



BASELINE SURVEY REPORT ON GBV MENTAL HEALTH & SRHR

KNOWLEDGE, ATTITUDES &
PRACTICES IN UGANDA

DATE: AUGUST 2025



This project is co-funded by
the AU-EU Youth Action Lab



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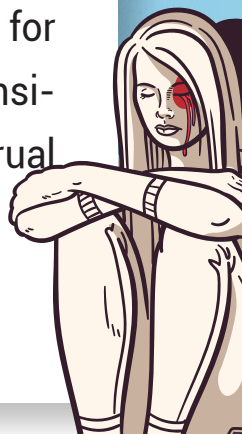
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Executive Summary

This baseline survey assessed knowledge, attitudes, and practices on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) among 279 youth aged 18–35 across six districts. Findings show high awareness of common GBV forms such as sexual assault (85%), physical assault (84%), and forced marriage (82%), but low understanding of underlying gender norms and protective laws, with only 28% able to identify any. While SRHR knowledge is moderate, particularly in STI prevention significant barriers persist, including distance to facilities (78%), high costs (76%), and stigma (75%). Menstrual health remains a challenge, with only 38% reporting regular access to hygiene products and private facilities, and over one-third experiencing stigma. Police are the most recognized reporting channel for GBV, but fear retaliation (82%), stigma (79%), and distrust in authorities (78%) hinder reporting. Over half of respondents (56%) report no local support organizations, revealing service visibility gaps. Despite these challenges, 85% expressed interest in training, indicating strong readiness for capacity-building. These findings highlight the need for targeted sensitization on GBV, SRHR, and laws, improved service access, menstrual health interventions, and active involvement of men and boys in prevention efforts.



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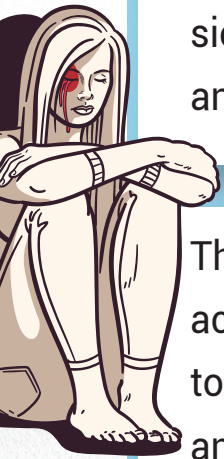
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Introduction / Background

Gender-Based Violence (GBV) remains a critical challenge in Uganda, affecting an estimated 60% of Youths aged 15–49. It takes multiple forms, including physical, sexual, and emotional abuse, often rooted in inequitable gender norms and societal power imbalances. Limited awareness and understanding of Sexual and Reproductive Health and Rights (SRHR) further constrain women's ability to make informed decisions about their bodies and health, perpetuating cycles of vulnerability and inequality.



This baseline survey was conducted among 279 youths aged 18–35 across the districts of Busia, Namyingo, Pallisa, Kibuku, Kumi and Ngora to assess their knowledge, attitudes, and practices (KAP) related to GBV and SRHR. The findings provide essential insights into existing gaps, barriers, and community perceptions, forming a basis for designing targeted training interventions for 600 youths. The data will also serve as a benchmark for evaluating the impact of post-training activities, with the overall goal of empowering the youths, improving

Objectives

- Assess the knowledge, attitudes, and practices (KAP) related to GBV and Sexual and Reproductive Health and Rights (SRHR) among the youths and women. access to SRHR services especially among women, and reducing GBV in the target communities.
- Identify existing gaps and barriers to guide the design of targeted training interventions.



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Methodology

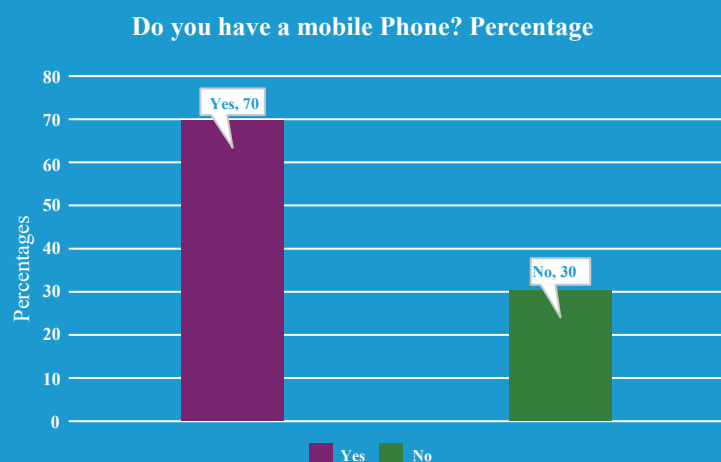
The study employed cross-sectional baseline survey design targeting youths aged 18–35 from both urban and rural areas, including vulnerable groups such as early marriage survivors, widows, and youths with disabilities. A total of 300 respondents were surveyed, of which 279 responses were validated and included in the analysis. Sampling was stratified across six districts, aiming for approximately 50 respondents per district to ensure representation across diverse socio-economic and cultural contexts. Data collection followed survivor-centered principles, ensuring confidentiality, safety, and respect for participants throughout the process.

1

Socio-Demographic Characteristics

Do you have a mobile phone?

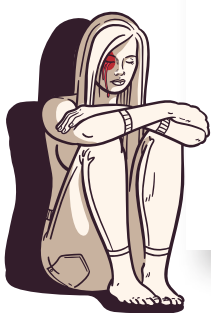
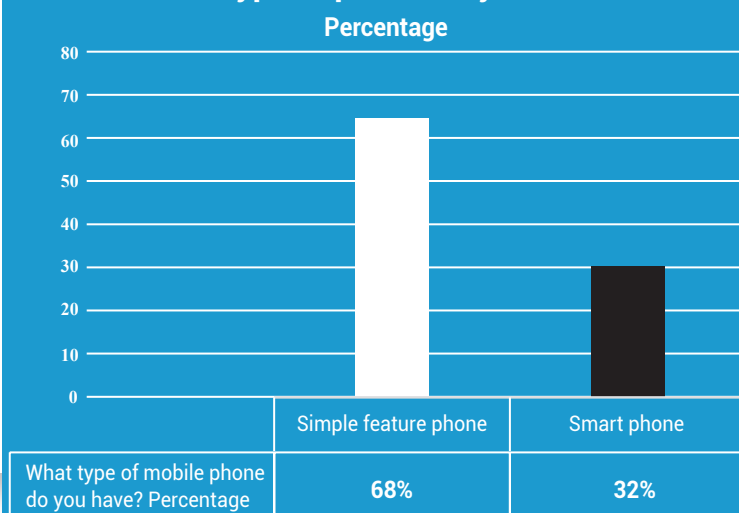
Most respondents (70%) own a mobile phone, while 30% do not, suggesting that mobile-based interventions for GBV and SRHR could reach the majority but still need complementary offline strategies.



What type of phone do you have?

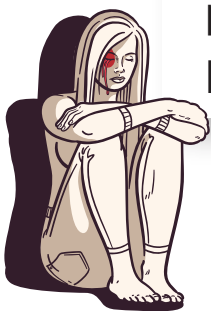
Among mobile phone owners, 68% use simple feature phones and 32% use smartphones, indicating that GBV and SRHR mobile interventions should be designed to work on basic phones as well as smartphones.

What type of phone do you have?

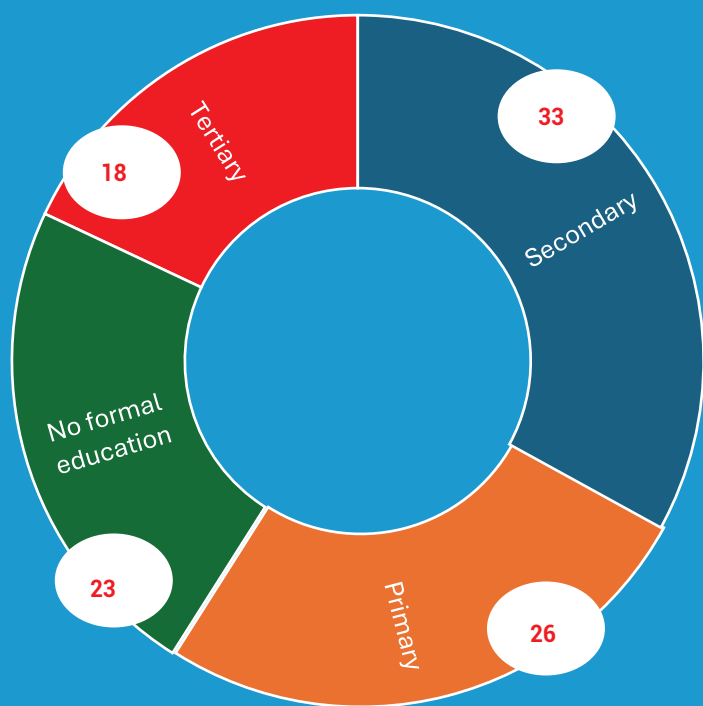
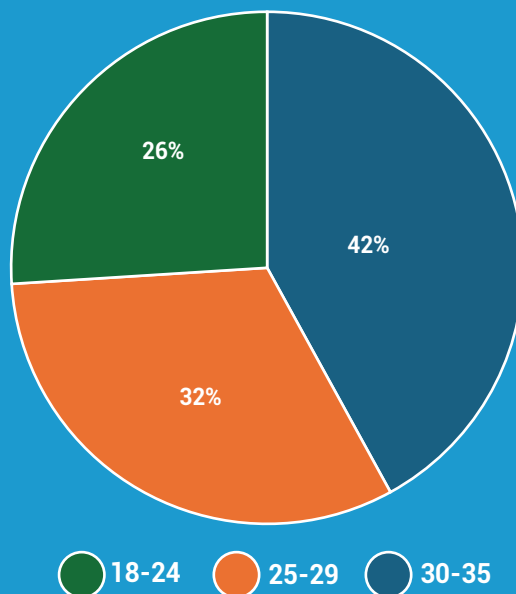


Age group

Most respondents are aged 30–35 (42%), followed by 25–29 (32%) and 18–24 (26%), showing predominantly young adult population.



Age group Percentage



Secondary Primary No formal education Tertiary

Participants Level of Education

Most respondents completed secondary education (33%), followed by primary education (26%), no formal education (23%), and tertiary education (18%), indicating varied educational backgrounds with a significant portion having low formal education levels.



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2

Socio-Demographic Characteristics

Asked to mention some examples of what one would consider to be GBV?

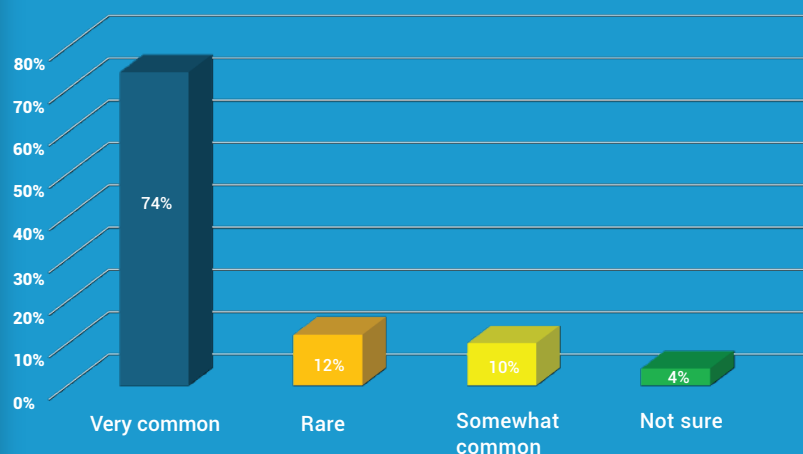
A survey of 279 youths explored their views on gender-based violence (GBV), allowing multiple selections. The results showed strong recognition of various acts as GBV: 256 youths (85.33%) identified sexual assault or rape, 251 (83.67%) recognized physical assault (e.g., beating, slapping), 246 (82%) noted forced marriage, 231 (77%) acknowledged emotional abuse (e.g., insults, humiliation), and 203 (67.67%) cited denial of resources (e.g., restricting money or education).

Sexual assault received the highest recognition, while denial of resources had the lowest among the specified acts. Only 4 youths (1.33%) were unsure what constitutes GBV, indicating broad awareness among respondents. The data highlights that most youths clearly identify these acts as forms of GBV, with a small minority uncertain about the definition.

How Common is GBV in your community.

Most respondents perceive gender-based violence (GBV) as very common in their communities, with 74% indicating it occurs frequently. About 12% consider it rare, 10% think it is somewhat common, and 4% are unsure, highlighting that GBV is widely recognized as a significant issue locally.

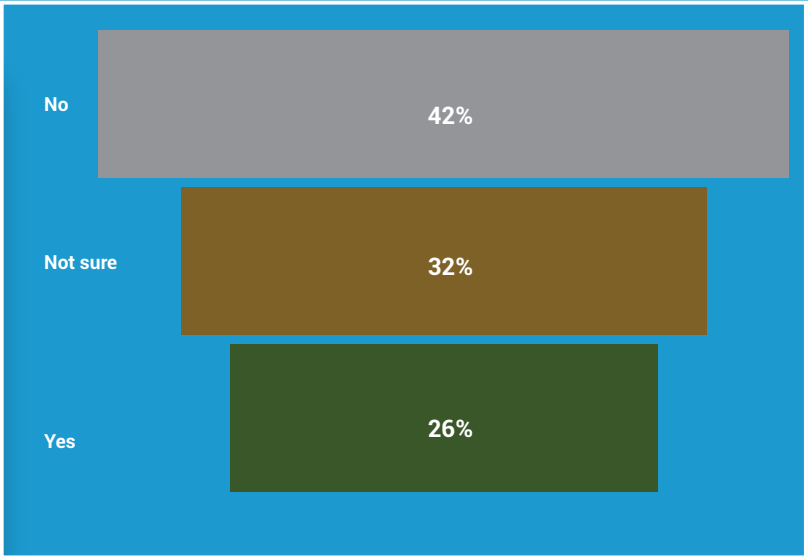
How common do you think GBV is in your community? Percentage



Do you think GBV is linked to societal beliefs about men's and women's roles?

Most respondents do not believe GBV is linked to societal beliefs about gender roles (42%), while 32% are unsure and only 26% agree, suggesting limited awareness of the role gender norms play in driving GBV.

GBV Linkage to Societal Beliefs About Roles?



If yes: Can you give an example? (Optional, record briefly)

The survey identified key societal beliefs linked to gender-based violence

- Power imbalances, norms reinforcing male dominance, cited ~15 times (e.g., "Harmful gender norms perpetuate GBV by reinforcing power imbalances").
- Female youths domestic roles. Female Youths solely responsible for house-work, noted multiple times (e.g., "Female Youths must do all domestic work").
- Male authority: Men as decision-makers and providers, mentioned several times (e.g., "Man's decisions are final").
- Restricted autonomy: Limits on female youths social freedom (e.g., "female youths stop having fun without men's attention").

Who do you think can be affected by GBV? (Select all that apply)

A survey asked respondents who they think can be affected by gender-based violence (GBV), allowing multiple selections, with results showing frequencies and percentages out of 300 possible responses: 266 (88.67%) identified women and girls, 237 (79%) widows or divorcees, 218 (72.67%) people with disabilities, 212 (70.67%) men and boys, 143 (47.67%) refugees or displaced persons, and 6 (2%) indicated they don't know. This indicates strong recognition that GBV primarily affects female youths, followed closely by vulnerable groups like widows, people with disabilities, and men/boys, while refugees are seen as less commonly affected, with very few unsure overall.



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What are some effects of GBV on survivors? (Select all that apply)

A survey on the effects of gender-based violence (GBV) on survivors, with multiple selections allowed (percentages out of 300 responses), found: 239 (79.67%) identified physical injuries, 238 (79.33%) noted emotional distress (e.g., sadness, fear), 234 (78%) cited health issues (e.g., STIs, HIV), 228 (76%) mentioned loss of income or job opportunities, 190 (63.33%) recognized social isolation or stigma, and 6 (2%) were unsure. This highlights physical injuries and emotional distress as the most recognized effects, with health issues and economic loss closely following, while social isolation was less frequently noted, and few were uncertain.

What do you think causes GBV in your community? (Select all that apply)

A survey of 279 respondents on the causes of gender-based violence (GBV) in their community, with multiple selections allowed revealed.

Cause	Frequency	Percentage
Poverty	247	82.33%
Alcohol or drug misuse	238	79.33%
Gender inequality or norms	230	76.67%
Lack of legal enforcement	212	70.67%
Cultural traditions	177	59.00%
I don't know	3	1.00%



3

Knowledge and Access to SRHR

Which of the following are ways to prevent Sexually Transmitted Infections (STIs)? (Select all that apply)

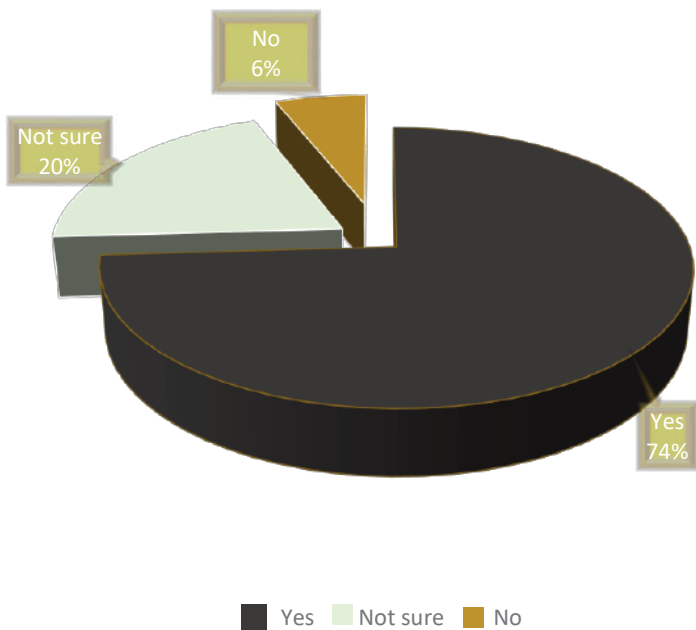
Below is a table summarizing the survey results on ways to prevent Sexually Transmitted Infections (STIs), based on responses from 279 respondents who could select multiple options

Prevention Method	Frequency	Percentage
Abstinence	253	84.33%
Using condoms consistently	245	81.67%
Be faithful to your partner	228	76.00%
Limiting sexual partners	220	73.33%
Test regularly at a clinic	169	56.33%
I don't know	1	0.33%

Do you know the signs of STIs? Percentage

Most respondents (74.2%) are aware of the signs of STIs, 20% are unsure, and 6% do not know, indicating a relatively high level of awareness but still room for education.

Do you know the signs of STIs? Percentage

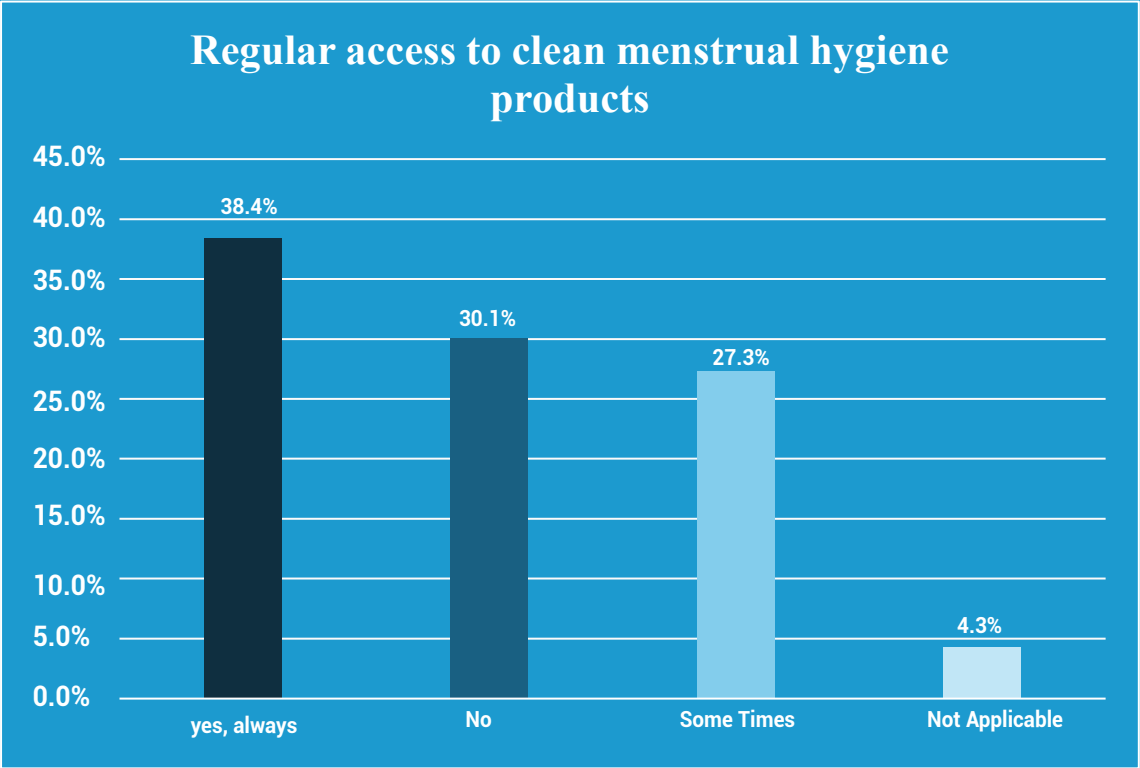


Which SRHR services have you heard of? (Select all that apply)

SRHR Service	Frequency	Percentage
Family planning/contraception	262	87.33%
STI testing and treatment	222	74.00%
Maternal and pre -natal care	219	73.00%
Counseling for relationships or health	219	73.00%
Safe abortion care (where legal)	169	56.33%
Youths’ friendly spaces	124	41.33%
I don’t know	2	0.67%

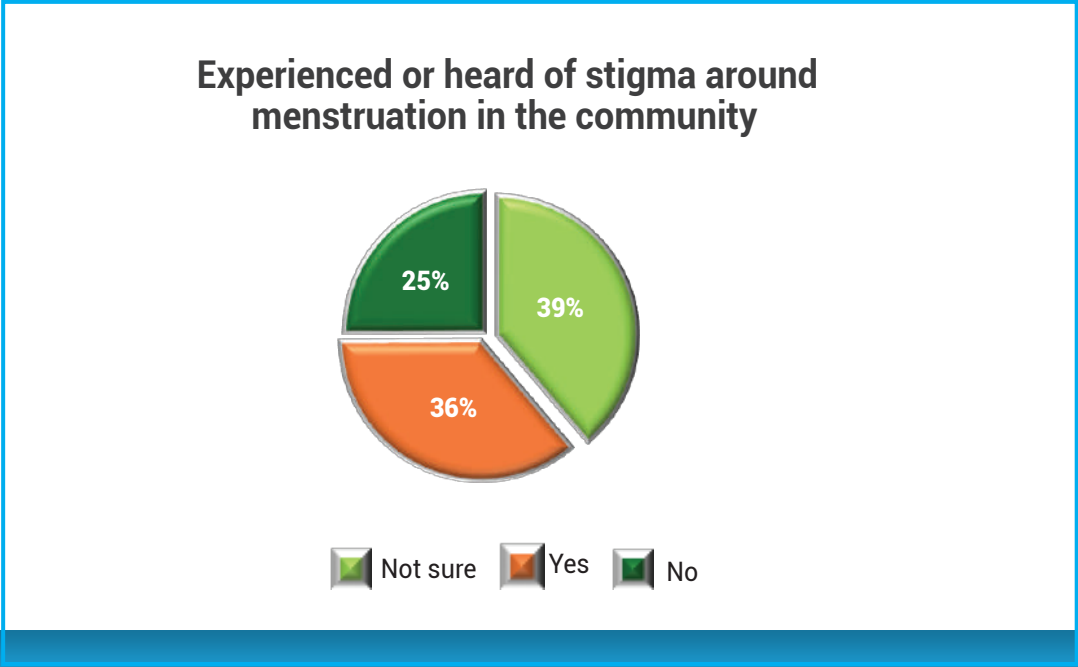
Do you have regular access to clean menstrual hygiene products (e.g., pads, tampons) and private facilities (e.g., clean latrines)

Most respondents (74.2%) are aware of the signs of STIs, 20% are unsure, and 6% do not know, indicating a relatively high level of awareness but still room for education.



Have you experienced or heard of stigma around menstruation in your community?

A significant portion of respondents reported experiencing or hearing about stigma around menstruation, with 36% saying yes and 39% unsure, while 25% said no, indicating that menstrual stigma is common but not universally recognized.



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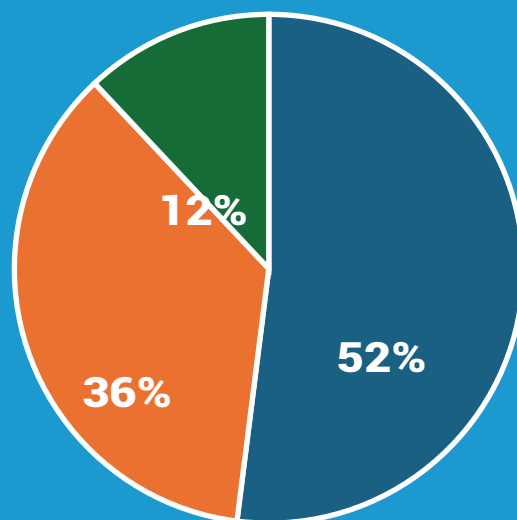
Reporting and Support Systems

Where do Victims Normally Seek Help From?

The findings show that the Police is the most frequently mentioned place for reporting cases, either alone or in combination with other actors, accounting for over 40% of responses. This dominance may be due to their recognized authority in handling crimes and urgent cases, as well as community awareness of their role. Health centers followed distantly (about 3% combined), often approached for medical attention, documentation of injuries, or referrals. Community Development Officers (CDOs), GBV desks, and Local Council leaders (LCs) were also mentioned, typically in combination with police, reflecting their supportive or mediating roles in community-level dispute resolution and victim support. Rare mentions of FIDA Uganda, courts, probation offices, and opinion leaders (each <1%) may indicate limited accessibility, awareness, or perceived responsiveness compared to more immediate and accessible structures like police and health centers.

Have you ever accessed SRHR services, such as contraception, maternal care, or STI testing?

Ever accessed SRHR services, such as contraception, maternal care, or STI testing



Yes No Prefer not to say

What might prevent someone from reporting GBV? (Select all that apply)

The main barriers to reporting GBV are fear of retaliation from abusers (82%), shame or community stigma (78.67%), lack of trust in authorities (78%), and not knowing where to get help (76.67%). Cultural beliefs, such as protecting family honor, account for 55%, while 3% said they don't know.

**What challenges do youths face in accessing SRHR services?
(Select all that apply)**

Youths face major challenges in accessing SRHR services, including distance to facilities (77.67%), lack of information (77.33%), high costs (75.67%), stigma or judgment (75%), and family or partner disapproval (59.67%). Only 2.33% said they don't know.

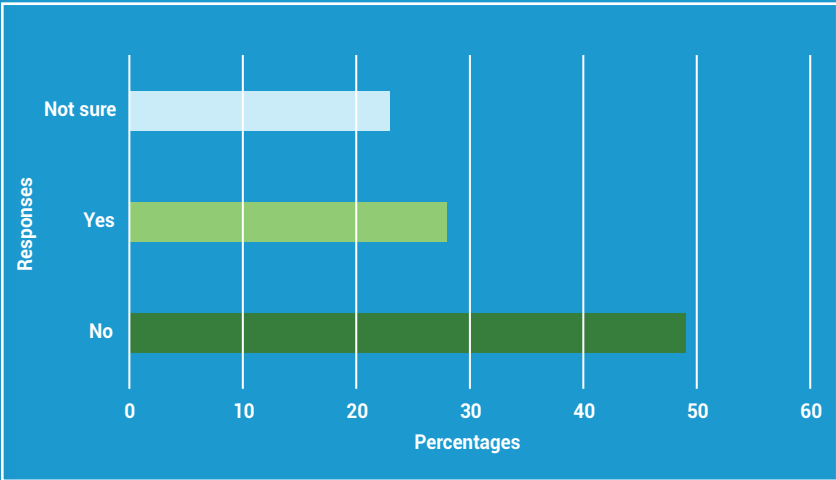
Are you aware of any laws in Uganda that protect youths from GBV or support SRHR?

Nearly half of respondents (49%) are not aware of any laws in Uganda protecting youths from GBV or supporting SRHR, 28% are aware, and 23% are unsure, indicating a low level of legal awareness among the community.

Respondents were asked to mention a few laws if they said yes

Most respondents who could name a law mentioned the Domestic Violence Law/Act (about 15%) and the Prohibition of Female Genital Mutilation Act (around 6.7%), with a few citing laws on trafficking, women's rights, and protection from mistreatment.

**Awareness of the laws that protect youths From GBV or support SRHR?
Percentage in UG**

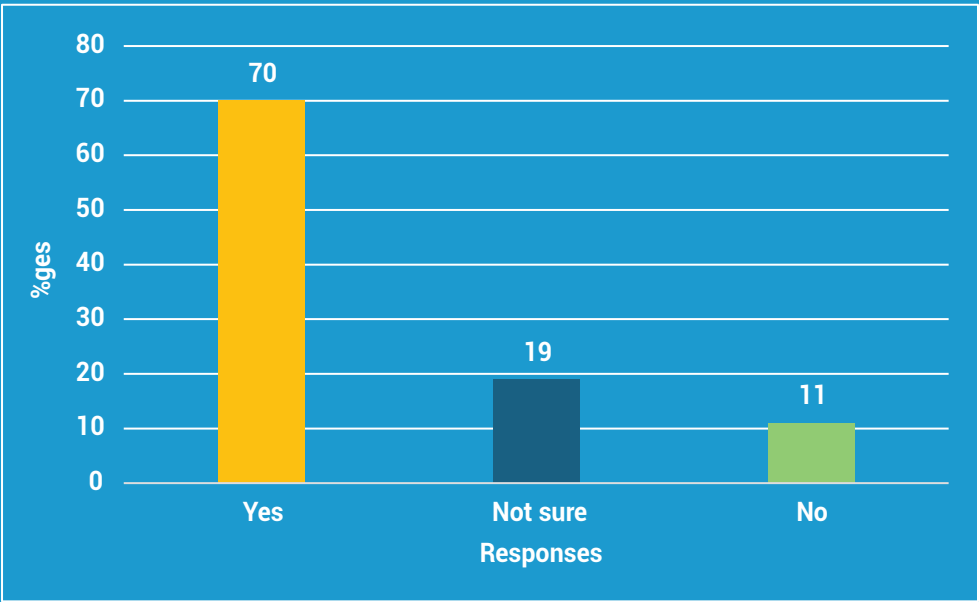


Yes! The low percentages and scattered responses show that most respondents could not name any specific law, indicating a significant gap in awareness of legal protection. The findings reveal a major gap in knowledge of legal protections for youths. While a small proportion mentioned the Domestic Violence Law/Act and the Prohibition of Female Genital Mutilation Act, most respondents could not identify any specific law. This limited awareness suggests the need for stronger community sensitization on existing legal frameworks that safeguard women's rights.

Do you think talking openly about GBV and SRHR in your community can reduce violence and improve health?

The majority of respondents (70%) believe that open discussions about GBV and SRHR in their communities can help reduce violence and improve health. This suggests strong support for awareness and dialogue as tools for change. However, 19% are uncertain, possibly due to doubts about community receptiveness or the effectiveness of such conversations, while 11% do not believe it would make a difference, likely reflecting deeply rooted cultural norms or mistrust in such initiatives.

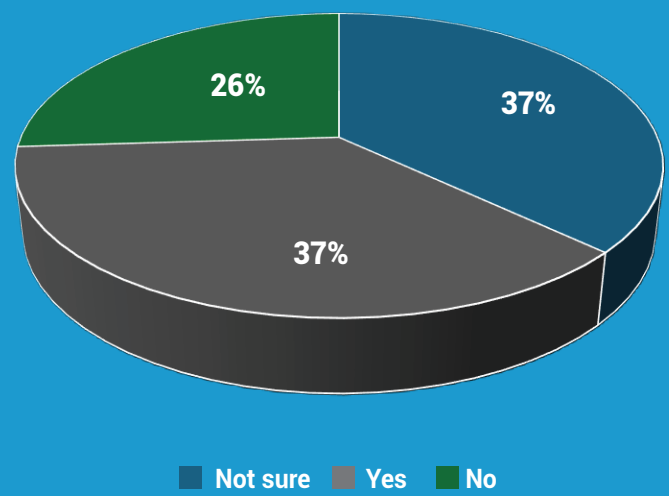
Perceptions on the Impact of Open Discussions about GBV Mental Health and SRHR



Do you think talking openly about GBV, Mental Health and SRHR in your community can reduce violence and improve health?

The responses show a divided perspective on involving male youths in preventing GBV, mental health and supporting SRHR. Equal proportions (37%) said “yes” and “not sure,” indicating both recognition of their potential role and uncertainty about how they can contribute. Meanwhile, 26% opposed their involvement, possibly due to perceptions that these issues should be addressed mainly by female youths or fears of undermining female-led efforts.

Should male youths be involved in preventing GBV, mental health and supporting SRHR? Percentage



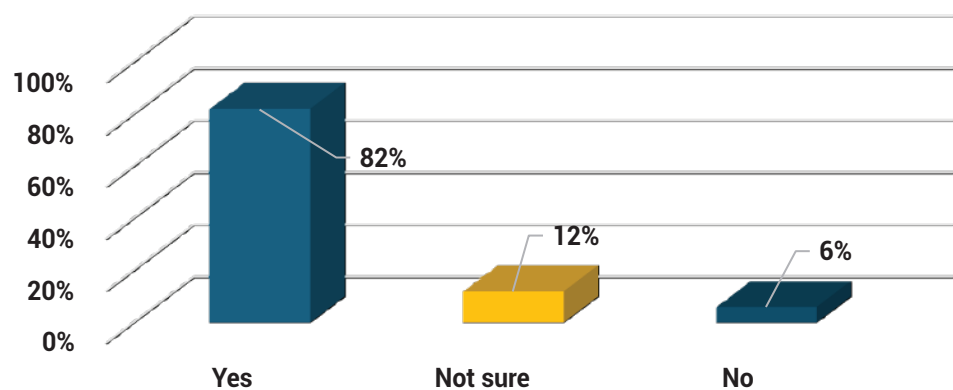
Asked If yes: How can male youths help in preventing GBV, mental health and supporting SRHR?

Responses show that those in favor of involving male youths believe they can help mainly by supporting survivors (11.33%) and challenging harmful norms (4.67%). A large number of answers emphasized their role in disseminating information about GBV, mental health and SRHR within communities, suggesting that male youths are seen as influential messengers who can reach peers, perpetrators, and grassroots levels effectively. Other suggestions included starting support groups, promoting gender equality, changing mindsets, and counseling fellow

Do you believe female youths can challenge GBV, mental health or access SRHR services by learning more about their rights?

Most respondents (82%) believe that female youth can challenge GBV, mental health and access SRHR services by learning about their rights, while 12% are uncertain and 6% do not think it would help. This highlights the perceived importance of rights awareness in empowering women.

Beliefs on Whether female youth Can Challenge GBV, mental health and Access SRHR Services by Knowing Their Rights

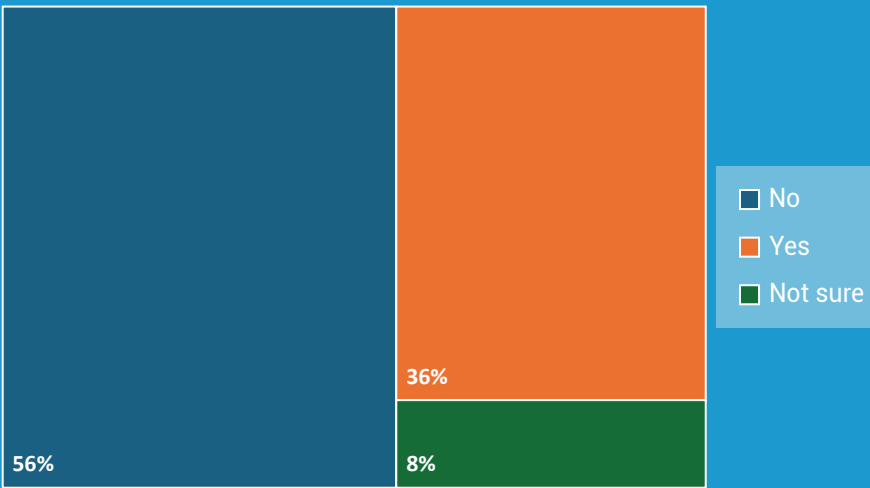


Are there groups or organizations in your community that support female youths facing GBV, Mental health or needing SRHR services?

Over half of respondents (56%) reported no groups or organizations in their community supporting female youths facing GBV, mental health or needing SRHR services, 36% said such support exists, and 8% were unsure, indicating significant gaps in local support systems.

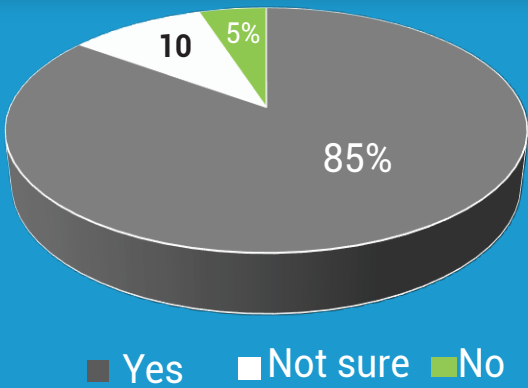
Yes, these organizations are real and actively work in GBV prevention, Mental health and SRHR support in Uganda, however, despite the presence of these organizations, the fact that 56% of respondents said no such groups exist and 8% were unsure suggests a low level of awareness. This could mean services are available but poorly publicized, organizations operate in limited areas, making them invisible to other communities, people may not connect these groups' work to GBV, Mental health and SRHR specifically.

Local Support for Female Youths Facing GBV, Mental Health and SRHR Needs



Would you be interested in attending training on GBV, Mental Health and SRHR to learn more and support others?

A large majority (85%) expressed interest in attending training on GBV, mental health and SRHR to learn more and support others, while 10% were unsure and 5% were not interested, indicating strong demand for capacity-building in this



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Discussion

- Strong awareness of GBV acts but low awareness of laws and support services.
- Societal norms are not widely linked to GBV by respondents, indicating a need for gender-norm sensitization.
- SRHR and mental health knowledge is moderately high, but access barriers remain.
- Menstrual hygiene and menstrual stigma require targeted interventions.
- Community interest in training is high, indicating readiness for capacity-build-

Conclusions

- GBV, Mental health and SRHR awareness exist but legal and structural knowledge is low.
- Access to SRHR services, mental health, menstrual hygiene, and support systems is limited.
- Respondents show high willingness to participate in training, making interventions viable and needed.

Recommendations

- Conduct community sensitization on GBV, Mental health SRHR, and laws.
- Increase visibility and access to local support organizations.
- Design training materials considering low smartphone penetration and education levels.
- Address menstrual hygiene gaps and stigma through community programs.
- Engage male youths in GBV prevention, mental health and SRHR awareness.