

# Adolescent girls and young women in rural Uganda.

Building resilience among adolescent girls and young women engaging in transactional sex in rural Uganda

*Hearing from the Adolescent Girls and Young Women (AGYW)*

By

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## **Abstract**

Girls living in rural areas face unprecedented levels of gender based violence; the case is worse for those involved in transaction sex and girl child prostitution. Gender based violence on girls out of school in rural areas of Uganda has largely remained undocumented. Gender based violence inflicted on girls who are out of school in rural areas of Uganda has largely remained undocumented. Data is too limited and scanty to understand the far reaching consequences on the girl's physical health, psychological, economic conditions. Many services as such miss out reaching the girls with GBV problem while others are not accessible due to distance.

UYDEL is implementing a two year DREAMS project supported by PREFAR/CDC/MILDMAY aiming at empowering 2,000 young girls to recover from transactional sex, alcohol and economic empowerment activities in rural Uganda.

**Survey:** A cross-section survey working with young researchers was conducted among 150 girls coming and seeking services at UYDEL drop in centers using face to face and focus group discussions. The results showed girls presenting unprecedented levels of Gender based Violence (GBV) including rape (30%), stress and depression arising out of abuse, and multiple social and economic exploitation. There are high levels of alcohol (90%) and drug use.

**Interventions.** Girls who are involved in transactional sex can face a myriad of problems; psycho social and economic partly because of poverty and family breakdown. These adversities can act as an impediment in their rehabilitation and can seriously affect their recovery to live a normal and successful life. The UYDEL youth safe spaces have undertaken individual and group based activities, sports and experience-sharing, counseling by social workers as the most helpful in their mental recovery. Economic empowerment and spiritual enhancement also reinforced recovery and successful adjustment.

**Conclusions:** resilience building is a gradual process that cannot be rushed especially among the vulnerable adolescent girls and young women whose life styles and livelihoods have been seriously maltreated. Part of a comprehensive response to violence against adolescent girls and women involves building a child protection system right from the villages to the sub county including stretching family and child family units at Police and the probation departments. Ensure that critical information about violence is passed on to the families and the communities through radios and other mass media opportunities. Additional information on child protection, legal regimes, sustainable livelihood practices, child nurturing and general reproductive health information. There is need to develop a strong pathway towards total recovery for adolescent girls and young women facing violence, physical and emotional abuse

## **Introduction:**

Gender based violence inflicted on girls who are out of school in rural areas of Uganda has largely remained undocumented. Data is too limited and scanty to understand the far reaching consequences on the girl's physical health, psychological, economical conditions. Many services as such miss out reaching the girls with GBV problem while others are not accessible due to distance. Reaching AGYW with the GBV problem, sexual exploitation and traumatic advertises is yet to be perceived as a major issue. Globally, the issue of children living in adversity and are homeless has drawn significant importance. In 2015, a 15-year plan for Sustainable Development Goals (SDG) was adopted by the entire World. In the SDG, it is stated in article 16.2; End abuse, exploitation, trafficking and all forms of violence against and torture of children.

Uganda has been reported as a key recruitment source, conduit and destination for child trafficking; trafficking in Persons report, June 2012(US 2013). The numbers of children affected by sexual exploitation have risen from 12,000 to 18,000 as per UYDEL report, 2011. Uganda is a signatory to The International Conventions that protect children from trafficking for sexual and Labor purposes and thus these bind government to formulate relevant laws and policies to curb the vice. Commercial sex work is defined by the United Nations as “the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people and children where the sex worker may or may not consciously define such activity as income-generating”.

Literature shows that commercial sex work is associated with a number of risk factors, including alcohol and substance use, adverse childhood experiences, including previously being sexually or physically abused by parents under substance abuse; and social factors such as orphan hood or a lack of educational training (Monica, 2016). In a sample of female sex workers in Kampala, 49% reported having been raped at least once in their lifetime. Youth who are orphans and do not attend school, tend to resort to sex work for food, shelter, and income. Additionally, sex work has been linked to numerous adverse health consequences. HIV prevalence among those who engage in sex work is nearly 12 times higher than that of the general population. HIV prevalence among Ugandan youth aged 15–19 is estimated at 2.4% and is said to be due to high risk behaviors such as engaging in commercial sex work in addition to other HIV-related risk behaviors such as multiple sexual partners, intermittent condom use, and concurrent substance use all of which increase the risk of acquiring and transmitting HIV (Monica, 2016). Sex workers have also reported experiencing violence from clients which leads to an increased risk of HIV transmission especially among young women.

Much as interventional work on sexual exploitation and young people particularly in transaction prostitution has been reported more in the urban setting, little has been heard from the rural area. The adolescent girls and young women living in the rural areas are also living similar complicated lives and experience many adversities including gender based violence and investigating high- risk behaviors among these rural adolescent girls and young women essentially calls for interventions.

Adolescent girls and young women coming and seeking services at UYDEL centers have presented unprecedented levels of Gender based Violence (GBV), stress and depression arising out of abuse and exploitation. There are high levels of suicide ideations, alcohol and drug consumption. These adversities act as an impediment in their rehabilitation and can seriously affect their recovery to living a normal and successful life (UYDEL reports 2016). UYDEL, an implementing partner of DREAMS project has undertaken several activities to help build the resilience of the AGYW in order to help them recover and bounce back to normal life.

Police records indicate a steady increase in incidents of crimes committed against women and children in Uganda. Daily Monitor march 2017.

*“The report capturing crimes committed against women and children between 2010 and 2016 indicate an increase in cases of women killed as a result of domestic violence, women trafficking, defilement, rape, child kidnap, child trafficking, child torture, incest, and child desertion among others. In 2010, 109 women died as a result of domestic violence compared to the 163 that lost their lives in 2016. Also 36 cases related to women trafficking were recorded in 2011 rising up to 375 cases in 2016. Girl-child kidnap increased from 72 cases in 2011 to 572 in 2016.”*

Resilience presents a double face on how rural girls cope and remain resilient overtime with such traumatic events in their lives is huge impasse and deserves our examination (Millburn et al., 2009). The rural study was also interested in knowing the causes of transactional sex and how such traumatic events and other adversities experienced by adolescent girls and young women are culturally influenced and how such behavior is learned over time. Understanding their coping and survival strategies is still a challenge. The contents of this report will have significant findings about adolescent girls and young women in the rural area and the outcomes from this study will have important implications for the design of future interventions targeting resilience among such youth.

DREAMS program: The DREAMS program is embedded within the USG's Global Health Initiative strategy, which includes preventing more than 12 million new HIV infections. The DREAMS Initiative core objective is premised on the GHI principle of focusing on women, girls, and gender equality to improve health outcomes among women and girls, both for their own sake and because of the centrality of women to the health of their families and communities. Evidence indicates that in the long run, improving the health of women enhances their productivity and improves lives of their families. Improving women's health also benefits/greatly influences now and in the future, the social and economic development of families, communities, and nations.

The Uganda DREAMS team selected 10 districts for DREAMS implementation that represent a total population of approximately 334,000 females between the ages of 15 to 24. Uganda's 112 districts are geographically and demographically small. With a total population of 34.8 million people in Uganda, there is an average of 26,338 15-24 year old females per district. There have been positive comments and observations from the rehabilitation centers and neighborhood about the MildMay/US- CDC support to UYDEL DREAMS programme in the above areas, indicating that these girls now walk with 'hope' (Gomba local meeting 2016).

The study team wanted to capture the adolescent girls and young women views/ perspectives about their recovery and testimonies, in order to learn from their experience and deepen our understanding and knowledge about their resilience building process. The team interviewed and heard from the 150 girls about the nature of adversities, activities that helped them at the centre in terms of building of internal and external assets, homes and in their community to deal with GBV, bearing in mind that DREAMS wants to promote resilience among other issues.

The purpose of the study was to help us understand the resilience building process among adolescents and young women participating in the DREAMS program who are trying to recover, adjust and bounce back into normal life after the traumatic experience of GBV and adversities related to transactional sex. We also wanted to document the nature of adversities experienced by adolescent girls and young women and hear from the victims' experiences and activities that have helped them to recover. This was to assist us gain perspective of what helped them to recover, know what family and community activities the girls and UYDEL staff are engaged in and have positively helped them in the recovery hence reflecting on the delivery of resilience, identifying the gaps and providing solutions.

**Adolescents participation in research and the Young researchers:** This study was largely conducted by young people so as to be able to capture young people's views with the help of the social workers. This could bring us many benefits as the youth researchers stay with the young people and understand their needs better, do better assessment in ways acceptable to the AYGW and thus could be very good informants. This helps to design better interventions when young people air their voices about the challenge under the male dominated violence especially if we hear from young researchers.

## **2. Methodology.**

### **Participants and settings**

We conducted a cross-sectional survey in January 2017 to understand how resilience among adolescent girls affected by sexual exploitation and transactional sex in rural Uganda is being built. The study was based in 5 rural DREAMS project implementing districts. Study participants were recruited at UYDEL centers and the neighborhoods of UYDEL drop-in centers primarily through word of mouth. The young researchers (YR) were trained in research methodology, ethics and interviewing skills.

The social workers and the youth researchers received training on the study methodology and survey questions, and they recruited potential participants among attendants at their specific drop-in center. Each of the survey questions with the help of young researchers was translated into Luganda if needed. They also participated in the Face-to-face interviews which were conducted by both the young researchers and social workers. Participation was limited to youth aged 12–24 years present in-person on the day of the field visit and participants received no incentive. They also participated in the analysis of the data and writing of the report.

The YR were able to ask the adolescent girls and young women responding to the interview and seek verbal consent to participate in the study. There were no other exclusion criteria since all girls were eligible. The study was also interested further to examine carefully the potential predictors of the rural AGYW including their sexual behavior especially using a condom, number of sexual partners and alcohol use and nature of abuse forcing her to leave home and engage in labour or sexual exploitation. We approached 200 AGYW in the cross sectional surveys of 150 girls, plus 10 FGDs were conducted by young researchers with the help of the social workers among young girls coming and seeking services at UYDEL centers.

### 3. Results:

Nature of adversities experienced by the young people and the

#### **Age at which AGYW were first exposed to sexual exploitation**

**150 (all females)**

<b>Age at which AGYW were first exposed to sexual exploitation</b>	<b>Prevalence n (%)</b>
10-14years	51(34%)
15-19years	97 (65%)
20-24years	2 (2%)
25 and above	
<b>Reason for engaging in transactional sex</b>	
To be self-reliant	56(37%)
Peer pressure/influence	36(24%)
Conditions at home	24(16%)
Supplement Family Income	17(11%)
Pressure from employer	1(0.6%)
Homeless	1(0.6%)
Others	15(10%)
<b>Most stressful and traumatic events</b>	
Rape	55(36%)
Being Beaten	50(33%)
Lack of payments	25(16%)
Witnessing death of a colleague	7(4%)
Lost her phone (through grabbing)	13(8%)

#### **3.1 Age at first sexual exploitation, recruitment and clients.**

Our findings indicate that the adolescent girls and young women in rural areas, whether living in the same locality, same age and subjected to same GBV are heterogeneous. Their experiences with GBV are different.

Majority of adolescent girls and young women interviewed had their first sexual exploitation (transaction sex) at the age 15-19 (65%). Another sizable number 34% got involved at the age of 10-14years. These indicate that sexual exploitation including transactional sex of children in rural areas begins as early as 10 years. We noticed that most of the adolescent girls had experienced early involvement in sex activities which was largely child sexual abuse in nature. This study has showed that extensive child sexual abuse could precede transactional sex (TS) as many adolescent girls had experienced so; the same picture was also relayed in the UYDEL data 2016 among the adolescent girls served by DREAMS project showing most of rural girls had started sex as early as 10 years but

full of rape. Therefore, preventive interventions ought to begin as early as below 10 years in those rural communities. Many children in the rural areas are facing myriad of problems related to sexual abuse.

### **3.2 Predators in child sexual exploitation of rural girls.**

Client characterization is important so as to understand who the predators, facilitators and beneficiaries of this heinous crime are. The study revealed that several friends who constitute (75%), in most case their age mates dominated the persons who recruit and persuade the AGYW to join transactional sexual activities using their phone to alert them of the arrival of clients or other interested parties. Hotel and brothel owners and pimps were also mentioned in small trading centres as also people who knew where to get their clients. We found a small number of pimps and relatives who were involved in recruitment and as such are in one way or the other related to the girls by blood relationship or job and can wield a lot of influence on these adolescents.

It was observed that most of the Predators taking advantages of the adolescents were single men. Majority of who were motor cycle (boda boda) riders and chapatti makers. A fewer farmers and visitors in the area were also mentioned. The nature of these clients exhibit some features in common including possession of daily disposable income which is used to attract girls from poor families and many time such men think they are helping the girls. It was also noted that girls take this as a normal activity of survival where many have to meet their needs and hence regard this as an escape route from poverty in their homes. The element of poverty and limited survival opportunities as explained by many of the girls from impoverished families led many of them into deprivation, family tension and extreme vulnerabilities which affected their social status and interactions in the community.

We noted during the interviews that some had been deserted and abandoned due to low family involvement and conflicts, faced abuse, high use of alcohol were common key risk factors let alone interpersonal violence and victimization of these adolescents. Many were encouraged by their families to look for ways of economic survival as they could not support them and ended up in exploitative labor and transactional sex. Some had been involved in early child marriage and failed to cope hence detested the culture of early marriage. Some informants ended up having children at an early age.

Other were withdrawn from schools as the families allegedly said there was no money to support their continued stay in schools, this increased their vulnerability levels. In a community where child and social protection is weak, children are likely to face a myriad of psychological, emotional and



social-economic problems. The less time spent in CSEC, the easier for service providers in various interventions to withdraw and engage adolescent girls and young women in resilience and recovery programs. Many will not have experienced and withered the terrible storm associated with transactional sex in general which comes with tolerance of the risk behavior.

### **3.3 Health risks and Condom use among adolescent girls and young women.**

Assessing the health risks and condom use was important in situations where transactional sex involving sexual violence victimization and physical victimization is rarely addressed in their context. Swahn, 2012 noted in her study among Kampala urban street and slum children that there were high levels of interpersonal violence among youth in Kampala. Interpersonal violence among adolescent girls and young women in rural area largely goes undocumented and was a major concern because of their dire circumstances and unmet health needs. The study revealed that AGYW are involved in CSEC without using condoms, citing two dominant factors why many times adolescents were promised more money and sometimes the use of force by clients (sexual victimization). Again, this brings in the issues of gender power and issues of survival. Surprisingly, there were 15% of adolescent girls and young women who had never heard or known how to use condoms as they confessed that they learnt about sex protection after they arrived at the UYDEL facilities. Adolescent girls largely mentioned STIs and pregnancy as major health risks and a small number has been arrested for engaging in transaction sex and prostitution as the practice is prohibited by the Uganda penal code section 131.

Almost all of the adolescent girls interviewed use alcohol and a few minor psychoactive substances before engaging in transaction sex, which heighten risky sexual activities and exposes them more to HIV/AIDS and other STIs. There are a few cases of girls who exhibited addiction to substance use, hence required further management because of the harm on the individual. This revelation agrees with that of Swahn et.al, 2016 that slum youth in Kampala also report many childhood experiences with high levels of violence even within homes.... The family context of these youth is grim and further exacerbated by reports of food insufficiency and limited care and nurturing or supervision, which increases risks of further victimization.

**3.4 Stressful and traumatic events in Adolescent girls and young women:** Understanding stress and how the rural adolescent girls respond is key factor to programme intervention for girls. It can act as an impediment and barrier to successful changes in their personal behavior. The most stressful and traumatic events the adolescent girls and young women went through while in prostitution as revealed in the interviews was that almost all of them have suffered multiple gang

rapes (sexual victimization) the most traumatic incidence they will never forget. Though it may have happened in their past, these instances largely went on unaddressed, which was also closely associated with drinking alcohol and a few substances. There are instances where informants noted that this had resulted into pregnancy and had had children with no biological fathers. As these three case studies will elucidate,

One girl from Mityana sadly narrated,

*“.....one historic evening a client called me to his home for ‘business’ to which I agreed because I urgently needed some money to pay my landlord who wanted to throw me out of the house. When I got to the room, the client requested to have sex in total darkness which I granted since it was a common imploration from most of the clients. I gave the service as expected but was overwhelmed by the fact that the client was not stopping after spending more than 30 minutes uninterrupted. I got really disturbed by the variance of his size and body form that I sought out for the switch and turned on the light and to my shock there were three other males in the room that had used me without my knowledge.” She desolately narrated.*

Another Girl revealed,

*I was forced to join transactional sex after the death of my father. One time, I got a client who invited me to his home and assured me that he would give me some bigger amount of money compared to my usual payment. At first he was good but later became violent and not before long was coercing me to have sex with his friends. Then, like a toy, I was passed on to other members of his gang. I was raped by four other men in the house. I was brutally and severely raped and damaged and after that they terminated me without any recompense,” She tearfully retorted.*

Other traumatic incidences revealed included being beaten by clients and denial of the payments after rendering a (TS) service.

### ***Clobbered while in business***

*Jackie, (not real name) dropped out of school due to unavoidable circumstances at home; largely poverty. She was taken to work in a certain hotel in Bukomansimbi. She worked tirelessly under hush treatment from her boss who continually forced her to sleep with men who would come to spend a night in that hotel. She would beat her in case of any mistake or failure to follow her instructions and for four consecutive months, Jackie had to without pay. Jackie got so aggrieved that she told her land lord about her issues and that she was set to leave. She got a ray of hope when a friend told her about UYDEL activities where she picked interest and was assessed and later admitted to the tailoring class. She attained great skills in tailoring and her mother bought her a sewing machine to start some small business on the verandah at her home. She got a number of customers from within her locality among which was a school which requested her to be the tailor of their uniforms. She’s a very contented girl now and as a peer educator, she helps other vulnerable young girls at the UYDEL center in providing eminent knowledge and defending life skills.*

Many of these cases above have not been adequately addressed in homes or by the local community and other law enforcement mechanisms. Girls confessed that they did not report because they had no means to do so and did not expect much would be done to punish the culprit whom they did not know.

**3.5 Psychosocial problems:** Girls who have been involved in CSEC and Transactional sex face lots of challenges both psychological and social; some of which arise from the individuals themselves, their families and the community environment. These adversities can act as an impediment in their rehabilitation, seriously increase their stress and affect their recovery to live a normal and successful life.

This study was also interested in finding out the nature of psychosocial problems these girls have undergone. It was noted that girls experienced bouts of anger, rudeness, stealing, misconduct, poor relationships, low esteem, poor decision making and communication. It was further revealed that this was exhibited by the adolescent girls and young women as some withdrew from their peers, for example, one girl mentioned that such young people with psychosocial problems were less interactive and participative during the sessions, very rude and irregular in attendance. Others showed a negative and hostile attitude towards their colleagues even when they were undertaking recovery programs at UYDEL centers. A small number exhibited levels of misconduct, sorrow, moody signs and verbal rudeness even to staff members. UYDEL, as a DREAMS project implementer has undertaken several activities to help address the psycho-social problems of the adolescents in order to help them recover and bounce back to a normal and respectable life.

**3.6 Gender based violence (GBV)** can also be deterrent in resilience building because of its grave consequences. The study was interested in hearing from the adolescent girls seeking services at UYDEL centers to understand the nature of GBV they experience. The adolescent girls and young women unfolded several GBV experiences with heavy and uncontrollable interludes of emotional breakdown at the centre and when contacted, the victim narrated severe beating by boyfriends or husbands (the *girls in one focus group in Mityana narrated how men or husbands used to beat them, kick them, deny them food and treated them as second class citizens.* For example one girl from Gomba narrated *how the current husband refused her to go and see the child she left with a gran mom and this troubled her so much because her child was sick.*” She also confessed not having received any help from the father. One girl in Ssembabule confessed that her man had completely denied her support, while others mentioned that they were locked outside the homes and denied food. Sometimes their property like phones, their small and hard -earned money and food were all taken away by their boyfriends.

Other adolescent girls through capturing their voices mentioned in the FGD that they were married off at a tender age, while others underwent multiple rapes and up to now have kids whose biological fathers are not known. One girl in Gomba, during her CSEC experience bore two kids from the road construction men who left after the expiry of their contract without trace and is up to now being harassed at home for having children without a father. She is also worried that when her children grow up, they will demand to know who their father is; a source of continuous depression which must be addressed in the adolescent girls and young women as many confessed to be in the same situation. Sometimes the depression is suppressed or can be displayed and can lead to violence among the girls, withdrawal from activities and coming late to the drop in centre/safe space or leaving early. The study team noticed that adolescent girls faced multiple violence including beating them, grabbing denial of their property such as phones, locking them out of the houses or confining them in homes.

### **3.7 Exposure to pornography among adolescent girls and young women in the rural areas**

Until recently, there has been a very big debate about the pornography act 2011 which prohibit it. There has been an increase in the supply of pornographic materials which looks acceptable and believably the gate way to sexual exploitation of girls in the rural areas. The research team was told of incidences where a sizable number of children started getting involved in it after watching pornography, the extent of production as there appear to be a proliferation of selling of DVDs and hence increased incidences of use.

Pornography exposure among adolescent girls in the 5 rural districts areas by end of 2016.

DISTRICT	AGE CATEGORY	
	15-19	20-24
<b>Bukomansimbi</b> (n 255)		
Exposure to Pornography	155	87
<b>Sembabule</b>		
Exposure to pornography	371	267
Gomba		
Exposure to pornography	111	87
<b>Mityana</b>		
Exposure to pornography	275	201
<b>Mubende</b>		
Exposure to pornography	300	316

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### **Negative effects of Pornography on children**

Despite the fact that there is a general increase in access to sexual health information, online sex education and in the print media, generally the consumption of pornography has been associated with several negative effects on children. Pornography can ignite painful emotional comebacks reminding children of the terrible sexual abuse they were exposed to. It leads to mental breakdown, addiction to substance abuse and hence a hidden public health hazard. It belittles children and makes rape and defilement of girls acceptable deviant behavior and decreases sexual satisfaction. It actually makes the crime of child defilement a normal behavior and leads to doubts among these children about the good and value of the marriage institution.

Pornography is particularly harmful to children in that children are not mature enough to handle such material and to differentiate between what they see and the reality. When children continually see pornography, they tend to think that the acts depicted are acceptable behavior. Many times they want to try out what they see. The consequence of this is indulging in early sex, early pregnancies and early child bearing. *Source ILO paper on the state of pornography in Uganda 2011*

## **4. Victims' experiences and intervention activities for recovery.**

**4.1 Resilience building:** Resilience is one of the key areas DREAMS program is targeting to help adolescent girls deal with the psychosocial problems, adversities and GBV. Psychosocial adaptability, how adolescent girls relate with other people in their community, how they find their self-identity coupled with emotional, social and moral development is important in their adjustment and recovery. Few empirical studies worldwide have focused on resilience-building for adolescent girls affected by CSEC in rural areas in Africa.

**4.2 Individual level:** The study wanted to measure how seeking help; Sharing personal issues and participation in activities among adolescent girls and young women.

**a. Seeking help:** Seeking help is on the indicator of a health seeking behavior. Individual factors and risks that may interfere with protective factors which help adolescent girls recover are important ingredients in AGYW adjustments. It was noted in both the FGDs and the interviews that when these girls face these problems, many seek advice and help from social workers (60%); friends (16%); relatives (8%). However, a few were said to seek no help at all (15%); further discussion revealed that because of individual factors like being timid, fear to be laughed at (a sign

of stigma) and generally low self-esteem. Many of these girls had been admitted in the DREAMS programme, a situation which may have helped to improve their healthy seeking behavior.

**b. Sharing personal issues:**

Girls who do not seek help must be helped to appreciate sharing as is this key to recovery and emotional relief. During the study, some of these girls were found also to have many unresolved internal conflicts which stress them further. The study explored further whether the girls had the audacity to share and the interviews revealed that forty-six percent of them now share with social workers. Another thirty-three percent share with friends and thirteen percent do so with relatives. A small number six percent do not share with anyone. Adolescent girls appear to be slowly appreciating that sharing can help to deal with unresolved issues especially GBV related issues. That those who do not do so need to be helped to adopt the culture of *“a problem shared is half way solved”*.

**4.3 Resilience centre based nature of activities:**

The nature of activities they do at the safe spaces and drop in centers contributes to enhancing sharing; which helps in the recovery and social adjustments of the adolescent girls. It was noted that centers almost serve as youth community centres in their locations, a service hitherto that was missing in those localities. They have several activities that help build resilience being implemented at various times of the week. The victims are also at liberty to identify activities they participate in to help them recover including talks, counseling, sports, jewelry and performing art groups. The activities that the adolescent girls and young women are involved in and have been found to be very helpful include:

Sports and aerobics. It was noted in the FGD discussions that 52 percent of the youth testified that this activity helped them to release the tensions and stress, to relax, develop talent and build self-esteem and also increased the nature of social relations among the adolescent girls. In one FGD, it was noted that UYDEL had hired a sports and aerobics coach who worked with the adolescent girls to engage in sports. Many young people appreciated this and mooted it was very relaxing and fun. They wished to have this more regularly.

Music Dance and Drama (MDD); This largely encompasses singing, dance and drama and encourages the adolescent girls to identify and appreciate their talents, promote team work, increase youth participation; reduce low self-esteem and at the same time have fun as they learn.

Jewelry and arts groups: The production sessions involved making of bags using beads, envelopes, craft shoes, ropes coupled with sharing among the same cohort which helps one deal with unresolved issues.

Spiritual support nurturing: The study was interested in hearing how spiritual nurturing which help young people to reflect on their lives increases empathy and understanding of their emotions, irrespective of their religions. It was noticed according to the adolescent girls and young women who were interviewed that this varied among the centers and also in the homes they come from. Except one centre in Mubende safe space where it was a daily routine while other centers were very irregular in doing so.

Vocational skills: The young people were grateful for the vocational skills training offered to them as part of the rehabilitation package, geared towards economic empowerment for self-reliance of the adolescent girls. Among the skills imparted are catering, hair dressing, knitting, jewelry and tailoring. Interestingly, the adolescent girls had initiated their own businesses and were getting money as a result of the support received from the safe space centres.

Savings and Income generation activities: The young people also receive business skills training in which they are taught the need to save the little they have for development. With this, they are able to start up their own businesses and run them profitably.

Life skills: Young people learn practical and soft skills such as cognitive skills like decision making, communication, effective negotiation and life planning. Adolescent girls noted that this helped them to improve their ability to make decisions hence, improved self-esteem. A model that was found to be very helpful was the street smart training.

The Street Smart manual consists of a total of 10 sessions (eight two- hour group sessions, one individual session and a group visits to a community health resource), exposes youth to information regarding HIV/AIDS, drug abuse, condom use, personalized risks, negotiating safer sex, recognizing and coping with feelings and self. The majority of the sessions address improving youth's social skills, particularly assertiveness and coping through exercises that teach them to identify their emotional and behavioural reactions and discard unrealistic expectations in situations with potential risk for HIV transmission. The small group format permitted collective support for safer behavioural and behaviour change to be developed and mobilised. The private sessions with a counsellor are included to give youth the opportunity to assess their own barriers to safer sex and discuss their dysfunctional attitude and behavioral patterns. The Street Smart training covered areas such as practice safer sex, get in touch with your feelings, get rid of thoughts that are self-defeating,

take control of your life, feel confident about your ability to act safe, know where to go when you are in trouble and need help, know your own patterns of risk, make friends who can help you to stay safer. This was noticed as one of the best practices. (For further details visit <https://www.cdc.gov/hiv/research/interventionresearch/compendium/rr/streetsmart.html>)

Ambassadors: We noted that the respective centers had come up with adolescent girls ambassadors selected among the adolescent girls and young women to represent their colleagues at several youth fora such as the sub county orphan and vulnerable children committees. The adolescent girls seat on the advisory committee of DREAMS at the district and national levels. This increases child participation and representation of children issues at these levels. It was mentioned by one girl who sits on the board that she had learnt a lot, knows how to speak; she cannot believe her life had changed.

Youth board and children forums: (Youth) centers had youth boards that help to promote and develop leadership skills, responsibility among them, communication channels and feedback modalities, peer support and the youth said these were very helpful.

Counseling session. Counseling has helped the adolescent girls and young women to deal with stress, family issues, anxiety, relation issues and sexuality at the drop in centres and safe space. This is through individual/person centered sessions and group counseling which is more participatory.

**4.4 Individual counseling:** Individual counseling sessions in the adolescent girls and young women safe spaces/ drop in centers is regularly carried out. UYDEL embraces an individualized approach in assessing and understanding each adolescents as part of the process of understanding and meeting their needs appropriately and effectively. This is done by social workers and health service providers through individual counseling, self-assessment and re-evaluation. Young people mentioned this several times as a helpful activity. Young people were able to identify personal and social barriers that prevent them from performing positive behavior, perceived themselves as having enough control over engaging in positive behavior.

At the end of individual counseling session, each of them sets up his/her desired goals, draws an action plan and coping plan to stick to while practicing positive focused behavior and here motivational counseling has been very helpful in generating the desired change.

In the FDG, it was mentioned that as a result, “there was an increase *in individual perception of sexual risky behaviours that helped us stimulate behavioral outcome prospects which further encouraged self-efficacy. The staff also helped us to analyze each young person’s risk reduction action plan proved to be more useful in their early*



*behaviour change process, while coping plans were more helpful later on for behavior maintenance. As UYDEL, we consequently learnt that both kinds of planning are effective for designing interventions at different stages of behavior change among young people”.*

#### **4.5 Group counseling sessions and Support groups:**

It was also noted at one of the Girl empowerment fora that the weekly dialogues include group counseling sessions aimed at creating resilience and Behavioral change among the young people. With a composition of 10-20 young people (beneficiaries), 1-2 hours; long informal discussions are moderated by UYDEL social workers, peer educators, mentors, from districts and local leaders and former UYDEL beneficiaries once a week). Various topics are chosen from assessment of beneficiaries’ profiles, group recommendations and counseling sessions; ranging from life skills, business skills commercial sex work, Mentorships and coaching and motivational talks, HIV/AIDS to reproductive health issues. They are delivered using participatory methodologies including role-plays, testimonials and practical exercises to stimulate discussions on Sexual reproductive health (SRH) issues. They are discussed in interactive ways that encourage experience sharing using existing resource materials developed by UYDEL and other organizations.

#### **Girl Engagement Forums (GEFs)**

**Goal:** To facilitate the active participation of Adolescent Girls and Young Women in the planning, delivery, monitoring, and decision making during implementation of the DREAMS core. The GEF is designed on the premise that sustainable changes from risky sexual behavior and choices cannot be achieved by imposing change on AGYWs, but require their active participation. Adolescent girls and young women (AGYW) need to take greater responsibility, and feel empowered to drive behavior change. GEF provide the platform, space, and opportunity for AGYWs to voice their concerns, articulate their needs, express their opinions, advocate for their rights, monitor project implementation, and hold project management teams accountable to their commitments. Through such forums, AGYWs lead community mobilization and collective action interventions for improved HIV and GBV prevention service uptake in their communities.

**IMPORTANCE OF GEFS:** these were able to capture the voices of AGYWs and solicit their active participation in the delivery of the DREAMS core package and to enable the project to monitor access, assess the quality of services, and assess the effectiveness of the implementation mechanism, and use this feedback to improve the services. GEFs developed a range of life skills including leadership, service delivery, health living, lobbying and advocacy, negotiation, etc. which models them into successful and responsible citizens, and transformational leaders of tomorrow.

GEF provided AGYWs with the platform to assess and hold the implementing partners accountable for the delivery of the DREAMS core package. The partners can in-turn use the voice of AGYWs to account to the different stakeholders including the donor, district and national stakeholders. *Compiled by Nanziri Immaculate Senior social worker UYDEL.*

### **5. Family and community activities that helped AGYW in recovery.**

Family based activities play an important role in the recovery and successful adjustment of the adolescent girls. During the interviews the adolescent girls mentioned that social workers visited their homes, discussed issues to do with adolescent girls and this to the girls was very encouraging. In addition, parents-staff meetings involving the adolescent girls have been held and these have been found very important so UYDEL uses SINOVUYO, a parenting program developed in the United States to achieve this, as this case below illustrates;

#### SINOVUYO (PARENTING)

The overall goal of the SINOVUYO (reference) caring families program for parents and teens is to help families to get along better with their teens. By doing this, we reduce the risk of child abuse inside and outside the home and make changes that will help teenagers to stay safe. So when we talk about parents and parenting we mean the care giver of the teenager whether that person is their biological parent or not.

#### IMPORTANCE OF SINOVUYO:

1. Increases parenting skills, confidence and Improves positive parenting behavior.
2. Decreases harsh discipline and helps teenagers to manage their behaviors.
3. Improves the mental health, social support and improves the problem solving skills.

Help families to respond better to crisis situations and improve knowledge of services for violence illnesses and arrest. It also reduces some of the stress that families feel about money.

#### **6. Signs which show that adolescent girls and young women have adjusted to normal life**

Young people/researchers indicated in the FGD that adolescent girls do change and there are signs which show these changes and improved aspirations; they gave some examples as listed below;

- If the girl has changed the dress cord.(Smart, less shabby) and have nice hair styles
- Interact more and show awareness of the high sexual risks; reduction in number of sex partners and demand use of condoms and increased protective Information.
- Sharing with the group(eating) and change of conduct( less talking of vulgar words)
- Gained more confidence( speech, talking)
- Improved relations with husband and parents and less abuse and intolerance to GBV.
- Working, able to buy a phone, care for kids.
- Less idle and reduction in unplanned movements on the village.
- Increase in problem solving and decision making and reduction in dependency on boyfriends and sex partners.

- Working and earning some income.

**7.0 Challenges as they access the safe space and Drop in centers:** Adolescent girls still face some challenges as they access the safe space and centers. These include stigmatization from the communities, staying hungry; walking long distances and in some instances, husbands refuse them to attend and lock them outside homes at Night. As this case elaborates, “...as one girl indicated that her husband in spite of her being young at 16, refused her to attend the UYDEL safe space to learn to be a tailor. The girl insisted and after the days training she went home and the husband had locked the house and she had to stay in the banana plantation the whole night. Again, the following morning she reported to the centre and the husband came to see whether she was attending, on returning home the man was still very bitter, but opened for her and the man warned always to come home early. She is now in the 6 months and she has learnt a lot of things at the centre, she is counselor at home and the husband is a happy man who has promised to buy a sewing machine. He gives her lunch and transport money and keeps calling the girl. The husband also attended the parents meeting”.

**Discussion of the findings:** The study has revealed a high tolerance for early marriages and transactional sex (TS). Specifically, our data showed that almost all adolescent girls ninety-five percent were sexually active and this had started as early as age 10; had more than one sex partner and every day many girls are coerced into TS. The clients most cases are wealthy and highly mobile and away from their homes use their power to negate the age limit and the consent issue of children in spite of the fact that all children protected by the law. The study was directly informed by the adolescent girls that many of them come from impoverished families where poverty was biting which makes it difficult to move out or escape CSEC. The vicious circle continues as exploiters take advantage of their vulnerabilities.

In most of the dreams project, girls had nowhere to turn for specialized/technical help except at the UYDEL centers to share their experiences and such GBV acts could make girls powerless and hence conceived as normal. Thus, a need for a comprehensive and integrated response in both prevention and protection urgently was required to address this “crisis” to safeguard AGYW. This has been cited as the major push factor for the girls’ involvement in transactional sex. Traumatic experience and abuse that start at such an early age can be very troublesome as data from the UYDEL/Mildmay /CDC project revealed.

We did not establish trafficking rings to initiate adolescent girls into transactional sex and move girls but we noticed that in the three project areas. There is an element of child sex tourism highly

promoted by pimps who control the girls either by showing affection or by use of force and on other hand the exploiters. We noticed that also the bar owners in most cases who double as pimps also let out some violence to girls as they sometimes lock them away in social isolation, expose them to verbal and emotional abuses, denial of the use of their property, including phones to control them and limit contacts the outside world and sometimes physical abuse which make them feel like they are the ones in the wrong and thus become a hidden and stigmatized population. The other violence victimization scenario mentioned included denial to attend classes at the safe space taking away their phones and money and other property.

There is a lot of victim harm including coercion, stress and control into the forced sexual acts (rape) under the influence of alcohol and drugs and this impacts in the short and long term on their physical and mental health state as there are signs of PTSD, depression and some girls confessed to have wanted to commit suicide. Girls were constantly worried about STDs and HIV and indeed a few had given birth to children who did not have fathers. One girl observed

These exploiters included the two entities, that is the road construction workers and the cattle traders as these are in the cattle corridor. We had lots of testimonies in Gomba, Bukomansimbi and Sembabule of the cattle lorries (locally called abayana) which carry an average of ten men going to buy cattle and normally stop in these small towns and embark on sexual exploitation of many of these girls. In atypical day, over 10 cow-carrying Lorries pass in an area and all these will look out for the girls to abuse. These are situational sexual abuser, unlike the habitual ones like the boda boda riders, chapatti sellers and shop keepers, but who also leave equally damaging psychological problems to the girls. These need to be brought to book as well. Some adolescent girls acknowledged to have got pregnant but the men responsible changed their phone numbers and completely lost all the contacts they had. Many appear to be resident and many of their friends encouraged them to join in order to get the money. We need to move to homes to find out why children get in transactional sex and how is conceptualized hence explore if there is a culture notation attached to it.

Whereas, Uganda appear to be doing well in terms of laws and policies to protect children; the experience in the field is quite different. One finds varying knowledge among the actors, stakeholders and key information is lacking. There is a high level of behind the scene discussions about the abuses in order to prematurely close the cases and discouraging children to seek justice. Men especially Boda boda riders and Chapatti sellers appeared to be the major clients. These were found to have largest access to the adolescent girls. The largest abusers daily drugging their victims, raping and brutally beating the girls into submission out of traumatic bonding, an indicator of

multiple abuses. This raises painful issues of power, wealth, gender, fatherhood, masculinity and responsibility. Money however, is ranked as greatest resource for compensation and tool for taking advantage of the impoverished girls. This paves way and makes adolescent girls to acknowledge misery, oppression and keeps children submitting to transactional sex exploitation in the sex industry.

In the rural area we found varied response to recovery of the adolescent girls and women. We noticed some were functioning relatively better and responding well while others showed positive response to the resilience by showing improved protective factors in terms of relations, resources and skills acquired. It was noticed that adult were responding better. This study agrees that rural adolescent girls are different and function distinctively and those newly recruited in transactional sex may need different interventions. Similarly, recent investigations by Milburn and colleagues confirmed the notion that those homeless adolescents do function differently. Newly homeless adolescents are distinct from experienced homeless adolescents and may require different types of interventions and services. Using cluster analysis, (Milburn et al., 2009) identified two distinct clusters of new homeless adolescents: those who are resilient and doing relatively well while out of home with more protective than risk factors, and those who are risky with more risk than protective factors.

The finding of rural adolescent girls in Uganda underscores the importance of understanding the heterogeneity of adolescents whether homeless or in rural areas (Millburn et al., 2009). The study agrees with Milburn that the adolescent girls are heterogeneous and in spite of the many stressors they face in the rural areas; were highly resilient mirrored through their survival skills exhibited over time. In our study, we also find two distinct clusters of adolescent girls and young women: “higher functioning” adolescents who do well despite the stresses they face and “lower functioning: adolescents who experience significant challenges reflected in their behavior problems, adaptive functioning and achievement.

The constant violence adolescent girls and young women face rural areas take their toll, become normalized which can significantly affect them and may fail to seek professional services. This inclination among AGYW must be discussed, and girls in this category identified and targeted as early as possible to be able to minimize drop out or to continue in the perpetuation of TS or CSEC. The findings are not generalizable to all since the study covered a small sample of adolescent girls and young women. We recommend a more rigorous study of a big number of adolescent girls and

young women in future to design more elaborate interventions cognizant of their resilience and the adversities they have gone through as result of child sexual exploitation and transactional sex.

### **Recommendations:**

The recommendations have been developed in right of the study findings and we recommend as follows.

Train staff in Cognitive Behavior Therapy and Motivational interviewing to address the continuous depression the girls suffer. Involve other stakeholders like the law enforcement, increase the intensity of individual and group counseling sessions, increase and strengthen parents involvement during rehabilitation period, strengthen vocational training in all safe spaces and involve the male counterparts of these adolescent girls and young women for the program to yield better and sustainable results.

Devotedly, involve young people to achieve more from an experience than their counterparts who don't adopt interventions, hence more participation of the adolescent girls and young women in programs for the youth which are developed through a partnership of youth and adults may be highly effective in building their skills and reducing their sexual risk-taking behaviors. There is need to intensify the multiple interventions the DREAMS – UYDEL activities in the area (social, economic, psychological, spiritual and physical support) to the adolescent girls and young women in a professional way in order to help in the recovery as they adjust to a normal life.

Further research is needed to cover a big population of adolescent girls and young women in rural areas as the sample used is small. There is also need to follow up the adolescent girls and young women who have left rehabilitation centers and how they are adjusting after the project activities in their communities and understand more how families and the social environment is reshaping them.

### **Conclusions:**

In conclusion, resilience building is a gradual process that cannot be rushed especially among the vulnerable adolescent girls and young women whose life styles and livelihoods have to be rebuilt and eventually transformed into responsible and self- sustaining individuals. There is need to undertake multiple interventions (social, economic, psychological, spiritual and physical) in a professional way in order to help in the recovery to adjust to a normal life.

Part of a comprehensive response to violence against children involves building a child protection system right from the villages to the sub county including stretching family and child family units at

Police and the probation departments. Ensure that critical information about violence is passed on to the families and the communities through radios and other mass media opportunities. Additional information on child protection, legal regimes, sustainable livelihood practices, child nurturing and general reproductive health information. There is need to develop a strong pathway towards total recovery for adolescent girls and young women facing violence, physical and emotional abuse.

DISTRICT	AGE CATEGORY	
	15-19	20-24
Bukomansimbi (n 255)		
Gender	168	87
Exposure to Pornography	155	87
Ever taken Alcohol	140	87
Sexual Partner		
One Partner	21	
More than one partner	234	
Sembabule		
Gender	371	267
Exposure to pornography	371	267
Ever taken Alcohol	250	276
Sexual Partner		
One partner	10	
More than one partner	628	
Ever taken Alcohol	250	267
Gomba		
Gender	111	87
Exposure to pornography	111	87
Ever taken Alcohol		
Sexual Partner		
One partner	6	
More than one partner	189	
Ever taken Alcohol	79	84
Mityana		
Gender	271	204
Exposure to pornography	275	201
Ever taken Alcohol	175	300
Sexual Partner		
One partner	10	
More than one partner	628	
Ever taken Alcohol	250	267
Those who have children	40	58
Mubende		
Gender	356	316
Exposure to pornography	300	316
Ever taken Alcohol	336	106
Sexual Partner		
One partner	38	
More than one partner	634	



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