



EVOLVING PERSPECTIVES

RESULTS FROM THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES) IN CENTRAL UGANDA

ABOUT THIS STUDY

The International Men and Gender Equality Survey (IMAGES) in Central Region of Uganda included a population-based quantitative survey with women and men aged 15 to 49, as well as qualitative research focused on the intersection between violence against women and violence against children. Promundo-US produced this study in collaboration with the International Center for Research on Women (ICRW). Research partners included Economic Development Initiatives (EDI) Limited and the ICRW Africa Regional Office.

ABOUT THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES)

The International Men and Gender Equality Survey (IMAGES) is a comprehensive, multi-country study on men's and women's realities, practices, and attitudes with regard to gender norms, gender-equality policies, household dynamics, caregiving and fatherhood, domestic violence, sexual diversity, health, and economic stress, among other topics. Promundo and ICRW created IMAGES in 2008. As of 2018, IMAGES and IMAGES-inspired studies have been carried out in more than 35 countries. IMAGES surveys are generally conducted together with qualitative research to map masculinities, contextualize survey results, or provide detailed life histories that illuminate quantitative findings. The questionnaire is adapted to country and regional contexts, with approximately two-thirds of the questions being standard across settings. For more information, see: www.promundoglobal.org/images.

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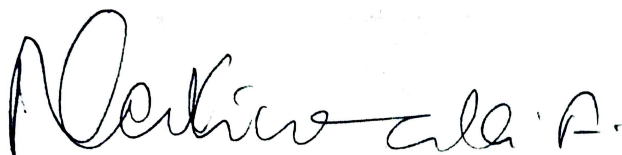
FOREWORD

Gender equality is a pressing concern in Uganda. Many recent indicators and studies, such as the United Nations Development Programme's Gender Inequality Index, the recent Demographic and Health Survey, and the Violence against Children Survey, reveal alarmingly high rates of inequalities and violence endured disproportionately by women and children. Violence towards women and children, amongst other inequalities, deeply impacts Uganda's development and the need to address these issues has been recognized. Today, the Government of Uganda continues to engage in ever-growing public and private partnership investments in new research to guide policy-making, and to design and implement programs to address gender-based violence. This is a worthwhile cause that we must all engage with.

The International Men and Gender Equality Survey (IMAGES) is one of the tools that can advance the effort towards achieving gender equality. As one of the most comprehensive household studies on men's and women's attitudes and practices related to gender equality, IMAGES provides new information to help shape our way forward by answering questions such as: What are men's positions on gender equality? What are the intersections between violence against women and violence against children? And what do men have to do with it?

The findings contained in this report provide new and important evidence that can be used by government and development partners both in policy formulation and in understanding, monitoring, and evaluating gender equality programs in Uganda. This study provides a pioneering and widespread synopsis of men and women's thoughts and actions: their knowledge, perceptions, and behaviors on gender norms, gender equality policies, household dynamics, caregiving and fatherhood, domestic violence, sexual diversity, health, and economic stress. It provides an opportunity to learn how best to approach these issues and how to continue to invest in Ugandan families and communities.

This IMAGES report marks yet another milestone in the government's commitment towards realizing Sustainable Development Goal 5 on the promotion of gender equality. Effective implementation of the recommendations in this report will shape the development of sustainable gender equality programs and will bring about empowered and transformed communities. I urge all actors, particularly development partners, civil society organizations, faith-based organizations, cultural institutions, and the private sector, to work with the government in implementing the recommendations in this report.



Hon. Florence Nakiwala Kiyingi

Minister of State for Youth and Children Affairs

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LIST OF ACRONYMS

CDC	CENTER FOR DISEASE CONTROL
CES-D	SCALE CENTER FOR EPIDEMIOLOGICAL STUDIES - DEPRESSION SCALE
EDI	ECONOMIC DEVELOPMENT INITIATIVES
GEM	SCALE GENDER EQUITABLE MEN SCALE
HIV	HUMAN IMMUNODEFICIENCY VIRUS
ICF	INNER CITY FUND
ICRW	INTERNATIONAL CENTER FOR RESEARCH ON WOMEN
IMAGES	INTERNATIONAL MEN AND GENDER EQUALITY SURVEY
IUD	INTRAUTERINE DEVICE
LSHTM	LONDON SCHOOL OF HEALTH AND TROPICAL MEDICINE
MOGLSD	MINISTRY OF GENDER, LABOR, AND SOCIAL DEVELOPMENT
PEPFAR	PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
SD	STANDARD DEVIATION
UBOS	UGANDA BUREAU OF STATISTICS
UNDP	UNITED NATIONS DEVELOPMENT PROGRAMME
UPHIA	UGANDA POPULATION-BASED IMPACT ASSESSMENT
WHO	WORLD HEALTH ORGANIZATION

This report is dedicated to the memory of Stella Mukasa, the International Center for Research on Women's Regional Director for Africa, a fierce advocate for gender equality and women's rights in Uganda and globally.

May her legacy inspire all of us to work for a better, more just world.

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Dr. Gary Barker
President and CEO, Promundo-US

ABOUT THE ORGANIZATIONS

PROMUNDO

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls. Promundo is a global consortium with members in the United States, Brazil, Portugal, and the Democratic Republic of Congo who collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact gender-transformative interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender justice. For more information, see: www.promundoglobal.org.

INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW)

For more than 40 years, the International Center for Research on Women (ICRW) has been the premier applied research institute focused on gender equity, inclusion and the alleviation of poverty. Headquartered in Washington, DC, with regional offices in India and Uganda, ICRW works with nonprofit, government, and private sector partners to conduct research, develop and guide strategy, and build capacity to promote evidence-based policies, programs, and practices. Learn more at: www.icrw.org.

ECONOMIC DEVELOPMENT INITIATIVES (EDI) LIMITED

Economic Development Initiatives (EDI) Limited in the United Kingdom and its sister company EDI Limited in Tanzania are part of the EDI Group of companies that design, implement, manage, and support a wide range of socioeconomic surveys through the provision of world-class services, tools, and innovations. From offices in Bukoba and Dar es Salaam, the Tanzanian entity conducts many surveys throughout the country and more widely within East Africa on behalf of national governments, donors, research institutes, and foundations. These projects normally cover large sample groups (2,000-plus) and include impact evaluations, panel surveys, and health and biometric data collection, among other methods. For more information, see: www.edi-global.com.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In Uganda, rates of violence against women are alarmingly high. Approximately half of ever-married women report ever experiencing physical or sexual violence perpetrated by their partner or spouse (Uganda Bureau of Statistics [UBOS] & ICF, 2018). The rates of violence against adolescent girls in Uganda are the highest in the world, with 53 percent of adolescent girls experiencing physical violence between the ages of 15 and 19 (MacQuarrie, Mallick, & Allen, 2017). While many studies have been conducted in Uganda on related subjects – such as gender-based violence, sexual and reproductive health, and violence against children – few focus specifically on both men’s and women’s attitudes and practices related to gender equality across a wide range of topics. **The International Men and Gender Equality Survey (IMAGES), a population-based quantitative survey with more than 2,000 respondents conducted in Central Uganda in 2017, not only contributes to a growing evidence base on violence, gender, and health, but is also one of the first efforts in the country to explore men’s positioning on gender equality.**

FINDINGS FROM IMAGES CENTRAL UGANDA

Overall, IMAGES findings in Central Uganda affirm the urgent need to address inequitable attitudes and norms related to gender. Mirroring global research, as well as findings from other IMAGES studies in East Africa, IMAGES Central Uganda exposes inequities that must be tackled to make progress on important development outcomes, including reducing the high rates of intimate partner violence and violence against children. IMAGES findings also highlight the role that men and boys play in both maintaining and dismantling gender inequality. Ending violence and promoting gender equality bring benefits to everyone – women, children, and men – and to society overall.

In general, IMAGES findings suggest limited support for, and perhaps some backlash against, ideas around gender equality in Central Uganda. Many men subscribe to a zero-sum view of equality – over half of male survey respondents said more rights for women mean that men lose out, and one in three agreed that when women work, they are taking jobs away from men. Fewer women, though still a relatively large proportion, similarly supported these views. Men also generally held more inequitable attitudes about gender roles within the household, and perceptions of existing domestic violence legislation were quite negative – three-quarters of men surveyed agreed that women were using these laws to dominate men, as did about half of women.

A key concern in Central Uganda is violence, with IMAGES findings echoing other studies to show that violence against women and children occurs at alarmingly high rates. In the IMAGES survey, approximately three in ten respondents reported ever seeing or hearing their mother being beaten by her male partner, and a higher proportion reported witnessing their mother being yelled at and/or humiliated

by her male partner. One in four respondents reported experiencing some type of physical violence as a child, including being beaten, slapped, kicked, or punched by a parent. The landscape of intimate partner violence is also concerning – 52 percent of ever-partnered women reported experiencing some form of physical or sexual violence at the hands of an intimate partner in their lifetime. Men’s admission to using these types of violence, while much lower, was still at 40 percent, highlighting the normativity of this behavior. Findings also reveal the frequent overlap between violence against women and violence against children: about one in three men has used both harsh physical discipline and physical or sexual intimate partner violence in their lifetime; and one in two women who have been the victims of this violence have used violence against their children as well.

However, IMAGES Central Uganda shows evidence of improvement around the use of violence against children. While rates of both physical and non-physical harsh discipline remain high – close to six in ten respondents reported ever hitting their child with an object such as a paddle, stick, or broom – respondents reported using less harsh punishment with their children than they themselves experienced in their childhood. Instead, there were reports of frequent use of positive disciplining techniques. These techniques include, for example, explaining why the child’s behavior was wrong and complimenting or praising the child when they do something well. The prevalent use of positive discipline suggests an entry point to build upon existing positive practices in Central Uganda and reduce other forms of harsh child punishment within the home.

By looking into household dynamics in childhood and nowadays, IMAGES Central Uganda reveals the potential for men’s engagement in care work to be transmitted intergenerationally (although only from the perspective of male respondents). Respondents were asked about gendered childhood experiences, including their father’s (or their mother’s male partner’s) participation in housework in their childhood homes. Men whose male model actively participated in tasks typically considered women’s work (such as cooking, cleaning, and washing clothes), were over four times more likely to report participating in these currently than those who had uninvolved male figures in their childhood (36 percent vs. 8 percent respectively). However, men’s reported participation in housework clashes with women’s perceptions – men report sharing or taking on the burden of these tasks about nine times more often than the women in the sample report their partners doing so (43 percent of men vs. 5 percent of women). In spite of this, the vast majority of men (89 percent) and women (85 percent) said they were satisfied with the division of household work, conforming to gendered expectations of appropriate roles in the family.

Men’s and women’s reports of how decisions are made in their relationships are more equitable than their personal attitudes and perceived community expectations would indicate. Seventy-eight percent of men and 58 percent of women think a man should have the final word about decisions in the home. And yet, about 90 percent of men and 80 percent of women feel their community expects men to dominate household decisions, and a similar proportion of men and women agreed that men in their communities do, in fact, dominate in this regard. Similar, if less pronounced, trends are also found when inquiring about women’s right to challenge their partners’ opinions or decisions. The findings suggest that, although men’s dominance in household decisions is perceived to be the norm, individual attitudes as well as reported practices are somewhat more equitable.

As with domestic tasks, the data shows that women do the vast majority of caregiving, but men and women differ in their reporting of men's participation in care work. Both men and women reported women generally do the majority of routine childcare tasks like diapering, feeding, and bathing. Men, and to a lesser extent women, reported greater male participation in playing with the child, and helping with homework. But, overall, men are much more likely than women to report childcare tasks are shared equally or done together. Yet, most respondents – 72 percent of men and 64 percent of women – believe men spend too little time with their children due to their work, suggesting fatherhood is an important aspect of men's identities and that there is a strong desire for men to spend more time with children.

IMAGES Central Uganda also asked about sexual and reproductive health, finding the nature of respondents' reported first sexual experiences varied and revealing a gap in men's and women's experiences and perceptions of sexual coercion and consent. Three in ten women reported a first sexual experience that was nonconsensual: in these cases, women reported being either forced to have sex (13 percent) or not wanting to have sex but had sex anyway (16 percent). In contrast, less than one in ten men reported an experience of coerced or unwanted first sex (5 percent). A similar proportion of women and men, about a third, reported using a condom during their first sexual encounter. However, women who were forced or coerced into their first sexual experience were less likely to report condom use at first sex compared to women who characterized their experience as consensual (22 percent vs. 41 percent).

Data from IMAGES Central Uganda also highlight important differences related to health and well-being between men and women; some of which are linked to ideas about masculinity and to gender inequalities in power and resources. Consistent with other research around masculinities and risk-taking behavior, the survey showed that women are more likely to access physical health services, but more men seek medical attention for injuries and accidents than women. High levels of depression were detected among both men and women, with men expressing particular dissatisfaction about life as a whole. Yet, when asked about their sense of control over important and day-to-day decisions in their lives, men felt in charge much more so than women. Perhaps due to the framing of questions and/or possible embarrassment around disclosure of alcohol use, participants reported surprisingly low rates of alcohol use and abuse, and these results should be interpreted with caution.

LOOKING FORWARD

The IMAGES Central Uganda findings illuminate potential areas for promoting gender equality and achieving key health and development outcomes, and specifically, for making progress on Uganda's goals to eliminate violence against women and against children. The following actions are recommended to ensure that policies, programs, and public education campaigns aimed at engaging men, alongside women, advance towards these goals:

- **Push for a transformation of gender attitudes and norms:** Advocacy and outreach efforts, interventions, and policies should build support for gender equality and freedom from violence. Positive, or non-deficit, approaches that encourage men's and women's existing equitable beliefs, and that highlight the clear gap between perceptions of the community and people's

own attitudes and behaviors, may be more effective than messaging that simply highlights, for example, the high rate of violence and the harm that it causes.

- **Build on, and boost the visibility of, existing positive behaviors:** When it comes to practices, men and women are already reporting high levels of positive parenting behaviors, as well as individual attitudes that are less supportive of violence compared to perceived community norms. Many men are also reporting accompanying their partners to antenatal care visits and seeking support from others when they feel upset or stressed. Promoting these positive, contextually-relevant behaviors through programs and campaigns can begin to shift norms and drive positive change.
- **Implement programs to improve parenting as well as couples' relationship quality, specifically targeting men:** Both men and women report quite inequitable relationships and low rates of men's involvement in the household and caregiving. The analysis also finds that quarreling and low communication can lead to negative outcomes such as intimate partner violence and lower rates of contraceptive use. This suggests the importance of couple-focused approaches, which build relationship skills, promote communication, and focus on more equitable power dynamics, as well as of positive, nonviolent parenting.
- **Work with adolescents to shift attitudes and build skills around gender equality:** Given high rates of sexual violence and coerced or forced experiences of first sex (as also reported in the Uganda Violence against Children Survey 2018), it is important to work with young people, as well as the adults who care for them – parents and guardians, teachers, and health providers.
- **Strengthen violence prevention and response laws and policies, appropriately budget for and fund their implementation, monitor their enforcement, and target public opinion to highlight the benefits of these policies:** IMAGES data show little support for laws to ban harsh punishment of children at home or at school and mixed feelings about laws around domestic violence, with large proportions of men (but also women) expressing that women are taking advantage of the laws to dominate men and that the laws contribute to conflict in the family. Raising public awareness of the benefits of these policies, as well as their fair enforcement, can increase public support for them.
- **Finally, encourage more research to better understand and respond to multiple intersecting forms of violence:** While there has been much advancement in the past decade (e.g. the Lancet Series on VAWG, including Ellsberg et al. 2015); it is important to continue to build upon the gaps in the violence prevention and response fields to ensure that we are effectively working towards gender equality and lives that are free from violence.



PART I

**INTRODUCTION,
BACKGROUND, AND METHODS**

1. INTRODUCTION

Gender inequality is an important concern for health and development outcomes, as well as to ensure the right to non-violence in Uganda. The country is ranked 126 of 160 nations on the 2017 United Nations Development Programme's Gender Inequality Index, putting it in the bottom quartile of countries in terms of the negative costs to human development of gender inequalities (UNDP, 2017). The 2016 Uganda Demographic and Health Survey found that over half of married women in Central Uganda lack the autonomy to make decisions pertaining to their own health care, major household purchases, and visits to their own family or relatives (UBOS & ICF, 2018).

Rates of violence against women are alarmingly high – approximately half of ever-married women report ever experiencing physical or sexual violence perpetrated by their partner or spouse (UBOS & ICF, 2018). During their childhood, six in ten girls and seven in ten boys experience physical violence, while one in three girls and one in six boys experience sexual violence (Uganda Ministry of Gender, Labour and Social Development [MOGLSD], 2015). The rates of violence against adolescent girls in Uganda are the highest in the world, with 53 percent of adolescent girls experiencing physical violence between the ages of 15 and 19 (MacQuarrie et al., 2017).

The United Nations Sustainable Development Goals – to which Uganda is a signatory¹ and which include targets around eliminating violence and harmful practices, recognizing and valuing unpaid care, ensuring women's participation in leadership and public life, and guaranteeing universal access to sexual and reproductive health and rights (Goal 5) – have fostered additional attention to promoting gender equality and women's empowerment at the policy and program levels. Consequently, addressing violence has become an important priority for the government of Uganda, which has invested in new research to help guide policy and programming.

¹ Uganda was one of the first countries to develop its 2015-16 to 2019-20 national development plan in line with the Sustainable Development Goals. The Ugandan government estimates that 76 percent of the goals' targets are reflected in the plan and adapted to the national context. The United Nations country team has supported the government to integrate the Sustainable Development Goals into sub-national development plans in line with the national plan. Also see: <http://www.ug.undp.org/content/uganda/en/home/sustainable-development-goals.html>.

Many studies have been conducted in Uganda on gender-based violence (Starmann et al., 2017; Abramsky et al., 2014; Okello & Hovil, 2007), sexual and reproductive health (UBOS & ICF, 2011; UBOS & ICF, 2018), and violence against children (Naker, 2008; Raising Voices & London School of Health and Tropical Medicine [LSHTM], 2017; MOGLSD, 2015). However, few focus specifically on both men's and women's attitudes and practices related to gender equality across a wide range of topics, in other words, a truly relational approach to gender. Progress toward gender equality requires acknowledging the need to involve everyone – women and girls, men and boys – and to consider how harmful and inequitable gender dynamics between, and among, men and women are entrenched in multiple dimensions of daily life. Unfortunately, the role of men in promoting gender equality and men's own gendered experiences have yet to be fully acknowledged in policies, programs, and public discourse in Uganda as in most of the world.

The International Men and Gender Equality Survey (IMAGES), conducted in the Central Region of Uganda in 2017, not only contributes to a growing evidence base on violence, gender, and health but also is one of the first efforts in the country to explore men's positioning on gender equality. IMAGES enables the exploration of associations, from the perspective of both men and women, between various dimensions of gender (e.g., gender attitudes, gendered experiences in childhood, and gender dynamics in the household) and a wide variety of health and behavioral outcomes (e.g., health, violence, household dynamics, sexual and reproductive health and rights, and parenting). This report presents the key findings and recommendations from the IMAGES study in Central Uganda.

2. METHODS

IMAGES Central Uganda included both a population-based quantitative survey and a qualitative study focused on service provider perspectives on the intersections between violence against women and violence against children. This section describes the methods used to collect and analyze the data presented in this report.

2.1 SURVEY

2.1.1 Sample and Coverage

Uganda is a hugely diverse and multilingual country – its four regions are home to two official languages, 40 native languages and 56 tribes. To capture such diversity in any valid and significant way is indeed very challenging. Therefore, due to resource constraints, only its Central Region was purposively selected to implement the IMAGES survey. In this region, IMAGES contributes to an existing body of research that has examined a range of gender topics, including constructions of masculinity in urban areas (Wyrod, 2008), cultural construction of womanhood (Kyazike, 2016), violence against women (Abramsky et al., 2014), and the intersections of violence against women and children (Namy et al., 2017; Carlson et al., n.d.). In addition, while it is not at all representative of all communities in Uganda, the Central Region – and especially the areas closer to the capital city – boasts a diversity unparalleled in other regions of the country.

Respondents were selected through a multi-stage sampling design. From the Central Region (purposively selected), 66 villages (56 for data collection and ten for replacement) were randomly selected using Probability Proportional to Size sampling. From each of these villages, two enumeration areas or sub-villages were randomly selected and assigned to be either “male” or “female” in accordance with ethics and safety considerations (described in Section 2.3). Then, from each of the 112 resulting single-sex sub-villages, 18 households were selected using the random walk approach and one eligible respondent per household was randomly selected from a household listing.

The survey therefore included 2,016 respondents (1,008 men and 1,008 women) aged 15 to 49. To allow for a sufficient sample size to analyze the youth data, adolescent men and women (aged 15 to 19) were oversampled to represent one-third of the total sample size (672 respondents).

As explained in section 2.1.4, full sample statistics reported throughout this report are weighted to correct for the oversampling of adolescents. For a more detailed description of the sampling or reporting strategies, please contact research@promundoglobal.org.

2.1.2 Data Collection Tools

The survey questionnaire was adapted to the Central Ugandan context based on inputs from various key stakeholders in the country as well as specific research questions from recent IMAGES studies in the East African region. The adapted tools were translated into Luganda and back-translated into English. Discrepancies in translation were discussed item by item and corrected. Questionnaires were then programmed into handheld tablets using Surveybe software and pilot-tested for content as well as fieldwork procedures prior to beginning full data collection. The questionnaire and fieldwork manuals were further refined based on the pilot.

2.1.3 Fieldwork

Data collection took place in March and April 2017. A total of 2,820 households were visited to reach the target of 2,016 completed interviews (see Table 2.1.3a).

Table 2.1.3a.

Overview of IMAGES Uganda quantitative interviews

FINAL INTERVIEW RESULT	NUMBER OF ATTEMPTED INTERVIEWS (n)	PERCENTAGE OF ATTEMPTED INTERVIEWS* (%)
Completed	2,016	71.5%
Respondent unavailable / unavailable at scheduled time	213	7.8%
Household not eligible	503	17.8%
Incomplete	24	0.9%
Refused (household or respondent)	64	2.3%
TOTAL	2,820	100.0%

* Percentages may not total 100 due to rounding.

The interviews were administered by 24 trained interviewers (12 men and 12 women) organized into four same-sex teams led by a same-sex supervisor and helped by an opposite-sex assistant selected among interviewers. All interviews were sex-matched, meaning that male interviewers interviewed male respondents and female interviewers interviewed female respondents. All supervisors and interviewers received extensive training on the questionnaire content; the use of computer-assisted personal interviewing technology and electronic tablets; fieldwork procedures; and ethics on and procedures for conducting research on sensitive topics, including violence. The training also included sessions on gender, violence, and sexual and reproductive health to create awareness and comfort among interviewers, preparing them to administer questions on these topics openly and respectfully.

A range of quality-assurance mechanisms during and after data collection ensured the data met high quality standards. Supervisors directly observed interviews during the first days of data

collection to reinforce adherence to protocol and good interviewing techniques. Automated routing patterns and customized consistency checks provided immediate feedback to the interviewers on errors, missing responses, and inconsistencies. The data-processing team conducted additional crosschecks and provided ongoing feedback to the field teams. Finally, 10 percent of the total sample was randomly selected for revisits with a short 26-question version of the questionnaire, with few discrepancies that were noted and resolved.

2.1.4 Data Analysis

This report presents descriptive statistics as well as results from bivariate and multivariate analyses. Data were entered and analyzed using Stata 14. Composite variables and scales were constructed as appropriate and are explained in the relevant sections of the report. Statistical tests used include t-tests, analysis of variance, chi-squared tests, and regression models, as appropriate. Detailed multivariate analysis results are not presented in the text but are available from the authors.

Post-stratification weights were calculated and applied to correct for the oversampling of adolescents. Weights were computed using age and gender distributions for the Central Region, as reported in the 2016 Uganda Demographic and Health Survey (UBOS & ICF, 2018). This report presents weighted data for the full sample and unweighted data when presenting disaggregated data comparing adolescents to adult.

2.2 ETHICS AND SAFETY CONSIDERATIONS

The research team obtained ethical approval from the Clarke International University Research Ethics Committee (formerly the International Health Sciences University Research Ethics Committee) and the Uganda National Council for Science and Technology.

The teams obtained and recorded informed consent from all participants, who were assured that participation was voluntary and that they could refuse to answer any question or terminate the interview at any point. Parental consent was required for respondents under age 18, and the respondent's own informed consent was then sought in private. Only minors living on their own or considered the "head of household" (e.g., married, running their own household, or not living with parents) were administered informed consent directly without parental approval.

The research team followed standard ethical procedures for research on intimate partner violence as outlined by the World Health Organization (2001). For the survey, men and women were sampled from different sub-clusters to avoid interviewing men and women from the same communities, thereby reducing the likelihood they would alert others to the content of the study. Interviewers carried out the interviews in private, quiet spaces (only children younger than 2 were allowed). Reminders to the interviewer to confirm privacy were programmed into the most sensitive sections

of the interview, and interviewers offered all survey participants a list of relevant services in their area, including health clinics and social welfare offices. Interviewers participated in sessions led by a trained mental health professional about vicarious trauma and self-care methods for researchers of sexual and intimate partner violence before and after data collection, and they were able to seek additional individual support as needed. Supervisors received additional training in conducting debriefing sessions and supporting the health and well-being of their teams.

Finally, survey data files were encrypted, and thus third parties (including interviewers) could not access any study-related information at any point during the project.

2.3 LIMITATIONS

This study is not without limitations. While issues of gender and masculinities are relevant to the entire country, resource constraints restricted the sample to just one of the four Ugandan regions. This survey can, therefore, be considered representative of the Central Region only. In addition, the number of individuals with certain characteristics (for example, adolescent parents) was too small to allow for meaningful comparative analysis.

Lastly, as with any research reliant on respondent self-reports, a risk of “social desirability bias” may be present in this survey, particularly around sensitive topics. While IMAGES draws on years of experience to minimize social desirability bias and maximize the comfort of men and women answering sensitive questions, these are challenges faced by any survey research on such topics. In anticipation of these challenges, data collectors received thorough training, as previously described.



PART II
FINDINGS

3. SAMPLE BACKGROUND AND CHARACTERISTICS

Table 3.a shows the demographic characteristics of surveyed men and women, presented as weighted percentages and counts of the entire sample. The mean age of respondents was 28.4 for men (standard deviation [SD] = 9.4) and 27.7 for women (SD=9.0). Education levels were similar for surveyed women and men, with 48 percent of men and 50 percent of women having some level of primary schooling. Very few respondents had no formal schooling (2 percent of men and 5 percent of women). About half the sample self-identified as being of Baganda ethnicity, and the majority identified as being Christian. While the vast majority of respondents had some type of employment in the previous three months, a much larger proportion of women were unemployed relative to men (22 percent versus 3 percent). Only about four in ten men and women reported their employment situation was stable, and economic hardship was reported in high numbers. Over half of women (51 percent) and men (56 percent) said that they are able to make ends meet “with some or great difficulty”, as opposed to “with a little difficulty” or “easily”.

Table 3.a.

Background characteristics of survey respondents (weighted data)*

	MEN		WOMEN	
	%	n	%	n
Age				
15-19	20.8%	209	19.9%	200
20-24	20.5%	207	25.5%	257
25-34	31.9%	321	30.2%	304
35-49	26.9%	271	24.4%	246
Education				
No formal schooling	2.2%	22	4.9%	49
Up to Primary 7 (+vocational)	47.6%	480	49.9%	503
Up to Senior 6 (+vocational)	43.8%	442	41.8%	422
Beyond ordinary diploma	6.2%	63	3.3%	34
Adult	0.1%	1	0.0%	0
Religion				
Christianity	81.1%	818	81.9%	825
Islam	18.5%	187	16.8%	169
Traditional	0.2%	2	0.0%	0
Other	0.1%	1	1.4%	14

	MEN		WOMEN	
	%	n	%	n
Ethnic background				
Baganda	57.4%	579	54.4%	548
Banyankore	8.4%	84	12.0%	121
Basoga	7.0%	71	5.5%	56
Other (e.g., Bafumbira, Bakiga, Banyarwanda)	27.2%	274	28.1%	284
Employment status in last three months				
Employed for wage	29.8%	301	14.9%	151
Working on own family farm/business	57.8%	583	51.2%	516
Not employed	3.1%	32	22.1%	223
Student	9.0%	91	11.5%	116
Retired	0.1%	1	0.0%	0
Unable to work	0.1%	1	0.3%	3
Employment situation is mostly stable (agree/strongly agree)**	38.9%	371	40.5%	376

* Percentages may not equal 100 due to rounding.

** This question was not asked of respondents who reported they were students, retired, or unable to work in the previous three months.

As seen in Table 3.b, a larger proportion of women than men were married and/or cohabitating with a partner at the time of the survey (60 percent compared to 49 percent). Mean age at first marriage was 18.8 for women and 23.2 for men, consistent with the most recent Demographic and Health Survey data showing age at first marriage to be at 18.7 for women and 23.3 for men (UBOS & ICF, 2018). About one in five ever-married women reported being married between 15 and 17 compared to 2 percent ever-married men. On average, respondents had just under four children.

Table 3.b.

Marriage and family demographics (weighted data)*

	MEN		WOMEN	
	%	n	%	n
Currently married or cohabitating	49.0%	494	59.5%	600
Ever partnered	89.9%	906	89.3%	900
Ever cohabitated with partner	61.7%	621	75.7%	763
Ever married	50.5%	509	64.8%	654
Age at first marriage (mean (SD))	23.2 (4.6)		18.8 (3.0)	
Married before age 18 (among ever married)	2.0%	20	21.1%	213
Age difference from marital partner (mean (SD))	5.1 (7.6)		-6.0 (7.5)	
Percentage of respondents with children	57.0%	575	75.2%	758
Number of children (mean (SD))	3.8 (3.0)		3.5 (2.4)	

* Percentages may not total 100 due to rounding.

4. GENDER ATTITUDES

Attitudes and norms about gender – ideas about what is appropriate or typical for men or for women – shape and influence men’s and women’s daily lives, from their household responsibilities to contraceptive use to the use or experiences of violence (Pulerwitz & Barker, 2008; Barker et al., 2011; Levtoy et al., 2014; Fleming et al., 2015). This section explores what Central Ugandan men and women think about gender equality in general – as well as gendered roles and dynamics in their homes, in their communities, and in public life – by asking participants to indicate their level of agreement or disagreement with a set of statements about gender equality and gender relations.

4.1 GENDER EQUALITY AND GENDER ROLES

In general, IMAGES findings suggest limited support for, and perhaps some backlash against, ideas around gender equality. Many men subscribe to a zero-sum view of equality – over half said more rights for women mean that men lose out, and one in three agreed when women work they are taking jobs away from men. Fewer women, though still a relatively large proportion, similarly supported these views – 33 percent and 18 percent, respectively.

As shown in Table 4.1a, **men generally held more inequitable attitudes about gender roles than women did regarding household roles.** For example, 77 percent of men, compared to 86 percent of women, agreed that childcare duties such as changing diapers and giving baths to children are the mother’s responsibility. Women were more likely to agree the man should have the final word about decisions in the home (78 percent of women versus 58 percent of men).

A much lower proportion of respondents agreed with justifications for and tolerance of violence in relationships. Specifically, about one-third of men and women believed that a woman should tolerate violence to keep her family together (34 percent), while 38 percent of men agreed there are times when a woman deserves to be beaten compared to 25 percent of women. Finally, while justification for violence was low, more than half of respondents believed violence should be a private matter without interference from others (57 to 58 percent).

Unsurprisingly, only 12 percent of women agreed that a man needs more than one sexual partner while 33 percent of men agreed with this statement. At the same time, a much larger proportion of women believed pregnancy prevention to be the responsibility of the woman rather than the man (64 percent of women versus 45 percent of men).

To further explore gender attitudes across multiple domains, the analysis team constructed a gender attitudes scale² including ten items measuring attitudes related to gender roles, sexuality and reproduction, violence, and caregiving.³ The scale was constructed as a continuous variable representing the mean score responses across the ten items on a scale ranging from 0 to 3, with higher scores signaling more equitable attitudes. Overall men had slightly less equitable scores than women (1.5 versus 1.6, respectively, with the difference significant at $p < 0.001$).

Table 4.1a.

Percentage of respondents who agreed or strongly agreed with statements on gender roles and relations (weighted data)

STATEMENT	MEN	WOMEN
Gender equality in general		
When women work, they are taking jobs away from men.	32.6%	17.8%
More rights for women mean that men lose out.	53.8%	33.3%
Gender roles in the household		
I believe a woman's most important role is to take care of the home and cook for the family.*	75.3%	79.2%
I think changing diapers, giving baths to children, and feeding children are the mother's responsibility, not the father's.*	77.0%	85.5%
I think it is shameful when men engage in caring for children or other domestic work.*	24.1%	30.2%
Power and decision-making		
I think that a man should have the final word about decisions in the home.*	77.5%	58.0%
A woman does not have the right to challenge her man's opinions and decisions, even if she disagrees with him.*	32.6%	34.3%
Violence against women		
I think there are times when a woman deserves to be beaten.*	37.5%	25.2%
I believe that a woman should tolerate violence to keep the family together.*	34.1%	34.1%
I think violence between a husband and a wife is a private matter and others should not interfere.*	57.7%	57.3%
Sexuality and reproduction		
I think a man needs more than one sexual partner even if they already have a partner.*	32.7%	12.2%
It is a woman's, not a man's, responsibility to avoid getting pregnant.*	45.4%	63.9%
A real man has many children.	38.6%	37.3%
A man who can't have children is not a real man.	52.7%	52.3%
Gender attitudes composite (mean (SD)), with higher scores indicating more equitable attitudes (range 0-3)	1.5 (0.40)	1.69 (0.4)

* Items included in the validated Uganda gender attitudes scale.

WHO HAS MORE EQUITABLE GENDER ATTITUDES IN UGANDA?

Previous research has shown that men's and women's attitudes are shaped by their background and childhood experiences (Levtov et al., 2014). To better understand gender attitudes in Central Uganda, the study team examined the associations between respondents' demographic characteristics, childhood experiences (including childhood violence and early marriage), and gender attitude scores using bivariate and multivariate regression models. The following results are all statistically significant at $p < 0.05$.

For women, older age and higher level of education were associated with holding more equitable attitudes. Additionally, women whose mother worked outside the home and those whose father had a high level of education (i.e., ordinary diploma or beyond) also held more equitable gender attitudes, although mother's labor participation did not remain a significant predictor in multivariate models. Women who experienced physical violence in their childhood home were also more likely to hold equitable attitudes, perhaps in reaction to those negative experiences. Women who were married before the age of 18 and those

who reported having some or great difficulty making ends meet reported less equitable attitudes, but these associations were not significant in multivariate models and should be further explored.

Among men, it was also those who were older and more educated (beyond ordinary diploma, as compared to those with no formal schooling) who expressed more equitable attitudes. Men who had children, and those whose mothers had a secondary education, also had significantly more equitable views. Men who married before the age of 18 (a small proportion of the sample) held less equitable attitudes.

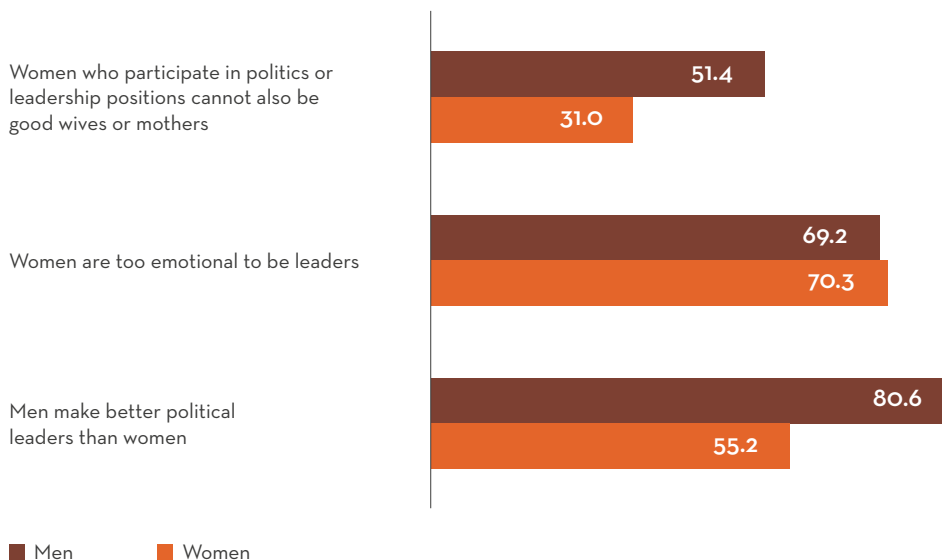
Unlike findings in many other countries, childhood experiences such as witnessing or experiencing violence in the childhood home or having a father figure who modeled equality in the household were not associated with men's gender attitudes in this sample. Additional analysis is needed to better understand how childhood experiences inform and affect men's attitudes and what additional factors contribute to, and could promote, attitudes supportive of equality.

4.2 WOMEN'S POLITICAL PARTICIPATION

Although female political representation in Uganda's government is relatively substantial compared to other countries – approximately one-third of Ugandan members of Parliament are women, ranking 33 of 193 countries globally⁴ – **IMAGES data suggest that women and men hold inequitable beliefs about women's ability to hold political and leadership positions.** Figure 4.2a shows that while the majority of both men and women agreed that women are too emotional to be leaders, a larger proportion of men relative to women agreed that men make better political leaders than women (81 percent versus 55 percent) and that women who participate in politics or leadership positions could not also be good wives or mothers (51 percent versus 31 percent).

Figure 4.2a.

Percentage of respondents who agreed or strongly agreed with statements on attitudes toward women in leadership positions or public life (weighted data)



2 The Uganda scale was based on a recently validated version of the Gender Equitable Men (GEM) Scale in Tanzania (Levtov et al., 2018). The GEM Scale was originally developed by the Population Council and Promundo with young men aged 15 to 24 (Pulerwitz & Barker, 2008). The original scale includes 17 attitudinal statements about different dimensions of men's gender-inequitable attitudes. The scale has since been used in household research and program evaluation in more than 20 countries (Singh et al., 2013). The GEM Scale is often adapted to specific country contexts. Items are added to the scale for cultural specificity and other items that show limited variation and limited contribution to the overall scale in that setting are not included.

3 Items that were used to construct the Uganda gender attitudes scale are noted with asterisks in Table 4.1a. Cronbach's alphas were acceptable: 0.73 for men (full sample, weighted) and 0.69 for women (full sample, weighted).

4 See the Inter-Parliamentary Union Women in National Parliaments World and Regional Archives (accessed October 29, 2018) at <http://archive.ipu.org/wmn-e/classif.htm>.

In recent years, Ugandan constitutional mandates have set forth gender quotas to ensure female representation at different levels of government. Approximately two-thirds of respondents supported quotas for women's participation in Parliament or local government (63 percent of men and 68 percent of women), suggesting moderate support. It is important to note that while the quota system has been an important first step toward addressing gender inequalities in government, some scholars have argued that the system has created a "separate and parallel" system that has emphasized equality but compromised equity among representatives. For example, research shows that women are often overburdened, with larger districts, more responsibilities, and fewer resources than their male counterparts and that they continue to navigate gendered stereotypes within their day-to-day work (Refki et al., 2016). The inequitable attitudes reported by respondents may contribute to the challenges facing female leaders.

4.3 GENDER-RELATED LAWS AND POLICIES

IMAGES included a number of questions about both existing laws and policies and potential new legislation that would impact gender relations and that are current areas of interest or debate in Central Uganda. These include policies related to inheritance, sexual consent, abortion, marital rape, and domestic violence. While seemingly unrelated, these policies have in common the potential to advance equal rights and opportunities for women. Understanding public opinion about these policies is key to enhance and refine efforts to promote them.

OPINIONS ABOUT VIOLENCE-RELATED LAWS IN UGANDA'S CENTRAL REGION

Perceptions of existing domestic violence legislation were quite negative among the approximately three-quarters of respondents who said they were aware of it (73 percent of men and 70 percent of women), as shown in Table 4.3a. About 51 percent of men and 49 percent of women agreed these laws are too harsh, while 56 percent of men and 55 percent of women

agreed they were not harsh enough – with a small number agreeing with both statements.⁵ Interestingly, more than half of respondents – and in particular men – reported these laws have contributed to increased conflicts within the family context. **More alarmingly, three-quarters of men surveyed agreed women were using these laws to dominate men, as did about half of women.**

Box continues on next page.

5 Other IMAGES studies have also found an overlap among respondents agreeing that domestic violence laws are too harsh and that they are not harsh enough. This may indicate more nuanced opinions about the appropriateness of law under different circumstances or simply a misunderstanding of the questions. Further research, including in-depth qualitative analysis, is needed to better understand perceptions of the law.

Box continues from previous page.

Table 4.3a.

Percentage of respondents agreeing with or supporting specific laws and policies on violence (weighted data)

	MEN	WOMEN
Respondents who agree or strongly agree that...		
Domestic violence laws are too harsh	51.2%	48.6%
Domestic violence laws are not harsh enough	55.6%	55.4%
The laws contribute to conflict in the family	64.4%	51.3%
Women are using the laws to dominate men	77.4%	49.0%
Respondents who would support new legislation to...		
Criminalize marital rape	54.7%	61.6%
Ban physical punishment of children by parents or other caregivers	22.8%	24.0%
Ban physical punishment of children by teachers in schools	25.8%	25.3%

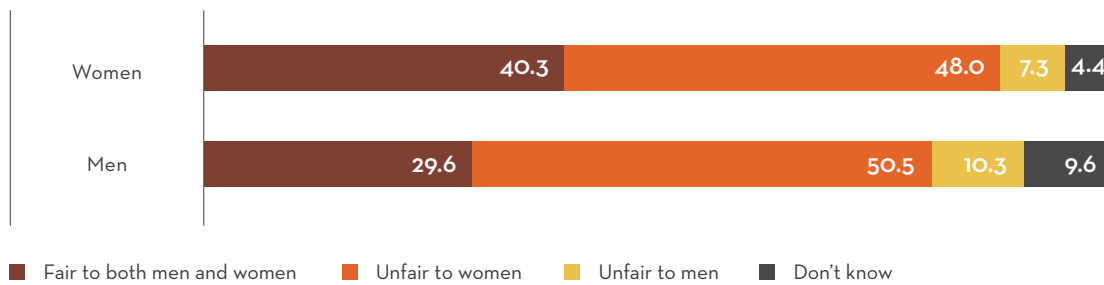
In terms of hypothetical legislation on violence, over half of the sample expressed support for the criminalization of marital rape (55 percent of men and 62 percent of women); in contrast, **only about a quarter**

of men and women supported banning physical child punishment by teachers in schools, and a similar proportion supported banning physical child punishment by parents or caregivers.

On paper, the Ugandan constitution protects women’s equal rights to inheritance. However, the reality is much starker, with women’s inheritance rights frequently being undermined and challenged by customary norms and practices. In practice, a woman may need to be the joint owner of the home or specifically stipulated in her husband’s will as the inheritor of the land. Per customary practice, the husband’s family may also intervene and challenge the woman’s sole land proprietorship (Hannay, 2014). Accordingly, Figure 4.3b suggests one in two Central Ugandans are aware of this reality: **approximately half of men and women stated inheritance laws tend to be unfair to women.**

Figure 4.3b.

Percentage of respondents expressing particular opinions related to inheritance laws (weighted data)*



* Percentages may not total 100 due to rounding.

In terms of potential legislation, generally there was little support, especially from women, for policies allowing consensual sex between unmarried young people (35 percent of men and 11 percent of women)⁶ and safe abortion on demand (10 percent of men and 5 percent of women).

As the results in this section demonstrate, perceptions and attitudes related to gender are complex and sometimes contradictory; however, several patterns emerge that are generally consistent with IMAGES findings around the world. **In general, women broadly express more support for gender equality than do men. Both men and women buy into relatively rigid ideas about men's and women's roles, responsibilities, and relations in day-to-day life and are, to some extent, more protective of the traditional roles ascribed to their own gender** (e.g., women being more supportive of caregiving and family preservation, and men being more focused on power, authority, and sexuality). While key experiences in childhood such as violence exposure or father's modeling of equality were not linked to men's gender attitudes in this sample, the results still indicate that both men's and women's attitudes are shaped by some of their backgrounds and experiences. For instance, gender dynamics and women's empowerment in their households of origin played an important role in shaping gender attitudes, particularly for men.

6 The age of consent in Uganda is 18. Because there is no exemption for persons close in age, it is possible, though rare, under the current law for two individuals both under 18 who willingly engage in intercourse to both be prosecuted for statutory rape.

5. CHILDHOOD EXPERIENCES

Childhood experiences, both positive and negative, are inextricably linked to men’s and women’s attitudes, practices, and behaviors. This section presents findings based on men’s and women’s recollections of their childhood homes. Findings related to men’s and women’s experiences of violence in childhood can be found in Section 6.1 on exposure to violence in childhood.

5.1 CHARACTERISTICS OF RESPONDENTS’ CHILDHOOD HOMES

As shown in Table 5.1a, almost half of the respondents reported growing up with both parents, while approximately a quarter grew up only or mostly with their mother. A considerable proportion of respondents – 21 percent of men and 28 percent of women – reported growing up with their relatives, in foster homes, or in orphanages. Generally, respondents reported their father had a higher level of education than their mother. Forty-two percent of men and 36 percent of women reported their mother worked outside the home.

Table 5.1a.

Characteristics of respondents’ childhood home experiences (weighted data)*

	MEN	WOMEN
Growing up, respondent lived mostly with...		
Both mother and father	42.9%	43.3%
Mostly or only mother	26.2%	22.3%
Mostly or only father	9.6%	6.3%
On their own	0.1%	0.1%
Other (e.g., relatives, foster home, or orphanage)	21.3%	28.0%
Mother's highest level of education		
No formal schooling	18.9%	24.0%
Up to Primary VII (+vocational)	46.8%	45.0%
Up to Senior VI (+vocational, +Junior I/III)	24.0%	21.5%
Ordinary diploma or beyond	2.7%	1.4%
No response	7.2%	7.9%

Table 5.1a continues from previous page.

	MEN	WOMEN
Father's highest level of education		
No formal schooling	14.1%	16.6%
Up to Primary VII (+vocational)	39.4%	38.2%
Up to Senior VI (+vocational, +Junior I/III)	30.4%	29.8%
Ordinary diploma or beyond	8.3%	4.8%
No response	7.1%	10.3%
Mother worked outside the home	41.8%	35.9%
Parents got divorced or separated	39.7%	38.6%
Mother, father or guardian died	47.6%	49.1%
There were times when did not have enough to eat	54.8%	42.7%

* Percentages may not total 100 due to rounding.

Poverty and deprivation were common among respondents in the sample. More than half of men and more than two-fifths of women reported there were times during their childhood when they did not have enough to eat. Nearly half of respondents reported their mother, father, or guardian had died during their childhood (48 percent of men and 49 percent of women).

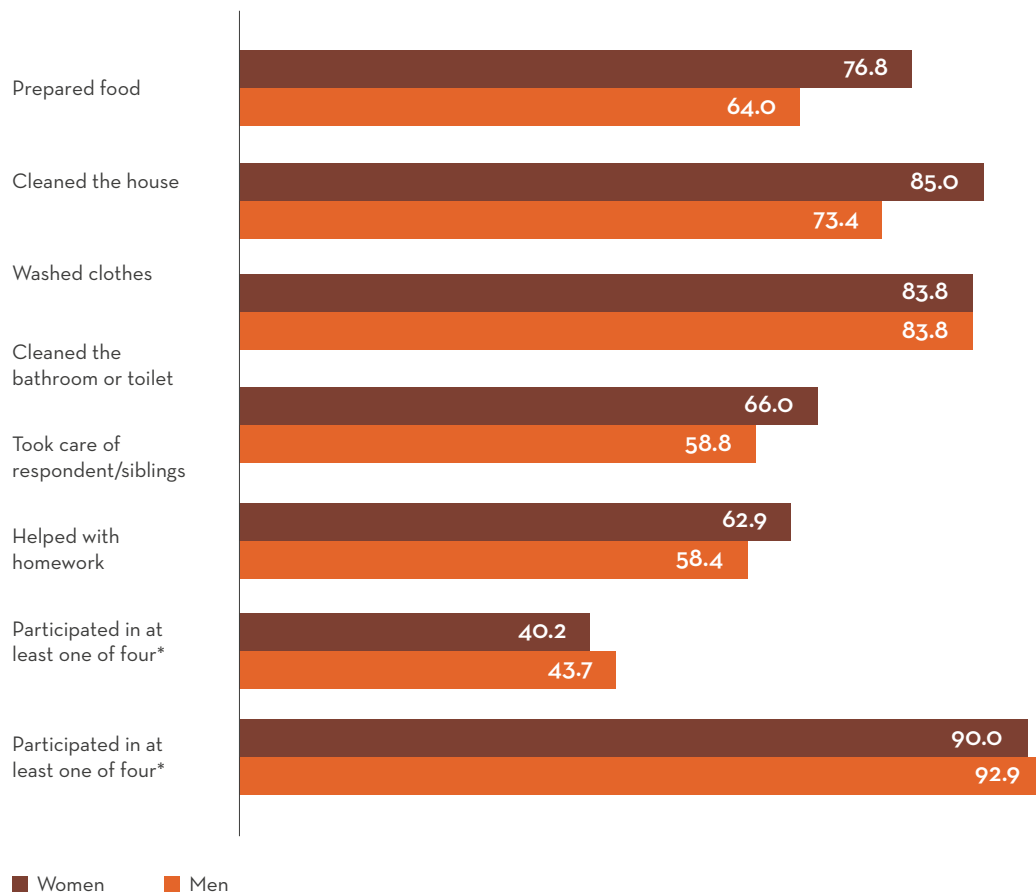
5.2 GENDER DYNAMICS IN THE CHILDHOOD HOME

To better understand power dynamics in their childhood homes, respondents were asked about how decisions were made. **Compared to women, men in the sample were more likely to attribute decision-making power to their father or their mother's male partner.** Half of men reported their father had the final say in decisions on large investments such as a motorcycle, cow, or land, compared to two-fifths of women reporting this. Similarly, women were more likely than men to say that final decision-making was made by their mother or their father's female partner (28 percent versus 23 percent). Very few men and women – 5 percent and 3 percent, respectively – reported joint decision-making by parents with respect to final decisions. A considerable proportion – 22 percent of men and 28 percent of women – reported someone else made these decisions in their home.

Despite respondents' recollection of their father's dominance in decision-making, the majority of both men and women – about three out of four – reported their father or other man in their childhood home had ever participated in at least one of four domestic tasks that are typically considered women's work (preparing food, cleaning the house, washing clothes, or cleaning the bathroom or toilet) see Figure 5.2a. Respondents, particularly men, reported fathers were more likely to engage in childcare than domestic tasks; 84 percent of men and 70 percent of women reported their father had ever taken care of them or their siblings.

Figure 5.2a.

Percentage of respondents reporting their father or another man in the home participated in household or caregiving tasks very often or often (weighted data)



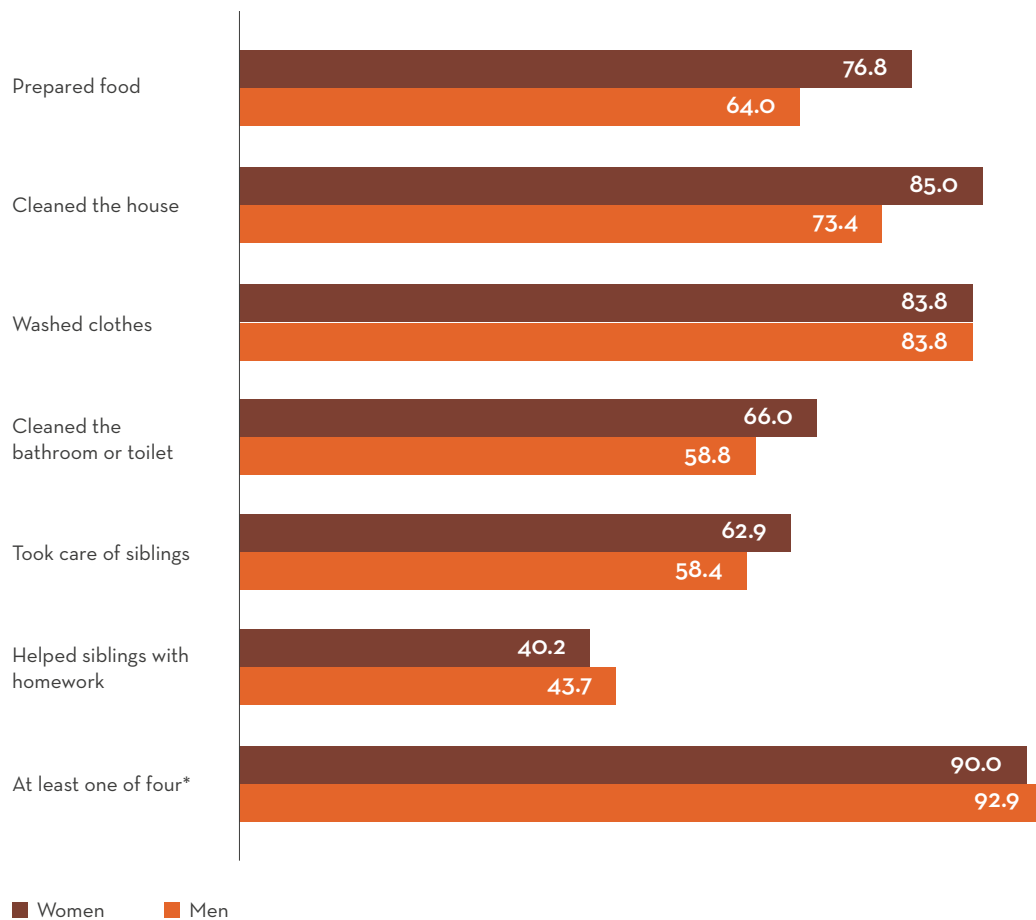
* Participated in at least one of the following: preparing food, cleaning the house, washing clothes, or cleaning the bathroom or toilet.

5.3 EXPERIENCES AND EXPECTATIONS: GENDERED RESPONSIBILITIES IN ADOLESCENCE

Adolescence is a period characterized by the development of gender roles and identities, one in which expectations for boys' and girls' behaviors become more and more differentiated. During this stage of development, traditional gender norms are reinforced, establishing differential roles for girls and boys. This is evidenced in the data – with the exception of washing clothes and helping siblings with homework, women reported higher proportions of frequent participation in domestic tasks as adolescents (see Figure 5.3a).

Figure 5.3a.

Percentage of respondents reporting often or very often participating in household or caregiving tasks when aged 13 to 18 (weighted data)



* Participated in at least one of the following: preparing food, cleaning the house, washing clothes, or cleaning the bathroom or toilet.

Opinions about men’s and women’s distinct gender roles during adolescence were quite mixed (as shown in Figures 5.3b and 5.3c). **Approximately half of the respondents – 43 percent of men and 54 percent of women – agreed that when they were growing up, boys in their families had more free time because they were not expected to do housework like the girls.** Similarly, 42 percent of men and 31 percent of women reported boys in their families had less free time than girls because boys were expected to earn money to support their families, reflecting boys’ roles as providers. Finally, 51 percent of men and 37 percent of women reported it was easier for boys in their families to spend time outside the home.

Figure 5.3b.

Percentage of men who agreed or strongly agreed with statements related to gendered restrictions and expectations before age 18 (weighted data)

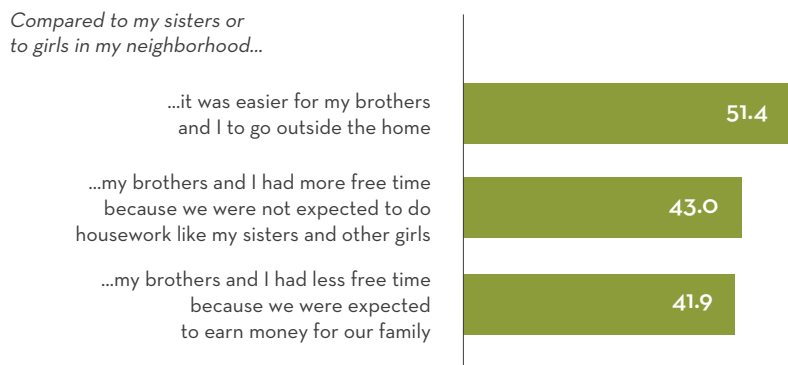
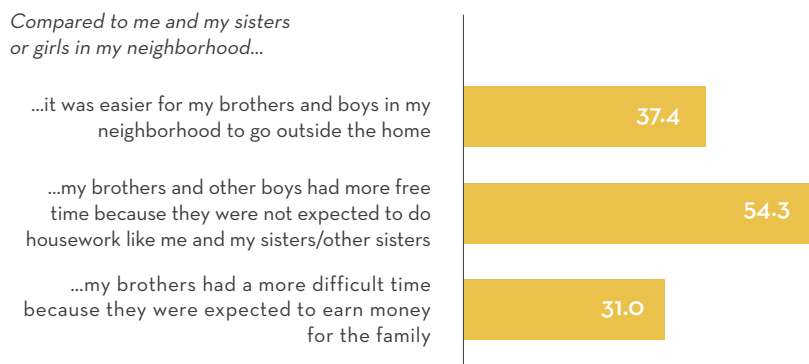


Figure 5.3c.

Percentage of women who agreed or strongly agreed with statements related to gendered restrictions and expectations before age 18 (weighted data)



5.4 EXPECTATIONS VERSUS REALITY: ATTITUDES AND NORMS ON ROLES AND RESTRICTIONS FOR ADOLESCENTS

IMAGES Central Uganda explored attitudes and social norms across several topics, asking respondents about their personal attitudes, what they thought their community expected or approved of, and the typical

practice in their community. Figure 5.4a presents findings related to expectations around boys' and girls' schooling vis-à-vis family responsibilities.

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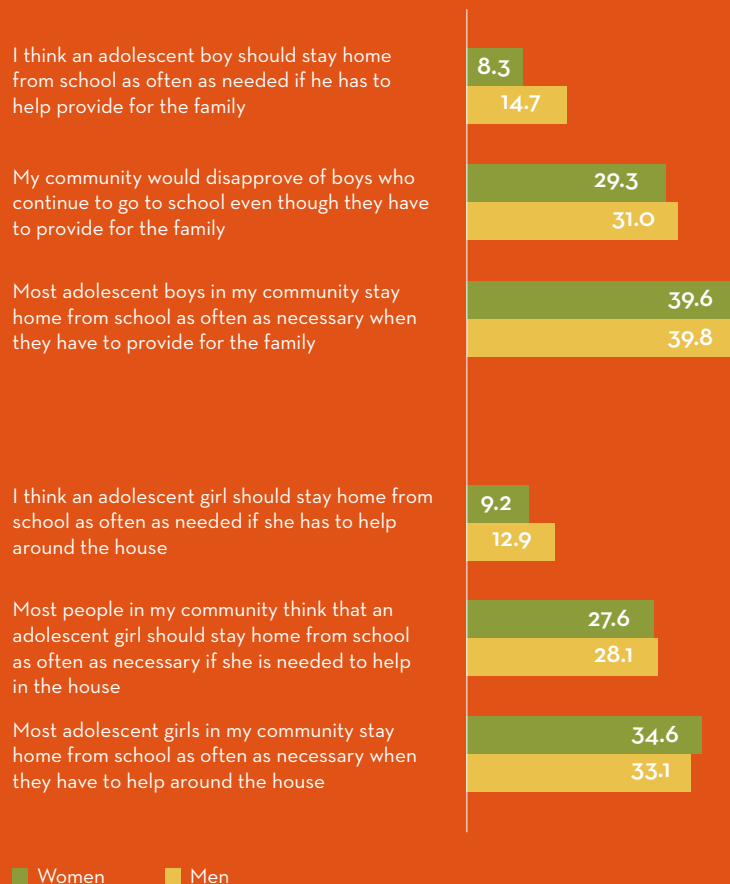
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A clear pattern emerges: respondents' personal attitudes are least supportive of adolescents, both boys and girls, staying home from forgoing formal education so they can attend to the needs of the household. However, a much larger proportion - between a third and two-fifths - reported this actually happens in their communities, and only about three in ten said their communities would disapprove of this practice, suggesting the vast majority perceive the community finds this acceptable. These findings suggest that personal attitudes are more equitable than perceived behaviors and community norms.

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Figure 5.4a.

Percentage of respondents who agreed or strongly agreed with statements related to attitudes and norms about expectations and restrictions for adolescents (weighted data)



6. VIOLENCE

Recent studies in Central Uganda have shown that violence against women and children occurs at alarmingly high rates. While lower than the national average (50 percent), around two out of every five Central Region women report ever experiencing physical or sexual violence at the hands of their spouse (UBOS & ICF, 2018), surpassing global estimates of intimate partner violence (WHO, 2013). Rates of violence are even higher among children across Uganda: 59 percent of girls and 68 percent of boys experienced physical violence (with slightly higher rates for both men and women in Central Region), while 35 percent of girls and 17 percent of boys experienced sexual violence during their childhood (MOGLSD, 2015).

Violence against children has become an emerging priority for the Ugandan national government. Uganda's most recent Children Act Amendment (2016) expanded protections for Ugandan children beyond the original 1996 Children Act to include any type of violations related to sexual abuse and exploitation, child labor, child marriage, child trafficking, female genital mutilation, and corporal punishment, among other forms of violence (Uganda National Council for Children, 2016).

There is robust global evidence that violence is intergenerational: specifically, individuals who are exposed to violence as a child – either through witnessing or experiencing it – are more likely to either perpetrate (men) or experience (women) violence in adulthood (Fleming et al. 2015; Hindin, Kishor, & Ansara, 2008; Fulu et al., 2017). Based on literature affirming the linkages among men's use of violence, their childhood experiences, and social norms related to masculinities, IMAGES findings offer an in-depth exploration from both men's and women's perspectives of factors associated with relationship violence, including exposure to and experiences of violence in childhood, controlling dynamics in intimate relationships, and social norms related to the use of violence against women and children. This section presents IMAGES data on violence experienced during childhood, intimate partner violence, use of harsh punishment against children, and violence used or witnessed in the community.

6.1 EXPOSURE TO VIOLENCE DURING CHILDHOOD

Survey respondents were asked about their experiences and witnessing of violence during childhood. As seen in Table 6.1a, **approximately three out of ten respondents reported ever seeing or hearing their mother being beaten by her male partner, and a higher proportion reported witnessing their mother being yelled at and/or humiliated by her male partner.**

One in four respondents reported experiencing some type of physical violence as a child, including being beaten, slapped, kicked, or punched by a parent. Reports of harsh punishment in childhood did not vary by the age of respondent, suggesting that there has been little change over time in experiences of violence in childhood. Rates of sexual violence were strikingly different for men and women: 23 percent of women reported experiencing sexual assault (i.e. someone did something sexual to them that was unwanted), compared to 10 percent of surveyed men. About two-fifths of men and one-third of women reported being insulted or humiliated by their mother, father, or other caregiver in front of others, and 28 percent of men and 20 percent of women reported being threatened with or actually abandoned or thrown out of the house during their childhood.

Table 6.1a.

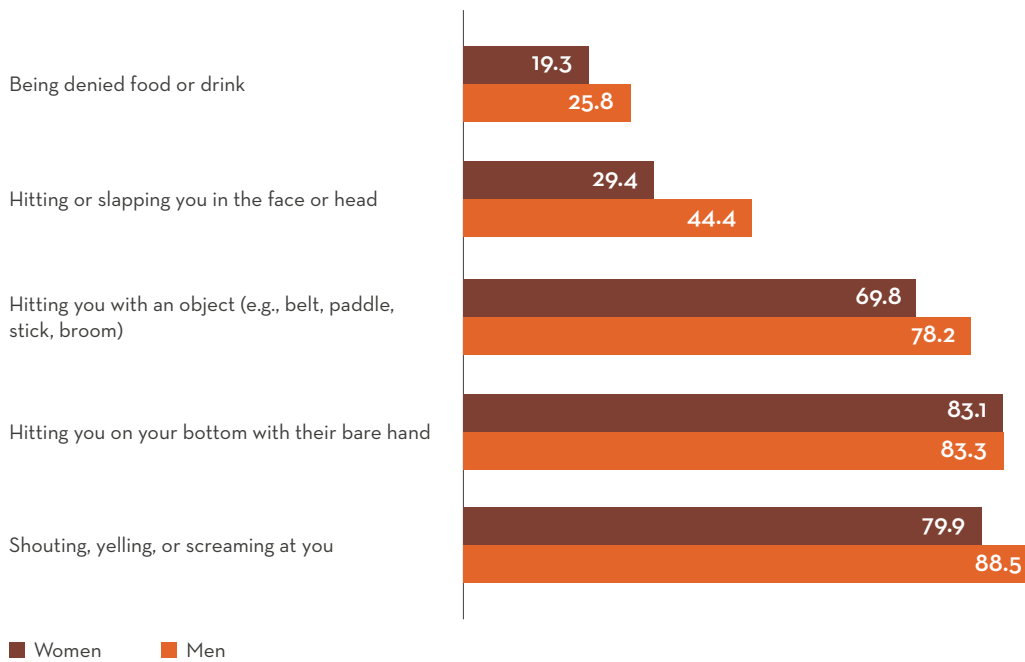
Percentage of respondents who were ever exposed to or experienced various types of violence during childhood (weighted data)

	MEN	WOMEN
Exposure to violence		
You saw or heard your mother being beaten by your father or her male partner	32.3%	28.6%
You heard or saw your mother being yelled at, screamed at, sworn at, insulted, or humiliated by your father or another male partner	46.5%	37.4%
There were times when your parents/guardians were too drunk or intoxicated by drugs to take care of you	20.2%	14.2%
You were insulted or humiliated by your mother or father or other caregiver in front of other people	41.5%	34.0%
A parent, guardian, or other household member threatened to or actually abandoned you or threw you out of the house	28.0%	20.4%
Experience of physical and/or sexual violence		
You were beaten, slapped, kicked, or punched by your parents so hard at home that it left a mark or bruise	26.8%	24.2%
You had sex with someone because you were threatened, frightened, or forced	4.2%	11.4%
Someone did something to you sexually that you did not want (for example, fondling, pinching, grabbing, or touching you on or around your sexual body parts without permission)	9.7%	22.6%

Respondents were also asked about different types of harsh punishment they experienced at home during their childhood (Figure 6.1a). **Overall, harsh physical punishment was experienced by the vast majority of respondents (over 80 percent), with a larger proportion of men reporting experiencing different forms of harsh punishment relative to women**, suggesting it is a nearly ubiquitous experience. Respondents typically cited their mother (34 percent of men and 45 percent of women), followed by their father (32 percent of men and 21 percent of women) or someone else (24 percent of men and 28 percent of women) as the person who typically punished them. It is interesting to note that while boys were about as likely to be punished by their mother as by their father, fathers were much less likely than mothers to punish girls.

Figure 6.1a.

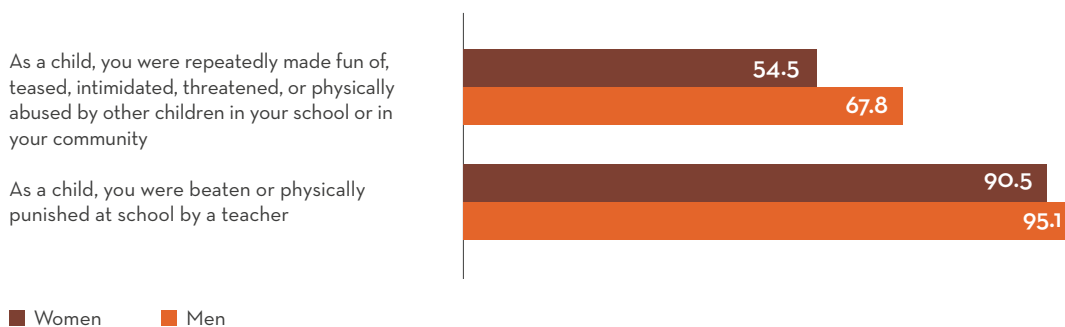
Percentage of respondents reporting ever experiencing harsh physical child punishment during their childhood (weighted data)



Previous research suggests high rates of violence and harsh punishment in school settings (MOGLSD, 2015). This finding was confirmed in the IMAGES survey, as shown in Figure 6.1b: nearly all respondents – 95 percent of men and 91 percent of women – reported being physically beaten or punished by a teacher in school during their childhood, and 68 percent of men and 55 percent of women reported being repeatedly taunted, threatened, or physically abused by other peers in their schools and communities during childhood. There was no difference by age in rates of corporal punishment in school.

Figure 6.1b.

Percentage of respondents who agreed or strongly agreed with statements related to physical violence in schools (weighted data)



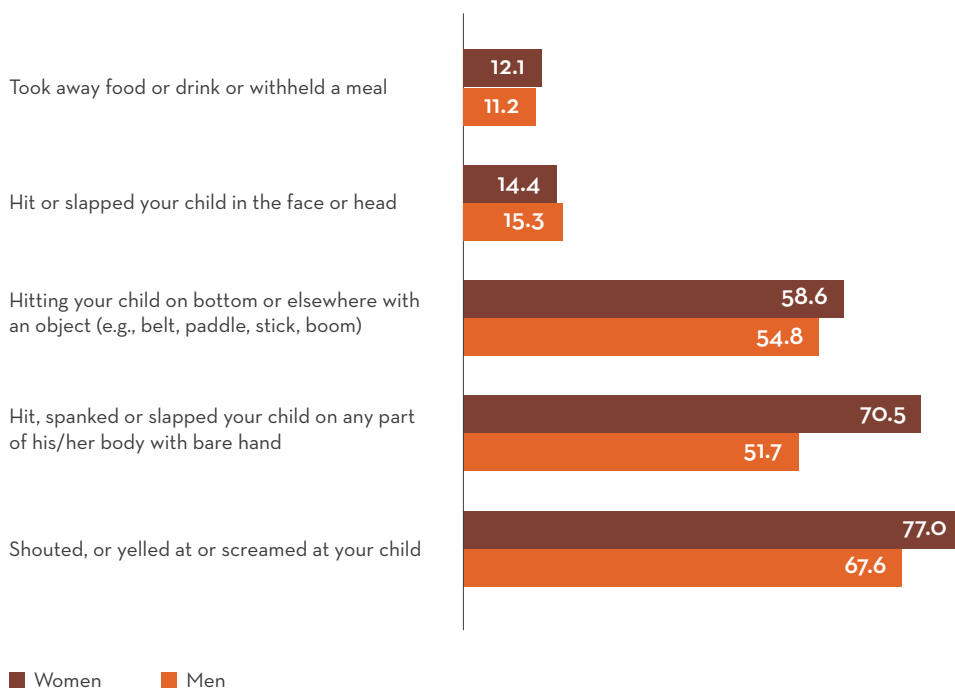
6.2 USE OF HARSH PUNISHMENT AND POSITIVE DISCIPLINE WITH CHILDREN

It is known that the use of violent discipline against children – including physical abuse, neglect or threats of abandonment – has the potential to adversely affect their brain architecture and long-term health (Shonkoff et al., 2012). Violence against children, and in particular harsh physical punishment as well as its alternative – positive disciplining techniques, are major areas of focus for IMAGES Central Uganda.

Respondents with children were asked about different forms of harsh and positive disciplining they used as adults with their children, similar to the questions they were asked about their own experiences in childhood. Compared to their reports of being punished in childhood (see Figure 6.1a), overall, respondents were less likely to use the harsh child punishment (see Figure 6.2a). However, rates of both physical and non-physical harsh discipline remain high. For example, **close to six in ten respondents reported ever hitting their child with an object, such as a paddle, stick, or broom**. More than half of women and one-third of men reported ever calling their child dumb, lazy, or another similar name, and three in ten women and close to two in ten men threatened to leave or abandon their child (30 percent of women and 17 percent of men).

Figure 6.2a.

Percentage of respondents who reported ever using different forms of harsh child punishment when their children were 14 or younger (weighted data)

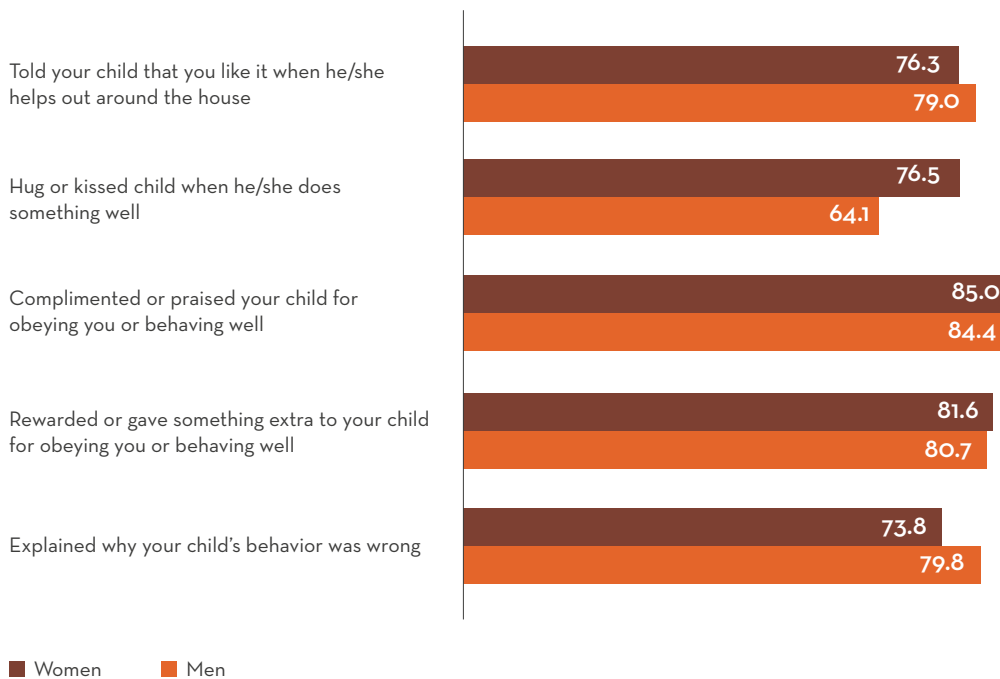


A larger proportion of women relative to men reported using certain forms of harsh discipline. The trend of women using harsh (and non-harsh) punishment with children more often than men is evident globally and relates to women’s gendered role as primary caregivers. Simply put, women spend more time with children than men and therefore are more likely to be in the position to punish children (Levtov, van der Gaag, Green, Kaufman, & Barker, 2015). This result suggests the need to target both parents – fathers and mothers – in reducing harsh physical child punishment in Central Uganda.

While the high rates of harsh child punishment are alarming, IMAGES results suggest parents more frequently use positive disciplining techniques with their children, as shown in Figure 6.2b. These techniques include, for example, explaining why the child’s behavior was wrong and complimenting or praising the child when they do something well. The high rates of using positive discipline – including praise and affection – suggest an entry point to build upon existing positive practices in Uganda’s Central Region and reduce other forms of harsh child punishment within the home.

Figure 6.2b.

Percentage of respondents who reported ever using different positive disciplining techniques when their children were 14 or younger (weighted data)



USE OF VIOLENCE AGAINST CHILDREN: When personal beliefs and community norms support one another

The harsh punishment of children, including corporal punishment, is a topic of vigorous debate in Uganda and globally, despite a growing body of evidence that documents the harm it can cause (Sege, Siegel, Neglect, & Council on Child Abuse and Neglect, 2018). IMAGES asked respondents not only about their personal opinions but also about attitudes and practices in their communities. Two kinds of perceptions exist: first, about the expectations of community members around a certain behavior (in other words, how appropriate it is to act in certain ways in their community), and second, about the perceived prevalence of a behavior (in other words, how common it is for people to act a certain way in their community). When presented side by side, these questions expose tensions between an individual's beliefs and their perceptions of community norms that prevail around them.

The results show that in comparison to respondents' personal opinions on harsh physical punishment, a much larger proportion perceived their communities not only approved of the practice but also use it. For example, 45 percent of women said punishing a child physically will make them a more responsible and mature adult, but twice

that proportion (90 percent) believe most people in their community actually physically punish children to ensure they grow up this way (see Figure 6.2c).

When it comes to punishment in schools, 58 percent of men and 68 percent of women believe it is acceptable for teachers to physically punish children; a much higher proportion (79 percent of men and 84 percent of women) perceived most people in their community approve of the practice, and an even higher proportion (87 percent of men and 88 percent of women) thought most teachers actually physically punish children in their community.

Overall, these data suggest a normalization of violence against children in Ugandan communities. The gap between respondents' lower personal beliefs on the use of harsh physical child punishment and their higher perception of harsh punishment as common and expected in their community suggest much more needs to be done at the community level to shift social norms and expectations around child punishment. In particular campaigns that present the idea that there is less support for violence in your community than is commonly perceived may be useful.

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Figure 6.2c.

Percentage of respondents who agreed or strongly agreed with statements related to attitudes and community norms about violence (weighted data)



6.3 INTIMATE PARTNER VIOLENCE

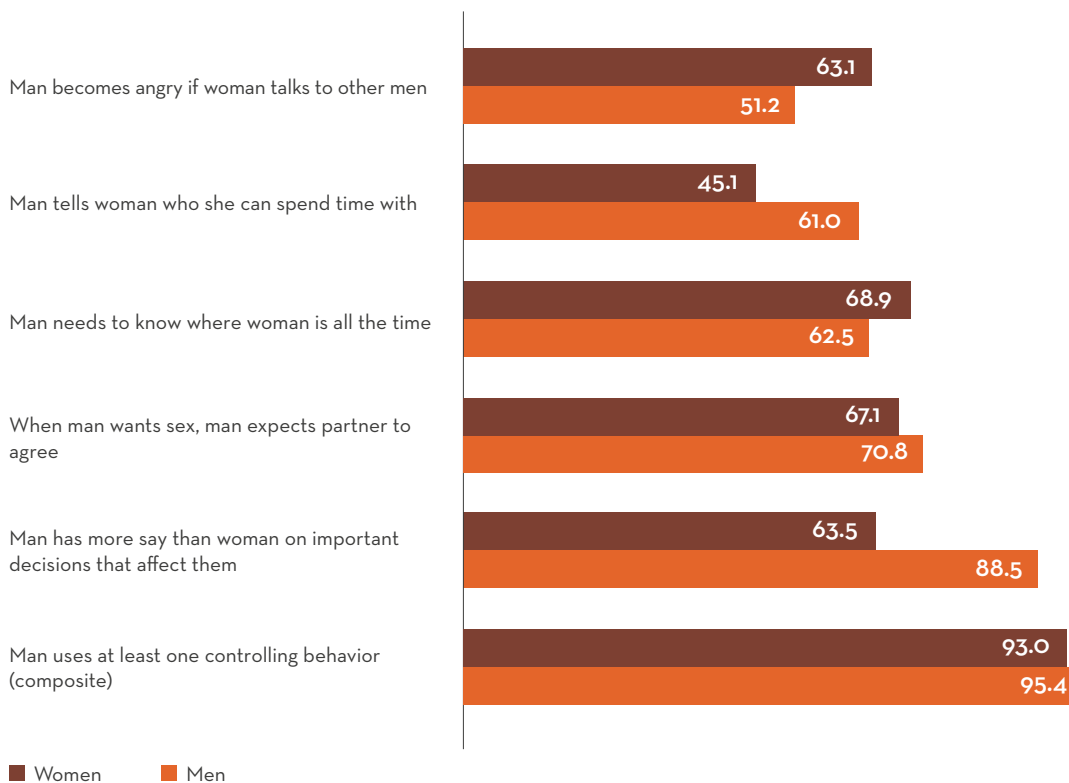
Intimate partner violence is one of the most common forms of violence affecting women worldwide. IMAGES Central Uganda collected information on a number of items related to violence against women specifically occurring between intimate partners, including different types of controlling behaviors and perpetration and experiences of intimate partner violence.

6.3.1 Controlling Behaviors

Power differentials, often manifesting as controlling behaviors over a partner in intimate partnerships, can significantly impact health and behavioral outcomes. Interest in measuring these dynamics originated in the field of women's health, from research suggesting that women are constrained in negotiating safer sex because of gender-based imbalances in relationship power (Dunkle et al., 2004; Jewkes, Wood, & Duvvury, 2010; Jewkes, Levin, & Penn-Kekana, 2003). Since then, numerous studies have also used relationship control scales to explore the association between controlling relationship dynamics and other outcomes, including intimate partner violence (Garcia-Moreno et al., 2006).

Figure 6.3.1a.

Percentage of ever-partnered respondents who agreed or strongly agreed they used (men) or experienced (women) specific controlling behaviors in their current or most recent relationship (weighted data)



As seen in Figure 6.3.1a, **almost all respondents reported either using (men) or experiencing (women) at least one controlling behavior in their relationships.** Interestingly, men were more likely than women to report behaviors such as having more say than the woman on important decisions (89 percent of men and 64 percent of women), or telling their partner who she can spend time with (61 percent of men and 45 percent of women).

6.3.2 Perpetration and Experiences of Intimate Partner Violence

Table 6.3.2a presents rates of different forms of violence experienced by ever-partnered women and perpetrated by men (see Annex A for full list of items and responses). **Specifically, over half of the women reported ever experiencing any physical violence or any sexual violence from a partner in their lifetime.** Seven in ten women reported ever experiencing any type of emotional violence, while five in ten reported ever experiencing any economic violence. Consistent with global trends in IMAGES surveys, men’s reports of violence perpetration were substantially lower than women’s reported experiences, particularly with regards to physical and sexual violence perhaps due to social desirability.

Among adolescents 15-19, slightly less than a third reported perpetrating (men, 31 percent) or experiencing (women, 30 percent) physical or sexual intimate partner violence.

Table 6.3.2a

Percentage of ever-partnered respondents reporting lifetime* and past-year** rates of violence perpetrated (men) or experienced (women), by type of intimate partner violence (weighted data)

	MEN PERPETRATED		WOMEN EXPERIENCED	
	Ever	Past 12 months	Ever	Past 12 months
Any emotional intimate partner violence	61.2%	76.7%	67.3%	76.7%
Any economic intimate partner violence	41.8%	75.1%	50.1%	73.8%
Any physical intimate partner violence	26.6%	55.0%	39.6%	55.0%
Any sexual intimate partner violence	19.8%	84.4%	31.3%	88.3%
Any physical and/or sexual intimate partner violence	40.2%	96.9%	51.6%	98.3%

*Lifetime rate = Proportion of ever-partnered respondents who reported having used (men) or experienced (women) one or more acts of emotional, economic, physical, or sexual violence against (men) or from (women) any current or previous intimate partner at any point in their lives.

** Past-year rate = Of those ever-partnered respondents who reported using (men) or experiencing (women) violence in their lifetime, the proportion who reported using (men) or experiencing (women) at least one act of emotional, economic, physical, or sexual violence against (men) or from (women) any intimate partner in the 12 months prior to the interview.

Men and women were also asked about their use and experiences of sexual violence with someone who was not their romantic partner.

One in ten women reported ever being forced to do something sexual with someone who was not their partner (14 percent), or to have sex with someone other than their partner (13 percent).

Almost one in ten men reported ever using force to do something sexual with someone who was not their partner (8 percent), while one in ten reported forcing someone other than their partner to have sex with them (10 percent).

Lastly, respondents were asked about women's use of physical violence against their male partner when not in response to violence initiated by the man. Approximately 9 percent of women reported ever using violence compared to 17 percent of men who reported ever experiencing a form of physical violence from a partner. It is important to recognize and address all forms of violence in the family, including those experienced by men. At the same time, it is important not to equate this violence with violence against women, which is still much more common, more likely to result in serious injury or harm, and, importantly, linked to deep gender inequalities, particularly men's economic and decision-making power. Finally, 18 percent of men and 24 percent of women reported acts of intimate partner violence (whether against women or men) occurred in front of children.

FACTORS ASSOCIATED WITH MEN'S USE OF PHYSICAL VIOLENCE AGAINST THEIR INTIMATE PARTNERS IN CENTRAL UGANDA

To better understand factors associated with men's lifetime use of physical intimate partner violence explored in this survey, the analysis team conducted a series of bivariate and multivariate regression analyses including factors such as childhood experiences of violence, gender attitudes, and relationship dynamics, as well as demographic variables.⁷

Consistent with similar studies from around the world, there is strong evidence of the intergenerational transmission of violence: witnessing their mother being beaten in the childhood home is associated with a 47 percent increase in men's odds of using physical violence against a partner. Nevertheless, being the victim of physical violence as a child does not seem to be associated with the use of physical intimate partner violence in this sample. As for relationship factors, frequent arguments with their partner are linked to a tenfold increase in the odds of using violence.

The link between gender attitudes and physically violent behavior is also evident in the IMAGES Central Uganda data. **More**

gender-equitable attitudes relate to a 23 percent decrease in men's odds of using physical intimate partner violence. Moreover, gender attitudes might mitigate other relational factors: in a similar model including all sociodemographic, childhood, and relational factors, exhibiting controlling behaviors toward their partner is associated with a 63 percent increase in the odds of using of physical violence. However, this finding is no longer significant when the gender attitudes measure is included in the analytical model.

Finally, older age is associated with slightly greater odds of ever using physical violence against a partner. However, no other sociodemographic characteristics (education, economic hardship, employment status, or religion) are significantly associated with the use of this type of violence in this sample, perhaps highlighting that violence is unfortunately common across demographic groups. Further research is needed to enhance understanding of the factors associated with physical and other forms of intimate partner violence, as well as to best inform how to prevent and mitigate the harm they cause.

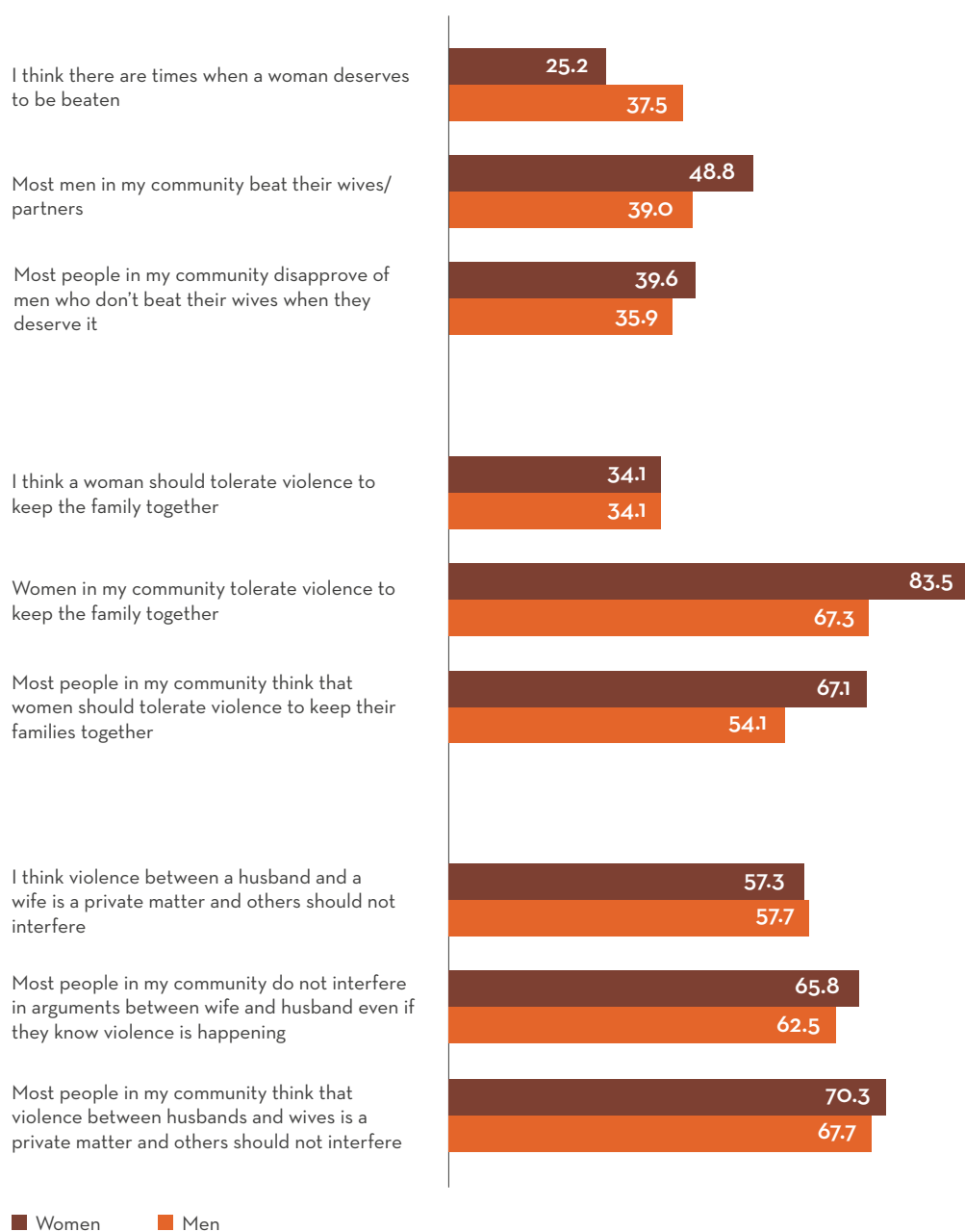
⁷ Variables that were either conceptually necessary or significantly correlated with the use of intimate partner violence in bivariate analyses were retained for multivariate regression analyses. The results reported in this section are statistically significant results from a multivariate logistical regression model adjusted for sociodemographic variables (age, education, religion, employment, and economic hardship), gendered childhood experience variables (witnessing or experiencing violence in childhood), gender attitudes (GEM scores), and relationship factors (relationship control scores and frequency of quarreling).

6.4 ATTITUDES AND NORMS ABOUT GENDER-BASED VIOLENCE

All IMAGES participants were asked a series of questions related to justifications for gender-based violence in their community. Similar to questions on the use of violence against children, respondents were asked both about their personal beliefs as well as about what they perceived to be the expectations and reality of relationship violence in their community.

Figure 6.4a.

Respondents' personal attitudes versus perceived social norms about intimate partner violence in their community percentage of respondents who agree or strongly agree (weighted data)

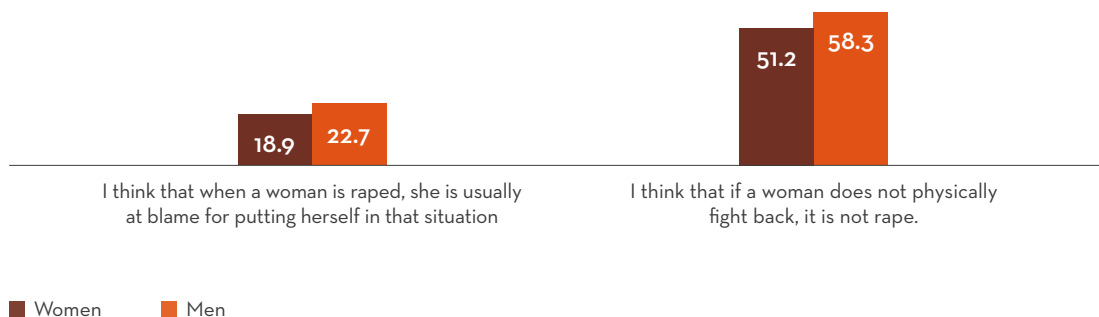


Overall, a large proportion of respondents reported the presence of social norms underpinning the prevalence of gender-based violence, including intimate partner violence, in their community. In contrast, a much smaller proportion of respondents reported personally agreeing with these social norms. For instance, while only 34 percent of men and women agreed that a woman should tolerate violence to keep their family together, 54 percent of men and 67 percent of women reported most people in their community think women should tolerate violence, and 67 percent of men and 84 percent of women perceived that women in their community typically tolerate violence to keep their family together. As in the case of violence against children, this suggests the importance of advocacy and outreach activities that inform individuals that there is less support for gender-based violence in their community than they may think.

Respondents were also asked about personal attitudes on rape. The responses show that myths persist: more than half of respondents believed that it is not considered rape if a woman does not physically fight back (58 percent of men and 51 percent of women), and 23 percent of men and 19 percent of women agreed that when a woman is raped, she is usually at blame for putting herself in that situation (see Figure 6.4b).

Figure 6.4b.

Percentage of respondents who agreed or strongly agreed with statements about rape (weighted data)

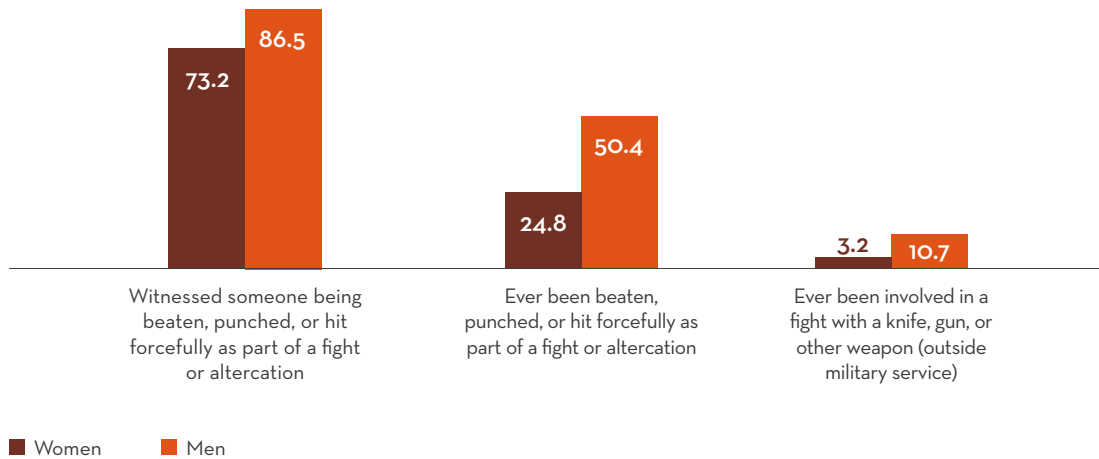


6.5 VIOLENCE IN THE COMMUNITY

Around the world, men are disproportionately more likely to be both perpetrators and victims of violence and violent crime occurring outside the home, and research suggests men and boys often use violence or crime to demonstrate or assert a certain form of dominant and aggressive masculinity (Heilman & Barker, 2018). Consistent with this evidence, Figure 6.5a presents findings related to men’s and women’s exposure to community violence before the age of 18. The findings show men generally have greater exposure to violence in the community, especially as direct participants in fights or altercations: **half of men versus one-quarter of women reported being beaten, punched, or hit as part of a fight. Additionally, close to nine in ten men reported ever witnessing someone being beaten, punched, or hit in their community compared to seven in ten women.** A smaller proportion of men and women reported ever being involved in a physical altercation.

Figure 6.5a.

Percentage of respondents reporting ever having witnessed or experienced violence in their community before age 18 (weighted data)



Overall, these results suggest high levels of violence among Ugandan Central Region communities. The high reports of witnessing and experiencing violence both in the private and the public spheres - which might interact and even compound for some individuals - reaffirm that the use of violence is a social norm within communities. Addressing the multiple forms of violence in the family and community is an urgent priority. When asked about their experiences of community violence in the last year, respondents still reported high figures. About 43 percent of women and 56 percent of men said to have witnessed a beating; 9 percent of women and 10 percent of men reported having been beaten, and around 2 percent of women and 3 percent of men reported having been involved in a fight with a weapon.

WHAT MAKES MEN NON-VIOLENT?

Exploring intersections of violence against women and children

Despite their overlapping risk factors within the household, intimate partner violence and violence against children are often researched and addressed as separate problems (Namy et al., 2017; Ashburn, Kerner, Ojamuge, & Lundgren, 2017). In Central Uganda, this is a particularly pressing problem, as recently generated evidence has shed light not only on how common this overlap is – about a third of households have co-occurring violence against women and against children according to a forthcoming study (Carlson et al., n.d.) – but also on the dynamics that contribute to the intersection between these different types of family violence (Namy et al., 2017).

To add to this growing body of evidence, IMAGES data were explored to better understand the relationship between intimate partner violence (specifically, physical and/or sexual intimate partner violence) and physical child punishment, as well as potential predictors and protective factors for nonviolent men – men who did not use either form of violence. To that aim, the following presents descriptive statistics and results from bivariate and multivariate regression analyses outlining these relationships. All results presented are significant to the $p < 0.05$ level unless stated otherwise. Additionally, a new qualitative study entitled “Intersections of Intimate Partner Violence and Violence against Children: Expert perspectives on improving service coordination in Kampala, Uganda” has been conducted by Promundo and ICRW in 2017 to complement this thematic focus of the IMAGES Central Uganda survey, as well as to expand on the research conducted on this topic by Raising Voices (Carlson et al., n.d.; Namy et al., 2017). Some of the quotes offered by key informants (i.e. service providers in violence prevention and response) are presented in this section to contextualize the survey findings.

Parenting and violence: Rates of intimate partner violence among respondents with and without children

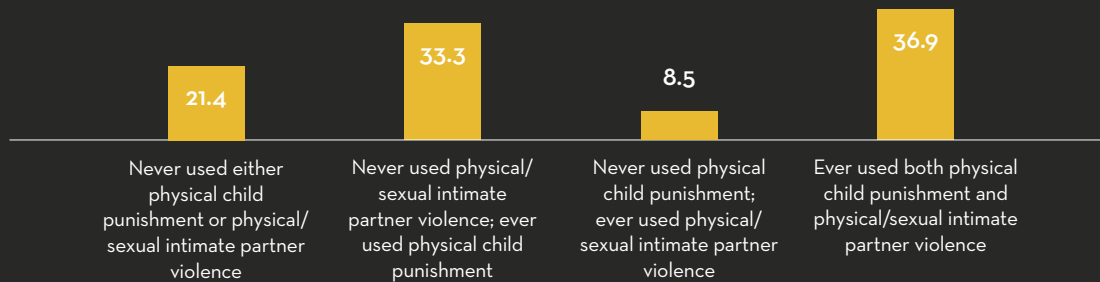
According to IMAGES data, rates of violence among respondents with children were dramatically higher than among men without children – while 30 percent of men without children reported ever using of physical and/or sexual violence against an intimate partner, 45.4 percent of men with children reported the same. Bivariate logistic regression analysis controlling for age reveals the odds of using violence against a partner for men with children are 1.7 times higher that of those who do not. From women’s perspective, the difference is even more striking – 56 percent of women with children have suffered physical and/or sexual violence compared to 19.5 percent of women without children, with this difference representing a fourfold increase in the odds of experiencing intimate partner violence for mothers when compared to women without children.

Intersections between men’s use of intimate partner violence and use of harsh punishment

Figure 6.5b shows descriptive data highlighting the different configurations of the use or non-use of intimate partner violence and harsh punishment of children among men with children. Fathers were categorized into four groups: 1) Never used either form of violence, 2) Never used intimate partner violence but did use harsh physical punishment of children, 3) Used intimate partner violence but never used harsh punishment of children, and 4) Ever used both forms of violence. Unfortunately, the largest proportion of men reported both types of violence – nearly 40 percent of men said they had ever used both physical child punishment and physical or sexual intimate partner violence. Just one in five fathers can be considered “nonviolent,” in that they reported never using harsh physical punishment of children or physical or sexual intimate partner violence (21 percent).

Figure 6.5b.

Percentage of male respondents with children that used or did not use harsh physical punishment of children and/or physical/sexual intimate partner violence (weighted data)



Intersections between women’s experience of intimate partner violence and their use of harsh punishment

Figure 6.5c similarly categorizes women’s reports of the overlap (or non-overlap) between their lifetime experience of intimate partner violence and their own use of harsh physical punishment with their children. Violence is pervasive in the lives of women: Only 9 percent of Central Ugandan women stated they had never used physical child punishment nor experienced physical or sexual intimate partner violence. **IMAGES data also support previous findings that women who experience intimate partner violence might, through various mechanisms, be more likely to use harsh**

punishment against their children (Renner & Slack, 2006). In Central Uganda, more than half of women said that they had both experienced intimate partner violence and used harsh punishment with their children (52 percent) compared to just over one-third who used physical discipline but had not ever experienced intimate partner violence (35 percent). Among experts interviewed in the qualitative study, the most prominent theory linking women’s experiences of intimate partner violence with their perpetration of violence against children was that women do not feel they can retaliate against their partner after experiencing intimate partner violence, so instead they transfer that anger to the children:

“The mother has misplaced anger; after her fight with her husband, she is still angry. So the child comes home with a failed test and she just lashes out at her. It shows that this violence between partners also affects the children.”

KEY INFORMANT, UGANDA, 2018

Figure 6.5c.

Percentage of female respondents with children that used or did not use harsh physical punishment of children and/or ever **experienced** physical/sexual intimate partner violence (weighted data)



Who are the men who do not use violence?

To better understand the profile and background of nonviolent men, we used bivariate and multivariate regression models to explore men's non-use of either type of violence (physical child punishment and physical or sexual intimate partner violence) and their relationship with demographic characteristics, attitudes, and social norms about family violence, spousal relationship characteristics, men's participation in caregiving, and experiences of adversity and violence in the man's own childhood.⁹ It is important to note that our definition of a nonviolent man is somewhat limited - it is based only on self-reported use of violence and does not include all possible types of violence against either women or children. In addition, it does not capture whether the partner or any other member of the household used violence. Still, it provides an opportunity to explore underlying patterns of intersecting family

violence and what might contribute to preventing it.

Results from the multivariate regression model indicate a variety of demographic characteristics, attitudinal and social normative beliefs, and relationship factors are significantly associated with men's non-use of violence. Attitudes and perceptions around violence matter: men who either strongly disagreed or disagreed that "there are times when a woman deserves to be beaten" were more than twice as likely to not use of either form of violence; similarly, men who disagreed that physically punishing a child will make them a responsible and mature adult were about 73 percent more likely to be nonviolent. In addition, **those who perceived their community to be largely nonviolent toward children were themselves less violent** - when men disagreed that most parents in their community physically punish children, they were 2.3 times more likely to not use either form of violence.

9 For this analysis, a binary variable was generated representing "nonviolence" (defined as the nonuse of both 1) physical and/or sexual intimate partner violence and 2) harsh physical child punishment). Discrete associations of various factors with this newly generated variable were explored using bivariate logistic regression analyses. Variables either conceptually necessary or significantly correlated with "nonviolence" were retained for multivariate regression analyses. The results reported in this section are statistically significant results from a multivariate logistical regression model adjusted for sociodemographic variables (age, education, economic hardship, and marriage status), gendered childhood experience variables (witnessing or experiencing violence in childhood, and respondent's father's involvement in daily child care), gender attitudes (individual attitude about violence against women and about physical punishment of children), and community norms (perceptions of the prevalence of physical child punishment).

IMAGES and other studies clearly illustrate the “transmission” of violence between generations: childhood experiences of violence have been consistently shown to be positively linked to men’s use of violence as adults, while women’s experiences of violence in childhood are linked to their adult victimization (Fleming et al., 2015a; Fulu et al., 2017). However, witnessing intimate partner violence or experiencing physical violence in the childhood home were not related to nonviolent male profiles (neither violent against intimate partners or children) in this sample, which signals a need for further exploration given that witnessing violence is indeed strongly related to the use of intimate partner violence as reported in section 6.3.2. **The quality of men’s partner relationships was important: men who reported quarreling often or rarely communicating their worries to their partners were about 60 to 80 percent less**

likely to be nonviolent toward children and their partners. In terms of demographic variables, older age was associated with about 12 percent reduced odds of being nonviolent. Education level appeared positively associated with nonviolence in bivariate analyses but was no longer significant in models that included other variables. Economic hardship and being (or having been) married were not associated with nonviolent men in this sample. The lack of significant associations between economic hardship and violence among men in the quantitative sample is surprising, given that poverty was one of the most common causes of violence mentioned by experts interviewed in the qualitative study. Those experts felt that there was a strong link between men’s inability to fulfill the traditional male role of provider for the family and the use of violence to re-assert a sense of control and power over their families and relieve frustration. As one expert shared:

“I think that naturally men are supposed to be providers so when they are not able to; they call it transferring anger, that feeling like you are a failure to something else...

So they transfer that anger to the children or to whoever is within their vicinity. Sometimes people cannot control or they cannot hold it together, so the stress of not being able to provide is usually transferred that way.”

KEY INFORMANT, UGANDA, 2018

It may be that men’s feelings and frustrations about their inability to adequately fulfill the provider role is independent from their actual economic status or that our measure is not sensitive enough to capture differences; it may also be that providers are more likely to encounter instances of violence in lower income families, with violence being more hidden or differently addressed among higher income families,

influencing their perception of this dynamic. **Overall, these findings suggest very high rates of co-occurrence of violence against children and intimate partner violence, confirming previous research conducted in Central Uganda** (Namy et al., 2017). The findings also suggest that attitudes and perceptions about the use of violence influence non-use of family violence, with those having

more equitable attitudes and perceptions of their community practices and norms being more likely to use violence neither against their partners nor their children.

Nonviolent families: Intersections within the household

While the findings presented above illuminate some of the factors associated with nonviolent men, they should be interpreted with caution: the IMAGES data used for the analyses on intimate partner violence and physical child punishment were collected as lifetime rates.¹⁰ Therefore, although it is likely, it cannot be ascertained whether the children and partners that violence was used against belonged to the same household or whether the two forms of violence were actually co-occurring in a similar time frame. For example, it might be that some men used violence against a previous partner with whom they did not have children and now use harsh discipline with their children but not violence with their current partner. To partially overcome this limitation, the analysis team conducted a second set of multivariate analyses using only data from respondents who reported living with their partner and any children (whether their own or not) at the

time of the survey and asking instead about intimate partner violence in the last year.

This analysis enabled reporting with marginally increased confidence on what might be happening within households where both women and children are surely present, although there is still a chance, for example, that it might exclude those men who, due to violence in the home, have left or been removed from their household. Findings from this reduced sample analysis were run using the same adjusted model as reported above. Of all the sociodemographic, attitudinal, socio-normative, childhood experience, and relationship quality factors explored, only the age and attitudinal findings held true for this reduced sample of cohabitating families. Older men were less likely to be nonviolent than their younger counterparts, and men who held non-violent beliefs (i.e. did not believe that women deserve to be beaten or that punishing children makes them responsible adults) were more likely to not use either physical/sexual intimate partner violence or physical child punishment in the past year. Further research is needed to enhance understanding not just of the co-occurrence and intersecting forms of violence but also on how to prevent them and mitigate the harm they cause.

¹⁰ Respondents were asked whether they “ever used [a particular discipline] method with any of [their] children when they were 14 years of age or younger” and “how often [they] have done any [violent action] with any partner [they] have ever had.”

7. HOUSEHOLD RELATIONS AND GENDER DYNAMICS

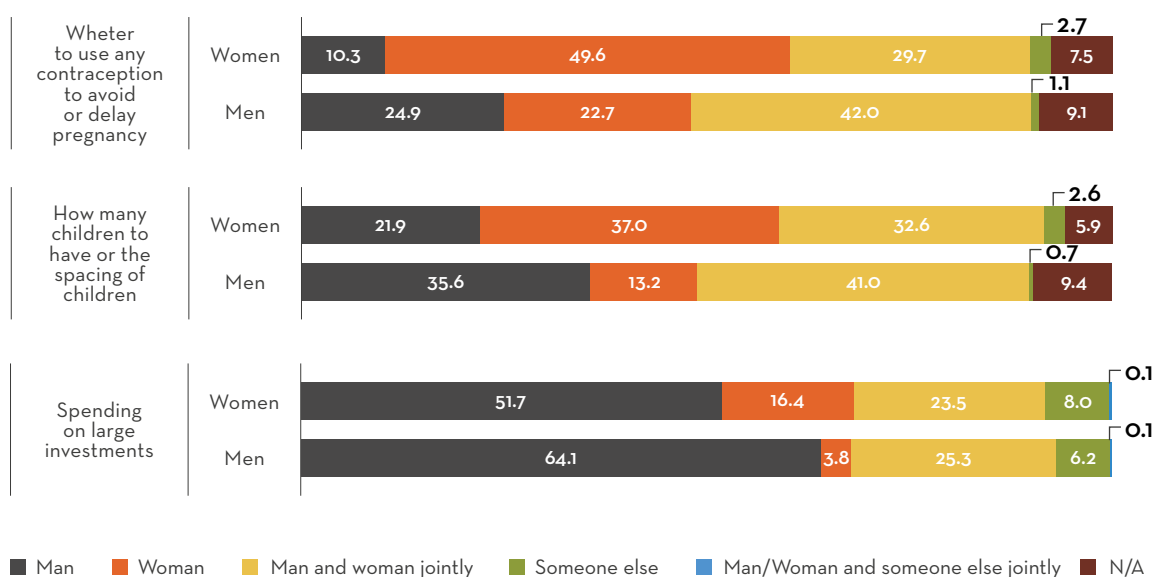
This section presents IMAGES data that provide unique insights into relationship dynamics and family life, including partner communication, decision-making, and division of household labor. Unless otherwise indicated, these data refer only to partnered men and women.

7.1 HOUSEHOLD DECISION-MAKING

How do couples in Uganda’s Central Region make decisions? As shown in Figure 7.1a, **almost two-thirds of men and half of women agreed men make the final decisions on large household investments in their relationships, and about one-fourth of both men and women reported they make such decisions jointly.**

Figure 7.1a.

Percentage of respondents reporting who usually makes decisions about large investments, the number and spacing of children, and the use of contraception (weighted data)*



* Percentages may not equal 100 due to rounding.

Decision-making related to the number and spacing of children and to the use of contraception was reportedly more equitable, with around one-third of women and two-fifths of men reported these decisions being made jointly. For all three decisions, men and women were more likely to attribute greater decision-making power to themselves alone.

For instance, 36 percent of men reported men had the final say over how many children to have or the spacing of children compared to their reports of women's decision making (13 percent). Similarly, 37 percent of women reported women had the final say over how many children to have or the spacing of children compared to their reports of men's decision-making (22 percent).

WHO MAKES DECISIONS AT HOME? Perceptions and realities

Men's and women's reports of how decisions are actually made in their relationships are more equitable than their personal attitudes and perceived community expectations would indicate: as noted earlier, 78 percent of men and 58 percent of women think a man should have the final word about decisions in the home. About 90 percent of men and 80 percent of women feel their community expects men to dominate household decisions, and a similar proportion of men and women agreed men in their communities do, in fact, dominate these decisions (see Figure 7.1b). Similar, if less pronounced, trends were

also found when inquiring about women's right to challenge their partners' opinions or decisions. **The findings suggest although men's dominance in household decisions is perceived to be the norm, individual attitudes as well as reported practices are somewhat more equitable.** While questions about specific decisions do not capture the full complexity of couple power dynamics, it may be that expectations of male dominance in decision-making can be disrupted and challenged by raising awareness of, and support for, households practicing joint decision-making.

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Figure 7.1b.

Percentage of respondents who agreed or strongly agreed with statements related to decision-making and gender roles in the household and community (weighted data)



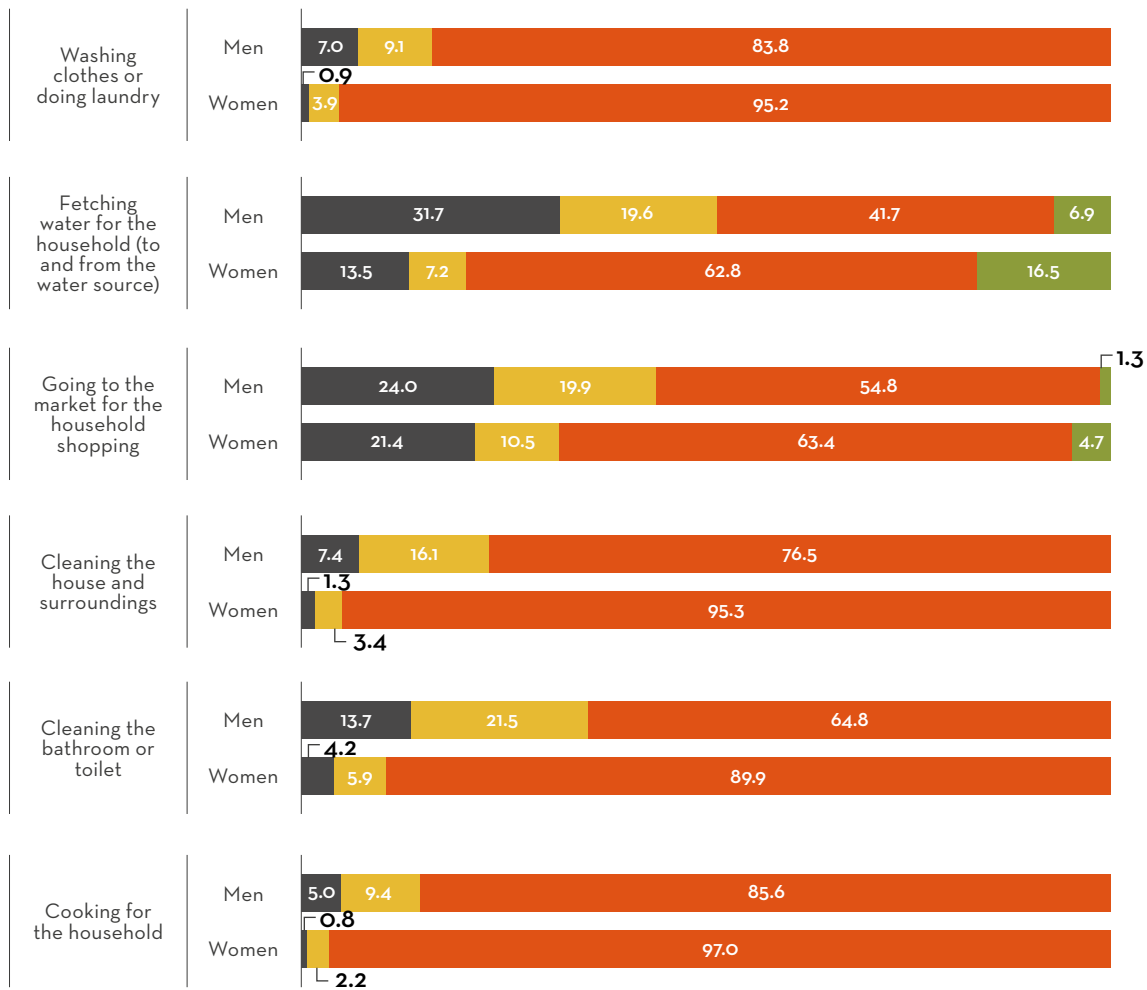
7.2 DIVISION OF HOUSEHOLD LABOR

As in most parts of the world, women in Central Uganda continue to perform the majority of the household tasks, though men and women disagree on the extent of this inequality. The majority of women (92 percent) said they do more household work than their partners, while only 67 percent of men agreed women do more; 23 percent of men versus 3 percent of women said men do more. An analysis of the division of specific household tasks confirms an unequal division of labor between men and women, as well as the differences in men's and women's reports, as seen in the Figure 7.2a. Interestingly, when looking at four of the domestic tasks typically considered women's work (cooking, cleaning the house, cleaning the toilet, and washing clothes), men report sharing these tasks or taking them on primarily themselves about 9 times more often than women report their partners doing this (43 percent according

to men vs. 5 percent according to women). Nevertheless, the vast majority of men (89 percent) and women (85 percent) are satisfied with the division of household work, conforming to gendered expectations of appropriate roles in the family.

Figure 7.2a.

Percentage of respondents reporting who performs specific household tasks (weighted data)*



Almost always or usually man
 Shared equally or done together
 Almost always or usually women
 N/A

* Percentages may not equal 100 due to rounding.

Further analysis confirms an equitable “cycle of care” across generations. Men whose fathers (or mother’s male partner) participated in these four domestic tasks were over 4 times more likely to participate in them themselves than those who had less involved male figures in their childhood (respectively, 8 percent vs. 36 percent; $p < 0.05$).

Overall, women reported being less satisfied than men are with their relationships. Slightly over half of ever-partnered women (56 percent) reported their relationship with their partner is “good” or “very good,” compared to 71 percent of ever-partnered men. Similarly, men reported higher levels of satisfaction with their sexual relationship than women (76 percent of men versus 69 percent of women). Respondents reported relatively low levels of communication about important intimate matters: only about half of women and approximately 60 percent of men reported sometimes or often discussing their own or their partner’s worries and feelings.

8. CAREGIVING AND PARENTING

Increased attention is being paid to the benefits that men's participation in caregiving offers to women, children, communities and even men themselves. Men's participation in parenting and caregiving results in improved physical and mental health for men and women; children's improved physical, cognitive, emotional, and social development; and women's increased economic participation (Heilman, Levtov, van der Gaag, Hassink, & Barker, 2017). As well, men's equal participation in housework and childcare breaks the cycles of inequality by contributing to boys' acceptance of gender equality, as well as girls' sense of autonomy, aspirations, and empowerment (DeGeer, Carolo, & East, 2014).

Despite the benefits of men's participation in caregiving and parenting, women and girls worldwide disproportionately bear the burden of caring for children as well as other members of the household. This section explores men's participation during antenatal care and their involvement in caregiving and parenting tasks, and men's, women's, and communities' perceptions of gendered roles in caregiving.

8.1 MEN'S PARTICIPATION IN ANTENATAL CARE

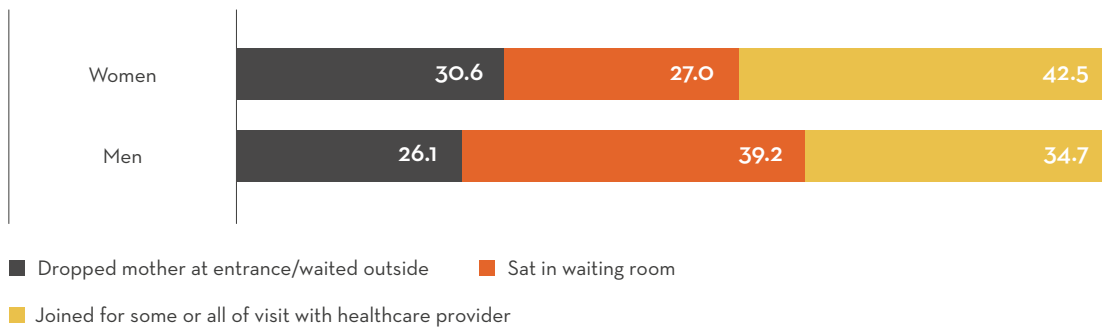
Research finds fathers' involvement in antenatal care can contribute positively to maternal health behaviors, women's use of maternal and newborn and health services, and fathers' long-term involvement in the lives of their children (Levtov et al., 2015). For IMAGES Central Uganda, 57 percent of men and 75 percent of women reported having biological children; the mean number of children for men was 3.8 (SD=3.0) and for women was 3.5 (SD=2.4).

IMAGES Central Uganda found clear differences in men's and women's reports of men's accompaniment to antenatal care visits. **The majority of men (70 percent) reported they accompanied their partner to at least one antenatal care visit when she was pregnant with their youngest child compared to only 38 percent of women reporting the same.** The difference in reporting between men and women may be due to different perceptions of "accompaniment."

As shown in Figure 8.1a, when looking at men who attended one or more antenatal care visits, a greater share of men than women reported the male partner sat in the waiting room during the visit (39 percent of men compared to 27 percent of women), while more women than men reported the male partner joined for part or all of the visit with the healthcare provider (43 percent of women compared to 35 percent of men). The difference in reporting may thus be due to some women only reporting their partner accompanied them to an antenatal care visit if he participated in the visit itself.

Figure 8.1a.

Percentage of respondents reporting whereabouts of man accompanying woman to clinic during antenatal care visits (weighted data)*

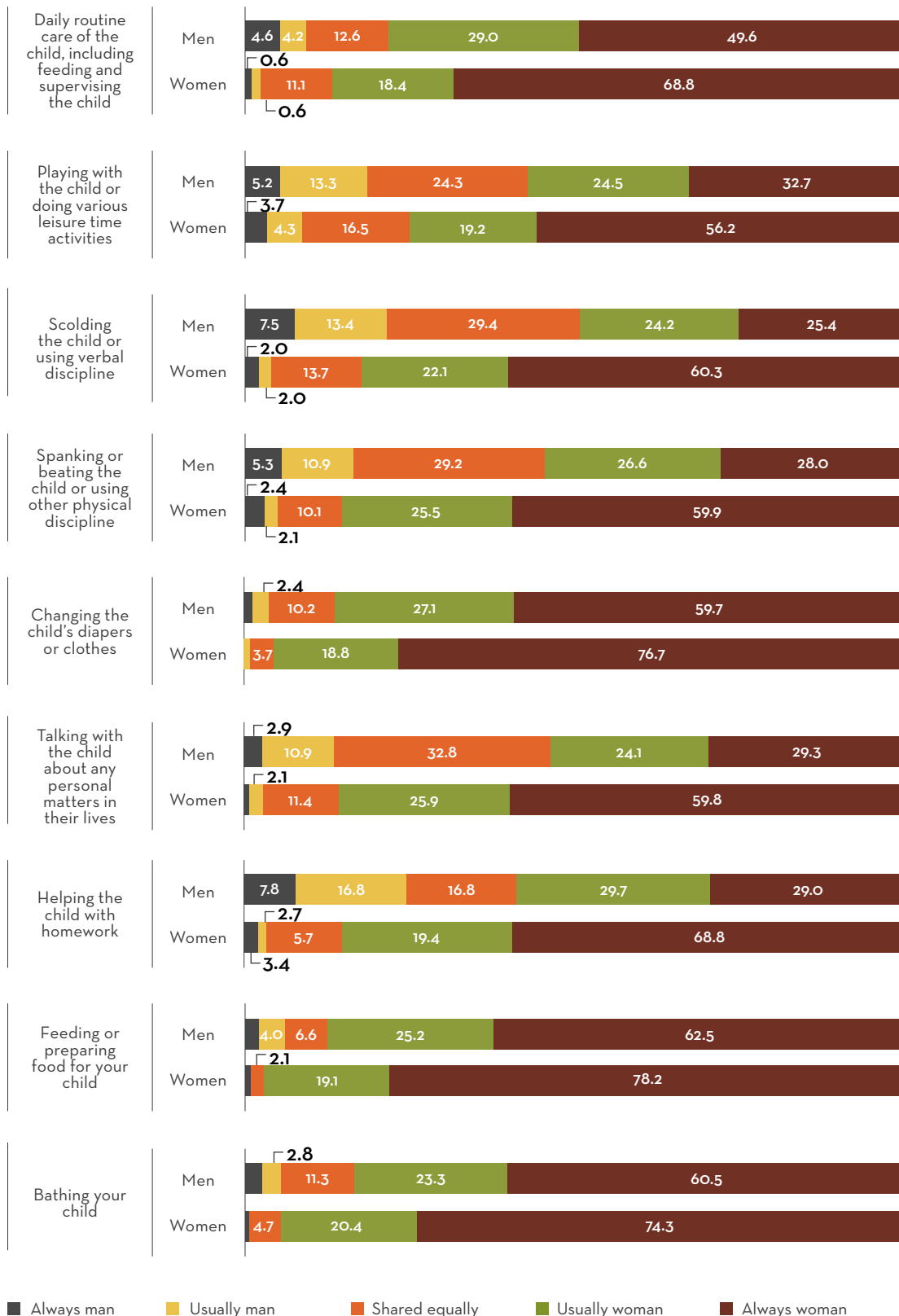


8.2 DIVISION OF CHILDCARE TASKS

As with domestic tasks, the data show both that women do the vast majority of caregiving and that – as in other contexts where IMAGES has been carried out – men and women differ in their reporting of men’s participation in caregiving. Figure 8.2a shows respondents’ reports of how common childcare tasks are shared between men and women in their households. **Both men and women reported women generally do the majority of routine childcare tasks like diapering, feeding, and bathing. Men, and to a lesser extent women, reported greater male participation in playing with the child, helping with homework, and scolding the child using verbal discipline.** Overall, men were much more likely than women to report childcare tasks are shared equally or done together.

Figure 8.2a.

Percentage of respondents with children reporting on gendered division of childcare tasks (weighted data)*



* Percentages may not total 100 due to rounding.

8.3 CARE OF NONRESIDENT CHILDREN

Forty-one percent of men and 22 percent of women reported having a biological child under 18 who does not live with them; this could be, for example, a child who is away at school, a child living with relatives, or a child from a previous relationship. In almost all cases, respondents reported some degree of communication with their nonresident children. Twenty percent of men and 15 percent of women communicate with their nonresident children almost every day, while another 36 percent of men and 29 percent of women communicate once or twice per week. While both men and women reported providing some financial support to nonresident children, men reported playing a greater role in providing frequent financial support or paying for most of the child's expenses.

8.4 ATTITUDES AND NORMS ABOUT CAREGIVING

Most respondents - 72 percent of men and 64 percent of women - believe men spend too little time with their children due to employment or the search for employment. These findings suggest that fatherhood is an important aspect of men's identities and that there is a strong desire for men to spend more time with children.

However, a desire to spend more time with children does not necessarily translate into more equitable attitudes about the gendered division of caregiving tasks. As shown in Figure 8.4a, 86 percent of men and 77 percent of women agreed changing diapers and giving baths to children are the mother's responsibility. Nearly all men and women report that the community expects women to

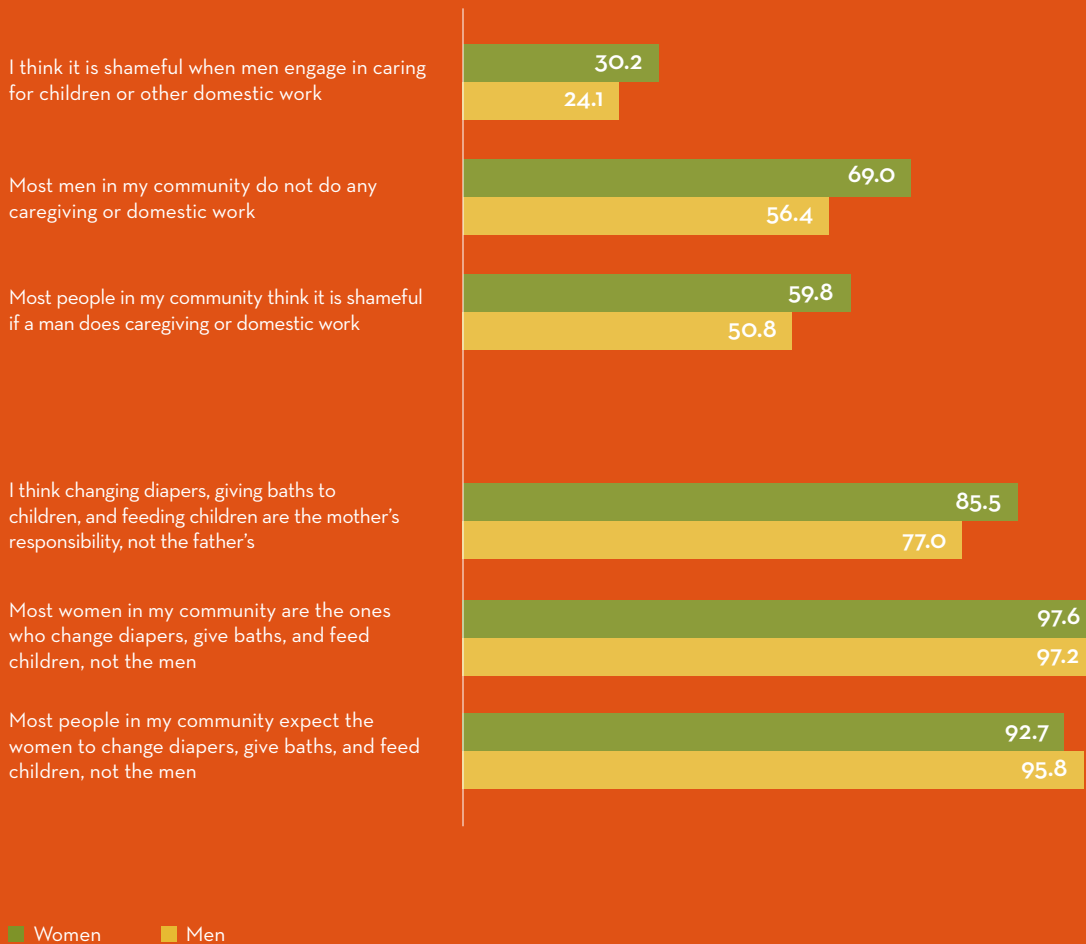
change diapers, give baths, and feed children and that women are indeed the ones that engage in such practices. While less than a third of men and women said they personally feel it is shameful when men engage in caring for children or other domestic work, many more - 60 percent of women and 51 percent of men - reported community members think it is shameful for men to do so. More than half of men and more than two-thirds of women reported most men in their community do not do any caregiving or domestic work. Interestingly, a greater share of women reported these inequitable practices and community perceptions than men, which also aligns with the unequal burden of care work that men and women report in their own lives (see Section 8.2).

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Figure 8.4a.

Percentage of respondents who agreed or strongly agreed with statements related to community norms about caregiving (weighted data)



9. SEXUAL AND REPRODUCTIVE HEALTH

Gender norms and power dynamics shape behaviors in ways that impact the sexual and reproductive health and rights of women, men, and families. Key behaviors shaped by gendered norms and attitudes include, but are not limited to, sexual debut, condom use, family planning, forced or unwanted sex, number of sexual partners, and transactional sex. This section presents overall results related to these behaviors.

9.1 SEXUAL DEBUT

Most respondents in the sample, nearly 90 percent of men and women, reported ever having had sex. On average, age at first sex for female respondents was 17.2 (SD=2.7) and 17.9 for male respondents (SD=3.9).

The nature of respondents' reported first sexual experiences varied, revealing a gap in men's and women's experiences and perceptions of sexual coercion and consent. As shown in Figure 9.1a, **three in ten women reported a first sexual experience that was nonconsensual: in these cases, women reported being either forced to have sex (13 percent) or not wanting to have sex but had sex anyway (16 percent). In contrast, less than one in ten men reported that they were forced or coerced into their first sexual experience (5 percent).** A similar proportion of women and men, about a third, reported using a condom during their first sexual encounter. However, women who were forced or coerced into their first sexual experience were less like to report condom use at first sex compared to women who characterized their experience as consensual (22 percent versus 41 percent).

Figure 9.1a.

Percentage of sexually active respondents reporting forced or coerced experience and condom use at first sex (weighted data)



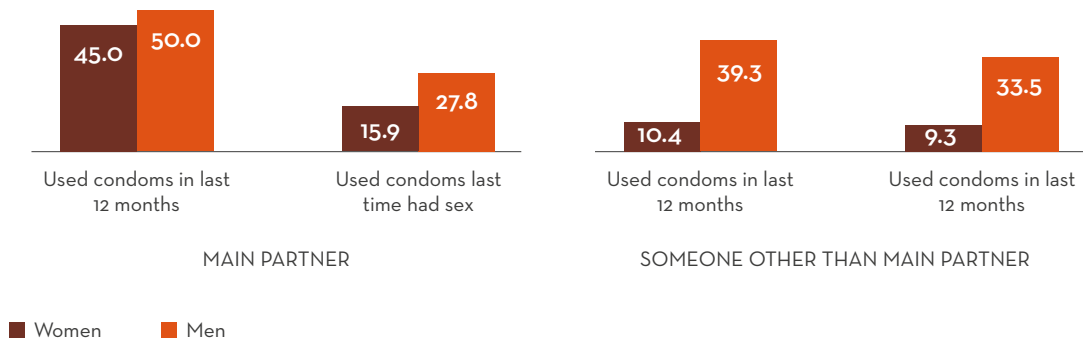
Adolescents (ages 15 to 19) displayed similar patterns of sexual coercion and condom use at first sex as did their adult counterparts (age 19 to 49). **About 30 percent of adolescent women and 6 percent of adolescent men reported having a forced or coerced first sexual experience.** In this age group, forced or coerced first sex was also significantly associated with non-use of condoms at fist sex among adolescent women (38 versus 52 percent), but not men.

9.2 CONDOM USE AND SEXUAL PARTNERSHIPS

Among respondents who had ever had sex, the mean number of sexual partners in the past 12 months was 1.5 (SD=0.5) for men and 1.0 (SD=1.3) for women. As Figure 9.2a shows, men’s reported condom use with their main partner in the last 12 months was slightly higher than women’s (50 percent of men versus 45 percent of women) and the last time they had sex (28 percent of men versus 16 percent of women).¹¹ Interestingly, the gap between women’s and men’s reports of condom use widens when the partner is someone other than the main partner. For example, 39 percent of men reported using a condom in the last 12 months with a sexual partner other than their main partner compared to just 10 percent of women.

Figure 9.2a.

Percentage of respondents reporting condom use with main partner and other partners in the last 12 months and the last time they had sex (weighted data)



The gender differences in reported condom use in the sample – and particularly the low rates of women’s reports of condom use with someone other than their main partner – may reflect unequal bargaining power within different types of relationships. For example, other IMAGES studies in East Africa have shown respondents may share the perception that women who have sex with a man for gifts or money cannot negotiate for condom use (Levtov et al., 2018). It is important to further explore how different partnerships affect power dynamics around condom use (particularly those involving younger women) and, by extension, the sexual health of men and women.

11 In this section, “partner” refers to the people that a respondent has had sex with, and “main partner” refers to the respondent’s most frequent sexual partner.

9.3 TRANSACTIONAL SEX

Both globally and in Uganda, gender-related norms, social expectations, and material realities may encourage the exchange of sex for money or goods, resulting in increased risk for HIV and sexually transmitted infections, as well as violence (Stoebenau, Heise, Wamoyi, & Bobrova, 2016; Ricardo & Barker, 2008). IMAGES Central Uganda respondents were asked about their experiences with transactional sex, either through the exchange of good or gifts and/or paid sex.

Approximately one in four men reported that in the past year, they had entered into a sexual relationship with a woman by offering things that were important to her, such as helping with her expenses and money, while only about one in ten women (12 percent) reported having entered into a sexual relationship because they were offered these things. The difference between men's and women's reports may be due to differences in perception of the transactional nature of the sexual relationship, to differences in the desire to report engaging in the practice, or to the possibility that a smaller proportion of women might be engaging in transactional relationships with multiple men. Further mixed-methods research on this topic is advisable due to the difficulty in accurately capturing complex relationship dynamics with survey questions. The survey also asked directly about men's and women's experiences of paid sex. Approximately 16 percent of men reported ever having paid for sex compared to 9 percent of women who reported ever having been paid for sex.

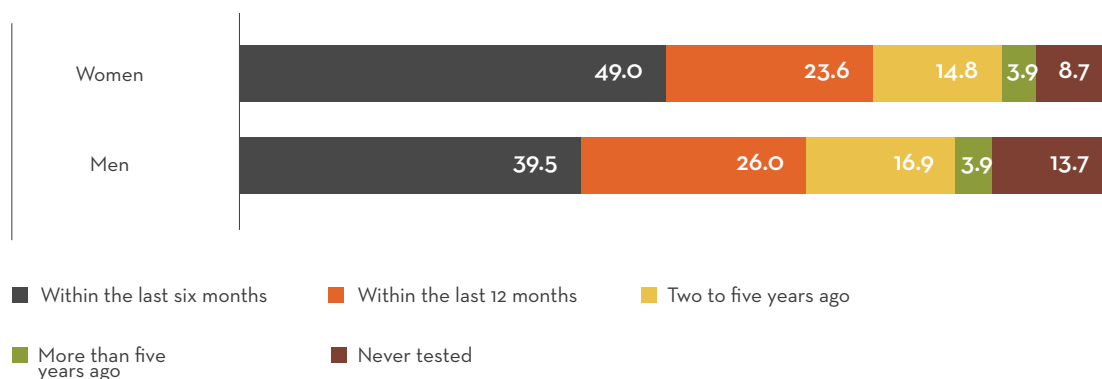
9.4 HIV TESTING

According to the *Uganda Population-Based HIV Impact Assessment (UPHIA) 2016–2017*, HIV prevalence among Ugandans aged 15 to 49 years is 6 percent, with a marked difference between women (7.5 percent) and men (4.3 percent). A slightly higher prevalence is found among 15 to 64 year olds in Kampala (6.9 percent), North Central (7.6 percent) and South Central regions (8.0 percent), where this IMAGES study was conducted (PEPFAR & CDC, 2017). While HIV prevalence has been on a downward trend among youth in Central Uganda over the last decade, it is almost four times higher among young women than young men aged 20 to 24 (PEPFAR & CDC, 2017).

Respondents participating in the IMAGES Central Uganda survey were asked only about their history of HIV testing, not about test results or HIV status. As seen in Figure 9.4a, about three-quarters of women and two-thirds of men reported being tested for HIV in the last 12 months. A slightly larger proportion of men reported never having been tested relative to women.

Figure 9.4a.

Percentage of respondents reporting the last time they were tested for HIV (weighted data)*



* Percentages may not total 100 due to rounding.

These data are consistent with the most recent Demographic and Health Survey in Uganda, which shows a higher proportion of women (relative to men) who were tested for HIV and received their results in the last 12 months in Uganda's Central Region. These IMAGES results also reflect efforts by the Ugandan government to increase HIV testing in the country: over the last decade, the proportion of Ugandans receiving HIV testing in the last 12 months increased from 10 percent of men and 12 percent of women in 2006 to 47 percent of men and 55 percent of women in 2016 (UBOS & ICF, 2018).

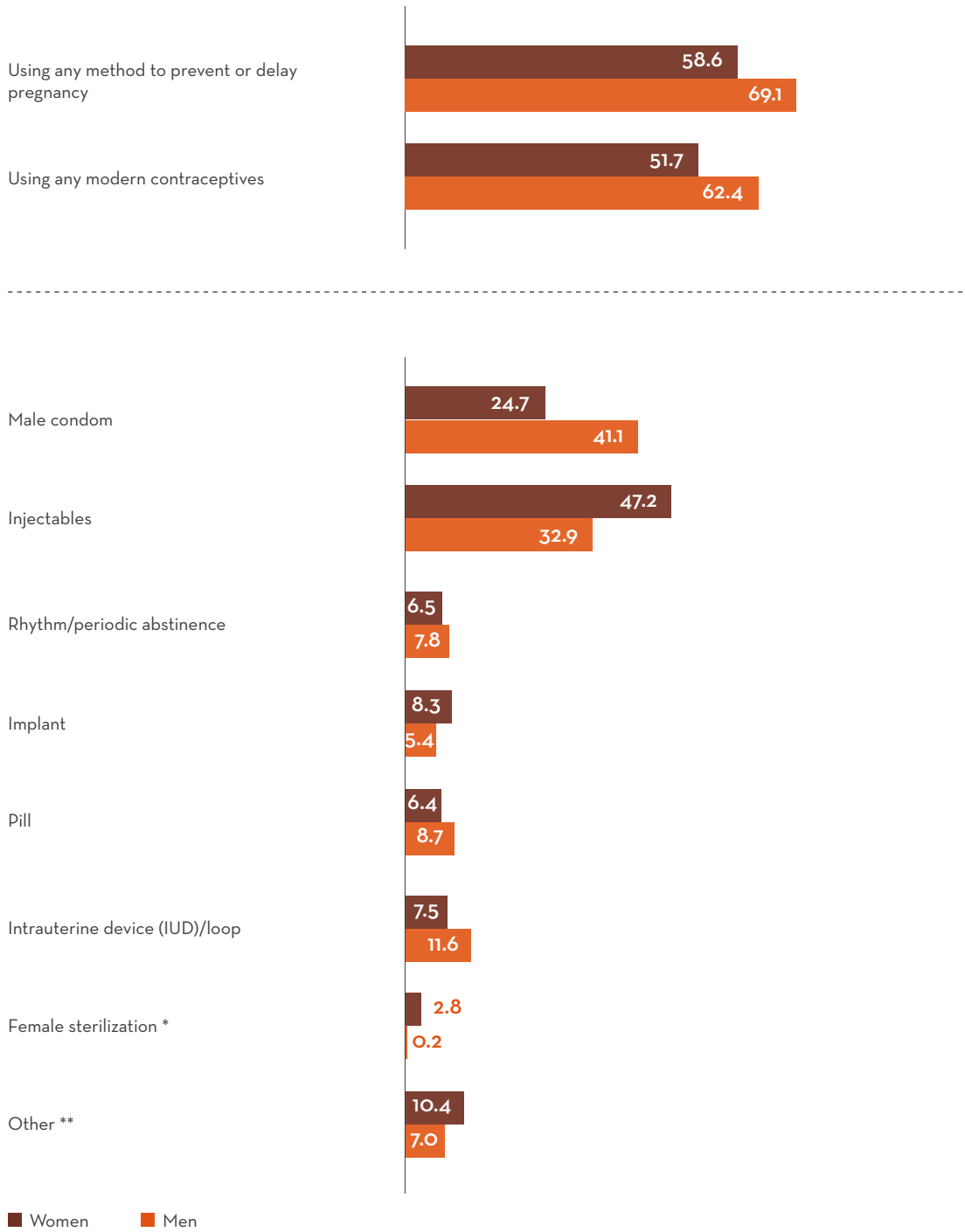
9.5 FAMILY PLANNING AND CONTRACEPTIVE USE

Unintended pregnancy rates are high in Uganda, with close to one in three women having an unmet need for family planning (UBOS & ICF, 2018). Over the last five years, some improvements have been made – married women's modern contraceptive use increased almost ten percentage points from 2011 to 2016, with Central Region being the one with the highest use of modern family planning at around 40 percent (UBOS & ICF, 2018).

Interestingly, the IMAGES Central Uganda data shows a much higher prevalence of contraception use compared to region-specific DHS data. Approximately 69 percent of men and 59 percent of women reported using any method of family planning (either modern or traditional methods). Additionally, more than six in ten men and five in ten women reported current use of modern contraception, as shown in Figure 9.5a.

Figure 9.5a.

Percentage of respondents reporting overall contraceptive use and specific method use (weighted data)



* Tubal ligation or hysterectomy

** "Other" includes withdrawal, foam/jelly/cream, female condom/diaphragm, male sterilization, and other methods

The larger proportion of current modern contraceptive use among men relative to women can be attributed to men's reports of condom use, with 41 percent of men versus 25 percent of women reporting currently using male condoms. Injectables are particularly popular in Central Uganda, and consistent with national trends, women most reported using injectables (47 percent), followed by male condoms (25 percent), implants (8 percent), intrauterine device (IUD) (8 percent), withdrawal (8 percent), periodic abstinence (7 percent), and pills (6 percent). Unsurprisingly, a much smaller proportion of men relative to women reported currently using injectables with their partner (33 percent of men versus 47 percent of women). This difference may reflect some women's covert use of injectables as a method to prevent pregnancy without the involvement of their partner, or more simply men's lack of awareness of the specific contraceptive method used by their partner.

Couple communication about family planning and birth spacing can be a significant predictor of modern contraceptive use among couples (Shattuck et al., 2011). Approximately four in ten IMAGES respondents reported these conversations happened "sometimes" (44 percent of men and 41 percent of women). Men were more likely to report that these conversations happened "often" compared to women (22 percent versus 11 percent). Having these discussions more frequently was associated to significantly higher use of modern contraceptives in both men and women. Specifically, odds of using modern contraception were almost 4 times higher among men who often talked about family planning with their partners compared to men who never discussed these matters; while odds for women were 2.5 times higher.¹²

9.6 TERMINATION OF PREGNANCY

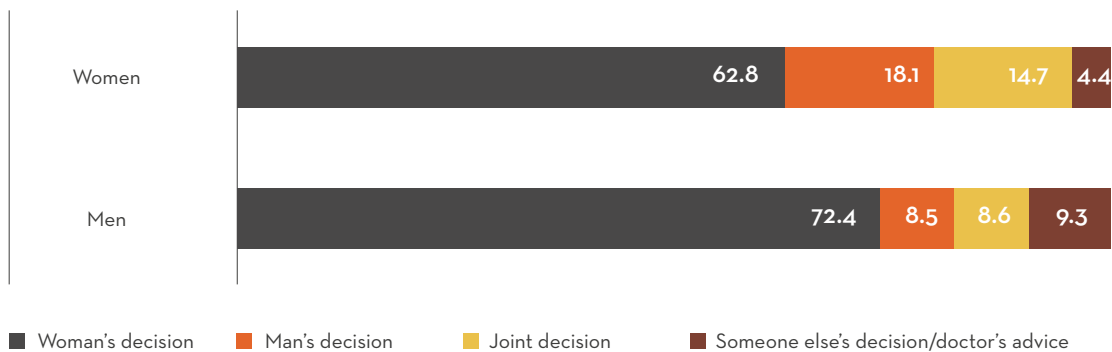
Despite abortion being illegal in Central Uganda, approximately one in ten men and women reported being involved in a pregnancy that ended in induced termination. Given the stigma and sensitivities around pregnancy termination, these rates may in fact be underreported.

Respondents were asked about the decision-making process behind the pregnancy termination. As shown in Figure 9.6a, 72 percent of men and 63 percent of women reported it had been the woman's decision. Twice as many women as men reported it was the man's decision to terminate the pregnancy; women were also more likely to say the decision was made jointly. More women (43 percent) than men (36 percent) also reported the man provided financial support for the pregnancy termination. These results show notable incongruences between men's and women's perceptions related to their levels of involvement during the pregnancy termination. Given the small number of respondents, these findings should be interpreted with caution. Additional research to understand the dynamics of decision-making and men's involvement in pregnancy termination is needed.

¹² Findings from logistic regression analysis adjusted for sociodemographic factors (age, education, ethnicity, and religion).

Figure 9.6a.

Percentage of respondents reporting on who was the person responsible for deciding to terminate pregnancy (weighted data)*



* "Don't know" responses not shown in figure.

ATTITUDES AND COMMUNITY NORMS RELATED TO SEXUAL BEHAVIOR

IMAGES explored not only people's behavior but also their opinions about sexual behavior and how it relates to expectations for men and women. As seen in Figure 9.6b, most respondents believe adolescent girls should not have sex before marriage. Unlike other topics for which individual attitudes tend to be more open than perceptions of the community, these personal beliefs are consistent with what respondents perceive as normal and expected in their community. However, while most respondents reported they do not personally approve of adolescent girls' engagement in premarital sex and felt their community would disapprove, a much smaller proportion – about a quarter –

believed a girl should be punished as a result of a premarital pregnancy.

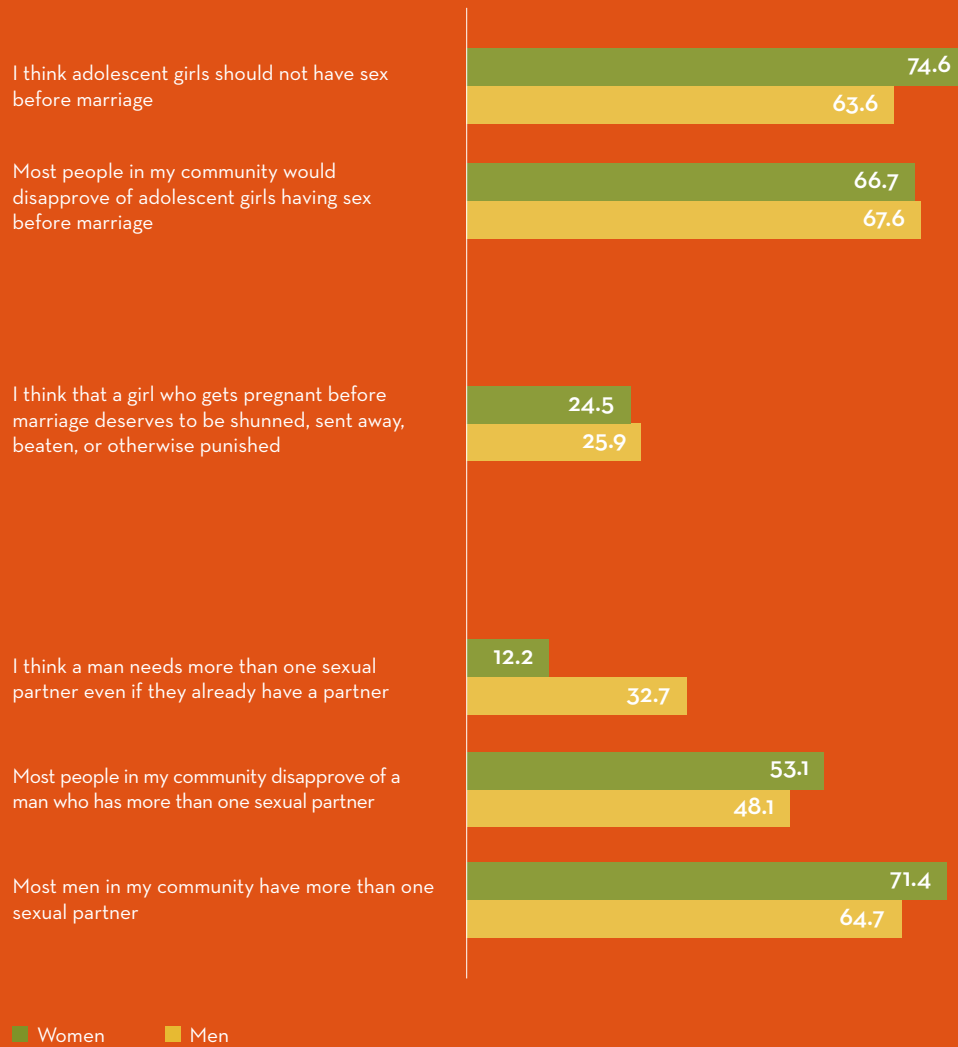
In the sample, only 12 percent of women and 33 percent of men think a man needs more than one sexual partner, and about half of all respondents (53 percent of women versus 48 percent of men) think their community disapproves of men having multiple sexual partners. Both women and men, however, perceived strong social norms in their community underpinning and normalizing men's multiple sexual partnerships: 71 percent of women and 65 percent of men agreed most men in their community have more than one sexual partner.

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Figure 9.6b.

Percentage of respondents reporting personal beliefs and social norms around premarital sex and sexuality practices (weighted data)



10. HEALTH AND QUALITY OF LIFE

Practices related to health and well-being – as well as access to health services – are closely linked to ideas about masculinity and femininity and to the inequalities in power and resources between men and women. Rigid notions of masculinity encourage men to project a sense of strength, invulnerability and risk-taking, they serve as barriers to health- and help-seeking behavior, may place men in occupations or activities that carry particular health risks, or may encourage some men to engage in practices detrimental to their health and to that of their families (Courtenay, 2000). Rigid norms and power dynamics also shape women’s behaviors and their ability to make decisions about or to access health services, to make time to address health issues, or to pay for them. To examine these issues in the Central Region of Uganda, participants were asked a series of questions about their overall health and life satisfaction, as well as health-seeking behaviors and substance use.

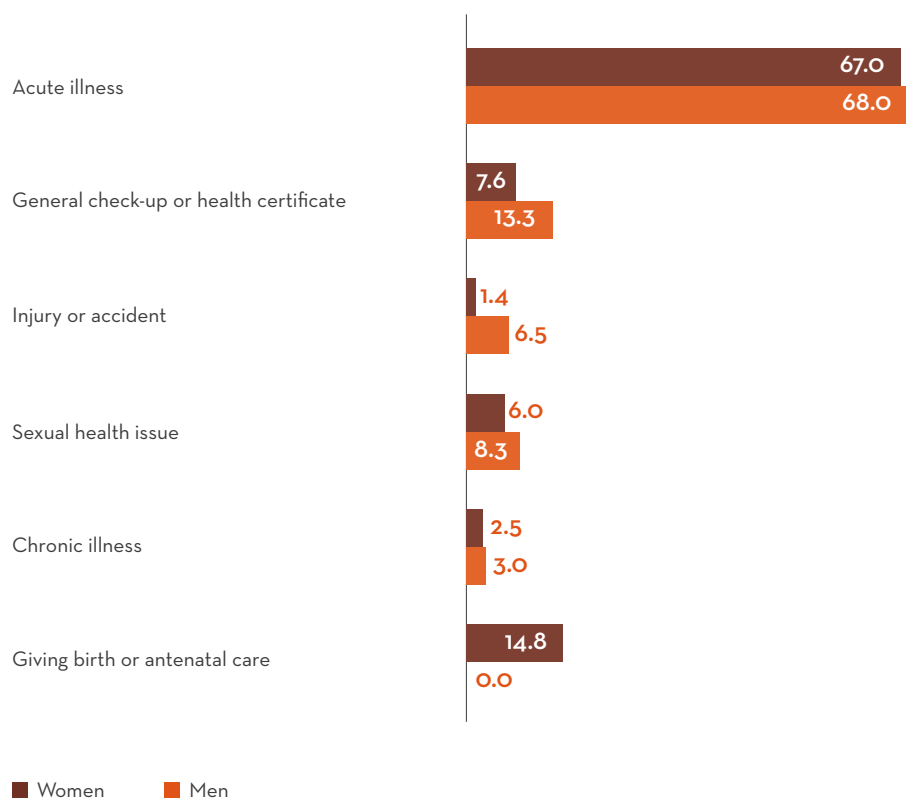
10.1 HEALTH AND USE OF PHYSICAL HEALTH SERVICES

IMAGES Central Uganda survey respondents were asked about the state of their health relative to others with a similar age and profile. More men than women (65 percent versus 56 percent) described their health as “good” or “very good” compared to other individuals of the same age and sex. A much smaller proportion of both men (8 percent) and women (11 percent) rated their health as “bad” or “very bad.”

While most respondents had accessed health services, more women than men (93 percent versus 86 percent) reported visiting a health facility in the last year. Women were also more likely to have sought care within the past month (47 percent of women compared to 34 percent of men). As seen in Figure 10.1a, more than two-thirds of men and women reported their last health facility visit was to treat an acute illness, such as a fever or other sudden sickness. A larger proportion of men than women reported seeking medical attention for an injury or accident. This finding is consistent with other research on gender, masculinities, and health that suggests men are often at higher risk for injury, potentially due to workplace injuries or car accidents (Barker et al., 2011). Interestingly, men were also more likely to have attended the health center for a general check-up or a health certificate relative to women.

Figure 10.1a.

Percentage of respondents reporting the reasons for last sought medical attention (weighted data)



* Percentages may not total 100 due to rounding.

10.2 SUBSTANCE USE AND ITS CONSEQUENCES

In Uganda, as in many other parts of the world, alcohol use and alcohol-use disorders are more prevalent among men than women (Kabwama et al., 2016). In 2013, Uganda was ranked eighth in the world – and first in Africa – in alcohol intake (Kasirye, 2016). Unregulated homemade alcohol is commonly sold in Uganda; the most popular of these is Waragi – a locally brewed liquor that can be produced with up to 40 percent pure ethanol – and is a major source of income in parts of Uganda with few other market opportunities. The wide production and consumption of Waragi have led to higher levels of alcoholism and consequent mental health outcomes. Alcohol abuse contributes significantly to risky sexual behaviors such as inconsistent condom use, multiple partners, and transactional sex, all of which increase the risk of HIV infection (Weiser et al., 2006). It is also a contributing factor to gender-based violence (Schulkind, Mbonye, Watts, & Seeley, 2016).

Alcohol-related legislation in Uganda was enacted in the 1960s and has not been updated since. In 2016, an alcohol control bill was reintroduced in Parliament to put further restrictions on alcohol marketing and consumption but failed to be formalized into law.

Given this context, the IMAGES study focused specifically on aspects of harmful drinking behavior: binge drinking (defined as having five or more drinks on one occasion) and becoming drunk or intoxicated. Perhaps due to the specific framing of questions and/or possible embarrassment around disclosure of alcohol use, participants reported surprisingly low rates of alcohol use and abuse, and the results should be interpreted with caution.

As seen in Table 10.2a, eight in ten women and close to seven in ten men in the sample reported they do not drink alcohol. Among those who did report drinking however, men were more likely to report more frequent drinking in the past 12 months, relative to women. **Specifically, 10 percent of men, but only 3 percent of women reported getting drunk one to three times a month or more often in the past month.** When asked specifically about drinking to the point of intoxication in the last 12 months, 27 percent of men who reported drinking said they got drunk one to three times a month or more often, compared to just 6 percent of women. A very small proportion of respondents reported using drugs in the last 12 months.

However, the results support that men’s alcohol consumption had negative consequences for some respondents: 17 percent of women reported their partner used violence as a result of drinking.

Table 10.2a

Percentage of respondents reporting frequency of alcohol and drug use in the last 12 months, and violence used as a result of drinking (weighted data)*

	MEN	WOMEN
In the last 12 months, how often have you had five or more alcoholic drinks on one occasion?		
Do not drink alcohol	67.2%	82.6%
Never	16.2%	8.0%
A few times a year	5.5%	5.1%
Less than once a month	1.3%	1.0%
One to three times a month or more often	9.7%	3.3%
[Among those who drink] In the last 12 months, how often did you drink so much that you got drunk?		
Never	39.2%	64.6%
A few times a year	30.8%	20.3%
Less than once a month	3.0%	8.7%
One to three times a month or more often	26.9%	6.4%
Ever used drugs in last 12 months	6.1%	1.1%
[Among those who drink] In the last 12 months, did you use violence because of drinking?		
	11.1%	17.4%

* Percentages may not total 100 due to rounding.

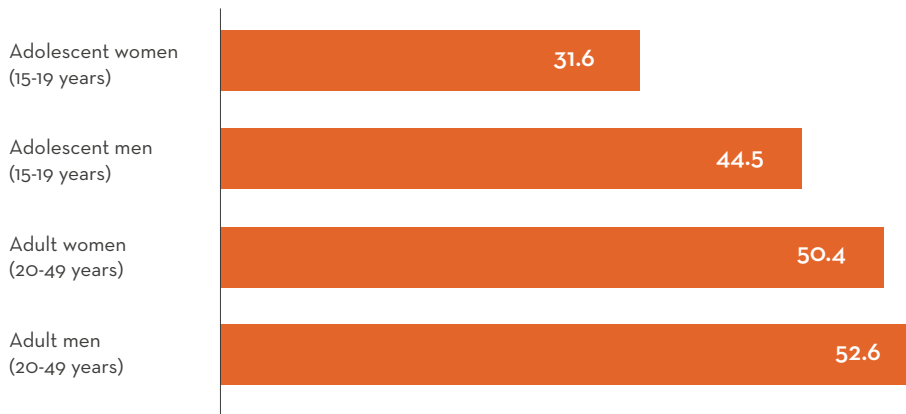
10.3 MENTAL HEALTH, HELP-SEEKING, AND SOCIAL SUPPORT

IMAGES Central Uganda examined men’s and women’s reports of depression symptoms using a set of questions adapted from the internationally validated Center for Epidemiological Studies Depression (CES-D) short-form scale.¹³ A total score from 0 to 30 is calculated from ten questions asking about respondents’ emotional state over the last week; scores of 10 or above are considered an indicator of possible depression¹⁴. This cutoff was used in previous studies using the CES-D10 in Sub-Saharan Africa (e.g. Kilburn, K., Thirumurthy, H., Halpern, C. T., Pettifor, A., & Handa, S. 2015).

Overall, the IMAGES Central Uganda survey found very high levels of depressive symptoms. A large proportion of both men and women report experiencing feelings indicative of potential depression within the last week (53 percent of men versus 50 percent of women). Additionally, adults reported more depressive symptoms than adolescents and adolescent men more than adolescent women, as shown in Figure 10.3a.

Figure 10.3a.

Percentage of respondents scoring above the threshold depression score on the adapted Center for Epidemiological Studies Depression (CES-D) short-form scale by sex and age (unweighted data)



Feelings of support and connectedness to others are important to people’s overall health and well-being. When asked about seeking help from others when they feel sad, disappointed, or frustrated, about seven in ten respondents said they seek help from others – often a relative, family member, or friend of the same gender. Adults also often look to their partners for help. Many respondents (85 percent of men and 77 percent of women) also reported having at least one close friend whom they can talk to about private matters and call on for help; and over 90 percent of both men and

¹³ Cronbach’s alphas for the CES-D10 scale were acceptable: 0.74 (full sample, weighted).

¹⁴ Note that the CES-D is not a diagnostic tool and can therefore not reliably determine the presence of a depression disorder. Instead, it is a screening tool that indicates the presence of symptoms related to depression and the potential need for a more formal diagnosis by a mental health professional and/or a diagnostic tool.

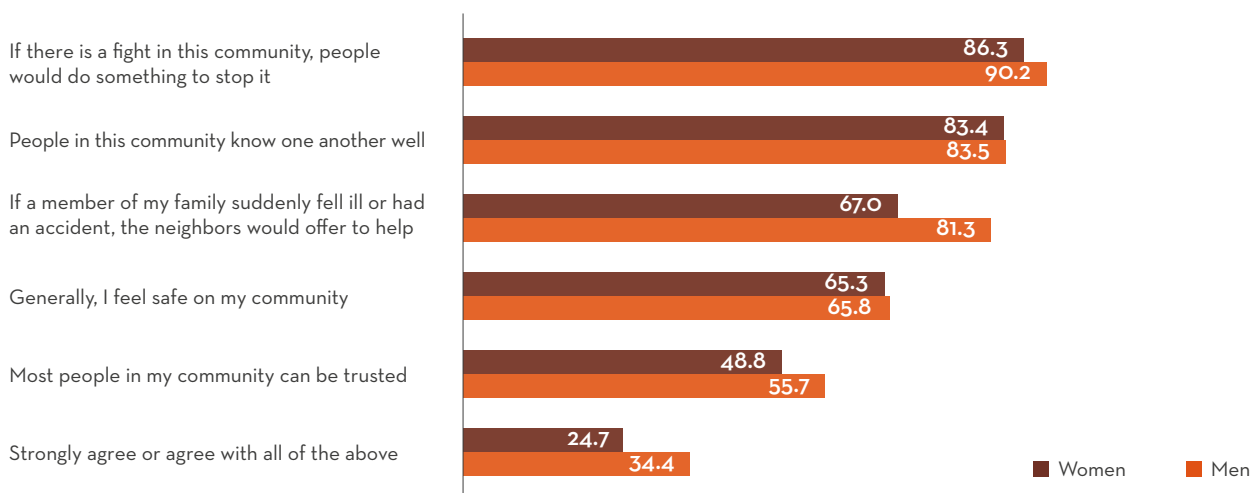
women said they have a family member, friend, or partner on whom they can rely for support in case of serious problems. However, while the majority of the sample reported high levels of social connections and support, **the lack of a reliable source of support was strongly associated with 15 percent higher rates of above threshold depression scores for both men and women.**

IMAGES Central Uganda also asked a series of questions to better understand respondents' communities in terms of social interactions and general sense of safety. While the majority of respondents appeared to feel connected to others in the community, a smaller proportion felt safe in their community or thought that others in their community could be trusted. As shown in Figure 10.3b, the majority of respondents felt that people in their community would do something to stop a fight, that people in their community know each other well, and that neighbors would offer help if a family member fell ill or was injured. In contrast, a smaller proportion felt safe in their community (66 percent of men and 65 percent of women) and felt that most people in their community could be trusted (56 percent of men and 49 percent of women). Overall, more men than women agreed with all of the statements (34 percent versus 25 percent), indicating gendered differences on safety versus support. In particular, women were less likely to feel that others in their community could be trusted and that neighbors would offer help in case of a family emergency.

Bivariate analyses also show that, for both adult and adolescent men, a relationship exists between perceived social cohesion¹⁵ and the presence of depressive symptoms in the last week. Men who report high social cohesion in their communities experience depression at rates about 10–15% lower than those who report low social cohesion. The same pattern is not found for women.

Figure 10.3b.

Percentage of respondent who agree or strongly agree with statements on community cohesion (weighted data)



¹⁵ The social cohesion variable was calculated as a binary where “high social cohesion” represents strong agreement or agreement with at least one of the six statement about community cohesion; and “low social cohesion” means strong disagreement or disagreement with all six statements about community cohesion.

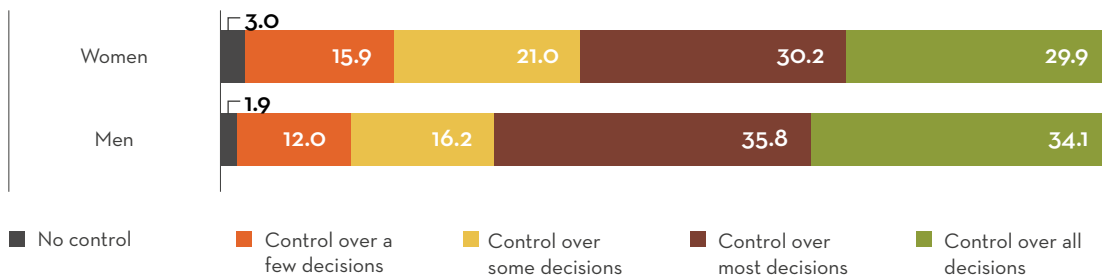
10.4 LIFE SATISFACTION AND LOCUS OF CONTROL

Following the IMAGES Central Uganda questions on mental health and depression, respondents were also asked about how satisfied they feel with their life as a whole. **In line with high reporting on depression, about six in ten respondents shared they are either dissatisfied or extremely dissatisfied with their life (65 percent of men and 59 percent of women).** Less than one in five stated they are either satisfied or extremely satisfied with their life (17 percent of men and 18 percent of women).

Respondents were asked about their control over both important and day-to-day decisions in their lives. These questions reveal gender differences on feelings of agency and self-determination, with men feeling slightly more in control over the decisions that affect them relative to women. As seen in Figure 10.4a, more men (70 percent) than women (60 percent) reported they have control over either all or most day-to-day activities. A very small proportion of men and women (2 to 3 percent) reported they have no control over these decisions.

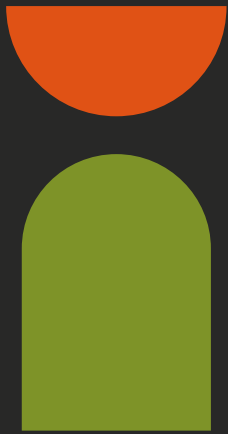
Figure 10.4a.

Percentage of respondents reporting feelings of control over day-to-daily life activities by sex (weighted data)*



* Percentages may not total 100 due to rounding.

A similar pattern emerged on control over decisions when respondents were asked about making important decisions that may change the course of their lives, although women were less likely to say they control larger life decisions. Specifically, 70 percent of men – compared to 57 percent of women – reported they have control of making either all or most decisions related to their life changes. The findings reported in this section highlight important differences related to health and well-being between men and women. While women are more likely to access physical health services, they are less likely to report social support and connection. High levels of depression were detected among both men and women, with adolescent men showing particular vulnerability. However, the findings were surprising, both in their rates and their distribution in the population. Prior studies on the Global Burden of Disease show much lower rates of depressive disorders in Uganda of about 4.6% (WHO 2017); although these studies report on depressive panels that respond to a disease diagnosis and might not be capturing the full extent of lesser forms of mental health burden like the kind measured in this survey. Further studies need to be conducted to understand true rates of depressive symptoms and their burden in Central Ugandans.



PART III
**CONCLUSIONS AND
RECOMMENDATIONS**

CONCLUSIONS AND RECOMMENDATIONS

The IMAGES study in Central Uganda is one of the first efforts in the country to comprehensively explore men's as well as women's attitudes and behaviors related to gender equality, and it contributes to a growing evidence base on violence, gender and health and the intersections between violence against women and violence against children. **Mirroring global research as well as findings from other IMAGES studies in East Africa, IMAGES findings in Central Uganda affirm the urgent need to address inequitable gender attitudes and norms in order to make progress on important development outcomes, including reducing the high rates of intimate partner violence as well as violence against children.** The findings also highlight the role that men and boys play in both maintaining and dismantling gender inequality, as well as the negative impact of inequality. Ending violence and promoting gender equality brings benefits to everyone – women, children and men themselves – and to society overall.

IMAGES findings echo recent studies in Uganda revealing high rates of violence in childhood. **Experiences of childhood violence were more frequently reported by men relative to women, although women were more likely to report experiences of sexual violence during their childhood.** Furthermore, 30 percent of women reported that their first sexual encounter was forced or coerced. The findings also suggest a high prevalence of corporal punishment in schools, with nearly all respondents reporting being beaten by a teacher as a child in school; further research is needed to assess the potential impact of a ban on corporal punishment in schools.

IMAGES also shows very high rates of violence. **The findings suggest that the use of violence against children, in particular, is highly normalized: respondents perceived this violence as common in their communities, and a large majority feel the harsh discipline of children is acceptable, if not desirable.** While attitudes are less supportive of intimate partner violence than of harsh punishment, still nearly 40 percent of men and a quarter of women still believe there are times when a woman deserves to be beaten, and a larger proportion feel intimate partner violence is a private issue, a perception that might hinder intervention. Unsurprisingly, men who had less equitable attitudes, and men who witnessed intimate partner violence in childhood were more likely to have ever used physical violence against a partner.

Importantly, the study finds that the presence of both intimate partner violence and violence against children is the most common experience in the lives of our respondents and that only one in five fathers reported using neither intimate partner violence nor harsh punishment. These non-violent men were, unsurprisingly, more likely to reject attitudes supportive of violence than men who used either or both types of violence, as well as much less likely to report frequent quarrelling in their relationships.

Despite the high rates of violence, the findings suggest that men and women are less likely to report use of harsh physical child punishment with their own children at home relative to their own reported childhood experiences of violence. Although under-reporting cannot be ruled out, this generational reduction in child violence is promising and should be further researched. The findings also suggest parents are just as likely – and, in many cases, more so – to use positive disciplining practices such as praise and affection with their children. These findings encourage building on positive disciplining practices that parents already use, as well as making positive practices more visible to begin shifting norms around this behavior.

Indeed, parenting may be a promising entry-point to address not just violence, but also gender equality. Data from Central Uganda, as from everywhere in the world, demonstrates a sharp division of labor in which caring for children and the household was both perceived to be the domain of women and was reported to be so in practice. **However, the majority of men feel they spend too little time with their children, suggesting an interest and opportunity for greater engagement.** The data also suggest there is room for strengthening couple relations, improving couple communication, reducing quarreling, and, importantly, encouraging more equal decision-making, as men dominate decision-making in both perception and reality.

Thus, IMAGES findings illuminate potential areas for promoting equality and achieving key health and development outcomes, and specifically, for making progress on Uganda's goals to eliminate violence against women and against children. The following actions are recommended to ensure policies, programs, and advocacy and outreach activities aimed at engaging men, alongside women, advance towards these goals:

Push for a transformation of gender attitudes and norms by building on the discordance between what they believe and what what men and women think others in their communities do and think. Advocacy, interventions, and policies should build support for gender equality and freedom from violence. Positive, or non-deficit approaches that encourage men's and women's existing equitable beliefs, and that highlight the clear gap between perceptions of the community and people's own attitudes and behaviors, may be more effective than messaging that simply highlights, for example, the high rates of violence and harm that it causes. Women and men consistently report more equitable individual views than they perceive individuals in their community to hold. This provides a tremendous opportunity for building on men's and women's willingness to question community norms. Community and national campaigns can be designed to emphasize that many individuals already agree with equality, rather than assuming they do not.

Build on, and boost the visibility of, existing positive behaviors. Men and women are already reporting high levels of positive parenting behaviors, as well as individual attitudes that are less supportive of violence compared to the perceived community norms. Many men are also reporting accompanying their partners to antenatal care visits, and seeking support from others when they feel upset or stressed. Starting from these positive behaviors through programs and campaigns can magnify positive change.

Implement programs to improve parenting and strengthen couples' relationship quality, specifically targeting men. Both men and women report quite inequitable relationships and low rates of men's

involvement in the household and caregiving. The analysis also finds that quarreling and low communication can lead to negative outcomes such as intimate partner violence and lower rates of contraceptive use. This suggests the importance of couple-focused approaches, which build relationship skills, promote communication, and focus on more equitable power dynamics, as well as of positive, non-violent parenting. Such approaches capitalize on men's interest in greater involvement with children, and are a promising entry-point to integrate violence prevention into efforts to promote men's more equitable and nonviolent participation as caregivers and as partners. Positive results from impact evaluations of father-inclusive and couple-focused parent training in Rwanda (Promundo's Program P/Bandebereho) and Uganda (REAL Fathers) highlight the potential of such approaches, which should be implemented at a larger scale (Ashburn et al., 2017; Doyle et al., 2018).

Work with adolescents, male and female, on gender equality. Given high rates of sexual violence and coerced or forced experiences of first sex, it is important to work with young people, as well as the adults who care for them – parents and guardians, teachers, and health providers. Interventions such as Raising Voices' Good Schools Toolkit and the Institute for Reproductive Health's Gender Roles, Equality and Transformation (GREAT) Project are evidence-based interventions already being implemented in Uganda.

Strengthen violence prevention and response laws and policies, monitor their enforcement, and importantly, target public opinion to highlight the benefits of these policies. IMAGES data show little support for laws to ban harsh punishment of children at home or at school and mixed feelings about laws around domestic violence, with large proportions of men (but also women) expressing that women are taking advantage of the laws to dominate men and that the laws contribute to conflict in the family. Raising public awareness of the benefits of these policies, as well as their effective enforcement, can increase public support for them.

Finally, encourage more research to better understand and respond to multiple intersecting forms of violence. In Uganda, the evidence base on this subject is rapidly growing, with multiple studies published around the intersections of violence against women and violence against children in just the last two years. The violence prevention field needs to measure progress and evaluate interventions and policy responses to ensure we are effectively working towards gender equality and lives that are free from violence.

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ANNEX A

**ITEMS AND RESPONSES
ON INTIMATE PARTNER
VIOLENCE AND HARSH
CHILD PUNISHMENT**

Annex Table 1.

Percentage of ever-partnered respondents reporting lifetime* and past-year** rates of violence perpetrated (men) or experienced (women), by type of intimate partner violence (weighted data)

	MEN PERPETRATED		WOMEN EXPERIENCED	
	Ever	In last year	Ever	In last year
Emotional/psychological violence	61.2%	76.7%	67.3%	76.7%
Insulted (his partner/her) or deliberately made her feel bad about herself	47.8%	73.0%	59.7%	72.1%
Refused to speak with (his partner/her) for some time (a few hours, a day, or more than a day), refused to eat the food (his partner/she) has cooked, or slept in a different room away from the bedroom that they share	54.1%	73.8%	52.3%	73.8%
Belittled or humiliated (his partner/her) in front of other people	8.5%	61.9%	27.0%	71.6%
Scared or intimidated (his partner/her) on purpose (for example, by the way he looked at her, by yelling, or by smashing things)	35.5%	77.2%	39.3%	75.7%
Threatened to hurt (his partner/her) or someone who is important to her	9.1%	67.2%	20.3%	62.0%
Threatened to hurt any of (his partner's/her) children or his own children to get her to do what he wanted or to punish her	3.3%	72.4%	7.5%	65.2%
Economic violence	41.8%	75.1%	50.1%	73.8%
Prohibited (his partner/her) from getting a job, going to work, trading, or earning money	16.6%	53.7%	37.4%	67.7%
Taken (his partner's/her) earnings against her will	11.4%	72.1%	23.2%	67.5%
Thrown (his partner/her) out of the house	13.9%	52.7%	19.5%	56.5%
Kept money from earnings for personal use when he knew (his partner/she) was finding it hard to afford the household expenses or needs for the household	22.1%	82.1%	17.7%	71.7%
Physical violence	26.6%	55.0%	39.6%	55.0%
Slapped (his partner/her) or threw something at her that could hurt her	21.4%	48.1%	32.3%	49.7%
Pushed, cornered, or pulled the hair of (his partner/her)	8.6%	53.6%	14.3%	53.5%
Hit (his partner/her) with a fist or with something else that could hurt her	7.8%	51.2%	18.9%	54.2%
Kicked, dragged, or beat (his partner/her)	3.6%	57.0%	16.3%	51.8%
Choked or burned (his partner/her) on purpose	1.6%	50.2%	5.5%	39.0%
A male partner hit, slapped, kicked, or done anything to physically hurt her while she was pregnant with any of her children			15.3%	

Annex Table 1. (continued)

Percentage of ever-partnered respondents reporting lifetime* and past-year** rates of violence perpetrated (men) or experienced (women), by type of intimate partner violence (weighted data)

	MEN PERPETRATED		WOMEN EXPERIENCED	
	Ever	In last year	Ever	In last year
Threatened to use or actually used a gun, knife, or other weapon against (his partner/her)	0.8%	67.1%	5.4%	48.2%
Sexual violence	19.8%	84.4%	31.3%	88.3%
Forced (a partner/her) to do something sexual that she did not want	13.6%	66.8%	14.0%	69.0%
Forced (a partner/her) to have sex with him when she did not want to	14.3%	66.1%	26.7%	67.8%
Composite: Physical and/or sexual intimate partner violence	40.2%	96.9%	51.6%	98.3%

* Lifetime rate = Proportion of ever-partnered respondents who reported having used (men) or experienced (women) one or more acts of emotional, economic, physical, or sexual violence against (men) or from (women) any current or previous intimate partner at any point in their lives.

** Past-year rate = Of those ever-partnered respondents who reported using (men) or experiencing (women) violence in their lifetime, the proportion who reported using (men) or experiencing (women) at least one act of emotional, economic, physical, or sexual violence against (men) or from (women) any intimate partner in the 12 months prior to the interview.

Annex Table 2.

Percentage of respondents reporting ever using forms of harsh punishment when their children were 14 or younger (weighted data)

	MEN	WOMEN
Took away something your child liked or wanted to do, or forbade something (e.g., did not allow your child to play with other kids in the neighborhood or to leave the house)	57.4%	63.1%
Called your child dumb, lazy, or another name like that	32.5%	55.1%
Beat your child up - that is, hit him/her over and over as hard as you could	7.0%	6.2%
Threatened to leave or abandon your child	16.5%	29.5%
Threatened to invoke ghosts, evil spirits, or harmful people	6.2%	4.9%
Forced your child to kneel or stand in a manner that results in pain	14.1%	6.5%
Locked your child out of the house or in a dark room	5.8%	5.1%

