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# BASELINE SURVEY REPORT ON CHILD MARRIAGE AND TEENAGE PREGNANCY IN KITAGWENDA DISTRICT

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## **Final Report**



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JMM

MWIRIMA HOLDINGS CONSULT LIMITED (0772986345 / 0702986345)

## Table of Contents

EXECUTIVE SUMMARY.....	5
CHAPTER ONE: .....	12
CHILD MARRIAGE AND TEENAGE PREGNANCY.....	12
1.1. <b>Introduction</b> .....	12
1.2. <b>Legal and Policy issues on Child Marriage and Teenage pregnancy</b> .....	12
CHAPTER TWO: .....	15
DESIGN OF THE BASELINE SURVEY.....	15
2.1. Rationale of the Baseline Survey.....	15
2.2. Objectives of the baseline survey .....	15
2.3. Scope of the Survey .....	16
2.4. Design approaches and methods.....	16
2.4.1.    Documentary Review .....	17
Qualitative Approaches: .....	17
2.4.2.    Quantitative Data Collection Approaches .....	17
Tools used by the consultant .....	18
Sampling the Targeted Respondents .....	18
<b>Table 1:</b> Particulars of the Individual Respondents (Survivors).....	18
<b>Table 2.</b> Faith of the individual respondents (Survivors).....	19
SUMMARY OF PARTICULARS OF THE KEY INFORMANTS .....	19
Table 3: Sex and Age of the Key Informants .....	19
Table 4: Occupation of the Key Informants .....	20
Table 5: Educational Background of the Key Informants .....	20
Particulars of the Participants in the Focus Group Discussions (FGDs).....	20
<b>Table 6:</b> Location particulars of the FGDs.....	20
Table 7: Age of the Participants in the FGDs .....	21
Table 8: Highest level of education and occupation of the FGD Participants .....	21
CHAPTER 3: .....	22
PRESENTATION AND DISCUSSION OF FINDINGS.....	22
3.1. UNPACKING SOCIAL NORMS AND DRIVERS OF CHILD MARRIAGE AND TEENAGE PREGNANCY AT COMMUNITY, HOUSEHOLD, AND INDIVIDUAL LEVELS .....	22
Table 9: Person with whom the survivor was staying at the time of the interview .....	23
Table 10: Survivors’ responses on who is the main provider for their needs .....	23

Table 11: Where and with whom the survivor was staying at the time she got married / pregnant.....	24
Table 12: Age at which the survivor got married / pregnant .....	25
Table 13: Age of the boy / man when he married / impregnated the girl .....	25
Table 14: Status of the Schooling of the Survivor at the time she got married / pregnant .....	26
Table 15: Ever heard of any cases of child marriage or teenage pregnancy in this community e.g. among your friends / peers in past five years .....	27
Table 16: Number of Child Marriages and Teenage pregnancies in the Community (expressed as a percentage).....	28
Table 17: Key Informants' and FGD's views about the likelihood of girls aged 10 – 19 years of being involved in child marriage and teenage pregnancy .....	29
Table 18: Views of the KIs on how they track the prevalence of child marriage and teenage pregnancy in their communities .....	29
3.1.4. FACTORS THAT DRIVE GIRLS AND BOYS INTO GETTING INVOLVED IN CHILD MARRIAGE OR TEENAGE PREGNANCY.....	31
Table 19: Survivors' views on the reasons girls aged 10 – 19 get engaged in child marriage and teenage pregnancy. ....	31
Table 20: KI's views on factors that drive girls into child marriage and teenage pregnancy .....	32
3.1.5. HOW THE SURVIVORS OF CHILD MARRIAGE AND TEENAGE PREGNANCY ARE SUPPORTED DURING PREGNANCY AND AFTER DELIVERY .....	37
Table: 22 Survivors' views about the support they received when they got involved in child marriage / teenage pregnancy:.....	37
3.1.6. EFFECT OF CHILD MARRIAGE AND TEENAGE PREGNANCY ON THE SURVIVORS .....	38
Table 23: Survivors' views on how getting married or pregnant as a child affected their life .....	38
3.1.7. ADVICE TO OTHER GIRLS AGAINST GETTING MARRIED OR PREGNANT AS A CHILD .....	39
Table 24: Advice by the Survivors on how girls should avoid being involved in marriage and teenage pregnancy .....	40
3.1.8. VIEWS AND ATTITUDES OF DIFFERENT STAKEHOLDERS TOWARDS CHILD MARRIAGE AND TEENAGE PREGNANCY.....	40
Table 25: Experiences of the Survivors' and FGDs of the how various stakeholders in their community view child marriage and teenage pregnancy .....	41
Table 26: Status of the situation of child marriage and teenage pregnancy.....	43
3.2. ACTIONS TAKEN BY STAKEHOLDERS WHEN A GIRL IS INVOLVED IN CHILD MARRIAGE OR TEENAGE PREGNANCY .....	43
Table 27: Views of the Survivor Herself about the action she took when she got married or pregnant	44
Table 28: Survivors' views on the action taken by their parents when the girl got into child marriage / teenage pregnancy.....	46

Table 29: Key Informants' Views on Action Taken by the Family of the girls who find themselves involved in child marriage and teenage pregnancy .....	47
Table 30: Survivors' Views on the Action taken by the Girls other relatives when she gets into child marriage or teenage pregnancy.....	48
Table 31: Survivors' response on the action taken by the boy / man when she got involved in child marriage / teenage pregnancy.....	49
Table 32: Survivors' Views on the action by the boy / man when the girl gets into child marriage / teenage pregnancy.....	50
Table 33: Survivors' Views on the action taken by the boy / man's relatives and friends when a girl is involved in child marriage or teenage pregnancy.....	50
Table 34: Survivors' Views on the action taken by the Local Leaders when a girl is involved in child marriage or teenage pregnancy.....	51
Table 35: Key Informants' Views on the action taken by Local Council Leaders .....	52
Table 36: Survivors' Views on the action taken by the Local Government Officials when a girl is involved in child marriage or teenage pregnancy.....	52
Table 37: Key Informants' Views on the Action taken by the Local Government officials (Chiefs & Community Development Officers) when a girl is involved in child marriage or teenage pregnancy....	53
Table 38: Survivors' Views on the action taken by the educational institutions when a girl is involved in child marriage or teenage pregnancy .....	54
Table 39: KI's views on the action taken by education institutions when a girl gets involved in child marriage or teenage pregnancy.....	55
Table 40: Survivors' Views on the action taken by CBOs / Groups when a girl is involved in child marriage or teenage pregnancy.....	55
Table 41: Key Informants' views on the action taken by CBOs/ Groups when a girl is involved in child marriage or teenage pregnancy.....	56
Table 42: Survivors' Views on the action taken by police when a girl is involved in child marriage or teenage pregnancy.....	57
Table 43: Key Informants' views on the action by Police when a girl is involved in child marriage or teenage pregnancy.....	57
Table 44: Survivors' Views on the action taken by the Courts of Law when a girl is involved in child marriage or teenage pregnancy.....	58
EFFECTIVENESS OF THE STAKEHOLDERS IN PROVIDING SUPPORT TO THE SUPPORT TO THE SURVIVORS .....	59
MEASURES RECOMMENDED TO BE PUT IN PLACE BY STAKEHOLDERS TO STOP CHILD MARRIAGE AND TEENAGE PREGNANCY.....	60
FACTORS RESPONSIBLE FOR THE SUCCESS OR FAILURE OF THE STAKEHOLDERS IN STOPPING CHILD MARRIAGE AND TEENAGE PREGNANCY.....	63
SUPPORT TO SURVIVORS TO RESTORE HOPE AND SELF-ESTEEM.....	64

Kind Of Support Ever Given To Survivors .....	64
Table 45: Survivors’ views about the support they have ever received to improve their livelihoods after getting involved in child marriage or teenage pregnancy.....	64
Table 46: Specific Support provided to the Survivors by different stakeholders .....	65
Table 47: FGD Participants’ views on the number of girl survivors of child marriage and teenage pregnancy that have been supported by other stakeholders other than their family to improve their livelihoods.....	66
How To Identify Survivors To Be Supported To Improve Their Livelihoods .....	67
SUCCESS OR FAILURE OF THE SURVIVORS’ PROJECTS .....	67
Table 48: FGD Participants’ views on number of survivors of child marriage and teenage pregnancy who were supported to improve their livelihoods who have reported being successful.....	68
DEFINING BENEFICIARIES AND THEIR NEEDS .....	69
Advice To Stakeholders Who May Wish To Support The Survivors Of Child Marriage And Teenage Pregnancy .....	69
Table 49: Survivors’ proposed advice to any stakeholder who may wish to support them to improve their livelihoods and of their households.....	69
CHAPTER 4: .....	75
CONCLUSIONS AND RECOMMENDATIONS.....	75

## **LIST OF ACRONYMS**

CBOs	Community Based Organizations
CDO	Community Development Officer
COSIL	Community Sustainable Initiatives Link
FGDs	Focus Group Discussions
GBV	Gender Based Violence
KIs	Key Informants
LC	Local Council / Local Councilor
LG	Local Government
VHT	Village Health Team

## EXECUTIVE SUMMARY

Child marriage and teenage pregnancy remain major social and public health issues in Uganda, with far-reaching implications for the wellbeing of children and adolescents. COSIL, with funding from the Swiss League of Catholic Women (SKF), is implementing a 3 – year project (01.01.2024 – 31.12.2026) that aims at preventing child marriage and teenage pregnancy for inclusive growth and socio-economic transformation among adolescents in Kitagwenda District. The overall objective / impact of the project is ending child marriage and teenage pregnancy for inclusive growth and socio-economic transformation while the outcome is improved capacity of 45 vulnerable girls and women in entrepreneurial and functional literacy skills. The project has two expected results: **1:** Girls and young women's capacity in Business management and entrepreneurial skills built. **2:** Improved practical vocational skills base for 45 out of school vulnerable girls and women through work based learning.

COSIL commissioned a baseline survey to assess the practice of, attitude towards, and gaps in support needed to eliminate child marriage and teenage pregnancy in Kitagwenda district. The specific objectives of this baseline survey are three-fold, namely: 1) To unpack social norms and identify drivers of child marriage and teenage pregnancy at community, household, and individual levels; 2) To make recommendations and define key indicators for monitoring progress in ending child marriage and teenage pregnancy practices in the affected communities; and 3) To define the beneficiaries and their needs.

COSIL retained Mwirima Holding Consult Limited to undertake the baseline survey in Mahyoro and Buhanda sub counties. The consultant used documentary review, and quantitative and qualitative methodologies to collect data. The consultant sampled 20 direct beneficiaries (teenage mothers) hereafter referred to as survivors of child marriage and teenage pregnancies, 20 parents and care takers, and 20 Key Informants all drawn from the two sub counties. These respondents were treated as individual respondents, Focus Group Discussions, and Key Informants respectively. The tools used to collect data were mainly Key Informant Interview and FGD guides.

The findings of the survey are categorized according to the objectives of the study.

**To unpack social norms and drivers of child marriage and teenage pregnancy the key findings were as follows:**

- A majority of the survivors were staying with their (single) mother and other relatives at the time they got married / pregnant and after they delivered indicating a direct relationship between family breakup and the tendency of a girl to get into child marriage and teenage pregnancy.
- The average age at which girls got married / pregnant was 16.5 years while for the men it was 22 – 23 years. 65% of the girls got married / pregnant while schooling while 35% had dropped out of school.
- The prevalence of child marriage and teenage pregnancy in the community stands at 24% and 32% respectively. This is driven by poverty and lack of basic necessities; poor parenting and neglect by parents and caregivers; negative religious and cultural values, attitudes and practices; being idle leading girls and boys to engage in drugs & subsistence abuse and hence getting involved in casual unprotected sex; rape; domestic violence; lack of life skills by the girls, and bad peer groups.
- Measures to halt what drives both girls & men into child marriage and teenage pregnancy are in place but largely ineffective, thanks to deeply entrenched attitudes and values.
- When young girls get married / pregnant most of the men responsible and their families do not provide any support to them but leave the burden to her family and relatives. Only 20% of the survivors indicated that they had received some support from their boyfriend / husband but which was inadequate.
- Child marriage and teenage pregnancy has devastating effects on the girls (survivors) which include dropping out of school (31%); stigma, loss of respect and self-esteem (26%); health complications including contracting HIV/AIDS (23%); hopelessness; and loss of opportunities including work.
- Survivors provided useful advice to other girls. Such includes abstinence or delaying first sexual encounters; refusing gifts and favours from men; avoiding staying home alone or moving at night unaccompanied; patiently staying in & completing school; listening to advice; avoiding bad peer groups and unprotected sex.
- The views and attitudes of most of the stakeholders in the community towards child marriage and teenage pregnancy are that 61% of them generally view it as bad and sinful act; 25% of them are not bothered nor do they care about it; and 12% of them take it as being normal. However, these views and attitudes vary among different age groups. 65% of girls



aged 10 – 19 and 74% of boys of the same age view the vice as normal or they are not bothered and do not care about it. On the other hand 77% of the men aged 20 – 35 and 53% of women of the same age view it as normal or they are not bothered at all. This explains why most of the perpetrators of the vice fall in the age group 20 – 35.

- These attitudes and views of the stakeholders towards child marriage and teenage pregnancy explain the increase of the vice in the community as revealed by 75% of KIs and 100% of the FGDs.

**To unpack the actions taken by various stakeholders when a girl gets married / pregnant this study found out that:**

- The girl herself did the following: kept it a secret (26% of survivors); tried to escape or was thrown out of the house (22%); accepted it and carried the pregnancy till she delivered (17%); moved in with the boyfriend / husband (13%); contemplated committing suicide (9%); tried to abort but it failed (9%); and had the man arrested (4%).
- The girl's family and relatives took various actions: some accepted her as she was and took care of her (39% of survivors); some jeered at her and threw her out of the house (35%); and 26% wanted to have the man arrested. On their part KIs noted that parents & relatives of the girl reported the case to LCs, CDO and police (23%); negotiated with family of the man (23%); advised and counseled the girl (18%); threw the girl out of the house (9%); caused the girl to go for HIV/AIDS test and checkup for other health complications (9%); and 9% stopped providing for the girl's necessities.
- For a majority of the survivors the man and his family and relatives did little to support the pregnant girl and her baby. Most of the men hid or ran away (in fear of the law and to avoid to take responsibility) while their families refused to provide for the girl's needs.
- Local authorities (local councils, and local government officials) were noted to largely doing nothing especially when they are not informed of the child pregnancy or teenage marriage (50% of respondents), cause the arrest of the man and follow up the case (25%), counsel the girl and facilitate negotiations between the girl's and man's family (25%). All respondents acknowledged receiving free ANC services provided by the local authorities.
- Non-state actors (paralegals, CBOs, religious & cultural leaders, media, and private business associations): their support varied from not being involved to sensitization on protection of

children's rights and the dangers of child marriage and teenage pregnancy, providing counseling and guidance to the survivors, exposing & following up cases, to providing material support to the survivors.

- Educational institutions were known for discontinuing girls when they marry or get pregnant. However, other respondents pointed out that school authorities do offer counseling to the girls and can follow up cases at police and in court.
- State Actors (Police, Courts of Law): Are often not involved but when they are, police can investigate the case, arrest the man, and forward him to court for prosecution. However, police was noted to be involved in facilitating negotiations between the two families.
- However, the support by all these stakeholders to the girl when she gets married / pregnant was generally described as inadequate.

**Unearthing measures recommended to end child marriage and teenage pregnancy this study found out that:**

- Families of the girls should ensure the girl-child is enrolled, keeps in, and completes school by providing her the basic necessities, counseling them, and engaging in parenting sessions.
- Local authorities (LCs, & LG officials) should undertake “Go Back to School, Remain in School, and Complete School” campaigns by conducting sensitization, enforcing the law and enacting bylaws & ordinances including causing the arrest of the perpetrators, and following up children who are not or who drop out of school.
- Members of Parliament should pass motions and enact laws & policies that strengthen the fight against child marriage and teenage pregnancy.
- Non State Actors (paralegals, religious and cultural leaders, CBOs / groups, private sector associations, and the media) should emphasize sensitization campaigns against child marriage and teenage pregnancy, provide counselling and guidance to the survivors, conduct skills-training for the survivors, and advise them to go back to school.
- Education institutions should follow up to the parents of the affected children, conduct counselling sessions for the children by senior women teachers, give healthy talks, and to refer the survivors for medical advice.
- State Actor (Police and Courts of Law) should strengthen law enforcement against the perpetrators of child marriage and teenage pregnancy.

### **Unearthing the support being given to survivors to restore their hope and self-esteem.**

- 52% of the survivors noted that they did not get any support at all to restore in them hope or self-esteem. The rest (48%) who claimed to have got support named it to be free ANC service, counseling & guidance, material support such as clothing, and some bit of training. This was provided mainly by the survivors' families and relatives and was largely inadequate, and infrequent.
- Most of the respondents noted that some survivors of teenage pregnancy who were mainly affected by HIV/AIDS had been supported with skills-training and start-up kits provided by COSIL and Baylor Uganda.
- This study noted that for any future support to survivors of child marriage and teenage pregnancy care must be taken in selecting the beneficiaries (preferably those from last mile households and deprived backgrounds); conducting a needs assessment; starting with a small cohort and then scaling up gradually; offering them complete training in hands-on skills / trades especially tailoring & garment cutting, and hair dressing; and providing them with start-up kits. This should be followed by close monitoring and supervision including attaching them to local artisans for mentoring and coaching.

### **Conclusions and Recommendations**

- Child marriage and teenage pregnancy is widely prevalent in Kitagwenda District and is on the increase.
- The key drivers of this vice are embedded in negative cultural norms, beliefs and practices; widespread poverty at household level; poor parenting & child neglect; peer pressure; and lack of life skills by the girl-child.
- A majority of both men and women in the age bracket of 10 – 35 view child marriage and teenage pregnancy as normal or are not bothered about it.
- Survivors of child marriage and teenage pregnancy receive no or very little support from their husbands / boyfriends. This leaves them burdened and devastated as most of them dropout of school, suffer stigma and loss of self-esteem, and face health complications including contracting HIV/AIDS.
- Measures to halt what drives both girls & men into child marriage and teenage place are in place but largely ineffective.

- The study recommends the redesign of the project which will include refocusing the indicators, the project scope (scale up to more sub counties), emphasizing the cohort approach, strengthening the project M&E especially in outcome harvesting, and mainstreaming advocacy against child marriage and teenage pregnancy in collaboration with other actors.

# CHAPTER ONE:

## CHILD MARRIAGE AND TEENAGE PREGNANCY

### 1.1. Introduction

Child marriage and teenage pregnancy remain major social and public health issues in Uganda, with far-reaching implications for the wellbeing of children and adolescents. Such implications to the teenage girls are lifelong and include dropping out of school; being shamed and traumatized by family, peers and the community; increased vulnerability to violence and abuse; increased exposure to the risk of Sexually Transmitted Infections (STIs) and HIV/AIDS; greater poverty and loss of economic opportunities; and death. The numbers are equally disturbing for teenage pregnancy, with approximately one-quarter of all Ugandan girls between the ages of 15 and 19 having already begun childbearing. A 2019-22 report by United Nations Population Fund (UNFPA) indicates a big increase in the number of girls aged between 15 and 19 years who got pregnant in Kitagwenda District in the period 2019 to June 30, 2022. The district recorded 3,420 teenage pregnancies in this period, of whom 33 girls were below 15 years old, while 3,387 others ranged from 15 – 19 year. Mahyoro sub-county had the highest number of teenage pregnancies with 941 girls between 15 and 19 years followed by Kitagwenda town council and Nyabbani sub-county with 721 and 691 teenage pregnancies respectively. Buhanda sub-county recorded 376 teenage pregnancies, Kabujogera town council 308 and Kanara 379. (<https://risenewsug.com/2022/11/21/kitagwenda-district-grappling-with-increasing-teenage-pregnancies>). This has been exacerbated by the COVID-19 lockdown and the subsequent closure of schools. Being out of school many girls aged 15 – 19 became indulged in sexual activity so much so that in the first quarter of 2021 at least 430 teenage girls were received for first Antenatal visits at health facilities in Kitagwenda district.

Practical action need to be undertaken by various stakeholders to address the key drivers of child marriage and teenage pregnancy in Kitagwenda District.

### 1.2. Legal and Policy issues on Child Marriage and Teenage pregnancy

GoU's response to child marriage and teenage pregnancy include instituting a conducive national legal and policy framework to end child marriage and teenage pregnancy. Such include the 1995 Constitution (as amended) particularly Chapter 4 Articles 31 & 33; the Penal Code Act (CAP 120) 2007 which sets the age of marriage or engagement in sexual acts at 18; Prohibition of Sexual

Mutilation Act 2010; Anti-Pornography Act 2014; the National Child Policy 2020; the National Policy on the Elimination of Gender-based Violence in Uganda (2016); and the National Action Plan on the Elimination of Gender-based Violence in Uganda (2016- 2021) among others. However, enforcement of these laws and policies is hampered by the laxity of other laws which are silent on the age of consent or permit the consent of parents to allow minors to get into marriage. COSIL's intervention will contribute to increased advocacy for implementation of Uganda's policy and legal framework to end child marriage and teenage pregnancy.

The social & economic implications of the rising child marriage and teenage pregnancy to Uganda are alarming! It contributes to rapid population growth with associated negative consequences; it comes with associated individual level health costs estimated at USD 8 for each minor health care of a child per episode (families of all teenage mothers in Uganda spent US\$290 million on SRH services and US\$70 Million at the health facility – including normal delivery and care for the newborn child – in 2020) (MGLSW, 2022). In addition teenage pregnancy accounts for almost a fifth of annual births in Uganda. Almost 50% of teenage births are from unwanted pregnancies. Teenage pregnancy contributes 20% of infant mortality and 28% of maternal deaths in Uganda (*ibid*). Child marriage and teenage pregnancy decrease household incomes. Ending child marriage and teenage pregnancy could reduce the total fertility rate by 8% and under-five mortality by 6.6%. About 50% of teenage mothers are peasants in subsistence agriculture and are subsequently more likely to have lower income levels. Girls involved in child marriage are more likely to suffer domestic and gender based violence (Girls Not Brides, 2020). Keeping girls in school longer and delaying their first birth gives them higher chances of increasing their decision-making ability, gaining more employable skills, and earning better wages.

Government of Uganda (GoU) recognizes the challenge of child marriage and teenage pregnancy. To avert the growing trend of child marriage and teenage pregnancy which, at a prevalence rate of 25%, is the highest in East Africa, the GoU adopted the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/23-2026/27 whose goal is “to end child marriage and teenage pregnancy for inclusive growth and socio-economic transformation”. COSIL will, through this project contribute to achieving this goal by promoting an enabling environment to end child marriage and teenage pregnancies in Kitagwenda district, influencing changes in dominant thinking in regard to social and cultural norms that cause, drive and perpetuate the practice of child marriage and teenage pregnancies in the Kitagwenda society, and advocating for strengthening of institutional,

community and family systems for prevention of child marriages and teenage pregnancies. Before rolling out the proposed intervention COSIL undertook a baseline survey to unearth the underlying drivers of child marriage and teenage pregnancy in Kitagwenda District.

# CHAPTER TWO:

## DESIGN OF THE BASELINE SURVEY

### 2.1. Rationale of the Baseline Survey

The COSIL intervention aims at preventing child marriage and teenage pregnancy for inclusive growth and socio-economic transformation among adolescents in Kitagwenda District. It is a 3 – year project (01.01.2024 – 31.12.2026) with funding from the Swiss League of Catholic Women (SKF).

**The overall objective / impact of the project is** ending child marriage and teenage pregnancy for inclusive growth and socio-economic transformation while the outcome is **improved** capacity of 45 vulnerable girls and women in entrepreneurial and functional literacy skills. The project has two expected results: **1:** Girls and young women’s capacity in Business management and entrepreneurial skills built. **2:** Improved practical vocational skills base for 45 out of school vulnerable girls and women through work based learning. The project will thus specifically improve the vocational skills base for 45 out of school vulnerable girls (aged 10 – 19) and women through work based learning and enhancing their entrepreneurial and functional literacy skills. It will be implemented in the two sub counties of Mahyoro and Buhanda in Kitagwenda District.

### 2.2. Objectives of the baseline survey

With this Baseline Survey COSIL seeks to assess the practice of, attitude towards, and gaps in support needed to eliminate child marriage and teenage pregnancy in Kitagwenda district.

The specific objectives of this baseline survey are three-fold, namely:

1. To unpack social norms and identify drivers of child marriage and teenage pregnancy at community, household, and individual levels;



2. To make recommendations and define key indicators for monitoring progress in ending child marriage and teenage pregnancy practices in the affected communities;
3. To define the beneficiaries and their needs

To achieve these objectives the Consultant undertook the following actions:

- a) Identified and interviewed girls & young women (10 – 19 years) who are survivors of teenage pregnancy and early marriage
- b) Identified, verified and documented the perceptions and experiences of women and girls, men and boys, and key duty-bearers on harmful practices such as forced/early marriages, in the different locations of intervention.
- c) Reviewed the project results framework and realigned the key indicators to the findings
- d) Identified the targeted beneficiaries
- e) Undertook analysis of the needs of the identified beneficiaries

COSIL intends to use the findings of this baseline survey to engage with Government, SKF, and other stakeholders to develop/scale up plans, strategies and interventions aimed at accelerating action to prevent teenage pregnancy and child marriage among adolescent girls in Uganda.

### 2.3. Scope of the Survey

The geographical scope of this study covered the sub counties of Mahyoro and Buhanda in Kitagwenda District. The technical scope involved reviewing the available literature on vulnerabilities of the girl-child and the risk factors that underlie early marriage and teenage pregnancies in Kitagwenda District. It also covered the interventions that have been put in place to mitigate these risk factors and to improve the life of the survivors of teenage pregnancy and early marriages for girls and young women aged 10 – 19 years.

### 2.4. Design approaches and methods

The Consultant employed the following methodologies to undertake the Baseline Survey:

**2.4.1. Documentary Review:** The consultant reviewed some of the following documents:

- Project documents: proposal, logical framework
- ANC attendance at Health Centres in Kitagwenda District
- Access to Family Planning services / products by adolescents in Kitagwenda District
- Police records on child marriages and teenage pregnancies
- Records on Child Marriages and teenage pregnancies at sub county and district level
- District reports and national reports on addressing child marriage and teenage pregnancy
- Media reports on child marriage and teenage pregnancies in Kitagwenda District
- Policy documents e.g. National Strategy to end Child Marriage and Teenage Pregnancy; Kitagwenda District Strategy to end Child Marriage and Teenage Pregnancy.

From the documentary review the consultant documented evidence of the interventions that are being used to mitigate the risks and improve the livelihoods of the survivors of early marriages and teenage pregnancies.

#### **2.4.2. Qualitative Approaches:**

The Consultant employed qualitative data collection methodologies, particularly Focus Group Discussions (FGD), and Key Informant interviews to collect data (disaggregated by location, age and sex) from the targeted direct beneficiaries (women, adolescent girls and boys, positive deviants), and the indirect beneficiaries (community leaders, Religious and Cultural Leaders, Elected Leaders). The data collected focused on verifying the perceptions, and experiences of women and girls, men and boys, and key duty-bearers on harmful practices such as forced/early marriages, in the different locations of intervention.

The Consultant organized separate FGDs for the survivor girls & young women, and their parents / caregivers.

#### **2.4.3. Quantitative Data Collection Approaches:**

The consultant employed literature review and Key Informant Interviews to collect data on quantitative indicators such as the percentage/proportions like number of households investing in productive activities. The consultant used this data to realign the project results framework for purposes of monitoring and evaluation.

#### 2.4.4. Tools used by the consultant

- Desk review guide
- Key informant interview guides
- Focus Group Discussion Guides
- Voice recorders
- Cameras

#### 2.4.5. Sampling the Targeted Respondents

Using purposive sampling the Consultant targeted the following categories of respondents:

- a) **Direct project beneficiaries** sampled purposively from the communities in Mahyoro and Buhanda sub counties:
  - i. 20 Survivors of early marriages and teenage pregnancies (aged 10 – 19 years)
  - ii. 20 Parents / Care givers of the survivors of child marriage and teenage pregnancy
- b) **Indirect Beneficiaries:** The consultant purposively selected 20 Key Informants who included the Local Council officials (LC1 Chairpersons, Women Councilors, Youth Councilors), and Religious and Cultural Leaders, Police (Child and Family Protection Unit), and the Community Development Officers from Mahyoro and Buhanda sub counties, Chiefs (parish / sub county); Officer in Charge of Health Centre III; NGOs/ CBOs executives, Leaders of business associations
- c) **Project Implementers:** the Executive Director and Field Officers of COSIL

**Table 1:** Particulars of the Individual Respondents (Survivors)

Sex	Age	Highest level of education		Profession		Occupation	
F	10 – 19	Primary	Secondary	Peasant	Other	Peasant	Other
19	19	17	2	18	1	18	1

From table 1 above all the individual survivors interviewed were female aged 10 – 19. Most of the them (17) had attained primary education (various classes) and only 2 secondary education. Apart from 1 who was involved in baking the rest had no profession and described themselves as peasant farmers by occupation.

**Table 2.** Faith of the individual respondents (Survivors)

Faith of the respondent	Number of respondents	Percentage
Catholic	8	40%
Christian	6	30%
Anglican / Protestant	3	15%
Born again	2	10%
Moslem	1	5%
Total	20	100%

30% of the respondents described themselves to be Christian by faith, 40 as Catholic, 10% as Born Again, 15% as Protestant (Anglican), and 5% as Moslem.

## SUMMARY OF PARTICULARS OF THE KEY INFORMANTS

**Table 3:** Sex and Age of the Key Informants

Sex and age of the Key Informants						
Sex		Age				
M	F	21 – 30	31 – 40	41 – 50	51 – 60	61 - 70
14	3	3	3	4	7	1

The table 3 above reveals that 14 of the Key Informants (KI) were male while 3 were female. 7 of the KIs were in the age bracket of 51 – 60, 4 were between 41 – 50; 3 between 31 – 40; 3 were between 21 – 30, and 1 between 61 – 70.

**Table 4: Occupation of the Key Informants**

Occupation of the Key Informants							
Peasant farmer	Religious	Admin	Police	Technician	Local Council leaders	Taxi man	Medical worker
2	2	3	1	2	5	1	1

Table 4 reveals that Key Informants were drawn from various occupation backgrounds; the majority (5) were local council leaders by occupation; 3 were administrative officers; 2 were peasant farmers; 2 were technicians (local artisans), 1 was a boda boda rider (taxi man), 1 a health worker (in-charge), and 1 a police officer (in-charge).

**Table 5: Educational Background of the Key Informants**

Level of education of the Key Informants					
Primary	UCE	UACE / Equivalent	Diploma	Degree	Masters / PGD
4	6	1	1	2	3

Table 5 above reveals that 6 of the KIs had ‘O’ level as their highest level of education; 4 had primary education as their highest; 3 had Masters / Post Graduate Diplomas; 2 had Bachelor degrees; 1 had diploma; and 1 certificate.

#### Particulars of the Participants in the Focus Group Discussions (FGDs)

**Table 6: Location particulars of the FGDs**

	FGD1	FGD2	FGD3	FGD4
Date	13/12/2023	14/12/2023	13/12/2023	14/12/2023
Village	Kanyawambogo	Omukamuri T/C	Kanywambogo	Nyakasura II
Parish	Kitoma	Nyakasura	Kitoma	Mahyoro ward
Sub County	Buhanda	Mahyoro	Buhanda	Mahyoro

Venue	Kanywambogo Catholic Church	Omukamuri T/C	Kanywambogo Trading centre	St. Emmanuel Mahyoro parish
Number of participants	10 (7F, 3M)	10 F	9F	7F

Table 7: Age of the Participants in the FGDs

	Age of the Participants in the FGD (Years)						Total
	10 – 20	21 - 30	31 – 40	41 – 50	51 – 60	> 61	
<b>FGD 1</b>			1	6	3		10
<b>FGD 2</b>	10						10
<b>FGD 3</b>	9						9
<b>FGD 4</b>			3	2	1	2	8

Table 8: Highest level of education and occupation of the FGD Participants

	Highest level of education of the FGD participants						Occupation
	None	Primary	Secondary	Certificate	Diploma	Degree	
<b>FGD 1</b>	2	7	1				10 peasant
<b>FGD 2</b>		9	1				10 peasant
<b>FGD 3</b>		6	3				9 peasant
<b>FGD 4</b>	2	5					7 peasant

## 2.5. Challenges encountered in the field

At the time of data collection the weather was wet and the roads muddy; this restricted movements in the villages. This restricted the enumerators moving to the individual households of the respondents. To overcome the challenge they assembled and interviewed the respondents in central locations within the communities.

# CHAPTER 3:

## PRESENTATION AND DISCUSSION OF FINDINGS

### *3.1. Unpacking Social Norms and Drivers of Child Marriage and Teenage Pregnancy at Community, Household, and Individual Levels*

To unpack the social norms and drivers of child marriage and teenage pregnancy the consultant interviewed the survivors, their parents / care givers, and the Key Informants on various aspects. Such included:

- The person with whom the survivor was staying at the time they got into child marriage or pregnant, and at the time of the interview. This was to assess the relationship between the place and person the girl was staying with and their vulnerability to getting involved in child marriage and teenage pregnancy.
- The age at which the girl was married or got pregnant versus the age of the boy / man responsible. This was to prove the existence of the practice and prevalence of child marriage and teenage pregnancy in the community.
- Identifying and validating factors that drive girls and boys /men into child marriage and teenage pregnancy
- Identifying the support given to survivors of child marriage and teenage pregnancy during marriage or pregnancy and after.
- Finding out how getting involved in child marriage and teenage pregnancy affected the life of the survivors
- Unearthing the views and attitudes of various stakeholders towards Child Marriage and Teenage Pregnancy

#### **3.1.1. Where the Girl was Staying When She Got Pregnant, And Later, and At the Time of the Interview**

##### **3.1.1.1. Where and with whom the girl was staying at the time of the interview**

We sought to understand where and with who the girl was staying at the time of the interview in order to establish whether or not they were living with their spouses (for both the teenage mothers and the child brides). The responses of the survivor girls are summarized in table 9 below.

Table 9: Person with whom the survivor was staying at the time of the interview

Person with whom Survivor was staying at the time of the interview	Number of respondents	Percentage
Mother	8	40%
Both parents (mother and father)	5	25%
Grandmother	3	15%
Father	2	10%
Step mother	1	5%
Staying alone	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

As revealed in table 9 above at the time of the interviews 40% of the survivors were staying with their mother, 25% with both their parents, 15% with their grandmother, 10% with their father, 5% with the step mother, and 5% was staying alone in a rented room. None of them was staying with their spouse, implying the relationship that led to child marriage and teenage did not materialize but the girls have gone back to their families and relatives.

#### 3.1.1.2. Identity of main provider

We sought to find out who was providing for the survivor's needs at the time of the interview. This was to find out whether or not the girls were being supported by the boys / men responsible for the child marriage and teenage pregnancy. The survivors' responses are summarized in table 10 below.

Table 10: Survivors' responses on who is the main provider for their needs

Provider	Number of respondents	Percentage
Mother	12	60%
Father	3	15%
Grandmother	3	15%
New lover / boyfriend	1	5%
Myself	1	5%



<b>Total</b>	<b>20</b>	<b>100%</b>
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From the table 10 above it can be revealed that at the time of the interviews 60% of the individual respondents (survivors) reported that the main provider for their necessities was their mother, for 15% it was both parents (mother and father), another 15% it was the grandmother, for 10% it was their father, 5% it was a new lover (boyfriend), and 5% it was by herself. This implies the men who impregnated the girls did not provide for their needs.

### 3.1.1.3. **With whom were you living at the time you got married / pregnant?**

We sought to understand where and with whom the survivor was staying at the time she got married or was impregnated. This was meant to guide us on whether or not there is a relationship between where and with whom the girl stays and her vulnerability to child marriage and teenage pregnancy.

Table 11: Where and with whom the survivor was staying at the time she got married / pregnant

<b>Person with whom respondent was staying at the time they got married / pregnant</b>	<b>Number of respondents</b>	<b>Percentage</b>
Mother	10	53%
Both parents	4	21%
Grandmother	3	16%
Father and step mother	1	5%
Uncle	1	5%
<b>Total</b>	<b>19</b>	<b>100%</b>

From the table 11 above 53% of the survivors reported that they were living with their (single) mother at the time they got married or pregnant while 21% of them were living with both parents. 16% of the survivors were living with the grandmother while 5% lived with their father and stepmother and another 5% with an uncle.

### 3.1.1.4. **Age at which the girl was married or got pregnant versus the age of the boy / man responsible**

#### 3.1.1.4.1. **Age of the survivor when she got “married” or got her first pregnancy**

We sought to establish the age at which the girl got married and or pregnant. This was to help us validate the existence of the practice of child marriage and teenage pregnancy in the communities. Our findings are summarized in the table 4 below:

Table 12: Age at which the survivor got married / pregnant

Age at which the respondent got “married” or got your first pregnancy	Number of respondents	Percentage
15	10	50%
16	8	40%
17	1	5%
18	1	5%
19	0	0%
<b>Total</b>	<b>20</b>	<b>100%</b>

According to the survivors, as revealed in the table 12 above, 50% of them got married / involved in teenage pregnancy when they were 15 years old, 40% were 16 years old, 5% were 17 years, and another 5% were 18 years. The average age at which most of the girls got into child marriage or teenage pregnancy was at 16.5 years.

#### 3.1.1.4.2. Age of the boy / man when they married or made the survivor pregnant

We sought to find out the age at which the boy / man married the survivor or got her pregnant so that we establish whether or not there was cross-generational relationships between the men and the girls who are legally minors. The findings are summarized in table 13 below.

Table 13: Age of the boy / man when he married / impregnated the girl

Age of the boy / man at the time of marrying / impregnating the girl	Number of respondents
17	1
18	1
19	1
20	1
21	1
22	3
23	3
24	1
25	3

26	1
27	1
28	1
29	1
35	1
<b>Total</b>	<b>20</b>

From the table 13 above it can be seen that majority of the men who perpetrated child marriage and teenage pregnancy were aged 22-23 years with the average age being 23.8 years. This was close to the average age of the girls which was 16.5 years, hence there was no cross-generational sexual relations. The oldest perpetrator was 35 years while the youngest was 17.

#### 3.1.1.5. Whether or not the girl was schooling at the time she got married / pregnant

We sought to establish whether the girl was schooling or had dropped out when she got pregnant / married. This was to enable us to ascertain whether being in or out-of-school contributes to a girl's vulnerability to child marriage and teenage pregnancy.

**Table 14: Status of the Schooling of the Survivor at the time she got married / pregnant**

<b>Status of schooling of the respondent</b>	<b>Number of respondents</b>	<b>Percentage</b>
Was still in school	13	65%
Had dropped out of school	7	35%
<b>Total</b>	<b>20</b>	<b>100%</b>

The table 14 above reveals that 65% of the survivors got pregnant or were married while still schooling while only 35% had dropped out of school. For 10% respondents they got pregnant when they were in their P7 vacation during the COVID – 19 lock down. One of them noted that “I was schooling. It was during COVID lockdown. My father took me to town to go and work as a housemaid. That’s where I met the man who impregnated me”. Another girl noted that during the COVID-19 lockdown she went to live with her uncle at Mahyoro landing site. While there she got a job in a restaurant. When she took food to a client in his house he raped her and she became pregnant. For those who had dropped out of school they noted that they lacked school fees. One

noted that “I dropped out of school due to lack of school fees since I was raised by a single mother of 8 children”. Another reported that “I dropped out of school because my grandmother who brought me up right from when I was 2 days old when my mother died could not afford to pay my school fees”. Of the girls who got pregnant while schooling 1 was in P4, 2 girls were in P5, 2 girls were in P6, 5 were in P7, and 1 girl was in SI.

#### 3.1.1.6. **Number of other marriages engaged in or pregnancies the survivor has carried since the first one**

All survivors noted that they had not engaged in any other marriage and had had only one pregnancy.

### 3.1.3. PREVALENCE OF CHILD MARRIAGE AND TEENAGE PREGNANCIES IN THE COMMUNITIES

We sought to establish the perception and knowledge of the survivors, Key Informants, and Parents and Caregivers of the extent to which child marriage and teenage pregnancy is prevalent in their communities. In addition we established how different stakeholders in the community track the prevalence of child marriage and teenage pregnancy. Furthermore, we established from the various respondents the factors that drive girls and men into child marriage and teenage pregnancy. Finally we established the actions taken by various stakeholders to stop child marriage and teenage pregnancy.

#### 3.1.3.1. **Prevalence of Child Marriage and Teenage Pregnancy**

We asked the Survivors, Key Informants and Participants in the FGDs whether they had heard of other cases of child marriage and teenage pregnancy in their communities and to give the numbers they were aware of. Their responses are summarized in the table below:

Table 15: Ever heard of any cases of child marriage or teenage pregnancy in this community e.g. among your friends / peers in past five years

	Responses	
Aspect	Yes	No

	Survivors	Key Informants	FGDs	Survivors	Key Informants	FGDs
Ever heard of other cases of child marriage / teenage (Yes / No)	19	16	4	1	0	0
Total number of respondents	20	16	4	20	16	4
Percentage	95%	100%	100%	5%	0%	0%

From table 15 above it can be seen that 95% of the survivors had heard of a child marriage or teenage pregnancy in their community compared to 100% of the KIs and participants in the FGDs. This implies that child marriage and teenage pregnancy is widely common in the communities of Mahyoro and Buhanda Sub Counties.

### 3.1.3.2. Number of Cases of Child Marriage and Teenage Pregnancy per 100 girls aged 10 - 19

We sought to establish the extent to which child marriage and teenage marriage is spread within the community. The responses are summarized in the table below:

Table 16: Number of Child Marriages and Teenage pregnancies in the Community (expressed as a percentage)

Prevalence	Number of Responses by			Average
	Survivors	Key Informants	FGDs	
Number of child marriages (for every 100 girls)	29%	27.4%	15%	24%
Number of teenage pregnancy (for every 100 girls)	32%	37.4%	27.5%	32%

In table 16 above it is revealed that the number of child marriages per 100 girls reported in the community varied by category of respondents. For the survivors they reported that for every 100 girls they knew 29 had engaged in child marriage; KIs reported 27 girls, and FGDs 15. This gave an average of 24% of the girls aged 10 – 19 years in the community getting involved in child marriage. On the other hand survivors noted that for every 100 girls in their community 32 got involved in

teenage pregnancy, KIs reported 37, while FGDs noted 28. In short in the communities surveyed out of every 100 girls 32 had experienced teenage pregnancy.

#### 3.1.3.3. Respondents' Views on the likelihood of Girls Aged 10 – 19 being involved in child marriage and teenage pregnancy

We sought to establish the probability of girls aged 10 – 19 in the communities getting married or pregnant. The responses are summarized in table 17 below.

Table 17: Key Informants' and FGD's views about the likelihood of girls aged 10 – 19 years of being involved in child marriage and teenage pregnancy

Likelihood of girls (10 – 19) being involved in:	Number out of every 100 girls		Average
	KIs	FGD	
Child Marriage	36	40	38
Teenage Pregnancy	39	55	47

The KIs observed that in the community of Mahyoro and Buhanda sub counties there is a likelihood that for every 100 girls aged 10 – 19 years 38 will get into child marriage and 47 in teenage pregnancy. According to the FGD participants for every 100 girls aged 10 – 19 in the community of Mahyoro and Buhanda 40 are likely to engage in child marriage and 55 in teenage pregnancy.

#### 3.1.3.4. Tracking the Prevalence of Child Marriage and Teenage Pregnancy

We sought the views of the Key Informants (as duty bearers) on how they track the prevalence of teenage pregnancies in the communities. This was to validate their estimation of the numbers of girls involved in child marriage and teenage pregnancy. Their views are summarized in table 18 below.

Table 18: Views of the KIs on how they track the prevalence of child marriage and teenage pregnancy in their communities

Means of tracking child marriage and teenage pregnancy	Number of responses	Percentage
Observations and Interviews with survivors and their parents / caretakers	9	30%
Referrals by CBOs, Paralegals, Police, CDOs	7	23%

Records Of the VHTs, Health Facility Registers	5	17%
Reports by schools, LCs, Police, CSOs, media	4	10%
From church marriage & counselling records	3	10%
PTA meetings	2	7%
<b>Total</b>	<b>30</b>	<b>100%</b>

From table 18 above it is can be seen that 30% of the KIs noted that they track cases of child marriage and teenage pregnancy through observation and interviews with the survivors and their parents; 23% of the KIs track the information from the referrals by the CBOs, paralegals, CDO and police; 17% from the records of the VHTs and Health Facilities; 10% from the reports of the schools, LCs, & media; and 7% from PTA meetings at school. The various sources of information for tracking child marriage and teenage pregnancy are detailed here below:

- a) **Church marriage records:** One KI noted that “Parents of the boys who have ‘married’ teenage girls report themselves to the priest for fear of being stopped from receiving Holy Communion and other sacraments. For example a parent in Lyangabi village told me that his son who was 19 years old had already dropped out of school to marry a 16 year old girl, who had also dropped out of school. I told him to make the boy independent before I can get them married. The couple registered for Church Marriage which we presided over. Some survivors come to the priests for advice and counselling”.
- b) **Parents Teachers’ Meetings at schools and interactions with parents:** during these meetings parents are updated on the health status of the pupils including the number of teenage pregnancies identified through health checks.
- c) **Observations and Interviews with survivors and their parents / caretakers:** this involves deployment of tools such as the needs assessment tool for supporting adolescents affected by HIV/AIDS and community interview guide forms, direct interviews with the survivors, and informal discussions with parents, neighbours and community members. Sometimes this is done through phone calls.
- d) **Referrals by CBOs, Paralegals, Police, CDOs:** for instance a KI noted that the police works with the area GISO to track the cases of child marriage and teenage pregnancy. Another one

said “we get referrals from paralegals, CBOs, police, and direct reporting by the parents of the affected girls. We also use police file forms to track these cases”.

- e) **Records of the VHTs, Health Facility Registers:** one KI noted “At the health facility we track teenage pregnancy at the 1<sup>st</sup> ANC visit. We also get data from the VHT registers, Village register and the Health facility record book”.
- f) **Reports by schools, LCs, Police forms:** these include reports from teachers especially of the church founded schools; reports from parents of the victims; and reports of the LCI chairpersons.

### 3.1.4. FACTORS THAT DRIVE GIRLS AND BOYS INTO GETTING INVOLVED IN CHILD MARRIAGE OR TEENAGE PREGNANCY

#### 3.1.4.1. Factors Driving Girls into Child Marriage and Teenage Pregnancy according to the Survivors

We sought from the survivors what drives girls into child marriage and teenage pregnancy. This was to enable us understand the root causes and driving factors that lead girls and boys to engage in child marriage and teenage pregnancy. Their responses are summarized in the table below:

Table 19: Survivors’ views on the reasons girls aged 10 – 19 get engaged in child marriage and teenage pregnancy.

Reason for getting involved in sexual relations / child marriage	Number of responses	Percentage
Poverty and lack of basic necessities	13	38%
Involvement in casual unprotected sex due to idleness and having too much freedom (permissiveness)	8	24%
Peer pressure / peer groups	5	15%
Negligent & non-caring parents	4	12%
Was raped	4	12%
<b>Total</b>	<b>34</b>	<b>100%</b>

The table 19 above reveals that according to the survivors 38% of them were pushed into the vice of teenage pregnancy and child marriage by poverty and lack of basic necessities; for 24% it was because they were idle and got involved in casual unprotected sex and ended up being pregnant,



while for 12% of the survivors they were raped and got pregnant. The rest of the survivors (12%) got into the vice due to bad peer groups.

### 3.1.4.2. Factors Driving Girls into Child Marriage and Teenage Pregnancy according to the Key Informants

Having heard from the survivors we sought to find out from the Key Informants what they believe to be the factors that drive girls and boys in Kitagwenda District into child marriage and teenage pregnancy. The KIs listed a number of these factors which are summarized in table 20 below.

Table 20: KI's views on factors that drive girls into child marriage and teenage pregnancy

Cause of child marriage & teenage pregnancy	Number of responses	Percentage
Poor parenting and parental negligence	7	24%
Lack of basic necessities, school fees & other scholastic requirements	6	21%
Peer pressure and night discos	5	17%
Domestic and Gender Based Violence	4	14%
Religious teachings and cultural beliefs	3	10%
Negative attitude towards education, lack of role models in education	3	10%
Limited access to Sexual Reproductive Health information	1	3%
<b>Total</b>	<b>29</b>	<b>100%</b>

From the table 20 it is revealed that according to 24% of the KIs the primary factor driving girls into child marriage and teenage pregnancy is poor parenting and parental negligence including failure to follow up the children in and out of school. 21% of the KIs reasoned that it is household poverty manifested in failure to provide basic necessities such as clothing, sanitary pads, and school fees & other scholastic materials that drive girls into child marriage and teenage pregnancy. 14% and 10% of the KIs attributed this vice to domestic violence and Gender Based Violence and (negative) religious teaching and cultural beliefs and practices such as greed for bride wealth respectively. Another 10% of the KIs cited negative attitudes towards education and lack of role models in education. The KI's responses on the factors driving girls into child marriage and teenage pregnancy are elaborated below:

Some of the factors responsible for the child marriages as highlighted by the Survivors, KIs, and FGDs include:

**1. Religious teachings and cultural norms, beliefs, values and practices:**

- a) Respondents pointed out that some religious teachings and practices do not condemn child marriage. For instance one KI noted that “the Catholic Church emphasizes marriage in Church; it also teaches that if your son takes on a wife while staying under your roof you cannot go for Holy Communion nor receive other sacraments unless the son is duly married in Church. Many Catholics in Mahyoro fear being stopped from accessing Holy Communion and other sacraments so when their sons bring in girls they force them to marry in Church. In many cases such girls are under 18 years of age”. Furthermore, this respondent noted that the age of consent to marriage according to the Church Law is 16 as opposed to 18 years by the civil law.
- b) On another note some respondents pointed out that there are some cultural norms & perceptions that promote child marriage and teenage pregnancy. One respondent pointed that in the Mahyoro community it is believed that if you die without a child they knock a nail in your casket in the head which is very humiliating even to the dead. This encourages everyone to have a child early lest they suffer humiliation in death.
- c) Some respondents noted that most of the people at the fish landing sites like Mahyoro and Kayinja have negative attitude towards education. In a very long time these communities have not had educated role models to look up to. Therefore, children easily dropout of school, engage in fishing or boda boda riding, and opt for child marriage or teenage pregnancy.
- d) Parents are greedy for bride wealth. Such parents see child marriage and teenage pregnancy as a source of income. Such parents directly or indirectly encourage or even force their daughters to get married so they can get from them bride wealth.

**2. Peer Pressure**

- a) Peer pressure. Many girls got into sexual relations due to peer pressure. For instance one respondent noted that “it was my first time to have sex when I got pregnant and it was due to peer pressure”. Peer groups coupled with peer pressure and exposure to negative external influences such as pornographic movies lure many young girls and boys into sexual relations.

- b) Having unprotected sex. A number of respondents noted that they had sexual relations but were not using protection mainly because the men told them that unprotected sex was sweeter. One respondent had this to say “I had been in a long relationship with him and we used to have unprotected sex because he told me that when you use a condom you do not feel the sweetness of sex”.
- c) Night discos
- d) Too much demand for luxurious lifestyle by girls even as their parents or caretakers cannot afford to provide for it

### **3. Neglect by parents**

Neglect by parents: Many respondents noted that there is a growing trend of men and some women neglecting their parental responsibilities. Men over indulge in drinking and cannot provide any support – material or advice – to their girl-children. When left on their own girls resort to sexual relations to seek for care and support. They end up pregnant or being married early. Some survivors noted that they got boyfriends to provide them care and support which their parents had failed to provide. Others noted that they would be left home alone.

### **4. Failure to Provide**

- a) Failure by parents to provide basic necessities like books, clothes, sanitary pads, shoes, and soap to teenage boys and girls to keep them in school. Furthermore, there is lack of follow up on school going children by the parents and relatives. This makes the girls lose hope in studies and resort to child marriage or casual sexual relations and end up getting pregnant.
- b) Poverty at home leading to the parents and caregivers to fail to provide the girls with basic necessities such as clothes, sanitary pads, shoes, pocket money and others. Men lured the girls into sex by providing them these basic necessities.
- c) Lack of school fees was reported as a leading cause for most girls to drop out of school. Once out of school many girls lost hope and went into relationships with men and ended up being impregnated or married away. One such girl noted that “since I was not in school I was convinced by the sweet things the man could give me like money and cloths”. Another

respondent noted “since I lacked school fees I went to work for someone but my boss raped me and I became pregnant”.

- d) Some other parents encourage their girls to get married so they can be freed from the responsibility of paying their school fees and providing for them other requirements. In other words when a girl drops out of school such a parent feels relieved.

## **5. Domestic and Gender Based Violence**

Many families experience domestic violence and Gender Based Violence. This leads to family breakups. Girls from broken families usually stay with their single mothers or grandparents and are easily lured by men into sexual relations and marriages.

## **6. Staying Idle**

- a) Idleness of the girls especially during COVID-19 lockdown or for those who are already out-of-school and are not gainfully employed was identified as a key driver to child marriage and teenage pregnancy. When girls are idle they tend to engage in sexual relations with men to pass time. One such girl noted that “I was not in school and had nothing to do at home to keep me busy. I got into a relationship with a man. I ended up pregnant”.
- b) Freedom to do everything and anything any time. Some girls noted that they are often left at home alone with minimal control by the parents or caregivers and do as they wish. One respondent noted that “my employer was limiting me from getting out to go back home yet I used to remain alone in her house when she went to work. To pass time I got friendship with a boy who used to come in and give me company. He impregnated me. After getting pregnant my employer stopped me from working for her and sent me back to my parents”.

## **7. Rape**

A number of respondents reported that they were raped by the men at various occasions. One respondent noted that she was raped when she went to take care of her sick grandmother. Another noted she was raped by a boy during the second term holidays on her way from the well to fetch water for home use. Another noted she was left alone at home (child neglect) and a man came in and forced her to have sex with him. Yet another respondent noted that “I was raped. I had gone

to stay with uncle at Mahyoro landing site. I was working in a restaurant. I took food to a man's house and he raped me”.

**8. Lack of guidance and counselling including:**

- a) Limited access to SRH information & services
- b) Media has spoilt children by exposing to them pornographic content which increases their lust for sex
- c) Lack of respect for elders

**3.1.4.3. Factors that drive boys / men into child marriage and teenage pregnancy**

We sought the views of the KIs on what drive boys / men into engaging in child marriage and teenage pregnancy even as they are aware of the consequences. This was to establish the entrenched views on what drives men into sex with minors. The KIs highlighted the following factors:

1. **Peer pressure:** Boys face a lot of pressure from their peers to indulge in sex for the sake of sexual satisfaction. This is not helped by the fact that some girls frequent the boy's houses carelessly and end up into sexual activities.
2. **Poor parenting:** Some survivors report to the authorities that they indulge into child marriage and sexual activity because they of mistreatment by step mothers and caregivers while others blamed it on poor parenting.
3. **Poverty and lack of basic needs:** some girls demand gifts from boys and they end up sleeping with them. Others lack basic needs such as clothing, sanitary pads, and other toiletries and ask boys to provide them in exchange for sex.
4. **Drug and subsistence abuse:** some boys are involved in drug and subsistence abuse particularly in smoking marijuana
5. **GBV:** Some households are involved in GBV and do not offer a good example to the girl-child who end up looking for comfort from elsewhere in the arms of the boys.
6. **Dropping out of school:** In Mahyoro when boys drop out of school their parents ask them to get married instead. Other boys drop out of school so that their parents can allocate them their own piece of land. Some of such boys sell that piece of land, buy a boda boda motorcycle, make some money from riding, and use it to lure girls into sex and marriage.
7. **Culture:** Many parents of under-age girls see an opportunity in their underage girl-child getting married because they see it as a chance for them to make money from fines and dowry paid by

the man's family. On the other hand when a boy gets involved with a teenage girl the boy's family is often gripped with fear of the law. They often sell off property and other belongings to pay for the case before it can be brought to the authorities. No cases of defilement or child marriage are reported to police. They are settled at home. This is because families value friendship more than the law.

### 3.1.5. How the Survivors of Child Marriage and Teenage Pregnancy Are Supported During Pregnancy and After Delivery

#### 3.1.5.1. Support Received by Survivors

We sought to establish what support various stakeholders had extended to the survivors of child marriage and teenage pregnancy especially in the course of the marriage or term of pregnancy. This was to ascertain whether or not the survivors are supported during pregnancy and after and whether such support is adequate for their needs. Their responses are summarized in the table 22 below.

Table: 22 Survivors' views about the support / assistance they received when they got involved in child marriage / teenage pregnancy:

Provider of assistance	Number of survivors reporting	Percentage
Husband / boyfriend	4	20%
Health facility	3	15%
Mother	5	25%
Grand mother	3	15%
Good Samaritan	1	5%
Man's family	1	5%
No support at all	3	15%
Total	20	100%

From the table 22 above only 4 out of 16 survivors (20%) reported to have received some support from their husband/boyfriend. Another 5/16 (25%) received assistance from their mother while 3/16 (15%) received help from the health facility which was in form of ANC and other medical services. 3/16 (15%) received assistance from their grandmother. 1/16 (5%) received assistance from a Good Samaritan while only 1/16 (5%) was taken in by the man's family. One survivor noted

that “The man gave me support because after getting pregnant I was forced to get married to him”. Another survivor said “my mother provided for everything during pregnancy till I delivered”. Another respondent said “I did not receive any support. I worked with my mother in other people’s gardens to earn money for upkeep”. Yet another survivor noted “When I went back to school they did a pregnancy check and I turned out to be pregnant. They sent me back home. At home they sent me out of the house. I went back to my uncle’s place at Mahyoro landing site where I stayed until I delivered. After, I came to live in my own rented room close to my father and step mother. I did not receive any support neither from the man who raped and impregnated me nor from anybody else. I provide for myself”.

For those survivors who reported to have received some support they received include:

- Basic support like shelter and food, medical bills and clothes
- Medical care services; Antenatal Services; Medication, ANC checkup, and care and support during delivery
- Money for buying necessities like mama kit
- Support to report the case to the LCI Chairperson and later to police.
- Payment of school fees. One respondent noted that “my father paid for me school fees only to complete P7. I also received food from the boy’s side”.
- I was getting some money from the boy for me to buy food and other necessities.

### 3.1.6. EFFECT OF CHILD MARRIAGE AND TEENAGE PREGNANCY ON THE SURVIVORS

We sought to find out from the survivors how child marriage and teenage pregnancy had affected their lives. Their responses are summarized in table 23 below.

Table 23: Survivors’ views on how getting married or pregnant as a child affected their life

How the survivor was affected by getting married / pregnant while still a child	Number of responses	Percentage
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Dropped out of school	12	31%
Lost love, respect, and was rejected (loss of self-esteem & stigma).	10	26%
Got health complications including being operated on	7	18%
Lost any form of support and money	3	8%
Lost hope, became desperate	3	8%
Contracted HIV/AIDS	2	5%
Missed opportunities to work	2	5%
<b>Total</b>		<b>100%</b>

From the table 23 above it can be noted that the survivors provided several responses on how getting married and / or pregnant had affected their lives. 31% of their responses indicated that they dropped out of school after getting married / pregnant. One survivor noted that “I stopped in P6 in term 1 when I got married. I don’t even have any hope of going back to school because my father cannot give me school fees any more”. Another one remarked that “getting pregnant has limited my chance of continuing with my studies. I even tried joining a skills training institute but failed due to lack of money and the pregnancy”. 26% of the respondents observed that getting pregnant had made them lose respect within their family and amongst their friends and the entire community. Some were rejected by and even thrown out of their parents’ homes. One survivor lamented that because “I was still young my husband was not loving me; he was bringing in my house other women. This made me leave him and lose the marriage”. 18% of the respondents either got or were worried of getting health complications in the course of the pregnancy or at the time of delivery. Two respondents (5%) noted, sadly, that they contracted HIV/AIDS during their sexual relations with their boyfriends / husbands. Other survivors noted that they lost any form of support (8%), lost hope and had become desperate (8%), and had missed opportunities to work (5%).

### 3.1.7. ADVICE TO OTHER GIRLS AGAINST GETTING MARRIED OR PREGNANT AS A CHILD

We asked the survivors to volunteer some advice to other girls aged 10 – 19 regarding the issues of child marriage and teenage pregnancy. Their responses are summarized in the table below:



Table 24: Advice by the Survivors on how girls should avoid being involved in marriage and teenage pregnancy

<b>Advice on action to be taken by girls to avoid getting involved in child marriage or teenage pregnancy</b>	<b>Number of responses</b>	<b>Percentage</b>
Practice abstinence	13	24%
Avoid gifts and favours from boys / men	8	15%
Avoid staying home alone or moving at night unaccompanied	8	15%
Stay in school till completion	7	13%
Listen to and follow advice of the parents and other elders	7	13%
Avoid having unprotected sex	7	13%
Avoid bad peer groups	5	9%
<b>Total</b>	<b>55</b>	<b>100%</b>

The table above reveals that 24% of the survivors' advice to other girls is to abstain from sex or to delay their first sexual encounters; this is followed by avoiding gifts and favours from men (15%), avoiding moving at night unaccompanied (13%), staying in school to complete school (13%), and avoiding unprotected sex (always use condoms). And avoiding peer pressure (9%).

### 3.1.8. VIEWS AND ATTITUDES OF DIFFERENT STAKEHOLDERS TOWARDS CHILD MARRIAGE AND TEENAGE PREGNANCY

#### 3.1.8.1. How Survivors and FGDs view the attitude of various stakeholders towards child marriage and teenage pregnancy

We sought from the survivors and FGDs how various stakeholders in the community view and regard the issue of teenage pregnancy and child marriage. In table 25 we present the views and responses of the Survivors and participants in the FGDs.

Table 25: Experiences of the Survivors' and FGDs of the how various stakeholders in their community view child marriage and teenage pregnancy

	View and attitude towards child marriage and teenage pregnancy									
	It is normal		It is a source of Income & other benefits		It is bad/sinful/ criminal and must be stopped		Not bothered do not care		Total responses	
Category	Survivors	FGDs	Survivors	FGDs	Survivors	FGDs	Survivors	FGDs	Survivors	FGDs
Girls (10 – 19)	8	1	0		7	2	5	1	20	4
Boys (10 – 19)	6	2	0		7	2	6	1	19	4
Young men (20 – 35 years)	6	3	0		4	1	8		18	4
Young women (20 – 35 years)	6	2	1		8	1	4	1	19	4
Older men (> 36 years)	4		2	1	11	2	2	1	19	4
Older women (> 36 years)	4		1	1	11	2	4	1	20	4
Parents and relatives of the girl in involved in child marriage or teenage pregnancy	0		0	1	13	1	7	2	20	4
Parents and relatives of the boy / man responsible for the child marriage or teenage pregnancy	1		0	1	14	1	8	2	23	4
Local Council leaders	2		0		16	4	5		23	4
Religious Leaders	0		0		17	4	4		21	4
Cultural Leaders	2		1		15	2	4	2	22	4
Community Based Organizations	0		0		17	2	4		21	4
Government officials (Chiefs & CDOs)	0		0		16	4	4		20	4
Police	0		0		17	4	3		20	4
Educational institutions	1		0		14	3	4	1	19	4
The media	1		1		12	4	5		19	4

Private business firms or associations	1	1	0		11	2	7	1	19	4
<b>Total</b>	<b>42</b>		<b>6</b>		<b>210</b>		<b>84</b>		20	
Percentage	12%		2%		61%		25%			

The table 25 above reveals that according to the survivors, most of the stakeholders in the community generally view child marriage and teenage pregnancy as bad and sinful acts (61% of the responses). However, 25% of the responses indicate that the stakeholders are not bothered nor do they care about these vices as is the case for 12% of the responses which take the vices as being normal. A close analysis reveals that 65% of girls aged 10 – 19 and 74% of boys of the same age view child marriage and teenage pregnancy as normal or they are not bothered and do not care about it. On the other hand 77% of the men aged 20 – 35 and 53% of women of the same age view this vice as normal or they are not bothered at all. It is little wonder that majority of the perpetrators fall in the age group 20 – 35. Likewise 42% of the older men (>35 years) and 42% of the older women of the same age group also view the vice of child marriage and teenage pregnancy as normal or they are not bothered by it. Furthermore the survivors also noted that 30% of the local council leaders, 19% of religious leaders, 27% of cultural leaders, 20% of local government officials, and 15% of police view these vices as normal or they are do not care at all.

### 3.1.8.2. What is being done to Change the Views and Attitudes of the Stakeholders towards Child Marriage and Teenage Pregnancy

- Creating awareness among the different categories of challenges of early marriage and teenage pregnancy
- Enforcement of laws
- Survivors want to be accepted in the situation they are in and be guided and counselled
- Stakeholders should create a way forward for the survivors' future
- Keeping the children in school
- Promote the use of family planning methods such as condom use

### 3.1.8.3. How the Situation of Child Marriage and Teenage Pregnancy Has Changed Over the Years

Table 26: Status of the prevalence of child marriage and teenage pregnancy

Status of the prevalence of child marriage and teenage pregnancy	Key Informants		FGDs	
	Number of responses	Percentage	Number of responses	Percentage
a. It has reduced	2	13%	0	0%
b. It has increased	12	75%	4	100%
c. It has remained the same	2	13%	0	0%
Total	16	100%	4	100%

The table 26 above reveals that the prevalence of the vice of child marriage and teenage pregnancies is on the increase in the community as revealed by 75% of KIs and 100% of the FGDs. However, 26% of the KIs thought it had either reduced or remained the same.

## 3.2. ACTIONS TAKEN BY STAKEHOLDERS WHEN A GIRL IS INVOLVED IN CHILD MARRIAGE OR TEENAGE PREGNANCY

### 3.2.1. Actions of Stakeholders to Support a Girl Involved in Child Marriage or Teenage Pregnancy

We sought to find out what actions various stakeholders took when they found out that a girl had entered into child marriage or had become pregnant. The essence was for us to establish whether or not these stakeholders do take action, the kind of action they take, and how effective those actions are in ending child marriage and teenage pregnancy.

#### 3.2.1.1. The Survivors Themselves

We asked the survivors to tell us what actions they themselves took when they got into child marriage or realized they were pregnant. Their responses are summarized in the table 27 below.

Table 27: Views of the Survivor Herself about the action she took when she got married or pregnant

Action by the survivor	Number of responses	Percentage
I kept it a secret until much later	6	26%
I escaped / ran away / was chased from home	5	22%
I accepted my mistake and carried my pregnancy till I delivered	4	17%
I moved in and stayed with the husband / boyfriend	3	13%
I contemplated committing suicide	2	9%
I tried to abort but it failed	2	9%
I had the man arrested	1	4%
<b>Total</b>	<b>23</b>	<b>100%</b>

From the table 27 above it can be revealed that when a majority of the survivors (26%) realized they were pregnant they kept it to themselves or revealed it to some close confidant a little later or until when those close to her discovered it on their own. One respondent said “I kept quiet until the pregnancy was 5 months old. I only opened up to one of my aunts that I was pregnant when I felt sickly, went to the health facility for checkup, and realized I was actually pregnant. It is then also that I told the man that I was pregnant”. Another respondent said “I was not even aware of the pregnancy. It was my grandmother who noticed it. That’s when I told my parents what happened”.

For at least 22% of the survivors they were either thrown out or they escaped from their homes on realizing that they were pregnant. One respondent noted that “I told the boy and escaped from my home to his”. Another noted “I was chased out of my boss’ house after I refused to abort on his orders”.

For 17% of the respondents on realizing that they were pregnant they simply accepted their fate and carried the pregnancy till they delivered. One responded noted that “I accepted my mistake, I told my mother about it, and I carried my pregnancy till I delivered’. 13% of the survivors moved in with their boyfriend / husband on realizing that they were pregnant until they delivered. 9% of the

survivors contemplated committing suicide on realizing that they were pregnant. Another 9% tried to abort but it failed. Only 1 girl (4%) had the man who impregnated her arrested.

## BIRTH CONTROL

We asked the survivors whether they had ever received any information about how to control pregnancy, the birth control methods they had heard of, and if they had ever used any of them. We further asked them to enumerate any of the challenges they have experienced or heard of from their friends regarding the use of birth control methods. This was to establish the survivors' views and attitudes towards modern birth control methods. Their responses are contained in the sections that follow.

85% of the survivors noted that they had received information about how to control pregnancy. Information usually provided about birth control includes contraceptive methods: » eligibility, length of protection, effectiveness » management of side effects » advantages/benefits and common misconceptions; Puberty; Sex; Pregnancy; Gender-based violence; and dual protection for HIV and STI prevention. According to the respondents their main sources of information were health workers at health facilities, peers, grandmothers, teachers, and radio. They received information on family planning methods such as injectaplan, pills, and condom use. The same percentage of the survivors noted that they were aware of birth control methods such as injectaplan, pills, condoms, emergency pills, norplant, and abstinence while on 15% said they were not. Only 25% of the survivors noted that they had used a birth control method. The most commonly used birth control methods they had used include injectaplan, pills and Inter Uterine Device (IUD). 75% of the respondents had not used any family planning method. They advanced reasons for this to include the following:

- Those who have used them report experiencing a lot of bleeding and spend much on buying sanitary pads
- After pregnancy I decided to abstain from sex because of the challenges I got
- Some nurses taught us that family planning is good but you need to use it wisely. If you see effects like bleeding you can get other infections
- It leads to loss of weight
- Fear that it leads to too much bleeding and even death especially when you use an injection or norplant if poorly used
- Lack of information

- Have never accessed any birth control method

### **Challenges experienced while trying to use birth control methods**

- One of my friends died when she tried abortion
- Loss of respect in the community
- Over bleeding and keeping longer on menstrual period or missing one's periods
- She heard that there are many challenges in birth control like getting diseases such as cancer or body weaknesses.
- Lack of information and misconceptions about family planning
- It causes some infertility in some women
- A woman can produce deformed babies
- Excessive gain of weight
- Loss of weight while for some women they gain too much weight

#### **3.2.1.2. The Survivor's family (parents, brothers, sisters)**

We asked the survivors' to name the actions their families (their parents, brothers, and sisters) had taken when they realized that their daughter had engaged in child marriage or was pregnant. Their responses are summarized in table 28 below:

Table 28: Survivors' views on the action taken by their parents when the girl got into child marriage / teenage pregnancy

Action taken by the survivor's family (parents, brothers, sisters)	Number of responses	Percentage
They accepted me as I was and took care of me	9	39%
They wanted to or had the man arrested	6	26%
They chased / threw me out of the house	5	22%
They got annoyed with me / they jeered at me	3	13%

<b>Total</b>	<b>23</b>	<b>100%</b>
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From the table 28 above it can be revealed that for 39% of the survivors when their family (parents, brothers and sisters) found out that the girl was pregnant they accepted her as she was and took care of her. For 26% of the survivors their family contemplated arresting or had the perpetrator of the pregnancy / child marriage arrested. On the other hand for 22% of the respondents their family chased the girl out of the house. For instance one respondent noted that “my father chased me out of home but my mother provided me with transport to my aunt”. Meanwhile for 13% of the survivors some of the close family members got annoyed while some jeered when they learnt that she was pregnant.

On their part the Key Informants highlighted the action taken by the families of the girls who find themselves in child marriage and teenage pregnancy is as summarized in the table below.

### 3.2.1.3. The Family of the Girl involved in teenage marriage or teenage pregnancy

Table 29: Key Informants’ Views on Action Taken by the Family of the girls who find themselves involved in child marriage and teenage pregnancy

<b>Action taken by the girl’s family</b>	<b>Number of responses</b>	<b>Percentage</b>
Report to the LCs, CDO, or police	5	23%
Negotiate with the man’s family	5	23%
Provide advice, counseling and guidance	4	18%
Throw the girl out of the house and chase her away	2	9%
Neglect and do not provide for the girl’s basic necessities	2	9%
Cause the girl to test for HIV/AIDS and other health complications	2	9%
Take care of the girl	1	5%
Cause to abort the pregnancy	1	5%
<b>Total</b>	<b>22</b>	<b>100%</b>

From the table 29 above it can be revealed that according to 23% of the Key Informants the families of the girls report the case to the LCs, Community Development Officer or police; another 23% of



the KIs believe the girl's family negotiates with that of the boy to ask the boy to marry the girl or to pay a fine. Only 18% of the KIs believe the girl's family provides advice and counseling to the girl. 9% of the KIs noted that some families throw out the girl when they realize she is pregnant while another 9% of the KIs noted that the family takes the girl for testing for HIV/AIDS and other health complications. Sadly, 9% of the KIs noted that some families simply neglect the pregnant girl while only 5% of the KIs noted that some families do take care of their pregnant daughter. Another 5% of the KIs reported that some families cause the girl to abort the pregnancy.

#### 3.2.1.4. Actions taken by the girl's other relatives and friends according to the survivors

We sought to find out from the survivors whether or not the girl's other relatives and close friends did extend to her any support on finding out that she had married or was pregnant. Their responses are summarized in the table below:

Table 30: Survivors' Views on the Action taken by the Girl's other relatives when she gets into child marriage or teenage pregnancy

Action by the survivor's other relatives and friends	Number of responses	Percentage
Did nothing / were not bothered	12	60%
They took me in	4	20%
Some were unhappy while others jeered at me	2	10%
They advised me to abort	1	5%
I did not tell any of them	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

The table 30 above reveals that 60% of the survivors' relatives were not bothered when she got pregnant or entered child marriage. On other hand 20% of the respondents noted that when their own families threw them out of the house on finding out that the survivor was pregnant, some relatives and friends took them in. such was the case of the respondent who reported that when she was chased out of her home on learning that she was pregnant "my uncle took me in; while the other relatives did not mind". On the other 10% of the respondents reported that their relatives and friends were of mixed feelings when they learnt that the survivors were pregnant / had entered

child marriage. One respondent noted that “some of my relatives were not happy”; another reported that “some relatives jeered at her and others spread rumours about me”. One respondent reported that her relatives advised her to abort “because they do not like fatherless kids”.

### 3.2.1.5. Action taken the boy / man himself

Table 31: Survivors’ response on the action taken by the boy / man when she got involved in child marriage / teenage pregnancy

Action by the boy / man himself after impregnating the girl	Number of responses	Percentage
He accepted to take care of the pregnancy till I delivered	8	40%
He did nothing	5	25%
He ran away / escaped	4	20%
He told her to abort but she refused	1	5%
He rejected the pregnancy	1	5%
He was arrested	1	5%
Total	20	100%

From the table above it can be revealed that 25% of the survivors noted that when the boy / man realized that she was pregnant he ran away. For instance one survivor noted that “the man after knowing that my family had gone to police he ran away and hid up to now”. Another one reported that “he ran away from home. However, he kept sending his mother to come for negotiations with my mother but my mother refused”. Another survivor noted that “at first he ran away but he keeps calling me and gives me some help / support”. For 40% of the respondents the boy / man accepted to take responsibility and care for the pregnancy. 5% of the respondents noted that the man told her to abort the pregnancy but she refused; another 5% noted that the man rejected the pregnancy, and 1 respondent (5%) revealed that the man was arrested but was later released.

### 3.2.1.6. Actions taken by the boy's / man's family (parents, brothers, sisters) according to the survivors

Table 32: Survivors' Views on the action by the boy / man when the girl gets into child marriage / teenage pregnancy

Actions by the boy's / Man's family (parents, brothers, sisters) towards the survivor	Number of responses	Percentage
They did nothing / did not provide any support	10	43%
They accepted me / had negotiations with my family	7	30%
They rejected the pregnancy	2	9%
They helped the man to escape	2	9%
The survivor did not know them	2	9%
<b>Total</b>	<b>23</b>	<b>100%</b>

The table above reveals that for 43% of the respondents the man's family (parents, brothers, and sisters) did nothing to provide for the survivor. Many respondents noted that the man's family did not bother to support them at all. 30% of the respondents noted that the man's family had accepted them or had initiated negotiations with the girl's family. For instance one survivor noted that "the boy's family negotiated with the girl's father not to prosecute the boy because he was also in school". Another survivor noted that "the boy's family was asked to pay a fine of Shs 1 million to my family but they failed". 9% of the survivors noted that the boy's family rejected them; another 9% reported that the man's family helped him to hide or escape from the girl and the law. A survivor reported that "the boy's family rejected the pregnancy. They argued that they would have to compare her baby's looks with that of their son". For another 9% of the survivors they did not the family of the boy / man that impregnated them.

### 3.2.1.7. Actions Taken by the boy / man's other relatives and friends

Table 33: Survivors' Views on the action taken by the boy / man's relatives and friends when a girl is involved in child marriage or teenage pregnancy

Action taken by the boy's / man's relatives	Number of responses	Percentage
Do not bother	17	85%
They abused me	2	10%
I do not know any of them	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

For 85% of the survivors the boy / man's relatives and friends did not bother or did nothing about her situation. 5% of the respondents noted that she did not know any of the boy's relatives and friends while another 10% reported that they abused her for breaking their father's marriage.

#### 3.2.1.8. Action taken by the Local Council leaders

Table 34: Survivors' Views on the action taken by the Local Leaders when a girl is involved in child marriage or teenage pregnancy

Action taken by the LC Leaders	Number of responses	Percentage
Take no action / are not bothered	13	65%
Cause the arrest of the boy / man and follow up the case	5	25%
Advice and counsel the girl	2	10%
<b>Total</b>	<b>20</b>	<b>100%</b>

65% of the survivors revealed that the Local Council leaders did nothing about the child marriage and teenage pregnancy. 25% of the survivors noted that the LC leaders attempted to arrest the perpetrators and to follow up the cases albeit unsuccessfully. 10% respondent reported that the LCs encouraged her to be strong and deliver her child, while another respondent said her family did not report to the LCs.

#### 3.2.1.9. Key Informants' views on the action taken by Local Council Leaders when a girl is involved in child marriage and teenage pregnancy

Table 35: Key Informants' Views on the action taken by Local Council Leaders

Action taken by the LC leaders	Number of responses	Percentage
Report or refer the case to the CDO or police and cause the boy / man to be arrested	6	50%
Take no action / are not involved	4	33%
Counsel and mediate the two families	2	17%
<b>Total</b>	<b>12</b>	<b>100%</b>

The table above reveals that 50% of the KIs noted that the LC leaders report or refer cases to the CDO or police and cause the perpetrator of the child marriage and teenage pregnancy to be arrested. 33% of the KIs thought the LC leaders take no action while only 17% of the KIs believe the leaders do provide counseling and mediate the two families.

#### 3.2.1.10. Action taken by the Local government officials

Table 36: Survivors' Views on the action taken by the Local Government Officials when a girl is involved in child marriage or teenage pregnancy

Action taken by LG officials	Number of responses	Percentage
Do nothing / do not bother	11	55%
Provide free medical services / ANC	5	25%
Advise survivor's family to have the boy / man arrested	3	15%
Mediate between the two families	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

55% of the survivors noted that the LG officials did nothing about their plight. 25% of the respondents acknowledged to have received free medical services, particularly Antenatal Care (ANC) from the government health facilities. 15% of the respondents noted that the LG officials

advised them to have the man arrested. 5% of the respondents noted that the LG officials called the man and discussed with him about the case.

Table 37: Key Informants' Views on the Action taken by the Local Government officials (Chiefs & Community Development Officers) when a girl is involved in child marriage or teenage pregnancy

Action taken by LG officials	Number of responses	Percentage
Refer or link the survivors to free medical services, especially ANC	6	33%
Handle the case and follow it up in accordance with the law	5	28%
Provide counseling and guidance to the survivors and their families	3	17%
Mediate negotiations between the two families	2	11%
Carry out sensitization and training on child marriage and teenage pregnancy	2	11%
<b>Total</b>	<b>18</b>	<b>100%</b>

From the table 37 above it is apparent that 33% of the KIs understand the LG officials refer or provide free medical services to the survivors while 28% of the KIs believe that the LGs handle and follow up cases of child marriage and teenage pregnancy. A further 17% of the KIs noted that the LG officials provide counseling and guidance while another 11% of the KIs believe that they facilitate negotiations between the two families. Only 11% of the KIs noted that the LG officials conduct sensitization and training on issues of child marriage and teenage pregnancy.

#### 3.2.1.11. Action taken by the Paralegals and other activists

65% of the respondents noted that the paralegals did nothing to help them in their plight. 30% of the survivors noted they provided counseling and guidance, while 5% of the survivors observed that they referred them to the health centre.

#### **3.2.1.12. Action taken by The religious leaders**

65% of the survivors noted that the religious leaders did nothing for their plight. On the other hand 35% acknowledged that the religious leaders had offered prayers and counseling and guidance.

Some of the KIs who responded to this question highlighted the action taken by religious leaders when a girl is involved in child marriage or teenage pregnancy to include conducting pastoral visits to her family, counseling and guidance, and preaching against the vice. One KI noted that “when teenagers take on girls they come to church to make their marriage official. Most of the couples we marry here in Mahyoro are teenagers about 18 – 19 years. In the Catholic Church the age of consent to marriage is 16 while in civil law it is 18. However, by practice the Church in Uganda abides by the civil law and fixes the age of marriage at 18”.

#### **3.2.1.13. Action taken by the cultural leaders**

All survivors noted that the cultural leaders were not at involved in addressing the child marriage and teenage pregnancies. However, some KIs noted that some cultural leaders do offer counseling to the survivors and advise them against getting involved in child marriage.

#### **3.2.1.14. Action taken by the educational institutions**

Table 38: Survivors’ Views on the action taken by the educational institutions when a girl is involved in child marriage or teenage pregnancy

Action taken by educational institutions	Number of responses	Percentage
Did nothing / were not involved	9	45%
Expelled the girl from school	6	30%
Provided counseling and guidance to the girl	3	15%
Followed up the case	2	10%
Total	20	100%

45% of the respondents noted that the educational institutions were not involved in their plight. On the other hand 30% of the respondents reported that the school authorities chased them from

school on realizing that they were pregnant. 10% of the respondents said that the school authorities tried to follow up their case. For instance one respondent noted that “the head teacher Mahyoro P.S. provided evidence report to the police that I was a student in his school”. 15% of the respondents noted that the school provided her counseling and guidance, and talked to their parents to take the girls back to school after they have delivered.

Table 39: KI’s views on the action taken by education institutions when a girl gets involved in child marriage or teenage pregnancy

Action taken by education institutions	Number of responses	Percentage
Inform parents and follow up the case	7	50%
Conduct training and sensitization to pupils and parents	3	21%
Conduct counseling and guidance to the girls	3	21%
Carry out medical checkup (pregnancy tests)	1	7%
<b>Total</b>	<b>14</b>	<b>100%</b>

According to 50% of the KIs school authorities informed parents and followed up cases of teenage pregnancy and child marriages when it was found out in the school. They even testified at police and in court to have the man responsible for the child marriage or teenage pregnancy convicted. On the other hand 21% of the KIs believe the school authorities provided counseling while another 21% noted that they conducted training and sensitization of pupils and their parents. Only 7% of the KIs noted that the school authorities conducted pregnancy checkups.

### 3.2.1.15. The Community Based Organizations / Groups

Table 40: Survivors’ Views on the action taken by CBOs / Groups when a girl is involved in child marriage or teenage pregnancy

Action taken by CBOs / Groups	Number of responses	Percentage
Did nothing / did not bother	12	75%



Provided counseling service	2	13%
Provided material support	2	13%
Total	16	100%

According to 75% of the respondents CBOs and other community groups did nothing regarding their issue of child marriage and teenage pregnancy. 13% of the respondents reported that they received counseling from the CBOs while another 13% noted that the CBOs supported them materially. For instance one respondent noted that “a group of women came and gave my baby Shs30,000/=” while another observed that the CBOs have helped her family members especially the grandmother in empowering her household income through agriculture and offered training and awareness on early child pregnancy.

Table 41: Key Informants’ views on the action taken by CBOs/ Groups when a girl is involved in child marriage or teenage pregnancy

Action taken by the CBOs / Groups	Number of responses	Percentage
Conduct economic empowerment to enhance household incomes	5	33%
Refer and link survivors to medical services	3	20%
Identify, expose, and follow up cases of child pregnancy and teenage marriage	3	20%
Carry out sensitization on protection of children’s rights	2	13%
Provide counseling and guidance	2	13%
<b>Total</b>	<b>15</b>	<b>100%</b>

From the above it is clear that 33% of the KIs know CBOs/ Groups for providing economic empowerment to enhance household incomes; 20% know them for linking survivors to medical services, and another 20% for identifying, exposing and following up cases of child abuse, including

child marriage and teenage pregnancy. Another 26% of the KIs know CBOs/Groups for conducting sensitization and counselling and guidance.

### 3.2.1.16. The Police

Table 42: Survivors' Views on the action taken by police when a girl is involved in child marriage or teenage pregnancy

Action by police	Number of responses	Percentage
Do nothing / are not bothered	8	53%
Tried to arrest the boy / man but he fled	4	27%
Opened a case against the man and prosecuted him	3	20%
<b>Total</b>	<b>15</b>	<b>100%</b>

53% of the survivors who responded to this question observed that police did nothing towards their plight. 27% of the respondents noted that police tried to arrest the boy but he fled away; and for 20% of the survivors the police opened a case of defilement and arrested the boy and presented him to court.

Table 43: Key Informants' views on the action by Police when a girl is involved in child marriage or teenage pregnancy

Action by Police	Number of responses	Percentage
Investigate, arrest, and forward case to court	12	80%
Refer the survivor to medical checkup	3	20%
<b>Total</b>	<b>15</b>	<b>100%</b>

According to 80% of the KIs police investigates, arrests the perpetrators and forwards them to Court for prosecution. However, other respondents noted that is inefficient in doing this. For

instance one KI noted that “Police only mind about money; whenever they arrest someone who has defiled or engaged in teenage pregnancy they ask for money and release him after a few minutes”. This may partly explain the limited number of prosecutions and convictions of cases of child marriage and teenage pregnancy in Kitagwenda district. 20% of the KIs pointed out that police refers survivors to medical facilities for medical checkup.

### 3.2.1.17. The Courts of Law

Table 44: Survivors’ Views on the action taken by the Courts of Law when a girl is involved in child marriage or teenage pregnancy

Action by Courts of Law	Number of responses	Percentage
Were not involved / did nothing	16	80%
Handled the case and had the man remanded	3	15%
Conducted sensitization	1	5%
	20	100%

80% of the survivors noted that the courts of law were not involved or did nothing about their issues probably because they were never reported to or involved in handling the case; 15% noted that the courts of law handled with some of men being remanded to prison; and 5% noted that the courts of law conducted sensitization and training about child marriages.

### 3.2.1.18. The Private businesses or associations

All survivors noted that the private sector was not bothered about their issues. However, some KIs pointed that the private sector, especially the boda boda riders association, conducts sensitization of its members and cautions them against getting involved in child marriages and sexual relations with minors, and provide funds to follow up such cases.

### **3.2.1.19. The media houses**

All survivors noted that the media houses were not bothered about their issues. On the other hand the KIs pointed out that media houses play a critical role in sensitizing communities about the dangers of child marriage and teenage pregnancies and in fact expose such cases.

## **EFFECTIVENESS OF THE STAKEHOLDERS IN PROVIDING SUPPORT TO THE SUPPORT TO THE SURVIVORS**

### **3.2.2.1. Opinions of the Key Informants on the stakeholder who is most effective at taking action on cases of child marriage and teenage pregnancy in the community**

#### **Community Development Officers**

They enforce the law to protect children's rights, and are the technical people who can hear the matter and either settle it or forward it to police or other stakeholders

#### **Local Council leaders**

- a) They are in the community and are the first to receive reports of child marriages and teenage pregnancy. They in turn inform police
- b) The chairperson LCI is the president of the village and is the main source of information.
- c) LCI – LCIII are involved in monitoring and visiting all households that are in their locality and generate the girl-child register for the whole village(s).
- d) They sensitize the communities

#### **Police**

- a) Act immediately on information reported to them by the LCs
- b) Police conduct community policing and investigate cases of child abuse
- c) The police keep law and order and are responsible for arresting the perpetrators and keeping them in custody
- d) Police should act strictly and quickly to finalize the case files so that courts of law can take action against the perpetrators of child marriage and teenage pregnancy.

### **Parents of both the girl and boy**

- a) They are direct actors that impact on the life of younger children and they are the main providers. They ensure safety of the children, are responsible for paying school fees and providing other basic needs the lack of which leads girls to child marriage and teenage pregnancy.
- b) Negotiate together and settle the case amicably

### **CBOs / Community Groups**

- a) Expose and follow up cases
- b) Network well with the parents, CDO and police to provide community sensitization and they are key duty bearers in safeguarding the children

### **Health facilities**

- a) Provide free ANC services
- b) The health facilities have provided direct services that are really enhancing livelihoods improvement
- c) Carry out medical checkup of the survivors and their reports are used by police to prefer charges to the perpetrators

### **Religious leaders**

Should include the topic of child marriage and teenage pregnancy in their Church sermons.

## **MEASURES RECOMMENDED TO BE PUT IN PLACE BY STAKEHOLDERS TO STOP CHILD MARRIAGE AND TEENAGE PREGNANCY**

- 3.3.1.1. Families (Parents, Brothers, and Sisters):** they ensure their children keep in school by providing them scholastic requirements and fees. They counsel their children and as family heads organize family meetings and parenting sessions. They also provide for the necessities of their children. They engage the girls in income generating activities. When they realize issues with the girls they report to the LCIs and to police. However, 11/16

KIs regarded these measures by families as moderately effective while only 4/16 thought they are highly effective in stopping child marriages and teenage pregnancies.

**3.3.1.2. The Local Councils:** measures taken by the local council leaders to curb children marriage and teenage pregnancy include conducting sensitization meetings every 3 months, making bylaws, reporting cases to police and facilitating negotiations between the girl's and man's families. 3/12 KIs considered these measures to be of low effective, 5/12 regarded them as moderately effective, and only 4/12 as highly effective.

**3.3.1.3. Members of Parliament:** are known for making child protection policies and laws but most of the KIs noted their (MPs') effectiveness in curbing child marriage and teenage pregnancy is not felt at community level.

**3.3.1.4. The local government officials (Chief, CDO, Health workers):** they are known for following up children who do not go to school; conducting training in child protection, making bylaws, providing free education & free health services, linking households to government programs for income enhancement, enforcing laws on child protection, and following up cases. 6/16 KIs noted that these are highly effective in stopping child marriage and teenage pregnancy, 6/16 noted that they are moderately effective, and 4/16 labeled their effective low.

**3.3.1.5. Religious leaders / institutions:** the church rose the age of consent to marriage to 18 in accordance with the civil law. Religious leaders carry out sensitization of young people and their parents, provide advice, counselling and guidance, and conduct pastoral work in the community to households affected by child marriage and teenage pregnancy. Furthermore, they organize sessions on child marriage and GBV every Sunday. 12/16 KIs rated their effectiveness in stopping child marriage as moderate, 2/16 as high, and 2/16 as low.

**3.3.1.6. Cultural leaders:** Most of the KIs noted that cultural leaders are not well established in Mahyoro and Buhinda Sub Counties and so their influence in stopping child marriage and teenage pregnancy is not felt.

**3.3.1.7. Education institutions:** in an attempt to stop child marriage and teenage pregnancy schools are known to make follow up to the parents of the affected children, conduct counselling sessions for the children by senior women teachers, give healthy talks, and to refer the survivors for medical advice. 5/16 KIs considered schools as highly effective in stopping child marriage / teenage pregnancy, 8/16 as moderate, and 4/16 as low.

- 3.3.1.8. Community Based Organizations:** to stop child marriage and teenage pregnancy the CBOs conduct training on child protection and children's rights, support households to enhance their incomes, identify and refer children cases of abuses, offer psychosocial support, and support girls with business that can bring in income to the households like vocational training and start-up kits. 7/13 KIs regarded CBOs as highly effective, 3/13 as moderately effective, and 3/13 as lowly effective in curbing child marriage and teenage pregnancy.
- 3.3.1.9. Private Sector Firms, Groups, Associations, and Individuals:** conduct **training for their members, for instance the** boda boda riders are trained on child protection and living responsibly, and conduct monthly meetings during which they discourage the riders from involving themselves into sexual affairs and marriage with under-age girls. They also fund and follow up cases. However, 4/7 KIs rated their effectiveness as low, 2/7 as moderate, and 1/7 as high.
- 3.3.1.10. The media:** conducts mass sensitization and awareness creation about child marriage and teenage pregnancies through talkshows and short messages. It also exposes cases. **4/9 of the KIs regarded the effectiveness of the media to be low, 7/9 to be moderate, and 3/9 to be high.**
- 3.3.1.11. Police:** are known to play a critical role in investigating cases and arresting the perpetrators of the child marriage and teenage pregnancies. They also sensitize the community through community policing. They do case management and follow them up to court. However, many respondents noted that sometimes police connives with the perpetrators to frustrate and kill the case. 5/16 of the KIs regarded the police intervention to be of low of effectiveness, 8/16 as moderate, and 3/16 as high.
- 3.3.1.12. Courts of law:** are known to prosecute the perpetrators referred to them by police, CDO or the LCs. They also educate both complainants and defendants about the law. 3/7 of the KIs consider courts to be highly effective, 2/7 moderate, and 2/7 low in stopping child marriage and teenage pregnancy.

## FACTORS RESPONSIBLE FOR THE SUCCESS OR FAILURE OF THE STAKEHOLDERS IN STOPPING CHILD MARRIAGE AND TEENAGE PREGNANCY

### **3.3.1.13. Factors for Success**

- Local leaders, police and other stakeholders will need to work together in the fight for child marriage or teenage pregnancy
- Police carries out community policing
- There is supportive condition for counseling and availability of services even at lower administration levels
- Income generating innovations targeting the youth and the vulnerable households to raise income
- Introduction of hands-on skills training for the out-of-school teenagers
- Networking amongst the above parties actually has yielded much in reducing child abuse
- Enforcement of laws
- In case of connivance between the parent and perpetrator both the boy / man and the parent of the girl should be arrested and charged in court.
- If the survivors are taken back to school they complete education and become important persons

-

### **3.3.1.14. Factors for the Failure**

- Changing the leadership structures especially the LCI structure because they have overstayed in office, they are doing nothing for their people.
- Lack of communication between the stakeholders
- Little reporting of child abuse cases
- Communities take it normal for young girls to get pregnant or getting married
- Poor attitudes, stigma
- Poverty brings failure
- Lack of information / awareness of all these measures



- Parents failing to play their role in upbringing of their children but leaving them for the community or government
- Stakeholders especially police, CDOs, LCs need to respond to the reported cases and training of the community

## SUPPORT TO SURVIVORS TO RESTORE HOPE AND SELF-ESTEEM

### Kind Of Support Ever Given To Survivors

The survivors of child marriage or teenage pregnancy to improve their lives noted that they either receive no support or some form of support as highlighted in the table below.

Table 45: Survivors' views about the support they have ever received to improve their livelihoods after getting involved in child marriage or teenage pregnancy

Type of support ever received	Number of respondents	Percentage
No support at all	12	52%
Counseling and guidance	3	13%
ANC and other health care services	4	17%
Food and clothing	2	9%
Training in hands-on skills	2	9%
<b>Total</b>	<b>23</b>	<b>100%</b>

According to the table above 52% of the survivors have never received any support to improve their lives; the only support acknowledged by 17% of the survivors is Antenatal Care; counseling and guidance by 13% of survivors, clothing and food by 9% and a one day hands-on skills training by COSIL for 9% of the survivors.

The KIs noted that in their community survivors of child marriage and teenage pregnancy are given some support by the survivors themselves, their families, individuals, groups, and CBOs. This includes:

- a) Material and financial support by survivors themselves, their families, individuals, groups, the Church, and CBOs.
- b) Counselling the survivors and encouraging them to go back to school especially after delivering
- c) Free medical services including health education sessions
- d) Training survivors in hands-on skills (vocational training)
- e) Supporting survivors and their households with income generating activities (IGAs)
- f) Some men / boys provide nothing or flee the area to either Kampala or DRC

Table 46: Specific Support provided to the Survivors by different stakeholders

a. Type of support given	<ul style="list-style-type: none"> <li>• Material support like food, clothes, smearing oil etc given to new born babies by some community members</li> <li>• Survivors who are HIV positive have been supported with beans, maize, vegetables and clothes</li> <li>• The police apprehended the suspects</li> <li>• Counselling services</li> <li>• Health facilities provide ANC services and health education</li> <li>• Skilling and apprenticeship training in tailoring, hair dressing, and to bakeries (especially survivors from households affected by HIV/AIDS)</li> <li>• Start-up kit like saloon &amp; bakery equipment, sewing machines</li> </ul>
b. Provider of the support	<ul style="list-style-type: none"> <li>• Baylor Uganda, COSIL, Health Centres, Community members, Police, CBOs</li> </ul>
c. Number of survivors supported	<ul style="list-style-type: none"> <li>• Police in Buhanda has supported 12 survivors</li> <li>• In Buhanda S/C the CDO's office has so far supported 16 girls in apprenticeship training</li> </ul>

	<ul style="list-style-type: none"> <li>• According to the Chairman of Boda Boda riders at Rugarama stage about 20 survivors have been supported with medical care at Kakesi HCIII</li> <li>• COSIL supported 20 girls</li> <li>• In Nyakasura I village the LCI Chairman knows 4 survivors who were supported by COSIL and Baylor</li> <li>• In Lyengoma II village 10 survivors were supported by Baylor and COSIL.</li> </ul>
d. Frequency of the support	<ul style="list-style-type: none"> <li>• According to the police in Buhanda they provide support whenever complainants report cases of child marriage and teenage pregnancy or monthly</li> <li>• The CDO Buhanda S/C reports quarterly</li> <li>• According to the boda boda chairman of Rugarama stage support to the girls is provided regularly.</li> <li>• For COSIL the support is occasional</li> <li>• Support to the newly born babies by the community is not at all times.</li> <li>• In Lyengoma II the support by Baylor and COSIL was quarterly.</li> </ul>

Table 47: FGD Participants' views on the number of girl survivors of child marriage and teenage pregnancy that have been supported by other stakeholders other than their family to improve their livelihoods

FGD	Number Supported per 10 girls in the community	Supporter / Provider	Type of support provided
1	2	COSIL	Training in hair dressing
2		Baylor	Tailoring
3	2	NGO's	Tailoring, hair dressing, shoe making
4	16	COSIL and Baylor	Skills in tailoring
Total	20		

## How To Identify Survivors To Be Supported To Improve Their Livelihoods

According to the KIs survivors to be supported are supported through the following means:

- a) Using school, police, health centre, and court records
- b) Using community structures like the VHTs, LCs, religious leaders, and the community volunteers
- c) Referrals by paralegals, CBOs
- d) Through conducting household vulnerability assessment using national tools to identify the critical areas of redress.
- e) Home visits by local leaders, para-social workers and well-wishers
- f) No clear procedure
- g) Phone calls

## SUCCESS OR FAILURE OF THE SURVIVORS' PROJECTS

### 3.3.1.15. Number Of Survivors Supported With Successful Projects

Key Informants' weighed on the number of survivors of child marriage and teenage pregnancy who were supported to improve their livelihoods who have reported being successful in their projects

- One KI noted that of all the survivors supported only 40% make successful use of the support. Of those who receive material support only 20% use it profitably.
- 4 teenage mothers in Kanyambogo II village in Greater Buhanda S/C
- In Buhanda S/C 7 girls who benefited from the training are now successfully doing tailoring and salon work.
- In Rugarama 2 girls were supported by COSIL and Baylor to train in hair dressing and they are now running their own salons.
- 2 girls from Nsinda village were supported by COSIL / Baylor to train in hair dressing and they are now owning their own skills.
- Of the 20 girls supported by COSIL 16 reported success.
- In Nyakasura I village 3 survivors were supported with salon kits and they are doing well to earn a living and improve their household incomes.

- In Ihunga LCI 10 survivors were supported
- In Lyengoma III village 6 girls who were supported have been successful and their way of living has changed; they are involved in generating income for their families.
- In Kyendangara ward 16 survivors were supported and have realized improved livelihoods.

Table 48: FGD Participants' views on number of survivors of child marriage and teenage pregnancy who were supported to improve their livelihoods who have reported being successful

FGD	RESPONSE
1	2 survivors successfully completed the training and they are now running their own salons
2	3 successfully completed their trainings and are now running their own salons
3	2 girls are successfully living a changed life 100% generating their own income and are training other girls
4	4 were supported. The rest did not get any start-up kits and capital Some got health complications

### 3.3.1.16. Factors Responsible For the Success or Failure of the Support / Project That Is Given To the Survivors of Child Marriage and Teenage Pregnancy

#### Success factors

- Full support during training with school fees
- The survivors are still young and hence adapt to new learnings and experiences faster.
- In Kanywambogo II village the survivors were given free start-up kits like salon equipment and materials, sewing machines after undergoing training
- Regular training and provision of business counselling by local trainers / artisans
- There was regular and close monitoring and provision of business counseling (mentoring)
- In Ihunga LCI Nyakasura parish support to the survivors was given in time and this led to success.

- The organization received a grant and supported the children.
- Love for what they are doing and were serious in learning and acquiring skills

### Factors for failure

- Many survivors have lost a sense of direction and faith in themselves. Many are in an irredeemable situation.
- Lack of capital to start and continue with their business
- Family members depend on these survivors for food and other home necessities
- Poverty in their homes

## DEFINING BENEFICIARIES AND THEIR NEEDS

### Advice To Stakeholders Who May Wish To Support The Survivors Of Child Marriage And Teenage Pregnancy

The survivors of child marriage and teenage pregnancy listed some advice to the stakeholders who wish to support them. This is summarized in the table below.

Table 49: Survivors' proposed advice to any stakeholder who may wish to support them to improve their livelihoods and of their households

Advice to stakeholders by the survivors	Number of responses	Percentage
Training in hands-on skills like tailoring, hairdressing, baking	21	44%
Provide awareness creation and life skills on how to avoid child marriage and teenage pregnancy	9	19%
Support the survivors to go back to school	9	19%
Provide start-up capital & kits	4	8%

Sensitize parents on parenting and how to keep their girl-children in school	4	8%
Provide the survivors with financial support to meet medical bills	1	2%
<b>Total</b>	<b>48</b>	<b>100%</b>

The table above reveals that the most sought after service that the survivors (44%) expect stakeholders to provide is training in hands-on skills particularly in tailoring, hairdressing, and to a small extent baking. This is followed by awareness creation and life skills on how to avoid child marriage and teenage pregnancy (19%) and supporting survivors to go back to school (19%). 8% of the survivors expect to be supported with start-up capital and kits while another 8% expect stakeholders to sensitize parents to take back and keep their children in school.

**Advice to other stakeholders who may wish to provide support to the survivors of child marriage and teenage pregnancy and their families**

- a) Carry out a clear needs assessment of the survivors and their families
- b) Train and skill the survivors: Once identified and a needs assessment conducted, the survivors to be supported should be taken through comprehensive hands-on practical training for at least 6 months to skill them in vocational areas including tailoring, hairdressing, shoemaking, baking, etc. One should organize exposure visits for the survivors to the new areas where there is already established schools and projects for the survivors. This will help build the confidence of these stigmatized girls.
- c) Guide the supporters on what to invest in, provide them full support, and link them to other opportunities
- d) Support the survivors to engage in income generating activities, prioritizing those that can create more jobs
- e) Guide the supporters on what to invest in, provide them full support, and link them to other opportunities
- f) Avoid giving the survivors cash, instead give them start-up kits
- g) Regular and close supervision and monitoring of the survivors on how they are make use of the support given to them
- h) Protect the survivors from sexual harassment and support them to access medical services

- i) Link the supported survivors to local artisans for continuous apprenticeship, and mentoring & coaching
- j) Support the girls go back to school but not to slide back to what they were doing that led them to getting married / pregnant

### **3.5.2. Proposed Interventions by Local Governments and Non State Actors to End Child Marriage and Teenage Pregnancy**

#### **3.5.2.1. Primary target**

KIs indicated that the primary target would be abandoned survivors of child marriage and teenage pregnancy, particularly those from deprived backgrounds who were reported to be very many within the communities. For instance on KI noted that there are about 300 of these in Nyakasura Catholic parish who were married in Church but their marriage failed. Others to be targeted are the LCI Chairpersons, parents & caregivers of the survivors, community para-social workers including the paralegals, the VHTs, and religious leaders, CBOs, health workers who provide health education, and adolescent girls both in and out of school (who are not yet pregnant or involved in child marriage)

#### **3.5.2.2. Reasons for Choosing them**

The reasons for including parents/care givers, LCs, and para-social workers among the primary target include the fact that they are nearer to the survivor and have the responsibility of looking after the baby when the teenager mother is away for training, and they provide parenting and guidance.

#### **3.5.2.3. What actions / activities would you prioritize? In what time frame?**

- a. Identification and mobilization of the survivors and the other stakeholders
- b. Vocational training in tailoring, hair dressing, baking, and wine making. This should be comprehensively done until a point the trainee can be able to use the skills gained on their own.
- c. Provide start-up capital (highly doubtful of its effectiveness) especially if it is given to groups. However, if given to an individual it can be effective. This is because group projects are not easy to manage.
- d. Support the arrest of the perpetrators



- e. Awareness creation particularly promoting behaviour change communication emphasizing SRHR information
- f. Strengthening community policing;
- g. Initiating income generating activities to enhance household income
- h. Promoting savings culture & use of indigenous knowledge
- i. Referrals to health facilities for medical care
- j. Counseling
- k. Campaigns on retention of girls in school and completion of secondary school
- l. Facilitate the process of return and reintegration of teenage mothers back to school

#### **3.5.2.4. Allies**

- a) Those survivors who are successful in life would be used to inspire the targeted ones and serve as role models
- b) Government officials – those responsible for law enforcement
- c) Religious leaders because they have wide platforms to sensitize, and mobilize the survivors
- d) The business community which can mentor and coach the survivors in business & marketing
- e) Police, Chairpersons LCI, CDO, NGOs counsel the young girls
- f) Paralegals to identify and refer child abusers
- g) Health centres to provide health services and counseling
- h) Local artisans to provide training, and mentoring & coaching
- i) Parents and caregivers to provide for the needs of the teenage mothers and their children.

#### **3.5.2.5. Achievements to be sought in the immediate, midterm, and long term**

- a) The trainees gaining skills and competencies that can assure them of employability
- b) Restoration of hope to the survivors
- c) When the beneficiaries get self employed
- d) All the selected survivors are trained and supported
- e) The trained and supported survivors starting their own businesses for self-employment and earning a living
- f) Mindset and attitude change of the parents of the teenage mothers
- g) Reduced stigma among the teenage mothers
- h) Attitude change for the adolescents

- i) Reduced number of teenage marriages & pregnancies
- j) Reduction in the number of children getting married or pregnant
- k) Retention of girls in school and completion of secondary school
- l) Increase in incomes for the girls who were skilled

**3.5.2.6. How would you measure your achievements?**

- a) Number of teenage mothers attending and successfully completing the skills training
- b) Number of girls who know their rights and do self-expression
- c) The economic status of the Survivors
- d) Number of those trained supported with income generating activities;
- e) Changes in livelihood; increase in income status
- f) Change of attitude of both parents and teenage mothers.
- g) Check on attendance of teenage mothers to ANC & other health services;

**3.5.2.7. What factors are likely to facilitate or inhibit your intervention? How would you minimize or manage such factors?**

**a) Facilitating Factors**

- Supported with selected ventures
- Training in IGAs
- Mobilization
- Attachment of the children (teenage mothers) to training centres that are far from their homes

**b) Inhibiting factors**

- Sickness
- Death
- Being discouraged by the community
- Climate change
- If there is poor assessment of the needs of the teenage mothers
- Poor attitudes of the teenage mothers

- GBV in the households of the teenage mothers

**c) Minimizing the inhibiting factors**

- Encourage a savings culture
- Comply with government policies
- Encourage the survivors to go for medication

**d) What to Avoid**

- Don't begin big. Begin small. Monitor responsiveness. For instance while I would target 300 survivors I would begin with 50 – 100 and scale up later.
- Unclear targets
- Avoid wide geographical locations. Big local & small and grow wider later on
- As you conduct skilling have a target that would enable one to get a job

# CHAPTER 4:

## CONCLUSIONS AND RECOMMENDATIONS

### 4.1. Conclusions

#### 4.1.1. The social norms and drivers of child marriage and teenage pregnancy

This study observed and made the following conclusions regarding the social norms and drivers of child marriage and teenage pregnancy:

- 4.1.1. That child marriage and teenage pregnancy is widely prevalent in Kitagwenda District as pointed out by 95% of the survivors and 100% of Key Informants noting that for every 100 girls aged 10 – 19 they knew at least 32% of them were involved in child marriage and teenage pregnancy. 65% of the survivors were schooling and only 35% had dropped out of school at the time they got married or pregnant.
- 4.1.2. That there is a direct relationship between the parental care and support given to a girl-child by her both parents and her vulnerability to engaging in child marriage and teenage pregnancy. This survey revealed that over 79% of the survivors of child marriage and teenage pregnancy did not stay with their both parents (mother and father) at the time they got married or pregnant. The most vulnerable were girls staying with their (single) mothers only who accounted for 53% of the survivors and those staying with only their grandmother (16%). After getting pregnant the survivors do not stay with the men who married or impregnated them but go back to their relatives who also become their main providers. At the time of the interview 100% of the survivors were staying with their relatives: 40% with their mother, 25% with both parents, 15% with grandmother, 10% with father, 5% with stepmother, and 5% alone by herself
- 4.1.3. That other drivers of child marriage and teenage pregnancy are poverty and lack of basic necessities (attested by 38% of survivors & 21% of KIs), poor parenting, neglect, and permissiveness (attested by 24% of both survivors and KIs), peer pressure (15% of survivors and 17% of KIs), negative religious and cultural values and practices (10% of KIs), Gender Based Violence (14% of KIs), and Rape (12% of survivors). Lack of life skills by the girl-child.
- 4.1.4. That regarding the views and attitudes of various community stakeholders towards child marriage and teenage pregnancy: for 61% of the stakeholders the practice of child marriage and teenage pregnancy is considered to be bad/sinful/criminal and which must be stopped; 25% are not

bothered or do not care about it at all, 12% treat it as normal, and only 2% take it to be a source of income and other benefits. A close analysis of the views and attitudes of the various age groups concluded that 65% of girls aged 10 – 19 and 74% of boys of the same age view child marriage and teenage pregnancy as normal or they are not bothered and do not care about it. On the other hand 77% of the men aged 20 – 35 and 53% of women of the same age view this vice as normal or they are not bothered at all. It is little wonder that majority of the perpetrators fall in the age group 20 – 35.

- 4.1.5. That the vice of child marriage and teenage pregnancies is on the increase in the community as revealed by 75% of KIs and 100% of the FGDs.
- 4.1.6. That the survivors of child marriage and teenage pregnancy are hardly supported by the perpetrators, and other stakeholders, leaving the girls to be on their own or surviving on support from their relatives. Only 20% of the survivors had received some form of support from their husbands / boyfriends when they got pregnant, which was also inadequate, with the rest depending on their relatives and parents. It was understood that most perpetrators usually hide and run away from the community once they marry or impregnate an underage girl. Others either deny or fail to take responsibility for the child bride or the pregnancy. The parents and relatives of the perpetrator were found not to take care of the pregnant girl nor her child which forced most the girls to go back to their parents and relatives.
- 4.1.7. That child marriage and teenage pregnancy is devastating to the survivor and her household. It leads girls to dropping out of school (attested by 31% of survivors), stigma (26% of survivors), health complications (18% of survivors), and contracting HIV/AIDS (8% of survivors).
- 4.1.8. That the actions by various community stakeholders to halt the factors that drive girls and boys into child marriage and teenage pregnancy have not been effective enough mainly because they are often inconsistently conducted, are too thin on ground, poorly resourced, and are hampered by entrenched cultural values and beliefs embraced by individuals (both survivors and perpetrators, parents, and communities). This is not helped by the ineffective enforcement of the law. In Kitagwenda District there is limited prosecution of cases of child marriage and teenage pregnancy because local council leaders, government officials and police are more likely to facilitate negotiations between the girl's and boy's families.
- 4.1.9. That the actions to stop child marriage and teenage (such as community sensitization campaigns against child marriage and teenage pregnancy, law enforcement to protect the rights of the girl-child, community health education, interventions to reduce poverty at household level, community policing, and parenting sessions) which are in place can continue being undertaken but with more emphasis on addressing the inhibiting factors that undermine their effectiveness.

#### **4.1.2. Actions taken by stakeholders when a girl is involved in child marriage and teenage pregnancy**

This study observed and concluded that when a girl gets into child marriage various stakeholders including the girl herself and the perpetrators undertake specific actions mainly on a spur-of-the moment basis. The conclusions about these actions are outlined below:

- 4.1.2.1. That child marriage and teenage pregnancy is scary to many girls as a majority of them noted that they either kept it a secret or tried to escape from their homes, others contemplated abortion or even suicide while only 13% of the survivors reported to have freely moved in with their husband / boyfriend. In spite the prevalence and scare of teenage pregnancy this study observed and concluded that there is very limited use of modern birth control methods (contraception) among girls aged 10 – 19 (75% have never used it) mainly due to misconceptions and limited access to Sexual Reproductive Health information.
- 4.1.2.2. That most perpetrators and their families and relatives neglect their responsibility to take care of the survivors. Instead others abuse and throw the survivor out of their homes.
- 4.1.2.3. That key stakeholders including the local council members, the local authorities, police and the Courts of law have not played a key role to support the survivors of child marriage and teenage pregnancy. This is either because they are not involved (are not reported to) or when they receive cases they do not handle them in accordance with the law, rather they facilitate negotiations between the boy's and girl's families.
- 4.1.2.4. That non-state actors including religious leaders, Community Based Organizations / Groups, paralegals / community volunteers, the media, and private sector associations were undertaking critical actions whenever they encountered cases of child marriage and teenage pregnancy. Such include sensitization on protection of the girl-child's rights, providing counseling and guidance to the girls, material support to enhance economic empowerment, and exposing and follow-up cases. On the other hand educational institutions were known for discontinuing from schooling girls who become pregnant.
- 4.1.2.5. That the actions of all stakeholders were found to be insufficient to restore hope and self-esteem to the survivors.

#### **4.2. Measures Recommended to stop Child Marriage and Teenage Pregnancy**

This study concluded and recommended:

- 4.2.1. That households (parents, brothers, and sisters) should enroll, and support the girl-child to keep in and complete school by providing her adequate basic necessities. This requires of them to emphasize parenting sessions, and adopting income generating activities that will enhance the household incomes.
- 4.2.2. That educational institutions should undertake more sex education and sensitization to the students, guide and counsel the girls, and encourage those that get pregnant to go back to school after they have delivered their babies.
- 4.2.3. That Local Authorities (Local Councils, and the Local Government officials) should emphasize sensitization campaigns and enforce the laws on the protection of the rights of the girl-child and against child marriage and teenage pregnancy; and link the survivors and their households to government economic empowerment programs so that they can enhance their incomes and financial independence. They should desist from the habit of facilitating negotiations between the two families but instead ensure that the law takes its course.
- 4.2.4. That non-state actors (CBOs, Religious & Cultural Institutions, the media, and Private Sector associations) should strengthen sensitization campaigns against child marriage and teenage pregnancy, conduct more guidance and counseling, undertake more skills-training for the survivors and their parents / caregivers, expose and follow up more cases to conclusion, and link survivors and their households to economic empowerment opportunities.
- 4.2.5. That state actors including police and courts of law should strengthen investigation and prosecution of cases of child marriage and teenage pregnancy to logical conclusions.

### **4.3. Support to Survivors to Restore Hope and Self-esteem**

This study observed and concluded that there is limited support to survivors of teenage pregnancy and child marriage in Kitagwenda District. For instance 52% of the survivors noted that they had never received any form of support to help them restore hope in themselves. For those who received some support it included counseling and guidance, Antenatal care, and some material support mainly clothes and food. However, this it was observed and concluded that some survivors, other than those interviewed for this baseline study, had ever received hands-on-skills training and some start-up capital courtesy of NGOs like COSIL and Baylor Uganda. Such recipients of that support had put it to good use with many of them reported to have started their own business enterprises. This success was attributed to the full support provided to the teenage mothers by the funders including training and start-up kits, linking the trainees to local artisans to mentor and coach them, and close monitoring and supervision by the supporting CSOs.

### **4.4. Defining Beneficiaries and their Needs**

#### **4.4.1. Needs of the Beneficiaries**

This study concluded that:

- 4.4.1.1. Any stakeholder to contribute to restoring hope and self-esteem to the survivors one needs to take note of the their identified the priority needs which include the following: training in hands-on skills like tailoring, hairdressing, baking, and supporting them with start-up kits as capital (52%); awareness creation and life skills on how to avoid child marriage and teenage pregnancy (19%); supporting the survivors to go back to school (19%); and sensitization of their parents on parenting and how to keep their girl-children in school (8%).
- 4.4.1.2. Any stakeholder who may wish to support the survivors to restore their hope would have to undertake a thorough needs assessment and critically select the beneficiaries using clearly defined criteria; undertake long term skills-training of the beneficiaries preferably from within their local context and with the support of local artisans as mentors and coaches; provide the trainees with start-up kit and capital and guide them on what to invest in; provide them with coaching and mentoring and close supervision / monitoring; and linking them to other opportunities such as financial institutions.
- 4.4.1.3. That the Primary Targets should include the survivors and their parents or caregivers especially those from last mile and deprived backgrounds who can hardly basic necessities, LCI chairpersons, para-social workers including paralegals & VHTs, health workers and adolescent girls in and out-of-school.
- 4.4.1.4. That priority activities should include hands-on-skills training in tailoring, hair dressing, baking, etc., income generating activities to enhance household income, sensitization on SRHR services, campaigns to retain girls in school, reintegration of teenage mothers in their families, and networking and alliance building.
- 4.4.1.5. That key allies should include other survivors who have been able to restore their hope and self-esteem who be serve as role models to look up to, religious leaders, government officials, CBOs, and police among others.
- 4.4.2. Measurement of achievements. The study concluded that indicators to be used to measure achievements of the intervention would include the following: the number of survivors who successfully complete the hands-on-training; number of survivors that start and sustain their



own income generating enterprises; and number of survivors and their parents / caregivers with a positive attitude towards education of the girl-child.

- 4.4.3. The study concluded that the effectiveness of any intervention to support the survivors of child marriage and teenage pregnancy to restore hope and self-esteem should be anchored on careful selection of beneficiaries and critical assessment of their needs, fully supporting their hands-on-skills training, providing them with start-up kits, and effectively monitoring and supervising them during and after the training.

#### 4.5. GENERAL RECOMMENDATIONS

##### 4.5.1. Re-aligning the Project Indicators

- 4.5.1.1. Percentage reduction in Prevalence of child marriage should read “the prevalence of child marriage reduced from 24%<sup>1</sup> to 18% in 3 years”
- 4.5.1.2. Percentage reduction in Prevalence of teenage pregnancy should read “the prevalence of teenage pregnancy reduced from 32%<sup>2</sup> to 25% in 3 years.
- 4.5.1.3. Increased number of teenage mothers and vulnerable girls with improved livelihoods should read “number of teenage mothers and vulnerable girls supported to improve their livelihoods to increase from 20<sup>3</sup> to 65”
- 4.5.1.4. No. of households investing in productive activities should read “45<sup>4</sup> households of the survivors investing in productive activities”
- 4.5.1.5. Percentage of girls provided with financial and business skills should read “100% (45) survivors provided with financial and business skills”
- 4.5.1.6. Increased households, savings and assets should read “100% (45) households of the survivors engaged in savings and accumulation of productive assets”
- 4.5.1.7. Increased involvement of teenage girls in viable non-traditional IGAs should read “90% of survivors trained and supported are engaged in viable non-traditional IGAs
- 4.5.1.8. Increased access to financial and other non-financial services should read “60% of the survivors who are supported access financial and other non-financial services”.
- 4.5.1.9. Increased and effective utilization of household incomes of Project Clients should read “75% of the targeted project clients realize increased and effective utilization of household incomes”.

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<sup>1</sup> Base number established by the Baseline survey

<sup>2</sup> Base number established by the Baseline survey

<sup>3</sup> The survivors supported by COSIL and Baylor in 2021

<sup>4</sup> Base number established from the project document

#### 4.5.2. Project Scope

- 4.5.2.1. **Project sub counties:** COSIL should treat the two sub counties of Buhanda and Mahyoro as pilot sub counties but with a view of scaling up the intervention to more sub counties because the prevalence of child marriage and teenage pregnancy is high throughout Kitagwenda District. COSIL can achieve this by building on, reactivating, and leveraging the relationships and networks it established with Baylor Uganda while providing skilling and start-up kits to teenage mothers affected by HIV/AIDS in a previous project.
- 4.5.2.2. **Cohort Approach:** As emphasized by various KIs COSIL should adopt use of a cohort approach starting with a small group of carefully selected survivors, scaling the number up to the required number within the budget project limits, and supporting the same survivors throughout the project duration.
- 4.5.2.3. **Outcome harvesting and documentation of results:** COSIL should strengthen its M&E framework, review and adapt the project theory of change to the findings of this baseline survey, and continuously harvest outcomes and document the immediate, intermediate, and final results with a lot of emphasis being placed on tracking and documenting personal stories of the project beneficiaries and stakeholders.
- 4.5.2.4. **Working and collaboration with other stakeholders:** COSIL should map out other stakeholders in the District working on the issues of child marriage and teenage pregnancy. COSIL may have to have joint meetings and related activities with them to leverage synergies and scale. Through this collaboration COSIL could link the survivors and their households to other opportunities being spearheaded by other actors which could complement its support to them.
- 4.5.2.5. **Advocacy activities:** Whereas this project is mainly focused on skilling and livelihood improvement for the survivors the national strategy to end child marriage and teenage pregnancy identified an enabling legal and policy regime as critical to ending teenage pregnancy and child marriage. Therefore, COSIL will need to mainstream within its interventions messages on effective implementation of the policy and legal regime including engaging critical stakeholders such as the Local Councils and government officials to pay more attention to enforcing the existing laws to end child marriage and teenage pregnancy in Kitagwenda District.

## Appendix

### References

MoH, 2021. National Family Advocacy Strategy and Costed Implementation Plan 2020/21 – 2024/25

MGLSD, 2020: The National Strategy to **End Child Marriage and Teenage Pregnancy**

2022/2023 – 2026/2027

<https://risenewsug.com/2022/11/21/kitagwenda-district-grappling-with-increasing-teenage-pregnancies>

### Lists of Respondents

#### LIST OF INDIVIDUAL RESPONDENTS (SURVIVORS)

Name	Sex	Age	Highest level of education	Profession	Occupation
Namanya Clare	F	18	P3	None	Peasant
Arinda Judith	F	17	P5	None	Peasant
Nyakabwa Shillar	F	18	P7	None	Peasant
Tusimire Catherine	F	16	P7	None	Peasant
Nahwera Sylvia	F	16	P6	None	Peasant
Ainomujuni Provia	F	17	P4	None	Peasant
Atukawatse Loice	F	16	P2	None	Peasant
Namara Lillian	F	15	P4	None	Peasant
Kyampaire Amisa	F	16	P7	None	Peasant
Kenganzi Evalina	F	16	P7	None	Peasant
Twakijure Dorcas	F	14	P6	None	Peasant
Turyahebwa Caroline	F	16	P6	None	Peasant
Ninsima Immaculate	F	18	P7	None	Peasant
Naturinda Catherine	F	15	P7	None	Peasant
Namara Sheilah	F	18	P6	None	Peasant
Ayikiriza Susan	F	18	P7	None	Peasant
Kabahuuma Gladys	F	18	P7	None	Peasant
Mbabazi Allen	F	16	P5	None	Peasant

Tindyebwa Angela	F	16	S1	None	Peasant
Ainembabazi Morine	F	17	S1	None	Baking

#### LIST OF PARTICIPANTS IN THE FOCUS GROUP DISCUSSIONS

##### Participants in the Focus Group Discussion (FGD)

	Name	Sex	Age	Highest level of education attained	Occupation
	FGD1				
1	Florence Komugisha	F	53	P5	Peasant
2	Mutabazi Edward	M	45	P6	Peasant
3	Kyohairwe Clemensia	F	55	P5	Peasant
4	Tumusherwe Mebroh	F	44	S1	Peasant
5	Twijukye Fundensia	F	50	Non	Peasant
6	Ahimbisibwe Robert	M	41	P7	Peasant
7	Ainembabazi Christine	F	40	P7	Peasant
8	Kamatagyi Agnes	F	48	Non	Peasant
9	Gumisiriza Grace	F	44	P6	Peasant
10	Habyakara Stephen	M	58	P4	Peasant
	FGD 2				
1	Kengonzi Evalyne	F	16	P2	Peasant
2	Namara Lillian	F	15	P6	Peasant
3	Tindyebwa Agatha	F	17	S1	Peasant
4	Atukwatse Loice	F	16	P5	Peasant
5	Twakyire Dorcas	F	14	P4	Peasant
6	Mbabazi Allen	F	16	P5	Peasant

7	Kyompaire Amorhah	F	16	P4	Peasant
8	Namara Sheila	F	18	P6	Peasant
9	Aikiriza Susan	F	18	P7	Peasant
10	Kabahuma Gladys	F	18	P7	Peasant
	FGD 3				
1	Arinda Judith	F	17	P5	Peasant
2	Akankunda Barbara	F	19	P7	Peasant
3	Ainembabazi Moreen	F	18	S1	Peasant
4	Ainembabazi Immaculate	F	17	S1	Peasant
5	Turyahebwa Catherine	F	16	P5	Peasant
6	Komugisha Rodert	F	19	S2	Peasant
7	Ninsiima Immaculate	F	18	P7	Peasant
8	Twebaze Josephine	F	18	P2	Peasant
9	Tusimire Catherine	F	16	P7	Peasant
	FGD4				
1	Beinomugisha Christine	F	42	P7	Farmer
2	Maria Dinavance	F	36	P6	Peasant
3	Kyibamutura Sofia	F	37	P5	Peasant
4	Katushabe Jane	F	59	P2	Peasant
5	Natukunda Scovia	F	40	None	Peasant
6	Aminah Nampijja	F	69	None	Peasant
7	Buwaara Dinavance	F	73	P2	Peasant

# **PARTICULARS OF THE KEY INFORMANTS**

	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Highest level of Education</b>	<b>Profession</b>	<b>Occupation</b>	<b>Tel</b>
<b>1</b>	Fr. Christopher Mwanguhya	M	32	Masters	Religious	Catholic Priest	0779811491
<b>2</b>	Ahimbisibwe Fred	M	32	S4	Peasant	LCI Chairman	0787873423
<b>3</b>	Kanyarutokye Godfrey	M	54	P7	Peasant	Religious leader	0784415056
<b>4</b>	Rugaba Moses	M	47	S4	Mason / Builder	Parish Councilor	0765404700
<b>5</b>	Kasaija David	M	57	S6	Police Officer	In-charge Buhanda Police station	0772240550
<b>6</b>	Tusiime Judith	F	29	Diploma	Nursing	In-charge Kakasi HCIII	0781821974
<b>7</b>	Yosinta Mugisha	F		P7	None	Former Women Councilor	0787310623
<b>8</b>	Kamugisha Theophilus	M	32	Degree	Social Worker	CDO – Buhanda S/C	0392525152
<b>9</b>	Sabiti Jordan	M	26	P6	None	Boda boda stage Chairperson	0776526085
<b>10</b>	Tumwijekye Saturday	M	53	S2	Carpenter	Carpenter	0782570142
<b>11</b>	Byamaka Allen	M	40	PGD	Community Development	Administrator	0751330345
<b>12</b>	Tibihika Jackson	M	24	P5	None	Boda boda rider	0782350452
<b>13</b>	Tumwine Wellen	M	48	S2	Tailoring	Chairman LCI	0787097657
<b>14</b>	Ahimbisibwe Evani	F	31	Masters	Social Worker	Chief	0781917184
<b>15</b>	Kamugisha Jovenance	F	60	Certificate	Teaching	Peasant	0782272444
<b>16</b>	Kaheru Juma	M	68	S4		Local Leader	0782082993
<b>17</b>	Ntamusabira Emmanuel	M	43	Degree	Accounting	Chairman BoG	0772949733

## **Location Particulars of Key Informants**

	<b>Number of KI</b>		<b>Number of KI</b>
Mahyoro Sub County	8	Buhanda Sub County	9
Nyakasura Parish	6	Kanywambogo parish	3
Kyendangara ward	1	Nyakasenyi parish	2
Nyakasura I village	2	Kakesi parish	4
Nyakasura II village	2	Kanywambogo II village	3

Lyengoma II village	3	Buhanda village	1
Ihunga village	1	Nsinda I village	3
Kyendangara cell	1	Butanda village	1

Field Work Plan