitable norms and attitudes among adolescents and the influencing individuals in their lives, in order to improve sexual and reproductive health and reduce gender-based violence.

METHODS

Research was conducted between March and October 2011 in two formerly conflict-affected districts of Northern Uganda: Pader district, in the Acholi sub-region; and Lira district, in the Lango sub-region. *Life Histories* were collected from 40 adolescents at different life stages: very young adolescence (ages 10-14 years), older adolescence (15-19 years), newly married, and newly parenting. *In-Depth-Interviews* were conducted with 40 individuals identified as significantly influencing the lives of adolescents on matters related to gender and sexual and reproductive health. These included individuals such as: relatives, peers, partners, and community members. Interviews explored gendered experiences of puberty, sexuality, reproduction and violence, with a particular focus on early adolescent experiences. Data analysis included inductive and deductive approaches facilitated by the use of AtlasTi 5.6 data management software.

RESULTS

The research team applied life history methodology to key transitional points from childhood to adulthood to provide a better understanding of how gendered norms, attitudes, and experiences shape adolescent sexual and reproductive health and gender-based violence in post-conflict northern Uganda.

Gender – Norms, Roles and Formation

Discussions with adolescents and influencing individuals provided information on the range of normative gender roles and standards among Acholi and Lango communities and allowed for exploration of their opinions regarding these norms. Findings on gender roles revealed that girls are expected to stay at home and do chores, with limited decision-making ability in their homes, while boys enjoy greater respect as well as freedom to enjoy their leisure time after chores. As adolescents progress through the life course and become new parents, there is greater emphasis on mutual care and respect among the sexes. An imbalance of power persists throughout the life course; however, with young women expected to be obedient and submissive toward their husbands who are viewed as the primary decision-makers, providers, and protectors of the household. Gender norms and roles are learned

primarily through observation of parents and peers and by gradually taking on gendered work responsibilities. These attitudes and beliefs are further reinforced through cultural traditions (proverbs, songs, dances, fire-side chats) and community action (gossip, exclusion, criticism, violence).

Puberty

Puberty is perceived as an influential phase in the development of an ideal man or woman. Adolescents across different life stages correlate puberty changes with good health; however, many have mixed feelings about the implications of these changes for their lives. This is particularly true for changes related to social status, for example the expectation that they take on adult responsibilities or initiate sexual relationships. During puberty, youth primarily seek support and advice from their peers, mothers, or other relatives. Playing games such as "hide and seek" provide opportunities for sexual exploration and experimentation among younger adolescents. Older adolescents identify peer pressure and pursuit by the opposite sex as the main reasons behind their first sexual experiences. Coerced sexual experiences figured prominently in discussions.

Sexual Development, Reproductive Health, and Marriage

Social norms and cultural values, especially those related to masculinity and femininity, have a significant influence on fertility desires, the timing of first and subsequent births, and contraceptive use. Young people who violate predominant social norms, by for example having a child outside of marriage or delaying a first child once married, are criticized, labeled and stereotyped, sometimes leading to community-driven exclusion and discrimination. Although there is strong support for HIV testing and condom distribution for adolescents, attitudes towards adolescent access and use of family planning methods are less favorable. While free family planning information and services are available locally, commodities are sometimes in short supply, and some men feel excluded from the services. Adults concur that early and forced marriages occur frequently in their communities, often triggered by families and community members who pressure young couples to marry and start a family. Girls are more likely than boys to marry early, often for a bride price, and suffer greater long-term consequences, such as curtailed educational and economic opportunities.

Violence

Participants report the presence of multiple forms of violence, with varying levels of intensity and acceptability, within their communities. Attitudes towards violence are passed on from parents, relatives, schools and cultural institutions. According to participants most perpetrators of violence are men or boys, and victims tend to be women and girls. Beating is viewed as an acceptable form of discipline and domestic violence, such as spouse beating and physical punishment of children, is common. Family members and clan leaders are usually the first, and sometimes the only, line of intervention in cases of domestic violence. The police are viewed as an appropriate recourse in cases of severe violence (violence resulting in injury or death) perpetuated by a non-family member. Available violence-related services primarily focus on the clinical management of health outcomes, with limited preventative activities taking place.

Conclusion

The ethnographic research generated key actionable findings that were used to inform the development of a constellation of interventions aimed at increasing gender-equitable attitudes and positively influencing sexual and reproductive health and gender-based violence outcomes. The GREAT intervention strategy is based on a life course perspective with differentiated, yet complementary interventions for each age/life stage. Interventions for very young adolescents are designed to lay the basis for future health and well-being by forming equitable gender norms and attitudes, while interventions for older adolescents are designed to foster healthier, more equitable behaviors. The GREAT intervention model includes the following components:

- *Serial radio drama* to catalyze discussion and reflection at scale.
- *Scalable toolkit* to promote reflection and dialogue. The toolkit consists of Coming *of Age Flipbooks* for very young adolescent boys and girls and a *Community Engagement Game and Activity Cards* for all ages. The toolkit will be rolled out through existing small groups with guidance and support by community groups and field workers from GREAT partners.
- *Community Action Cycle* (CAC) conducted with community leaders to strengthen their capacity to promote and sustain change. The CAC process will form community mobilization teams to oversee and support GREAT activities at the community level, including the introduction of the toolkit to existing groups such as school clubs and village savings and loans associations.
- *Engage Village Health Teams to improve access to and quality of youth-friendly SRH services*
- *Cross-cutting activities* to recognize and celebrate people who demonstrate commitment to gender-equitable behaviors.

All intervention components will be piloted and evaluated for impact. Successful components will be scaled up to additional districts in the final years of the project.

Recommendations for Further Action

The ethnographic research generated insights that could inform the design of initiatives to improve adolescent sexual and reproductive health in northern Uganda:

- Interventions should build on existing mechanisms of gender formation and engage individuals identified as playing a key role in shaping gendered attitudes and behaviors among children and adolescents.
- Puberty provides an opportunity to promote dialogue and reflection around issues that are broader than physical development such as gender roles, peer pressure, feelings of isolation and unwanted sexual advances.
- Although several of the current obstacles to improved family planning use are related to men; many men are supportive of child spacing and limiting. Activities that engage men and address their concerns about family planning methods have the potential to make a difference.
- Due to highly favorable attitudes toward youth access to HIV prevention services, efforts should be made to integrate pregnancy and HIV prevention initiatives targeting adolescents.
- Broad community support is needed to prevent violence. Given concerns over the harmful effects of violence on health and well-being, approaches which focus on and examine the

negative impact of violence on families and communities may be more culturally appropriate than rights-based approaches.

- The community recognizes the authority of clan and religious leaders in the domestic domain. Thus, these leaders have the potential to play an important role in addressing intimate partner violence.
- Violence prevention efforts must address causal factors such as alcohol use and poverty.
- In the aftermath of social disruption and violence, communities are striving to rebuild cultural and family structures, many of which socialize youth into adult roles as productive community members. Programs should support initiatives of local leaders and communities to revitalize positive elements of cultural traditions in a gender-equitable way.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

INTRODUCTION

Georgetown University's Institute for Reproductive Health (IRH) received funding from the United States Agency for International Development (USAID) to implement the Gender Roles, Equality, and Transformations (GREAT) Project in northern Uganda. The five-year project, implemented in partnership with Save the Children and Pathfinder International, aims to improve gender equality and reproductive health outcomes in northern Uganda. This will be achieved by facilitating the formation of gender equitable norms and the adoption of attitudes and behaviors which positively influence health outcomes among boys and girls ages 10 to 19.

Adolescence, early adolescence in particular, represents a window of opportunity to promote positive attitudes and behaviors: it is during these early years that gender norms and identities begin to coalesce, laying a foundation for adult relationships and sexual and reproductive health (SRH). Sustainable, widespread change of gender norms will depend on harnessing the processes through which social norms and attitudes about gender, family planning, reproductive health, and violence are transmitted within a society. However, to develop effective interventions, more needs to be known about how boys and girls come to experience and define themselves as men and women and how harmful constructions are, and might be, contested. It is critical that interventions are not only effective but also feasible for programs to implement at sufficient scale to make them transformational and broadly adapted.

To this end, the IRH and partners conducted ethnographic research during the first phase of the GREAT project (2010-2011) to understand how gender norms are learned, internalized, and passed on and why individuals would be motivated to change harmful norms. Findings were used to inform the development of a set of life course specific interventions to improve SRH and gender-based violence (GBV) outcomes. During the second phase of the project (2012-2015) these interventions will be pilot tested and successful interventions will be scaled up. The purpose of this report is to present findings from the ethnographic research.

BACKGROUND

Study Context

Evidence suggests that gender norms– social expectations of appropriate roles and behaviors for men, women, boys, and girls – directly influence family planning, sexual and reproductive health, and gender-based violence (Barker 2005, Courtenay 2005, Green 2011). Inequitable gender norms are related to a range of issues, including use of family planning, reproductive health decision-making, unintended pregnancy, parenting practices, health-seeking behavior, GBV and transmission of HIV and other sexually transmitted infections (IGWG 2011, Kirkman 2011, Marston and King 2006). Violence rooted in gender inequality is compounded by notions of masculinity, including the need to dominate women. Women and girls living in conflict or post-conflict settings, such as Northern Uganda, are particularly vulnerable to gender-based violence, a major cause of morbidity and mortality, as well as unintended pregnancy (IGWG, 2006).

Northern Uganda's 20-year conflict began in 1986 when a rebel group known as the Lord's Resistance Army (LRA) took up arms in a bid to overthrow the government of Uganda. The primary victims of the conflict were the Acholi and Lango tribes inhabiting these sub-regions, who were subjected to widespread looting, killing, and torture. Youth were particularly impacted by the conflict: according to the United Nations Children's Fund more than 20,000 children were abducted by the LRA with boys used as combatants and girls used as combatants and "bush wives". Over the course of the conflict nearly two million people, accounting for 90% of the population in affected districts, were displaced (UNHCR, 2007). Some of the displaced population moved to urban centers and towns but the majority were resettled into internally displaced persons (IDP) camps where they remained vulnerable to attacks and lived in cramped, unhygienic living conditions with limited food and livelihood options. A formal cessation of hostilities agreement was reached in mid-2006 and since then Northern Uganda has been transitioning to a post-conflict state. The majority of its inhabitants have left the IDP camps and moved to transitional camps, settled in towns, or returned to their ancestral homes.

After more than 20 years of civil strife, the people of northern Uganda face considerable SRH challenges stemming from the massive disruption of services, internal displacement, erosion of traditional social and family structures (56% of the population are youth, with 28% orphaned), and high incidence of GBV. Consequently, up to 31% of girls aged 15-19 reported having received money in exchange for sex, while others marry at an early age in part to guarantee basic economic and physical security (Akumu, 2005). A 2008 survey by Pathfinder International found that in some communities, up to 24% of participants aged 15-19 were already in some form of marriage, with girls three times more likely than boys to be married.

Additionally, gender-based violence is widespread in northern Uganda: among 15-19 year old women, 62.6% have experienced gender-based violence by a husband or partner and 16.5% of ever-pregnant women report experiencing physical violence while pregnant (MoH 2007). High rates of induced abortion (1 in 5 pregnancies) reflect both this violence and low use of FP, especially among adolescents: 45.2% of women ages 15-19 have demand for family planning (FP) but only 6.5% of that age group use a method (MOH/ORC, Macro 2006). Early initiation of sexual activity, engagement in transactional and intergenerational sex (9.6% of women aged 15-24), GBV, and lack of FP and SRH information and services all result in increased risk for unintended pregnancy and HIV infection among young women compared to the national average (MOH/ORC, Macro 2006).

Conceptual Approach

This project is based on an ecological model which recognizes that health behaviors and norms are influenced by multiple individual and social factors. Understanding how these norms are perpetuated can lead to the identification of social institutions, processes and opportunities that can be leveraged to convey gender transformational messages and values at scale.

The GREAT project is also based on a social constructionist perspective that views individuals as active agents in constructing and reconstructing gender norms. Where sex is viewed as a biological construct fixed by nature (with biological traits and developmental markers); gender, is seen as its culturally constructed manifestation with "shared expectations and norms within a society about appropriate male and female behavior, characteristics, and roles" (Gupta 2000). This recognition that femininities and masculinities are historically, socially, and economically constructed, and that development of

gender norms and identities is a process, grounds the conceptualization of strategies to encourage positive gender formation and offers the bases for efforts to challenge harmful gender norms. Increasingly, scholars studying the development of gender identities agree that despite the imposition of social structures, young people shape gender norms both as individuals and as a group and they can create new ones that alter the trajectory of their lives and their communities (James, 2007).

Multiple and often overlapping definitions have been applied to 'youth'. In much of sub-Saharan Africa, the transition from childhood to adulthood, which is typically used to characterize youth, is less about reaching biological age and developmental markers and more about achieving relevant social milestones (e.g. marriage, ability to independently gain a livelihood, bearing and rearing children etc.) (Annan et al. 2006). The multiple and overlapping international and local definitions of youth can make them a difficult social group to grapple with in theoretical terms. For the purposes of this project, however, the terms 'youth' and 'adolescent' refer to persons between the ages of 10 and 19.

CHAPTER TWO: RESEARCH OBJECTIVES AND METHODS

RESEARCH OBJECTIVES

The general objectives of the ethnographic research were to identify opportunities to promote the formation of equitable gender norms and attitudes among adolescents (aged 10-19) and the people that significantly influence their lives. Specific study objectives were to:

1. Understand how gender norms are learned, internalized and passed on and why individuals would be motivated to change these norms.
2. Identify individuals and social institutions that play determining roles in the formation and transformation of gender roles.
3. Elucidate the range of possible gender roles and norms within Acholi and Lango communities and explore the opinions of young people towards these roles.
4. Explore how gender roles and attitudes influence SRH and GBV.

METHODS

The study was conducted in two districts in north-central Uganda: Lira in the Lango sub-region and Pader in the Acholi sub-region. Data were collected from two sites in each district between March and October 2011.

Two sets of participants contributed data (Table 1). First, Life Histories, a qualitative data collection methodology often used to link individual biographies to larger cultural and institutional contexts that serve as a backdrop to these experiences, were collected from 40 adolescents (20 males and 20 females).

Table 1 Life History and In-Depth Interview Demographic Data

LIFE HISTORY PARTICIPANT CATEGORY	AGE RANGE	MALE	FEMALE
Very Young Adolescent	10-14 years	5	5
Older Adolescent	15-19 years	5	3
Newly Married Adolescent	16-19 years	5	6
Newly Parenting Adolescent	16-19 years	5	6
Total		20	20
IN-DEPTH INTERVIEW PARTICIPANT CATEGORY	**AGE RANGE**	**MALE**	**FEMALE**
Parent of adolescent girl or boy	22-53 years	2	7
Relative of adolescent girl or boy		4	4
Community member (e.g. teacher, religious leader, elders)		8	3
Peer of adolescent girl or boy		6	6
Total		20	20

Participants were recruited from youth center locations in research areas. Interviewers identified and interviewed adolescents who (1) were between the ages of 10 and 19; (2) represented key transitional stages of the life course; (3) covered a range of socio-demographic characteristics; and (4) were able to articulate their experiences to others. Interviews explored gendered experiences of puberty, sexuality, reproduction, and violence at key points in the life course when youth are adopting new roles, responsibilities, and constructing elements of their gender identities – very young adolescence, older adolescence, newly married and newly parenting.

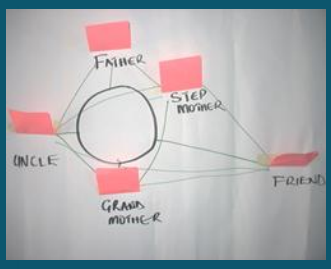
Secondly, participating youth were asked to describe the individuals who significantly influence their lives. Forty such individuals were identified and interviewed (20 males and 20 females). Interviews focused on participants' knowledge and attitudes regarding gender, sexual and reproductive health; how these attitudes were formed; and their perceived influence on adolescents. Respondents included parents, adult relatives, adolescent peers, elders, community leaders, teachers, and healthcare workers.

Participatory data collection methods were used to facilitate rich discussions with all participants. These methods included the use of "community mapping" to discover the spaces that young people occupy and feel safe in, "spider mapping" to reveal relationship patterns and lines of communication, "timelines" to explore significant life events and their impact on adolescents, and the use of toy animals and photographs as projective techniques to facilitate discussions on gender, puberty, and sexuality.

Who influences you?

A young girl completes a spider maping exercise.

Photo credit: Melissa Adams, IRH



A completed spider map

Photo credit: Melissa Adams, IRH

US-based research team members working in collaboration with Ugandan counterparts conducted inductive and deductive analysis of transcripts. The team used the qualitative data management software Atlas Ti 5.6 to organize and display data. Following a grounded theory approach, the team coded data into categories, searched for patterns, and identified trends and relationships. Through an iterative process of coding and "memoing" the research team formulated tentative hypotheses about gender norms and their relationship to sexual and reproductive health/family planning. Deductive analysis was also used to test hypotheses based on established behavior and social change theory. Team members reported results following templates designed to facilitate the process of translating results into program recommendations.

Given the post-conflict context and young ages of study participants, strict research protocols were utilized, supplemented by interviewer training and close supervision. All data were collected face-to-face by same-sex Acholi and Lango interviewers. Interviews were conducted in Luo, audio-recorded, translated and transcribed into English by the interviewers. Supervisors reinforced the importance of maintaining privacy and confidentiality throughout the study. The study protocol and research instruments were approved by Institutional Review Boards at Georgetown University and Makerere University. Approval was also received by the Uganda National Council for Science and Technology (UNCST) before commencing research activities.

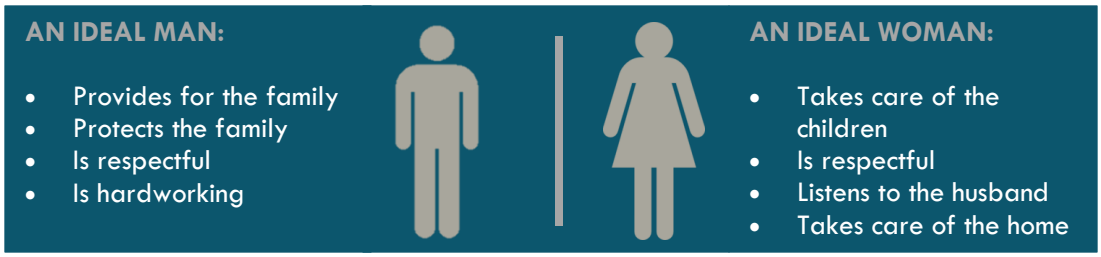
CHAPTER THREE: GENDER — NORMS, ROLES, AND FORMATION

Life history discussions with adolescents and in-depth interviews with influencing individuals provided a contextualized understanding of the range of normative gender roles and standards within the study communities and allowed for exploration of their opinions regarding these norms. The research also explored how gender norms are learned, internalized and passed on, and identified which individuals and social institutions most influence the formation and reinforcement of these norms. Unless otherwise noted, findings showed no significant differences by region, age, or gender.

GENDER NORMS AND EXPECTED ROLES

Traditional notions of masculinity and femininity were held by all participants in both regions and were maintained across the life course (Figure 1). Among adolescents, newly married adolescents and young parents held the most traditional views toward gender roles.

Figure 1 Characteristics of idealized and expected gendered behavior as reported by participants



Interviews revealed that expected roles for young girls and boys differ in that girls are expected to stay at home, do chores (such as garden work, cooking, collecting water and firewood) and not play games. Boys also help with domestic chores (primarily grazing cattle) but have greater freedom to enjoy their leisure time by playing at school or by the roadside. The data suggest that boys are more respected, listened to, and valued in their parents' households.

When they marry, young men are expected to provide for their family but still retain leisure time to relax at the market or play football and watch films. Young women, on the other hand, must maintain their levels of domestic responsibility and are expected to be obedient and submissive towards their husbands, vigilant regarding their health and safety (e.g. being home by 6 p.m.), and able to produce a child within the first year of marriage.

While different gendered expectations and experiences exist with regards to household responsibilities, decision-making ability, mobility, use of space, and availability of leisure time; being respectful, hardworking, and fertile were equally expected of both sexes.

An ideal woman is like a cow…

"I have selected a cow for an ideal woman; because a cow is used by human beings; it cannot do anything until its owner says so, just like a woman who waits for information from her husband. A cow is a hard working animal and when a task is given it carries it out, although it doesn't want to. In a home sometimes there is misunderstanding and just like a cow is beaten when it fails to do tasks, so is a woman beaten by her husband…and also a cow gives birth and feeds its own on milk just like a woman does. She also takes good care of her children."

Female, Age 18, newly married

Gendered Hopes and Dreams Throughout the Life Course

In analyzing hopes and expectations throughout the life course, data indicate a progression from optimism among very young adolescents (VYA) to pragmatism among older adolescents and fatalism among newly married adolescents and young parents (see Table 2). The hopes of VYA and older adolescent boys generally center on earning the respect and trust of family members and in the case of older adolescents being able to support their parents and siblings. The hopes of VYA and older adolescent girls, on the other hand, are more focused on dreams and personal accomplishments such as career and family life aspirations. Newly married and newly parenting adolescent boys and girls are primarily concerned about providing for their family's needs and having a strong and loving family.

Table 2 Examples of life expectations of adolescents at different stages of the life course

	Very Young Adolescents (10 – 14 yrs)	Older Adolescents (15 – 19 yr)	Married Adolescents & Young Parents
Girls	I want to be recognized; I want to ride my own motorbike or be driven like a member of Parliament	I want to be a nurse	I hope to have a better life than I have now
Boys	I don't want to drink; I want to be a good person	I hope there will be enough money to continue school; I hope to bring home a good wife	I hope to make ends meet; I want to be a mechanic but it will not come true

Manifestation of Gendered Inequities

Findings indicate that men control access to resources, including: education, property and health care and have authority over community and household decisions. Boys and girls alike value education and have a basic opportunity to attend school; however, girls face greater barriers in maintaining their access to education. While very young adolescents believe that boys and girls generally have equal access to schooling, all other research participants reported that girls are not given equal access to education due to substantial housework responsibilities, early or forced marriage, and unintended pregnancies. Girls who are in school face additional hurdles. For example, girls (but not boys) are expected to prove that they are worthy of the resources their family is investing in their education by doing well in school and avoiding pregnancy while at the same time performing household chores not required of boys.

"You find that mostly, they like sending only boys to school and not girls, that girls do not have a future. This is bad because sometimes, the girls are brighter than boys at school. That is why I see that it is bad."
Male, age 16, older adolescent

A number of participants noted that because girls have unequal access to property and do not have the right to inherit property, they are viewed as subordinate within the home and are less valued than boys by their families.

"They see that when a girl is married, she is detached from the family. They see marriage as part of buying; always have to work hard so that a girl is loved in the family".
Male, age 34, community member

As girls mature and enter into marriage, the lack of access to property places them at a continued disadvantage. They enter their husband's home with few tangible resources of their own which, compounded with existing gender norms, contributes to limited power and decision-making ability in their homes and increased vulnerability to intimate partner violence.

The Influence of Conflict and Displacement on Gender Norms

The war affected gender roles and the division of labor within the household, primarily by making men more dependent on women for income generation. Participants report that livelihood options within IDP camps were drastically reduced and women had to take on the non-traditional role of generating income for the family by selling produce or merchandise. They also joined their husbands in the field to dig instead of just weeding or harvesting, which had been the more traditional female role.

"Men have now left all the garden work for the women and yet previously the women were supposed to weed and harvest but you find them also digging together with men and other things like paying fees, buying clothes, and taking children to the hospital. It never used to be like this, men were more responsible, but now some men cannot even plan for their families."
Female, age 35, community member

Participants report that the conflict also impacted gender relations by preventing men from fulfilling their expected role of protector. During the conflict, women and girls were subjected to rape and other forms of violence by soldiers and rebels, and their husbands and fathers were unable to protect them. There was also transactional and survival sex between women and girls and soldiers or other men with money which put a strain on spousal relationships. Adult male and female participants attribute men's inability to provide for and protect their families as contributing to idleness, low-self-esteem and increased alcohol abuse which in some cases continued post-conflict.

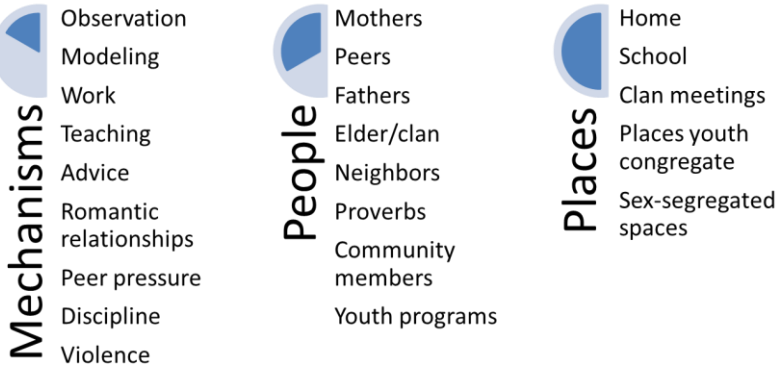
"Men also became serious drunkards and the only thing they knew was to drink. This is not according to their interest but this was because men were too frustrated. In the camp, to tell you the truth, the most mistreated people by soldiers were also men. If a solider wanted to take your wife, he could come and beat you. Men are also the people that the rebels were after the most. Men were the most killed, most mistreated and most hated. This is because soldiers did not like men and rebels also looked at men as spies for the government, and so men were frustrated. I see that men suffered most and so they kept on doing this because of the problems that had surrounded them."
Male, age 28, peer

FORMATION OF GENDER NORMS

The research provided insight on the ways that boys and girls are socialized into culturally accepted gender norms and roles. Across sexes and life course stages, most participants reported that gender roles and norms are formed through observation, modeling, advice-giving, taking on work responsibilities and experiencing romantic and sexual relationships, particularly within marriage. Views

regarding gender formation varied slightly across the generations. Younger adolescents were more likely focus on being taught to be "good" or "bad" children, rather than on a general sense of acquiring a gender identity. Adult men and women often cited proverbs, traditional practices and puberty as shaping gender formation while youth did not mention any of these. All participants, however, explained that gender formation takes place mostly in the home, with complementary experiences out in the community (Figure 2).

Figure 2 Mechanisms, People and Places of Gender Norms Formation



Mechanisms: How Gender Norms are Formed

Young people learn how to be an ideal man or woman by *observing* their parents and peers. Mothers play a central role in teaching their children (especially girls) to enact gender roles; fathers have a great influence on their sons. To a lesser extent, other role models include elder siblings and other relatives (usually aunts and uncles), neighbors, teachers, church and community leaders and elders. Adults stated that youth not only learn by watching others how to be ideal adults, but also how to behave as husband/wife, father/mother, and how to work hard.

> *"…when men are going to the garden, they also tag the boys along such that they learn how to dig. They also tell them that someday they will become fathers so they should observe carefully what the older men do, like sweeping the compound."*
>
> Female, age 18 year, new parent

According to study participants, another way boys and girls learn to be men and women is through *work*. Children take on tasks gradually, progressively acquiring greater levels of responsibility until they become adults. Work begins at a very young age; for example, three-year olds help to carry water, and seven year-old girls help with cooking. Respondents seemed to equate questions about "Ideal" men and women with gendered work roles and responsibilities, either due to the way the topic was raised or because they view gendered work roles at the heart of masculinity and femininity .

> *"They learn from seeing how their mother cooks and then they practice it. And when it comes to fetching water they will begin with small Jerri can and practice carrying water for home use. And when your mother goes you will follow her with a ten liter Jerri can."*
>
> Female, age 17, new parent

Analysis of the transcripts also revealed ways that young people are socialized into gender norms which they did not explicitly identify –namely gendered use of time and space. Boys and girls remarked on the inequitable distribution of work between boys and girls, with girls clearly bearing a heavier load. As girls are expected to stay close to home that is where they are socialized, while boys roam freely and have more opportunities to acquire gender norms from their peers.

People: Who Significantly Influences the Formation of Gender Norms

The community at large plays a critical role in disciplining, guiding, teaching and providing for children as well as providing advice to their parents. Community leaders, elders and extended family members may support children financially or provide protection from abusive families, encourage healthy behaviors and school continuation, and generally set a good example. Adult participants stated that parents or elder siblings influence young people by providing advice on issues such as work ethic, domestic work, menstruation, puberty, and romantic relationships.

"Some [parents] do tell their boys to respect their wives and treat them with dignity. They can tell them that now you have chosen someone's daughter to be your wife, please take good care of her. Do not hurt her or start bringing another woman here. Those who were not counseled on how to treat their women turn out to be violent because they lack knowledge on how to treat their partners."
Female, age 18 year, new parent

LIFE STORY: JACOB, AGE 13

I spend my time studying and at the Catholic Church to pray. After school, I love spending time playing games with my friends. I am lucky that I am a boy and am able to spend my free time with my friends. My father has been very important in teaching me and raising me up to be a good man. He gives me advice and shows me how to become a strong and real man. My mother and older sister have also been very important in guiding me, encouraging me to stay in school, and teaching me what things I should do. My elder brothers are the ones who I seek advice from about relationships. They tell me what to do in a relationship and how to act around girls. My elder brothers have led good lives and they have always been my moral example. I hope to grow up to be like them when I am older, because they have become successful by leading exemplary lives. I am expected to finish my education and be a good provider for my family. As my parents get older, they will stop farming and expect me to take over for them. This way I can take care of them, as they have always taken care of me.

Sometimes, however, youth seek advice beyond their family. For example, one older adolescent mentioned that she listened more to advice or discipline when it came from her neighbor, than from her parents. When verbal instruction isn't effective elders physically discipline youth to enforce correct behavior.

"They whip me. They can quarrel on me and then they just let me be."
Female, age 16, older adolescent

Community activities, such as radio programs, dramas, dance, and games (e.g. football) sensitize youth and also reinforce and shape gender roles. Acholi and Lango customs further impact gender formation. These include traditional dances for women that demonstrate behaviors of ideal women, and proverbs for both girls and boys admonishing them about the dangers of having multiple sexual partners, addictions, or of being lazy or "big headed"(arrogant or stubborn), and that encourage them to obey their parents, be helpful, work hard and form positive habits.

Friends can be either a negative or positive influence, depending on the type of advice they offer. Peer pressure to conform was also recognized by youth, who mentioned participation in youth clubs,

where boys and girls work together in same sex groups, as a way that young people learn to be men and women.

> *"The way boys can learn can be that you can be in a club, any club that after a week you are always meeting and share good ideas how you can live…. It can also be some work is there, you join digging, like this kind of digging where people join and come together and the yields are good, they sell and multiply that money."*
> Male, age 19, new parent

Places: Where Gender Norms are Formed

In addition to the home, other spaces are fertile ground for gender formation. Schools were identified by participants as the one place where youth spend more time than in their homes. Participants report that schools and teachers give children direction, sensitization, advice, comfort, support and encouragement in ways that contribute to the formation of gender identities. Similarly, religious organizations provide spiritual advice as well as entertainment, social events, social group meetings which enculturate young people into particular gender norms and roles.

The Impact of Conflict on Gender Norms Formation

Adult participants described how the war affected gender formation. Traditional dances and proverbs which once reinforced traditional, accepted gender roles were lost during displacement. Opportunities to use cultural mechanisms for teaching about gender roles such as the *wang-oo* (fireside chat) and livelihood opportunities were reduced due to the insecurity of camp life and remain limited during post-conflict transitions. Several adults stated that children do not go to the fireside chats with adults anymore.

Adult participants also reported that youth entered into sexual relationships with older adults, which resulting in them "getting spoiled", leaving school and leaving their families- further removing them from traditional sources of gender identity formation.

> *"Children who grew up in the camp are very spoilt. They don't know lots of things. Even traditonal practices like grinding on the grinding stone they don't know, they are children who move alot and are very spoilt because of the congested homes with many different types of trainnings. At least now with the return process, parents are trying to correct their children, teaching them how to grind, hunt birds and bush rats."*
> Female, age 53, adult relative

CHAPTER FOUR: SEXUAL DEVELOPMENT, REPRODUCTIVE HEALTH AND MARRIAGE

PUBERTY

> *I would look at myself as a big person who should not be seen playing with children I felt unhappy and uncomfortable."*
> Female, age 18, newly married adolescent

Adolescents across different life stages associated experiencing puberty with being healthy; however, they also had mixed feelings about their own pubertal changes. Girls were more likely to talk about bodily experiences such as menstruation and the development of breasts, while boys tended to mention changes in their attitudes (e.g. becoming more "big-headed") and their interest in entering a relationship, having sex, getting married or masturbating. Adolescent boys associated bodily changes with psychological maturity and feeing the need/ability to start "acting like adults" or doing "adult things", including having sex, drinking alcohol, dressing differently and having older friends. Both boys and girls described some discomfort with the social changes they experienced at the onset of puberty such as feeling the need to associate with older men and women or in the case of girls, receiving unwanted advances from older men.

LIFE STORY: SUSAN, AGE 55

I live in Pader with my husband and children, working as a farmer. My family is very important to me. Before I lived with my husband and we had children, I lived with my parents who influenced my life in a very positive way. Children quickly turn from adolescents into adults. At this time it is very important that parents talk to their children about the changes in their body, and to guard them against unsafe sex now that they have an interest in relationships. After these changes start, it will not be much time before they start to get pregnant and have children. As a parent, you must talk to them about all of these issues before that happens.

Youth who seek support and advice about puberty changes mostly turn to their peers, mothers, or other relatives. Some do not seek advice at all and others consult with (less frequently) siblings, group leaders, fathers, teachers, doctors or head girls at school. Youth differentiated sources of advice by the type of information sought; they seek their parents to discuss body changes, but talk to their peers about romantic relationships, "falling in love", and having sex. Specific advice provided by adults to girls focused on the normalcy of human development and how girls should practice good hygiene and avoid "moving around at night". While some adolescents are hesitant to talk to their parents because they believe they will be discouraged, reprimanded or subject to physical violence for entering into a romantic relationship, others believe that taking advice from parents is what makes ideal boys and girls.

Box 1 Pubertal concerns expressed by adolescents:

- Am I ready for puberty?
- How do I look?
- How can I make myself more attractive to the opposite sex?
- Are wet dreams normal?
- What is menstruation and how can I access sanitary protection?
- Will I be mocked for the changes I'm experiencing?
- Will I have to start taking care of myself?
- Will I become ill?
- Will I be raped?
- Will I contract HIV?

"When there is something concerning my health for example about my private part, I tell my father about it and he gives me advice. For the case of my friends, when I feel like entering into a relationship, I go to them and they are always advising me accordingly."

19 year old, older adolescent, male

Boys and girls expressed similar concerns about puberty (see Box 1), although only boys mentioned masturbation as an option for dealing with sexual desire. Boys also conveyed a sense of increasing responsibility for making a living and a growing imperative to form sexual relationships, speak out and

provide advice to others. Some adolescent girls mentioned the need to have different and older friends, a wish to distance themselves from their parents and the desire to "stay" or live with boys.

SEXUAL ACTIVITY

"...when we talk about love, they just rush to play sex. When you talk about love, to them it means playing sex."
Male, age 34, community member

Many adolescents use the words love and romance interchangeably with sexual activity, which made it difficult to differentiate relationships that did not involve sex with those that did. Adolescent sexual practices mentioned include vaginal intercourse (by all interviewees), masturbation (boys and men only) and sexual touch (by female adults).

Adolescents reported that pressure or interest from the opposite sex is the primary reasons they have sex. Boys identified the onset of puberty and resulting strong sexual desire or "internal bodily force", as well as seeing their male peers with girlfriends, as triggers to their sexual activity. Girls were influenced by having friends that are sexually active, but also by their own low self-esteem or problems at home. Study participants mentioned playing games with the opposite sex, such as "hide and seek", as a way to express interest in and engage in sex.

LIFE STORY: NANCY, AGE 18

I had my first boyfriend when I was 16 years old and was in primary seven. I remember I felt pressure from my friends to have a boyfriend because boys were always talking to us at school and all my friends had boyfriends. Having a boyfriend made me lose my concentration in school because I kept thinking about him. I didn't know if I would spend the rest of my life with him. At that time I wasn't ready for him to touch me, but he often tried convincing me to have sex with him. I was tough though. Whenever we would meet I would choose open places to just talk with him. When he asked why we couldn't have sex I would tell him it's not yet the right time. He would tell me not to love anyone else and to keep safe. That relationship ended and soon after I met my future husband.

"When I noticed those changes in my body, I wanted to start fulfilling my sexual needs so when we were playing the hide and seek game, we started it but I was caught with a girl where her brother beat me seriously, I was 15 years old that time."
Male, age 19, older adolescent

Some youth mentioned that they had sex because they believed the relationship would be long term or would lead to marriage. Only male adolescents acknowledged having sexual activity without a meaningful relationship; one young man mentioned that, "the best memory of their first love was sex". While some girls said that they did not give or receive gifts during their relationships, others admitted receiving pocket money, small gifts and clothes. Adult men and women reported that children were exposed to sex (including participating in and witnessing sexual acts) during camp life and that some continue to be exposed in their home.

Box 2 Quotes on Forced Sex

- No one forces girls or boys to have sex; if a little force is placed it is only after interest has been shown.
- It is unlikely that boys would be forced to have sex.
- Boys may be forced to have sex by older women, but girls are not forced to have sex.
- Boys are not forced to have sex, they choose to have sex.
- It should not be considered rape when boys and girls don't shout for help during coerced sex and then report it to the authorities.

Discussions centering on coerced sexual experiences

figured prominently. These involved "convincing" the opposite sex to having intercourse either through persuasion or by more manipulative and aggressive behaviors on the part of boys, such as preying on girls' low self-esteem, isolating girls from others or discouraging them from attending school. Both male and female adolescents acknowledge incidents of rape, defilement and forced sex, primarily of girls, in unsafe places or by intoxicated males. Girls are at risk when they deny advances or sexual offers. In contrast, the adults interviewed were divided on the extent to which sexual coercion occurred (Box 2).

FERTILITY, FAMILY PLANNING, AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES

"If you see it is a home where there are many latrines in the back [i.e. there are many children to fill up the latrines] then there is wealth in [that] home."
Acholi Proverb, cited by multiple participants

Social norms and cultural values, especially those related to masculinity and femininity, play a major role in shaping fertility rates and SRH behavior. The results of the life histories and in-depth interviews provide rich information on how cultural norms influence young people with regards to early pregnancy, desire for children, birth spacing and contraceptive use. The foundation of these cultural norms is the belief that conceiving a child and being a parent is the most fundamental element of an ideal woman and man. Young people who act in ways that are contrary to predominant social norms, for example by delaying a first child, are criticized, labeled and stereotyped. Community disapproval may sometimes result in their exclusion and discrimination.

Fertility and Out-of-Wedlock Pregnancies

The majority of young people expressed a desire for three to four children and both sons and daughters were desired. The opinions of adults regarding family size were similar. Participants explained that children are critical to the household economy; both for the labor they provide early on, as well as future economic support through either work or a bride price. Furthermore, they preserve the family lineage, and may provide security in unstable times. Producing children also brings intangible rewards to young couples, such as joy and parental approval.

"If all these children stay alive… there will be something which will replace you if you are not there. They will stand in your footsteps. [Children] also makes these funny people not to disturb your home, because … they're like security now."
Male, age 18, new parent

Although children are highly valued, youth and adults alike recognize that there are advantages to smaller families, due to the challenges of raising healthy children and providing them with an education.

"Let's say he suggests that he wants 10 children, you cannot just say yes because you may fail to raise them and it can weaken you as a mother."
Female, age 18, new parent

Contrastingly, study participants painted a stark picture of the shame daughters bring upon their parents through out-of-wedlock pregnancies. Becoming pregnant before marriage is referred to as "pregnancy from home" or "producing at home". It is highly criticized and youth and adults alike talk in

great detail about the verbal abuse girls receive. Unmarried mothers are commonly labeled as "prostitutes" or "spoilt."

"Well, they despise her; they say she is a slut, a useless girl and they really make her life so hard. You wasted money that could have paid other children at school. You got involved in promiscuous acts… so many insults and this makes the girl's life very difficult."
Male, age 49, community member

As well as losing respect in the eyes of her community, girls who become pregnant before marriage face potential health problems and grave economic consequences.

"Now when this girl reached birth, her traditional birth attendant hurt her urinary bladder and secondly the child also died. So this girl started having constant flow of urine… This boy chased away the girl. Now the girl's parents returned her back and insisted that this girl be accorded treatment as she got her weakness from the husband; but he refused."
Female, age 35, community member

LIFE STORY: SARAH, AGE 17

When I found out I was pregnant I realized that I was still young and could not take care of the baby and have a home of my own. I got pregnant sneaking out of the house to meet my boyfriend. I started swallowing tablets and had taken many of them so that I could abort the baby. I became so weak they had to take me to the hospital and I was rescued and the baby did not come out. The baby's father said for him he had nothing to take care of a child, he is also still young and just struggling on his own and his friends would tell him to chase me away and some said that we should abort. That is when I tried again and it failed then I got the baby. I was so angry at myself; I wouldn't eat but just cried all the time. I knew that was the end of my life.

Unmarried young mothers are placed in a vulnerable position as they grow up and care for their children. In addition, their parents experience a loss of status in the community. Parents rely on their daughters to provide them economic and material support, and also count on the bride price to help their brothers marry. Instead, parents find themselves supporting their "spoiled" daughter and her child and facing the prospect that she may never marry. They are disappointed that the investment they made sending their daughter to school is lost because she had to drop out due to her pregnancy. It is not uncommon for girls to be kicked out of their homes, and they face an uphill battle as they form a new family with curtailed educational opportunities and difficult economic prospects. Some girls, however, are supported by their families who try to mitigate the consequences of their pregnancy by supporting them and intervening in the community to stop criticism.

"We struggled so hard with your father to put her in school and she disappointed us by giving birth. Instead of now supporting us we again have to feed them and their children. So I tell my younger daughter not to follow her footsteps so that people don't abuse us again. They say see these people --they have money to put their children in school and they only come back with babies."
Female, age 28, parent

Boys who impregnate girls out-of-wedlock are criticized and sometimes suffer consequences such as paying a fine, going to jail, curtailing their education and shouldering the responsibility of supporting the mother and child. Boys, however, have the option to leave the girl and run away, and some take that route.

"In most cases, these boys don't stay home; they run away and leave the girl. But if they are not on the run, then we arrest them. Some are in prison. People do not speak well of them at all because they will have ruined the girl's future."
Female, age 43, parent

Childbearing and Infertility among Newly Married

Newly married young men and women are influenced by family expectations regarding child bearing. Young couples are expected to establish their family by having children, and doing so within one to three years of marriage at the most, often pressured by relatives and neighbors.

> *"Some parents say that the profit of his bride price should start coming back quickly."*
>
> *Male, age 39, parent*

Even in cases in which the relatives were originally not pleased with a union, children bring joy and their presence unites the family.

> *"Even though the girl's parents did not support the marriage and they were so angry, they can find the grandchild is looking very nice. There can be some happiness created that overcomes the misunderstanding".*
>
> Male, age 19, peer

LIFE STORY: THOMAS, AGE 18

My wife, Christine, gave birth last year. We are so joyful! We planned our pregnancy because we wanted the baby to be born in December. It was very important to us that Christine get pregnant the month she did so that the baby would be born at the right time. If she had been born when there was a lot of work, it would have been a great burden, because I would have to do all the work by myself, and it would have been overwhelming. We have been married for over a year, so it was very good that we had a baby now, because we had stayed for a long time without getting pregnant… When the baby is older, she can take care of me and Christine as we get older.

Some young people can resist the pressure to have a child before they are ready by letting their families know they are using a method to space, or simply by ignoring what others say. Usually it is the boy who intervenes with his family and elders, reassuring them that the couple will have children in the future. Most study participants recognize that there are benefits to a young couple taking some time to get established before having a first child.

Participants explain that without children, there can be no happiness in a couple, who will be viewed as impotent or barren. Instead, they will argue, and be shamed and subjected to intense criticism from their families and the community. The woman may be advised to seek health care and if the man is suspected of infertility, his mother may begin to cook him special foods to strengthen him. If that is unsuccessful, traditional rituals and remedies may be used. If they still do not bear children, the couple will not be respected as full members of society, and as a result, their marriage will fail.

> *"On some occasions, whatever she has harvested is removed from her with the argument that she has no child. People even use bad language towards her. It usually ends up in separation."*
>
> Female, age 43 year, parent

Girls are especially vulnerable if they don't bear children. Young wives who have not yet had a child may face verbal or physical abuse from their husband's family and co-wives. If the couple is suspected of using contraception, the wife will be "blamed" and if she is suspected of being barren, she may be denied access to or control of family resources. Husbands may be pressured to divorce or separate from her, and in that case, she may be sent home, and either her family will never receive the bride price or will have to repay it.

> *"The boy has brought for them a barren girl at home yet they want a child and someone who can produce. Sometimes they can force the boy to start marrying another person. They start hating that girl."*

Female, age 22, peer

Although large families are highly valued, there are strong cultural norms that mandate spacing children two to three years apart. Couples who do not wait an acceptable time between pregnancies are criticized and stigmatized. Some young couples reported that their families expected them to have children right away while others said that their families wanted them to space their pregnancies. Only in one case, did the parents leave the decision up to the couple.

Family Planning and Abortion among Newly Married

With the exception of one man, all of the newly married and new parents reported that they had discussed family planning with their partners. The majority had also discussed their preferences regarding the timing and spacing of their children. There is a clear norm that family planning decisions should be made jointly by the man and woman, although it is expected that the man has the final decision. Most participants reported that discussions on the topic with their partner have gone well. Nevertheless, their remarks reflect an underlying concern with the sensitivity of the subject, stating for example, "*I talked about it in a good way*" or "*She doesn't react in a bad way*." A few of the men also mentioned the need for such discussions to be private so that others don't gossip about you and "shame you." Couples do not always agree on what method to use. Men express concerns about the side effects of FP methods and fear that their use will harm their wife's future fertility. In these cases, it is generally the man's view that prevails, often resulting in the use of condoms or periodic abstinence.

Abortion, as a solution to unwanted pregnancy, was spontaneously mentioned by half of the newly married and parenting adolescents. Two girls shared stories of their unsuccessful attempts to abort: in one case, the girl did not discuss it with her partner; in the other, the baby's father suggested the abortion. Several adolescent boys mentioned that they would want their partner to have an abortion if she became pregnant. Both boys and girls described numerous ways of aborting, including taking large quantities of panadol (acetaminophen), swallowing drugs, and ingesting the roots of "moringa" or local herbs. One of the girls mentioned that her friends at school told her how to abort.

"For example, here someone can get pregnant and goes to the clinic, buys drugs and aborts. If she doesn't go to the clinic then she can get the roots of any tree and drinks which make the baby to be aborted."
Female, age 16, newly married

Men and women, both young and old, share similar values and attitudes about fertility and family planning methods and services. Most adolescents expressed a desire for smaller families than was the norm in previous generations. Men, however, voiced more concerns about contraceptive side effects and complained that they are excluded from FP services. Some women do use hormonal methods against their husband's wishes, suggesting that women are either less concerned about these issues, or are willing to accept these perceived risks in order to effectively control their fertility.

Sources of Sexual and Reproductive Health information

Young people report that they obtain SRH information through the radio, rather than from the internet, television or newspapers, due to the inaccessibility of those media. Topics covered included: HIV/AIDS, condoms, attending school, laws, family planning and where to obtain services. The radio also encourages parents and children to discuss topics related to SRH. Adults emphasized their role advising

both boys and girls on SRH and remarked that it is considered inappropriate for young people to bring up this topic; instead it is the responsibility of elders to raise the issue, in their advice-giving capacity.

"As very young people they can't start such conversation, it's me who comes out and tells them such things."
-Male, age 28, adult relative

These discussions appear to happen often in afternoons and evenings, when most work is done, and during the *wang-oo* or fireside chat.

"When the radio is staging a good talk show and a child is listening, a child can grasp and become a good child who is happy. And sometimes the child can hear and tell me, "Mama, first come and listen to how these people are teaching on the radio" and then we come and listen to it together from the radio."
Female, age 52, adult relative

Availability and Accessibility of Family Planning and Sexual and Reproductive Health Services

Young people obtain free family planning information and services from the government health and youth centers, and pay for services from private hospitals and clinics, as well as mobile clinics. Young people rely primarily on youth centers, which conduct health education activities and provide SRH counseling, with a particular focus on HIV prevention and treatment. The youth centers distribute condoms and are more likely to have antiretroviral drugs (ARVs) in stock than the health centers or the hospital. Participants also identified village health workers and teams as a source of information and condom distribution, although noted that this is less frequent today than in the past. Participants reported that condoms are readily available in all health related venues, drug shops, NGOs, and in containers near markets and lodges.

In addition to sexual and reproductive health related issues, youth deal with a heavy burden of illness and seek care often, mostly at a health center and occasionally the hospital. They seek care for diarrhea and dehydration ("the drip") and to obtain, "malaria tablets", injections and painkillers among other services. Youth are more likely to go to the youth center than the health center for HIV services. Private clinics, generally located in the trading posts, serve as an alternative when there are no medications available in the health center. Although clinics do not provide free services, they are more likely to have medications available, including ARVs.

"The place that makes me unhappy at times is the health center. Because at times you can come when the nurses are around but they just keep on shouting at you. There are days when you come but you find there are no drugs. "
Male, age 19, peer

Respondents complained of having to travel some distance to the health center and of crowded services, long waits, unfriendly staff, and lack of ARVs and other supplies. Men expressed concern that family planning services are oriented towards women only and argued that services should include men as well; although women and youth did not mention this issue. Participants pointed out that provider attitudes towards providing SRH services to youth influences the care young people receive, especially regarding access to condoms.

"There are some young children who come to get condoms from you as a condom distributor. You get worried about this child and sometimes you can feel like not giving. But if you do not give, they can still engage in sexual intercourse. So you are forced to issue out the condoms to a young person."

Male, age 19, peer

Acceptability of Youth Sexual and Reproductive Health Services

Less than half of adults interviewed believe that youth should have access to family planning services. Those who are supportive focus on the consequences of early pregnancy. Those opposed, voiced concerns that FP services (particularly use of hormonal contraceptives) will encourage promiscuity, lead to infertility or dangerous/uncomfortable side effects, and interfere with "God's plan".

"They should not get [access to family planning services]. They should first have children and start using when they don't want to give birth anymore. The reason why you see most girls these days not giving birth is because of medicine. That medicine is not right."
Female, age 47, parent

There is strong support, however, for FP and SRH *information* and sensitization for youth in order to prepare them for their future, as well as support for youth access to HIV services, including HIV sensitization, testing, condoms and treatment. The need for young people to "test their blood" before beginning sexual activity appears to have become a cultural norm, viewed as a rite of passage into a sexual relationship. Many of the adolescents explained that they began their sexual relationship with an HIV test. Most participants, however, do not see a link between HIV and FP services; only a few mention condoms as means for pregnancy prevention.

"Condom is good. It is because a condom will help your life. Because, if you have sex with a boy with a condom it will prevent the transmission of diseases. Family planning is the one that is bad."
Female, age 19, peer

Most participants nevertheless recognize the benefits of having smaller, spaced families, mentioning that FP use makes economic sense, enables parents to adequately provide for each child, and is good for the health of mother and child. Participants also evoked post-conflict realities as justification for smaller family size and all newly married and newly parenting adolescents who expressed interest in child spacing and limiting mentioned post-conflict land and resource limitations as a reason.

"The time people we were in camps, trees were cut, the land is now old and infertile, it does not bring any good yields, and if you continue producing many children, if hunger strikes or sickness falls, you will find very many problems."
Male, age 19, new parent

The contraceptive methods that participants mentioned most frequently included: oral contraceptives, male condoms, natural methods/abstinence, implants and injectables; less frequently mentioned were: IUD, female condom, and female sterilization. Female participants cited lack of male partner support as a barrier to contraceptive use, along with the beliefs cited above.

"If I said I wanted to use a family planning method, he [my husband] would definitely say no! He believes he has the knowledge on how to space children. I would go by his decision otherwise it will just cause conflict between us which is not good at all."
Female, age 18, new parent

A major concern expressed by all the men interviewed (but not mentioned by women or youth) is that certain FP methods, especially the implant, can be used secretly by women and cause problems in the family.

"First the woman goes to the clinic, and then they tell her to come back on such a date with her husband so that it does not bring quarrels in their family. But there are other people who do not tell their husbands and so quarrels erupt and some of these issues reach the leaders. Sometimes they remove… the medicine they implant under the skin."
Male, age 39, parent

The men who bring this up seem to feel disempowered by these services, and advocate that they be included in FP services.

"Sometimes, the husband just discovers that she is using the method. So, it is being looked at as female planning not family planning. And so the way I see that the family planning services can be improved is through engaging both men and women."
Male, age 27, community member

MARRIAGE ALTERNATIVES-- EARLY, FORCED, POLYGAMOUS

"They are always told like 'you are now too big you should get married', 'Look at your breast[s], they are too big! When are you going to get married'"?
Male, age 34, community member

Views on Early Marriage and Forced Marriages

All adults concur that early and forced marriages occur frequently in their communities, often triggered by families and community members who pressure young couples to marry and start a family. Respondents report that the war also led to a greater number of early marriages because youth became "promiscuous" and began living together.

Within discussions, marriage was often referred to as "keeping" and "staying with" a girl or woman, cohabitation, or "eloping". These terms referred to: a girl accepting a boy and living with him; a boy finding a wife to stay with him; or a boy being forced to stay with a girl because he impregnated her. A perceived primary benefit of early marriage is the girl's greater ability to conceive, avoiding the risks of barrenness later on. Many interviewees, however, thought early and forced marriage is wrong, including one youth who thought parents who force children into marriage should be punished.

LIFE STORY: JOSEPH, AGE 27

I am very concerned about early marriage in our community of Lira. The war has changed many things in this community and has caused boys, who are idle, to begin thinking of romantic relationships. They start marrying girls at a young age. Girls who are young may not be in school if the parents cannot afford to pay for her anymore, so the parents will marry her to someone who can. Sometimes, the girl's parents need a brideprice from the husband because they have little money. I think NGOs and the government need to get involved making programs to keep the youth busy so that they will not have time to think of early marriage. Early marriage will cause the couple problems if they have a child, and they must bear a large financial burden that they are not ready for. Also, having a child increases their risks of health problems.

Girls are more likely to marry early and suffer greater consequences than boys because it places greater limitations on their future opportunities, including completing their education and earning a living. Community members perceive that girls are ready for marriage when they experience puberty-

related changes such as breast development, leave school, or have reached a certain age (responses ranged from 18-30 years old).

> *"Her father and brother can start abusing her that she wants to become a prostitute then she gets annoyed and gets married. Also they would have refused to pay school fees for her. Most girls are usually not paid school fees."*
> Female, age 22, peer

Participants report that some parents marry their daughters in order to obtain a bride price which can then help them finance their son's marriage or cover other household expenses. A girl's worth is often measured by what she may bring in for the bride price versus the income she might generate by staying in school and eventually obtaining a job. From the point of view of boys, the bride price is high, and they must work hard to raise the money, forgo marriage because they cannot afford it, or marry early while the family can still afford it. Participants report that the pressure for boys to marry early was greater during the conflict and moments of insecurity when parents feared that family resources could get looted or destroyed at any time. Some boys chose to run away rather than pay the bride price when they get a girl pregnant. The opinions of adults were divided on the acceptability of bride price within Acholi and Lango culture, with adult women expressing the most favorable views.

Polygamous Marriages

Although polygamy is common in the study communities, it did not arise as a salient theme in the formative research. Participants report that polygamy is a culturally accepted practice, particularly in circumstances in which a man can provide equally for all his wives or when his first wife does not bear a child in the first year of marriage. A man may sometimes take another wife if he finds his current wife too old, worn out or less desirable. Women also mentioned co-wives in the context of gendered support networks, expressing appreciation for sharing responsibilities such as childcare, cooking, food provision, wisdom sharing, and payment of school fees.

CHAPTER 4: VIOLENCE — TYPES, ATTITUDES, AND PREVENTION

Discussions about violence provided an understanding of how participants define violence and its acceptability within specific contexts. The results underscore the role of gender/social position/power differences between women and men, and between girls and boys, in creating context for and perpetuating GBV.

TYPES OF VIOLENCE

Participants report that most perpetrators of violence are men or boys, and victims tend to be women and girls. Multiple forms of violence, ranging in intensity, are present in study communities. The primary factors influencing violence both inside and outside the home were alcohol use and struggles for land and other resources (money, water, food). Participants include the following acts in their definition of violence:

- insulting and belittling,
- shouting,
- use of vulgar language,
- slapping,
- quarreling,
- fighting,
- beating,
- child abuse,
- domestic violence,
- land wrangles, and
- sexual violence

LIFE STORY: FLORENCE, AGE 17

I experienced many hardships growing up. My mother died, and my father moved away when I was very young. I was left in the care of my stepmother who never gave me food, and insulted me and abused me. These events led me to a very sad place in my life, when I attempted suicide. Fortunately, I have an amazing friend who was there for me during this time, and stopped me from committing suicide. She is still very influential in my life. In our village, we have many forms of violence: land wrangles, quarreling, domestic violence, abuse, fighting. Instead of allowing these forms of violence to continue, we should actively fight to end this violence. We need an increase in dialogue among married couples to reduce the occurrences of domestic violence, and to foster understanding between the couple. I hope to see our community evolve to a place where men and women do not fight and struggle to live together, but rather, live happily and take responsibility where it is needed.

Table 4 below illustrates the characteristics of some forms of violence in the home and community as reported by participants.

Table 4 Participants' Perceptions of Violence

Type	Place	Perpetuator	Victim	Cause/Reason	Consequences/ Outcome	Response
Forced Sex	Homes Community	Husband Adolescent boys Older men Older women	Wife Mostly adolescent girls (sometimes boys)	Lack of women's rights Women viewed as husband's property Boys' "sexual" urges	Physical injuries Domestic disputes Woman accused of not fulfilling role Early pregnancy	Clan leaders called to mediate Brothers punish boys
Forced Marriage	Community	Parents	Mostly girls (sometimes boys)	View/norm that girls should be married by a certain age	Early pregnancy Lack of opportunity for girls	Not viewed as a problem by most people in community
Fighting	Drink joints School Water well	Young people (boys)	Anyone	Alcohol Land wrangles Being teased or made fun of Fighting over water	Physical injuries Death	Those fighting are broken up and taken to the police and or hospital if there are serious injuries
Poisoning/ Witchcraft	Everywhere	Older people	Anyone	Hatred Jealousy Revenge	Physical injury Disability Death	Nothing due to fear of perpetuators
Rape	Near road In isolated places In the bush At home when parents are away Discos/Bars /lodges	HIV-infected men Alcoholics Mentally disabled Strangers	Mostly women and girls (sometimes boys)	Women/girls moving at night Alcohol Men's "uncontrollable" sexual urges Drug use	Abandonment (by husband) Girl viewed as spoiled Infection with HIV Unwanted pregnancy Destroyed reproductive health system	Perpetuator and survivor gossiped about Community feels pity toward survivor Community (especially women) feel animosity toward perpetuator Vigilante justice carried out by young men toward perpetuator Survivor taken to hospital Perpetuator taken to police
Domestic Violence toward women	Home	Husband	Women	Perceived authority of man Alcohol Lack of food Arguments over how to spend money	Physical injury Separation/divorce	Mediation by clan leader Survivor taken to hospital in cases of serious injury
Beating children	Home	Parents	Children	Punishment for making a mistake Punishment for being disobedient Teach a lesson/prevent future bad behavior	Physical injuries	Treatment of injuries at clinic/hospital In extreme cases, interventions by LCI or NGOs

According to participants, domestic violence (including spouse beating and physical punishment of children) is common. Usually it is the husband who hits the wife but there are cases of women hitting their husbands.

Outside the home, participants spoke of the following types of violence occurring: rapes at boreholes (well or water hole), the roadside, dance hall or drinking joint; verbal abuse at the market; and fighting at the town center, bars or dance halls. Women and girls spoke of their fear of rape and described their efforts to avoid places where it is more likely to occur.

"Her movement in the night is the reason why men rape her because if she stayed home, slept and locked herself in the house, there wouldn't be any person who would have come to rape her or come from the bar to rape her."
Female, age 16, newly married

There are certain times of the year when violence is more marked, including holiday seasons such as Christmas and Independence Day, when people consume more alcohol. Respondents also report that during harvest time between March and August, the struggle to provide for themselves and their families can result in added financial stress which may lead to violence.

Box 3 Causes of Domestic Violence

- Alcohol – excessive drinking, spending money/resources to purchase it
- Lack of food or wife not cooking it
- Financial decision-making
- Questioning male authority
- Infidelity

"The violence currently is fighting that men like exercising on women and children. Actually mostly women and children are the ones who suffer from violence. They are the ones who have problems. It happens because men are the heads of the family and therefore have authority. Some men are generally tough whenever they drink alcohol. Others are naturally tough even without the influence of alcohol. Right now, women are the ones farming so it is rare. It is most frequent during the harvest season because the men usually want all the money for drinking alcohol and buying roasted meat."
Female, 43, parent

Life in the camps brought on increased violence, particularly sexual violence. Some of this was attributed to camp life which created idleness among youth. After the war, some forms of violence decreased when people returned to the villages, but there was still violence related to land wrangles or disputes due to confusion over land boundaries, affecting mostly orphans and widows. Respondents also discussed cases of vigilante justice, where community members beat or kill perpetrators rather than relying on the police to arrest them.

ATTITUDES TOWARDS VIOLENCE

Results reveal that attitudes towards violence are passed on from parents, relatives, schools and cultural institutions. Respondents categorized most forms of violence as unacceptable; particularly, when excessive, uncontrolled, and resulting in physical harm to the victim. Beating is viewed as an acceptable form of discipline (e.g. making sure that the woman cooks food, making sure that a child listens, preventing crimes by beating perpetrators and making an example of them).

Among adult men and women interviewed, intimate partner violence (IPV) is considered more acceptable when directed toward women than men. Respondents attribute this difference to the fact

that men hold the ultimate position of authority in the home and must be respected since women join the husband's family and household upon marriage (not vice versa).

"People do not accept [for a woman to beat a man] because it should not happen in opposite way like that. Because it is a man that brought a woman in his home. If it was a woman that married a man she could beat a man…"
Male, age 17, older adolescent

IPV toward women is considered acceptable when a woman disobeys or transgresses her prescribed gender role, for example, failing to provide a meal on time, not listening to her husband, or showing him disrespect. Conversely, it is considered disrespectful for a woman to beat her husband no matter what his conduct, because it shames and belittles him, and "spoils" her name.

"Such incidences should not even be heard of. A woman should not beat her husband. It's such a big shame and it belittles him before his friends…It's okay for a man to beat his wife."
Female, age 18, new parent

Acceptability of IPV among men was not universal. Several men reported that they find IPV to be unacceptable because it can break families apart. They view strong relationships as ones that are built on male and female equality and are peaceful.

"We do not have any misunderstanding since she gives her views and I also give mine and we come up with an agreement… If one of us had denied the other's view, then there would have been a misunderstanding but this is not there. To live a good life in [a couple's] relationship, they should be peaceful and not always have wrangles in their relationship and work together."
Male, age 19, newly married

Attitudes toward IPV evolve across the life course with younger adolescents reporting that all forms of IPV were unacceptable compared to more the nuanced views expressed by newly married and parenting adolescents (e.g. IPV directed toward women is more acceptable than IPV directed toward men).

Participants across all categories approved of corporal punishment of children by parents or teachers, as long as it is administered to guide a child's behavior, rather than hurt them. Nevertheless, there is general agreement that corporal punishment should not be used as the first response; instead, parents should talk to the child about their behavior or refer them to an adult relative, teacher, neighbor or a clan leader for guidance and correction.

"My mum beat me for being in a bad peer group. I've since stopped being in that group. I didn't feel bad [about the beating] because I thought she was just training me to be a good person."
Female, age 15, older adolescent

When a beating must take place it should be done in a proper manner: asking the child to lie down, explaining what they did wrong, letting them admit their mistake, and then beating them. Interestingly, this was the same process described by multiple participants as the proper way for a husband to beat his wife.

Other than IPV, gender did not determine the acceptability of violence. For example, rape is considered unacceptable regardless of whether the person being raped is male or female. Youth

recognized that rape is a greater threat to girls than boys and expressed considerable concern about the issue.

STRATEGIES TO ADDRESS VIOLENCE

Although violence is viewed as justifiable in certain circumstances, non-violent conflict resolution is valued, particularly the use of dialogue. Participants shared several examples demonstrating how conflicts (both domestic and non-domestic) were resolved through dialogue and mutual respect. The ability to respect others, "forgive and forget", "leave the past behind" and move forward without holding a grudge, were viewed as critical components of non-violent conflict resolution.

Participants identify clan leaders as the first and most appropriate line of intervention to address violence in the home or family. Local elected leaders or LCI, police, hospitals, and NGOs are viewed as appropriate actors to address violence in the community or between strangers, such as fighting or rape. Additionally, participants report that mediation by elders or NGOs, such as WORUDET, has been critical for conflict resolution on issues related to land disputes.

Most existing services are aimed at treating the consequences of violence rather than preventing its occurrence. These services fall into four categories, listed below in the order of frequency by which they were mentioned:

1. **Medical**: In the case of physical violence or rape, clinics and hospitals treat injuries, provide post-exposure prophylaxis (PEP) to prevent spread of HIV, dispense emergency contraception (EC) to prevent unwanted pregnancy, and in some cases offer psychosocial counseling. Access to and use of health services, however, is impacted by affordability; local clinics are free but are poorly stocked, while hospitals offer greater resources at a cost to the patient. Some NGOs offer medical care but are not easily accessible.

LIFE STORY: SAMUEL, AGE 18

I just recently had my first child and have experienced great pain in my life but have maintained a strong attitude and a positive outlook. My family was significantly affected by the war, in which my father and brothers were captured by the rebels. I was left alone to care for the rest of my siblings. The war forced my family to move around a lot. When I finally returned home at the age of 16, I got married. We have a positive relationship and work together to build our home. I spend my weekdays working in the garden and playing board games and football with my friends. On the weekends, I also work in the garden and attend church. Additionally, I am a member of the German Agro, which is a group that comes together to plant produce such as tomatoes and onions. This group allows me to teach younger boys and influence their lives. The greatest influences in my life were my parents and uncle because they taught me, kept me in school and gave me advice. My brothers were also especially important, because they granted me life through feeding me and bathing me when I did not have the provisions of my own. This helped me to create a strong future. The strength has helped me in difficult times, such as when I suffered a serious beating. It brought me a lot of pain in my chest and I did not receive any medical treatment. However, I realized that keeping such anger at one's perpetrator can only bring death. Therefore, I decided to forgive the attacker and move on with my life, because I cannot pay one wrong doing with another wrong doing. My desire is to see the people in my community strengthen their homes and respect one another. Also, I want to emphasize the importance of providing a good example for children and teaching them how to build strong homes. Educating children is vital for a good future, and I advocate this within my community and within my own family.

2. **Community-based**: For domestic violence, community members and relatives provide support and advice, regarding for example whether or not to remain in the marriage. Child abuse, however, often goes unaddressed.

3. **Law enforcement**: In the case of severe violence, such as rape (particularly if the perpetrator is a stranger) or where there is injury or death, victims turn to the police for support or to arrest the perpetrator.

4. **Third-party interventions**: To a lesser extent, government and NGO sensitization and training is being used to address and prevent violence. For example, to protect children's rights and welfare, some children are being trained to serve as a resource to other young victims of violence.

Across sex and life course stages, participants expressed a desire for on-going community sensitization on violence by people in positions of authority (e.g. local leaders, police, and violence prevention experts).

If they are sensitized about the disadvantages of fighting, use of vulgar language, and using force on a woman, that can help to stop this violence."
Male, age 28, community member

In addition to community sensitization, participant-generated strategies for addressing violence (in order of popularity) fell into the following categories (a) law enforcement, (b) addressing structural issues/causes of violence, and (c) provision of/improvement of services (Table 5).

Table 4 Participant-generated Strategies for Addressing Violence

COMMUNITY SENSITIZATION	LAW ENFORCEMENT	STRUCTURAL	SERVICES
• Create dialogue and discussion • Train on violence prevention • Clan leaders should teach people not to be violent • Sensitize on rights and laws of Uganda • Train and sensitize community leaders	• Arrest, beat, imprison the perpetrator • Enforce laws in local courts and by police • Clan leaders create and enforce laws • Create by-laws on land ownership, bride price and defilement • Build more police posts	**Poverty** • Provide jobs, vocational training and skills building for women and older adolescents • Rehabilitate formerly abducted children with vocational training **Alcohol** • Sensitize the community on effects of alcohol and reducing consumption	• Request for better equipped and more financially and geographically accessible health care services • Provide recreational activities for youth – games, social clubs and projects – to prevent idleness

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

The research team applied life history methodology to key transitional points from childhood to adulthood to provide a better understanding of gendered norms, attitudes, and experiences related to puberty, sexuality, reproduction, and violence among adolescents in post-conflict northern Uganda. Research findings have informed the design of a differentiated, yet complementary set of life-course tailored interventions aimed at improving gender-equitable attitudes and behaviors and positively shaping SRH and GBV outcomes. The research findings also provide insights and recommendations for further action.

CONCLUSION

The results of this ethnographic research combined with findings of a review of gender transformational programs in the region informed the development of a differentiated, life course specific, yet mutually reinforcing set of interventions (Figure 3) that: 1) shape gender norms to positively influence reproductive health outcomes, reduce gender-based violence, and improve gender equity; and 2) can be scaled up to catalyze wide-spread, sustainable movements to challenge gender inequities in various settings.

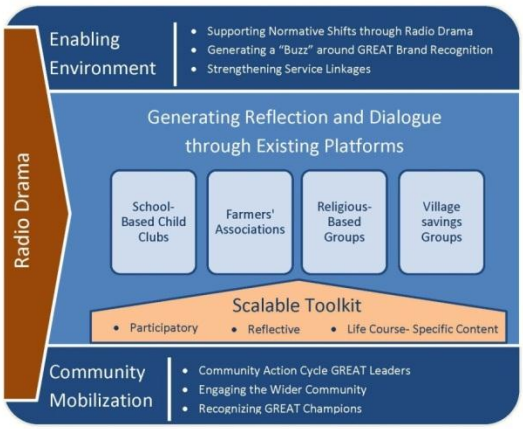


Figure 3 GREAT Intervention Model

Interventions for very young adolescents are designed to lay the basis for future health and well-being by forming equitable gender norms and attitudes, while interventions for older adolescents and adolescent parents are designed to foster healthier, more equitable behaviors.

The GREAT intervention model includes the following components:

- *Serial radio drama* to catalyze discussion and reflection at scale. The radio drama was developed by Communication for Development Foundation Uganda, which has vast experience developing behavior change focused serialized radio dramas targeting youth.

- *Scalable toolkit* to promote reflection and dialogue consisting of a *Coming of Age Flipbook* for very young adolescents and a *Community Engagement Game* and *Activity Cards* for all ages. Each product was designed by specialized teams within the consortium with review by all members, as well as the GREAT Technical Advisory Group. The toolkit will be rolled out through existing small groups with guidance and support by community groups and field workers from GREAT partners.

- *Community Action Cycle* (CAC) conducted with community leaders to strengthen their capacity to promote and sustain change. The CAC process will form community mobilization teams to oversee and support GREAT activities at the community-level, including introduction of the toolkit to existing groups such as school clubs and village savings and loans associations.

- *Engagement of Village Health Teams to* improve access to and quality of youth-friendly SRH services by conducting adolescent sexual and reproductive health refresher trainings and developing a job aide/tool to support the provision of youth friendly services.

- Community-level activities that build on cultural practices and traditions that are currently being revitalized as part of the healing and recovery process (e.g. community-level *wang-oos* or fireside chats)

- Cross-cutting activities to recognize and celebrate people who demonstrate commitment to gender-equitable behaviors as GREAT Champions.

The intervention is being piloted and carefully evaluated for impact in two districts of northern Uganda (Amuru and Lira). Successful components of the intervention will be scaled up in the final stages of the GREAT project.

RECOMMENDATIONS FOR FURTHER ACTION

The ethnographic research generated insights with implications for adolescent sexual and reproductive health and gender-based violence programming in northern Uganda. Due to time and resource constraints, not all learnings could be incorporated into the GREAT intervention; however, they can inform further action.

Gender Norms and Education

Intervention design should build on mechanisms of gender formation which promote equitable gender norms and capabilities. The powerful influence of modeling on the development of gender roles can be addressed; both by changing the models that adults provide youth (for long-term impact) and by encouraging youth to reflect critically on the gender models in their lives (for short-term impact). The conceptualization of an "ideal" man as one who protects and provides for his family could provide leverage to persuade men to change violent behaviors directed towards women and children. Offering youth opportunities to "try out" gender-equitable behaviors could also be an effective strategy; for example by engaging them in church or school –led community activities. Encouraging the promotion of women into leadership roles or ensuring equal access to property rights are other ways to model positive gender roles.

Providing education for adults, who missed out during the war, and for girls, at the primary and secondary levels also has the potential to transform gender norms. Educational programs could include discussions of puberty, sexual and reproductive health and violence through a gender lens. Engaging youth in telling stories about positive relationships, self-sufficiency, and personal successes can build self-esteem and help youth better understand and manage decisions related to romantic relationships and sex. When girls are encouraged to stay in school longer, they are more likely to avoid early marriage and are at less risk of adverse health outcomes related to early childbearing. It will also be important to sensitize the community on these topics to provide a safer, healthier environment for young people.

Puberty and Adolescent Development

Women tend to discuss puberty with girls in the context of gendered expectations of becoming a wife and mother and fulfilling feminine gender roles. This provides an opportunity to encourage broader reflection of gender roles and inequities in the context of discussions of the physical changes accompanying puberty. In addition, adolescents need support to deal with issues beyond physical changes such as feelings of isolation, teasing, peer pressure and unwanted sexual advances. Puberty discussions with girls tend to center around menstruation, whereas men hardly discuss puberty at all with boys. Interventions could explore the feasibility of developing the ability of fathers (or other adult males) to talk to boys about the changes they are experiencing and seek to foster empathy between boys and girls for the changes they are each experiencing during this stage of their lives.

Sexual and Reproductive Health

Poverty is an important driver of adolescent sexual activity, especially for girls, thus future interventions should take into consideration income generation activities to cover basic necessities and school fees. Additionally, the economic benefits of child spacing can be highlighted when addressing the SRH needs of married adolescents.

Building upon existing cultural norms of respect, the nurturing and protective elements of idealized masculinity and femininity, the influential role of the husband's family and the recognized role of adults as advice-givers can be used to strengthen adolescent SRH programming. Adults, especially elder women such as mothers-in-law who have significant influence over their daughters' in law and other young women, can be provided pertinent information and training to enable them to more effectively guide young people. Radio dramas and other radio formats are widely accepted and accessible and can boost SRH education.

Many of the current obstacles to improved FP use are related to men; however men are supportive of spacing and limiting. Activities that engage men and address their concerns about FP methods have the potential to make a difference. Given the strong desire of young men and women for children, as well as pressure from their families to conceive, it is likely that efforts to space births will be more effective, at least initially, than efforts to delay a first pregnancy.

Furthermore, due to highly favorable attitudes toward access to HIV prevention services for adolescents (including condoms), interventions should explore ways of integrating family planning into HIV services for youth and promoting the dual advantage of condom use in the prevention of both HIV and pregnancy.

Violence Perception and Prevention

Broad community support is needed to prevent violence and reframe gender roles. Approaches which examine the negative impacts of violence on families and communities may be more appropriate than a rights-based approach, given that violence is viewed as unacceptable when it is excessive, uncontrolled or causes significant physical harm. Interventions can work with leaders who already oppose certain forms of violence, easing the acceptability of non-violent conflict resolution alternatives. Clan and religious leaders can play an especially important role addressing intimate partner violence, given their perceived authority in that domain. Given the important role of alcohol abuse in fueling

violence in the home and community, intervention design should incorporate evidenced-based approaches to reducing alcohol consumption such as the restriction of hours when alcoholic beverages can be sold, community sensitization on the effects of alcohol, and psychosocial support for problem drinkers.

Health care providers should be trained and supported to better incorporate violence prevention and treatment into their services in order to address the considerable need for support services for survivors (particularly those of intimate partner violence). Police and clan leaders also need training to improve the quality and access of treatment for survivors of violence.

Transition from Displacement

Study participants expressed the desire to heal from the effects of conflict and displacement and voiced their interest in restoring traditional values and cultural practices. Thus, interventions can build on positive traditional values and practices to improve the likelihood of success, sustainability, and buy-in of project activities. Efforts to promote community dialogue around changed gender roles and norms, resulting from the war, could provide an entry to addressing displacement and transitional issues underlying alcohol use and violence.

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