

## Gender Based Violence and Public Health Consequences among Refugees in Uganda

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### Abstract

**Purpose:** The current study was undertaken to establish the influence of gender based violence on public health consequences among refugees in Uganda. The main objective was to ascertain the influence of gender based violence on public health consequences among refugees in Uganda.

**Materials and Methods:** In an effort to address the set objective, a cross-sectional survey design which followed both quantitative and qualitative research approaches was adopted. Quantitative and qualitative research approaches were used because they are complementary methods that work well together to provide insights that are both deep and wide. Data was collected from a total quantitative sample of 311 refugees. A qualitative sample of 68 of refugee stakeholders' and officials from office of the Prime Minister in Uganda was determined by saturation point approach. The data was analysed at descriptive and inferential level, and later a Path Equation Model was fitted through Structural Equation Modelling in Stata Version 14.0.

**Findings:** The key reference in the study is Sarfo-Kantankah, K. S. (2022), who avers that violence against women includes any act of verbal or physical force, coercion or life-threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination. The overall result in regard to Gender Based Violence among refugees in selected refugee camp indicate that it is highly practiced

(M = 5.32, SD = 0.88). The results also indicated exists there exists a positive significant influence of Gender Based violence on public health consequences of the refugees ( $r = 0.379$ ). This relationship is statistically significant since the associated  $p$  – value of 0.000 is less than 0.05 ( $p < 0.001$ ). The study concluded that that sufficient evidence substantiates significant relationship exists between gender based violence and Public Health Consequences. Finally, the study reveals that the biggest numbers of refugees are semi illiterate and this makes them unable to access any viable source of income which may give them or expose them to gender based violence and the associated public health consequences which result or impact the society negatively. Therefore, equipping these refugees with some skills may help them to be preoccupied with economic activities which will eventually have an impact on their life styles and hence help to mitigate the challenge of gender based Violence.

**Implications to Theory, Practice and Policy:** The government and other refugees' stakeholders should devise strategies to enhance the literacy levels such that the refugees may be able to understand and collaborate in not only reducing gender based violence but also be able to take decisions for which the refugee sector relies on.

**Keywords:** *Gender Based Violence, Public Health Consequences, Government, Refugee Stakeholders*

## 1.0 INTRODUCTION

The study was set to examine the influence of gender based violence and public health consequences on refugees in Uganda. Gender based Violence (GBV) is an umbrella term for harmful acts of abuse perpetrated against a person's will and rooted in a system of unequal power between women and men (Tshilongo, T., 2023). This is true for conflicted and non-conflicted areas. Other scholars like Chernikov, V. V., & Goncharenko, O. K. (2021), define violence against women as, 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Unicef Global status report on preventing violence against children 2020 confirm that over one-third of women and girls globally will experience some form of violence in their lifetime (Unicef, 2020). However, this rate is higher in emergencies, conflict, and crisis, where vulnerability and risks are increased and most often family, community, and legal protections have broken down.

Hourani, J., Block, K., Phillimore, J., Bradby, H., Ozcurumez, S., Goodson, L., & Vaughan, C. (2021) assert that Harm caused by GBV comes in a variety of visible and invisible forms—it also includes the threat of violence. GBV can manifest in a variety of ways (Graaff, K. (2021), and some of these include: physical violence, such as assault or slavery; emotional or psychological violence, such as verbal abuse or confinement; sexual abuse, including rape; harmful practices, like child marriage and female genital mutilation; socio-economic violence, which includes denial of resources; and sexual harassment, exploitation and abuse.

Dahal, P., Joshi, S. K., & Swahnberg, K. (2022) have done a qualitative study on gender inequality and gender-based violence in Nepal and affirm that Gender inequality, and the norms and beliefs that violence against women and girls is acceptable, cause gender-based violence. On the other hand, Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020) affirm in the book *Pandemics and violence against women and children* avow that there are also many factors that increase the risk of GBV, with women and girls living through crises experiencing an increase in both the frequency and severity of GBV. This is perhaps because the same conditions that contribute to conflict and forced displacement also accelerate GBV.

The most important principles of government through the respective government agencies and key stakeholders should ensure that there is a broadened horizon of portfolio of programs (Twinomujuni, R., Mawa, M., Musoke, H. B., & Rukanyangira, N., 2022) and the government should also be capable of differentiating the programs but without compromising on the interventions in order to gain the trust of refugees and be able to provide Gender based violence programs that can reduce gender based violence to the desired levels.

The current study confirms that comprehensive GBV services need to be established quickly in times of crisis to protect women and girls and reduce their exposure to violence, while increasing their chances of recovery and resilience (Carter, B., 2021). Humanitarian organizations should bring a feminist approach to programming that takes into account the unequal power balance between genders when designing support and interventions for crisis-affected populations.

## **Theoretical Framework**

The current study was underpinned by the Feminist Legal Theory (Painter, G. R. ,2015). The Feminist Legal Theory is based on the belief that the law has been fundamental in women's historical subordination but its effects are twofold. Fineman first postulates that the feminist jurisprudence seeks to explain ways in which the law played a role in women's former subordinate status. Second, feminist legal theory is dedicated to changing women's status through a rework of the law and its approach to gender given its effects of which Gender Based Violence is part.

## **Statement of the Problem**

Uganda government has intervened through the several policies dealing with refugees and some are in process of being formulated (Sandvik, K. B. (2011). Some of the important policies include Uganda refugee policy review framework, 2022; Uganda refugees Act, 2006 and Refugee regulations, 2010. Relatedly, in accordance with Division of International Protection, Gender based violence is preventable and UNHCR is committed to promoting gender equality and human rights and to protecting refugees and other persons of concern from GBV (UNHCR, 2021). In doing so the government of Uganda and UNHCR deemed that when implemented in protected refugee settlements, it would shrink public health consequences among refugees (Uganda office of the Prime Minister (OPM), department of refugees' annual report, 2022).

Gender based violence among refugees has however reduced by only 16 %( from 68% to 52 %) instead of the desired 0 % decline (from 68% to 0 %) leaving a big crevice of 52% not achieved (Uganda office of the Prime Minister (OPM), department of refugee's annual report, 2022). This seems to signify that Gender based violence on refugees has not reduced as expected and instead public health consequences are impacting negatively among refugees. Yet, in spite of the widespread support and commitments, refugees continue to face challenges ranging from increasing refugee numbers, protracted refugee situations, the burden of hosting of refugees, to limited resources and little international support threaten Uganda's hospitality. Aiming to address this gap, UNCHR in collaboration with the office of the prime minister and other agencies have for years been providing support to refugees (Uganda office of the Prime Minister (OPM), department of refugees' annual report, 2022).

Yet, in spite of the widespread support and commitments, refugees continue to face challenges ranging from increasing refugee numbers, protracted refugee situations, the burden of hosting of refugees, to limited resources and little international support threaten Uganda's hospitality. The unmet levels on public health consequences leaves a performance gap in terms of the existing gender based Violence levels.

## **Purpose of the Study**

The study aimed at investigating the impact of Gender Based Violence on public health consequences among the Refugees in Uganda.

## **Objective**

To analyse the influence of gender based violence on public health consequences among refugees in selected refugee settlement West Nile, Uganda.

## 2.0 LITERATURE REVIEW

Sarfo-Kantankah, K. S. (2022), avers that violence against women includes any act of verbal or physical force, coercion or life-threatening deprivation, directed at an individual woman or girl that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination. Extent and nature of the problem Gender-based violence includes a host of harmful behaviors that are directed at women and girls because of their sex (Uyanne, E. O. ,2021), including wife abuse, sexual assault, dowry-related murder, marital rape, selective malnourishment of female children, forced prostitution, female genital mutilation, and sexual abuse of female children. The most pervasive form of gender violence is abuse of women by intimate male partners (Scott-Storey, K., O'Donnell, S., Ford-Gilboe, M., Varcoe, C., Wathen, N., Malcolm, J., & Vincent, C. ,2023), although women can also be violent and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners. According (Žukauskienė, R., Kaniušonytė, G., Bakaitytė, A., & Truskauskaitė-Kunevičienė, I., 2021), representative sample surveys indicate that physical violence in intimate relationships is almost always accompanied by psychological abuse and, in one-third to over one-half of cases, by sexual abuses and most women who suffer any physical aggression generally experience multiple acts over time.

However, (According (Žukauskienė, R., Kaniušonytė, G., Bakaitytė, A., & Truskauskaitė-Kunevičienė, I., 2021) also affirms that measuring acts of violence does not describe the atmosphere of terror that often permeates abusive relationships and Women often say that the psychological abuse and degradation are even more difficult to endure than the physical abuse itself. Similarly, Mitchell, J. E., & Raghavan, C., (2021), asserts that Sexual coercion and abuse also emerge as defining features of the female experience for many women and girls and as a matter of fact forced sexual contact can take place at any time in a woman's life and includes a range of behaviors, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sex against their will.

In accordance with Violence, what is Gender-Based. "Ending violence against women." Issues in World Health 11 (1999), the touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances and incidentally that the majority of nonconsensual sex takes place among individuals known to each other spouses, family members, courtship partners, or acquaintances. Ironically, much nonconsensual sex takes place within consensual unions (Semenzin, S., & Bainotti, L. (2020), and regrettably, much sexual coercion takes place against children or adolescents in both developed and developing countries making sexual exploitation of children widespread in virtually all societies. Child sexual abuse refers to any sexual act that occurs between an adult or immediate family member and a child, and any nonconsensual sexual contact between a child and a peer (Ferragut, M., Ortiz-Tallo, M., & Blanca, M. J., 2021) and Laws generally consider the issue of consent to be irrelevant in cases of sexual contact by an adult with a child, defined variously as someone under 13, 14, 15, or 16 years of age. Because of the taboo nature of the topic, it is difficult to collect reliable figures on the prevalence of sexual abuse in childhood (Ferragut, M., Rueda, P., Cerezo, M. V., & Ortiz-Tallo, M., 2022) but Nonetheless, the few representative sample surveys provide cause for concern. Helmus, L. M., & Kyne, A. (2023), affirms that although both girls and boys can be victims of sexual abuse, most studies report that the prevalence of abuse among girls is at least 1.5 to 3 times that among boys but even then abuse among boys may be underreported

compared with abuse among girls, however, studies consistently show that, regardless of the sex of the victim, the vast majority of perpetrators are male and are known to the victim.

Many perpetrators were themselves sexually abused in childhood, although most boys who are sexually abused do not grow up to abuse others (Gewirtz-Meydan, A., & Finkelhor, D. (2020.)), although for some children the effects of sexual abuse are severe and long-term, not all will experience consequences that persist into later life. Strathearn, L., Giannotti, M., Mills, R., Kisely, S., Najman, J., & Abajobir, A. (2020) assert that Sexual abuse is most likely to cause long term harm when it extends over a long period, is by a father or father figure, involves penetration, or uses force or violence.

While violence against women is widespread, it is not universal. Anthropologists have documented small-scale societies such as the Wape of Papua New Guinea where domestic violence is virtually absent (Heise, L., 2018) and this reality stands as testament to the fact that social relations can be organized in such a way to minimize abuse. Heise, L., Ellsberg, M., & Fattah, K. N., & Camellia, S. (2020) avows that Justifications for violence frequently evolve from gender norms that is, social norms about the proper roles and responsibilities of men and women. Laschever, S., & Babcock, L. (2021) also affirms that many cultures hold that men have the right to control their wives' behavior and that women who challenge that right even by asking for household money or by expressing the needs of the children may be punished.

In countries as different as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Nicaragua, Tanzania, and Zimbabwe, studies find that violence is frequently viewed as physical chastisement—the husband's right to 'correct' an erring wife (Renvoize, J. (2023)). Conversely, Grose, R. G., Chen, J. S., Roof, K. A., Rachel, S., & Yount, K. M. (2021) assert that Physical violence and sexual abuse can escalate diverse public health consequences which can put women at risk of infection and unwanted pregnancies directly, if women are forced to have sex or fear using contraception or condoms because of their partners' potentially violent reaction. A history of sexual abuse in childhood also can lead to unwanted pregnancies and Sexually Transmitted Diseases indirectly by increasing sexual risk taking in adolescence and adulthood (Fortin-Langelier, E., & Daigneault, I. ,2022). and therefore, like tobacco or alcohol use, victimization can best be conceptualized as a risk factor for a variety of diseases and conditions.

Some research gaps have emerged from the above literature reviewed that may warrant future research and key among them is Knowledge gap, where authors like Heise, L., Ellsberg, M., & Gottmoeller, M. (2002), observe that previous research has mainly focused on Gender based violence in organised communities and that there is a scarcity of empirical studies about the society impact practices in refugee camps which are predominant in Uganda.

The other gap is Evidence gap where, (Plans, P. M. (2002), USAID;) analyses that despite interventions made by Uganda government and development partners in enhancing refugee policies there have remained complaints on gender based Violence. There is also a theoretical gap, Dutton, D. G. (2012), dissects the categories and theories presented that serve as an introduction to theoretical review of the gender based violence and society impact as it has developed over the past several decades but does not give deeper understanding of the gender based violence and its impact on society.



### **3.0 MATERIALS AND METHODS**

#### **Research Philosophy**

The paradigm helps in defining the philosophy to be used in this study relating Gender based violence and public health consequences of refugees in Uganda Refugee resettlements. The current study therefore adopted the pragmatic research paradigm which involves a mix of methodological positions but considering the best methodology that can address the problem of Gender based violence of the refugees in settlements.

#### **Research Design**

The current study employed a cross sectional survey and descriptive research design. The study is cross-sectional because it was conducted across participants at a point in time. A descriptive design was used to answer the question of how, where, who, what, when associated with the current research problem. The survey design was employed to enable collection of data from a large number of respondents belonging to various categories. These include Employees in Refugee camps.

#### **Research Approach**

The study made use of triangulation constituting both quantitative and qualitative approaches to collect and analyse data. The quantitative approach was used to generate quantitative information that were important to quantitative analysis which enabled the study to investigate the descriptive components, relationship, effect and contribution of one variable on the other as set out in the study objectives. It is worth noting that qualitative approach was used to get informants and discussants opinions and sentiments concerning their experiences concerning gender based Violence in refugee settlement camp in Uganda.

#### **Study Population**

The study considered the refugees as the target population. The study accessible population was the Refugees in the selected Refugee settlement. The evidence from the records shows that Refugee resettlement selected has a total of over 168,988 Refugees (OPM annual reports; UNHCR annual reports, 2022).

#### **Inclusion and Exclusion**

In general, the unit of analysis of the current study was the Refugees in the selected refugee settlement camp during the study period from 2017 to 2022. The choice of these people is premised on the fact that they have survived gender based violence (GBV) and specifically the GBV survivors, Women and employees in GBV advocacy groups or organizations like the Police at the nearest police post as well as office of the Prime Minister staff. These categories were selected on assertion they have been around for more than five years, therefore they have the knowledge and experience of how gender based violence impacts public health among refugees. Women have also been singled out because they are more vulnerable to GBV.

#### **Study Sample**

The sample Size considered in this study was determined through a sample size determination formula as advanced by Taro Yamane formula (1967). This formula for sample size determination is;

$$n = \frac{N}{1 + Ne^2}$$

Where d = 0.05 is the level of precision at 95% confidence interval

N = The total population accessible of refugees during the study period

$$n = \frac{168,988}{1 + 168,988 * 0.05^2}$$

$$n = 399.055$$

$$n \approx 399$$

The study considering a 10% non-response rate, therefore considered a total quantitative sample size of 439 Refugees.

The saturation point approach was however used in the determination of the qualitative sample size. The study initially targeted a total of 25 refugee employees in the resettlement camps. However, the saturation point was determined at that interviewee number between no new responses will arise as the qualitative sample size.

### Sampling Procedure

The proportionate sampling approach was adopted in the selection of the Refugees from the selected Refugee resettlement camps. The refugees were first proportionately allocated based on the population sizes of the two resettlement camps. Thereafter simple random sampling technique through the lottery was adopted. The simple random sampling technique was chosen because it permits equal chance of participation among the refugees. The proportionate sampling was chosen because it permits representativeness and equity in sample selection.

The refugee employees in the two resettlement camps were selected through a purposive sampling technique. The selection was based on their knowledge accumulated through experience in their encounter with the Refugees from Refugee resettlements.

**Table 1: Sampling Matrix for the Study Subjects**

Population Category	Population Size	Sample (n)	Sampling Technique
GBV survivors	1004,234	271	Simple random sampling
Women Refugees	64,754	168	Simple random sampling
<b>Sub Total</b>	<b>168,988</b>	<b>439</b>	
Employees and Staff of OPM, GBV advocacy groups & Police	127	95	Purposive sampling

Source: (OPM annual reports; UNHCR Annual Reports, 2022; Yamane, 1967)

### Data Collection Methods and Tools

Both quantitative and qualitative data collection strategies were adopted in this study to examine the Public health impact on refugees in relation to gender based violence. The study made use of a methodological triangulation of data collection methods and instruments respectively as in the following sub sections;

Data collection methods: The survey method of data collection was adopted in the collection of the data in this study. This method was chosen because it is quick and permits the gathering of large quantities of data in a short period of time.

The study as per the qualitative data also adopted an interview method of data collection. This method involved asking questions and as well seeking clarifications and further explanations from the interviewees. This method was used to collect in-depth and rich data from the Refugee employees.

Research Tools: The researcher administered questionnaires were adopted in collecting data from the Refugees from the Refugee resettlements. The questionnaire was structured in such a way that questions on the biographic characteristics were in the preliminary section. The other section constituted questions regarding gender based violence, and lastly questions on public health consequences of refugees. Other than the questions on the demographic characteristics, the rest of the questions followed a 5 point likert scale. The questionnaire was adopted because of its high response rate capabilities as opposed to other instruments.

The current study on the other hand made use of an interview guide as the qualitative instrument. The instrument was used to collect data from the Refugee employees. It was developed addressing all the set research questions. The interview guide was chosen because it permits the study subjects to freely air out their views. This allowed for deeper and richer data to be collected.

## Data Quality Control

### Validity

The content validity was determined by expert judgment which required experts in the area covered by the instrument to assess its content by reviewing the process that was used in developing the instrument as well as the instrument itself and thereafter making judgment concerning how well items represent their intended content area. Therefore, the content validity ratio was used to calculate the Content Validity Index using the formula;

$$CVI = \frac{\text{Total Number of items declared Valid}}{\text{Total Number of Items in the Instrument}}$$

**Table 2: Validity Results**

Variable	Number of Items	CVI
Gender based violence	24	0.833
Public health consequences	19	0.737
<b>Total</b>	<b>43</b>	<b>.785</b>

As shown in Table above, the CVI results for Gender based Violence is 0.833 and Public health consequences is 0.737, which are all above the minimum of 0.7 (Amin, 2005). The tool is considered Valid since the overall Content Validity index of 0.785 is higher than the recommended 0.70 cut off.

### Reliability

Field pretesting was done in the selected respondents but not among the sampled ones by administering at least 20 questionnaires to determine content, reliability and completeness of the questions. The interview guides were pre-tested on three experts. Actual field pretesting was



done among the selected respondents in the camp by administering at least 20 questionnaires to determine content, reliability and completeness of the questions.

The researcher used cronbachs co-efficient Alpha ( $\alpha$ ) to further test for reliability as evidence below

Cronbach's

Where;

$r_{KR20}$  is the Kuder-Richardson formula 20 k is the total number of test items

$\Sigma$  indicates to sum

p is the proportion of the test takers who pass an item q is the proportion of test takers who fail an item

$\sigma^2$  is the variation of the entire test

**Table 3: Reliability Results**

Variable	Number of Items	Cronbach's Alpha
Gender Based Violence	24	0.794
Public Health Consequences	19	0.821
<b>Total</b>	<b>43</b>	<b>0.807</b>

Source: Field Data (2022)

As shown in Table, the Cronbach Alpha Coefficients results for Gender based Violence is 0.794 and Public health consequences is 0.821, which are all above the minimum of 0.7 (Amin, 2005). The tool is considered reliable since the overall Cronbach Alpha Coefficient of 0.807 is higher than the recommended 0.70 cut off.

### Data Processing and Analysis

In this section the researcher discusses data processing, Analysis and presentation.

### Data Analysis

**Table 4: Techniques Used in Analysis**

No	Variables	Data used	Technique	Justification/Reason
1.	Quality of tools and data	1. Questionnaire 2. Interview guide	a) CVI b) Reliability c) Cronbach's Alpha	To ascertain the credibility of the data and results
2.	Gender based violence and public health consequences	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Coding	To assess the relationship's existence and nature
3.	gender based violence on the fit of public health consequences	i) Quantitative ii) Qualitative	a) Descriptives b) Correlation c) Regression d) Coding	To measure the impact of Gender violence on public health and society.

Table above reveals the techniques used to analyse data quantitatively and qualitatively. The current study analysed data using Pearson correlation analysis and regression analysis generated from the statistical package for social scientists (SPSS version 21.0). Descriptive statistics were used to describe the sample of study and generate frequencies, percentages, means and standard deviation.

### Research Findings

To analyse the influence of gender based violence on public health consequences among refugees.

### Introduction

The study was aimed at investigating the impact of Gender Based Violence on public health consequences among the Refugees in Uganda. The main objective was to analyse the influence of gender based violence on public health consequences among refugees in Uganda.

### Response Rate

The study had targeted a sample size of 534. Table below shows the results of the target responses and the actual responses following a field study.

**Table 5: Results on Response Rate**

Tool	Target response	Actual response	Response rate
Questionnaire	439	311	70.8%
Interview	95	68	86%
<b>Total</b>	<b>534</b>	<b>379</b>	<b>70.9%</b>

*Source: Primary Data, 2022*

The study targeted responses from 439 refugee stakeholders in the case of the questionnaire as a data collection instrument, however, responses were received from 311 educational stakeholders making it 70.9% response rate. As for interviews, the study targeted 95 senior refugee stakeholders. Interviews were however held with 68 refugee stakeholders resulting in a 86 % response rate. On the overall for both instruments, 534 respondents were targeted but responses were received from 379 of them which constituted 70.9% response rate. This response rate was considered sufficient because the perception Gender based violence was geared towards providing refugees with all the information needed and understanding what was needed then and in the future on public health Consequences and societal impact.

When the respondents were asked the understanding of gender based violence among refugees, some key informants from the government and refugee agencies at the settlement argued that;

*“The politicians, Government officials, police, official’s relief workers camp administrators and Refugee leaders major target about refugees is all about the number of people participating in refugee programs like rehabilitation, education and cooperation with the hosting communities surrounding the settlement and appeasing the refugee agencies like United nations high commission for refugees as a way of demonstrating the country Uganda as the best refugee hosting nation from every aspect hence treating refugees very well ”. (Key Informant Interview, 2023).*

This is in turn augurs with the intention to establish long term relationships with each refugees hence gender based violence advocacy for reduction.

### Demographic Characteristics of Refugees

This section provides the individual characteristics of respondent refugee stakeholders in Uganda. The presentation includes gender, age group, level of education, marital Status, Period spent in camp, Religious affiliation, Status in Camp, having dependants Income Generating Activity, Land access for food, and GBV Survival of refugee stakeholders in Uganda. The results are presented in the table below:

**Table 6: The Demographic Characteristics of Refugees in Uganda**

Individual factors		Frequency (N = 379)	Percentage (%)
Age in Years	14-24	138	36.4
	25-35	21	5.5
	36-45	81	21.4
	46-55	99	26.1
	56-65	25	6.6
	66 +	15	4.0
Gender	Male	66	17.4
	Female	313	82.6
Marital Status	Married	273	72.0
	Single	54	14.2
	Divorced	15	4.0
	Widowed	37	9.8
Period spent in camp	Less than one year	3	.8
	Between 1-2 years	39	10.3
	Between 2-4 years	102	26.9
	5+	235	62.0
Religious affiliation	Catholic	139	36.7
	Anglican	144	38.0
	Pentecostal	33	8.7
	SDA	27	7.1
	Islamic	36	9.5
Status in Camp	Leader	51	13.5
	Non Leader	328	86.5
Have dependents in camp	Yes	198	52.2
	No	181	47.8
Income Generating Activity	Yes	150	39.6
	No	229	60.4
Land access for food growing	Yes	217	57.3
	No	162	42.7
Level education	Primary	190	50.1
	Secondary	150	39.6
	Certificate	18	4.7
	Other	21	5.5
GBV Survivor	Yes	235	62.0
	No	144	38.0

Source: Primary Data (2023)

## Gender

The study findings in Table above reveal that most of the refugee stakeholders in Uganda were females 313(82.6%) while the minority constituted the males 66(17.4%). This result possibly reflects how vulnerable the females are in regard to refugee status in general and gender based violence in particular.

## Age Group

As presented in Table above, most of the refugee stakeholders in West Nile, Uganda were aged 14 to 24 years 138(36.4%). The minority respondent refugee stakeholders were aged above 65 years 15(4.0%). This result illustrates that Persons of young age were more involved in gender based violence among the refugees followed by the middle aged between 46 -55 years 99(26.1). This perhaps demonstrates the need for the refugee sector to pick keen interest in young people. However, this could also illustrate the inability of the refugee sector to control gender based violence (GBV) among young people in sustainable manner.

## Level of Education

Findings in relation to the level of Education reveal that most of the educational stakeholders in West Nile, Uganda had studied up to primary level of education 190(50.1%), followed by those at secondary level 150 (39.6%), then certificate level 18(4.7%) and those at other levels are 21(5.5%). As seen in Table above, the refugee stakeholders who had gone up to primary level were 190(50.1%) by proportion. This result demonstrates the clear picture of Uganda's education system in the refugee settlements where majority join at lower levels but keep dropping off as the education level goes higher.

## Marital Status

The study findings show that most of the refugee stakeholders in West Nile, Uganda were married 273(72.0%). This result shows how concerned the married person can be on gender based violence matters among refugees of the country thus responsible enough to provide articulate responses. As in table above, study results show that most of the respondents had spent over 5 years in the camp 235(62.0%) and 57(13.5%) were leaders and majority 328(86.5%) were not leaders. Findings also show that most of the refugee stakeholders were Anglican faith based 144(38.0%) followed by Catholics 139(36.7%) as compared to the minority who were Seventh Day Adventist (SDA) 27(7.1%). In addition, 198(52.2%) had dependants in the camp as contrasted to 181(47.8%) who did not have dependants.

In relation to the income generating activities majority refugee stakeholders in West Nile, Uganda 162 (60.4%) had no income generation as evaluated against 150(39.6) who had income generation activities and connectedly 217(57.3%) had access to land for growing food but 162(42.7%) did not have access to such land. Other findings show that most of refugee stakeholders in West Nile, Uganda are gender based Violence (GBV) Survivors 235(62.0%) in comparison to 144(38.0%) who have not been a victim. As per the results it is evident that majority of refugee stakeholders in Bidibidi camp in Yumbe district, West Nile, Uganda have been a victim and /or arbitrator or has even contributed to reduction gender based violence. In an interview guide when the key informants were asked about the age as respondents, majority of the participants all argued:

*“I am above 14,15,16,17 .24 years of age... am above 46years... am below 55 years...” (Key Informants Interview, 2023).*

14 -24 years: The Age bracket of 14 -24 years emerged as the major theme from the participants’ discussion. This age category is in line with the findings in table.4.2 that had the highest age bracket of 14-24 years. The reason for this age bracket is because the respondents are in the youthful class and are able to participate and are more vulnerable to Gender Based Violence. The research at hand is in concurrency with the findings in table.4.1 and the key informants’ argument is because most people in this age bracket are in adolescence period and trying to establish their status in society and hence become more culpable to the vagaries of public health consequences which have a great impact on Society. In addition, in refugee sector there are attitudes people in this age group are liberal and highly considerate on any issues they pick interest in which is an important aspect for refugee stakeholders to consider.

The findings table above also indicated that most of the respondents are females 110(51.9%) while the minority constituted the males 313(82.6%). This result possibly reflects how females are vulnerable to Gender Based Violence and associated public health consequences in regard to society impact among the refugees. Hence forth refugee stakeholders should devise strategies of managing this gender category.

The respondents when asked in a key informant interview held in refugee settlement about the sex of participants, the following responses were given:

*“I am a woman and several of us who are affected by gender based violence are women because we are involved in the society first of all as mothers, girls, and society looks at us as a weaker gender which can easily be exploited” (Key Informants Interview, 2023).*

Female dominance of refugee sector: the female involvement in the refugee sector has emerged as the main theme. The research at hand is in agreement with the findings in table above and key informant interview respondents on the participants’ response about the sex of participants. The fact is in line with the findings of previous scholars who aver that in the refugee sector of Uganda in particular and the world generally, Women have a history of physical or sexual abuse and are also at increased risk for unintended pregnancy, sexually transmitted infections (STIs), and adverse pregnancy outcomes (Bramhankar, M., & Reshmi, R. S. ,2021) ;(Johnson, P. J., & Hellerstedt, W. L. ,2002). Others scholars like Aldridge, J. (2021); (Heise, L., Ellsberg, M., & Gottmoeller, M. ,2002), are also in agreement with the findings and assert that despite its high costs, almost every society in the world has social institutions that legitimize, obscure and deny abuse and hence the same acts that would be punished if directed at an employer, a neighbour, or an acquaintance often go unchallenged when men direct them at women, especially within the family. Additionally, through women emancipation programs so many women have joined the corporate world and are capable of not only being victims of gender based violence but also taking strategic decisions which can affect the refugee sector (SSejinja, D., Rukanyangira, N., & Kiyingi, P. F. ,2024). It is therefore of strategic importance that women should be targeted as a unique gender.

The findings in table above revealed that most of the refugee stakeholders in selected of refugee stakeholders in West Nile, Uganda had studied up to primary level of education 190(50.1%), followed by those at secondary level 150(39.6%), then certificate level 18(4.7%) and those at other levels 21(5.5%). This result demonstrates the clear picture of Uganda’s education system



among refugees where majority join at lower levels but keep dropping off as the education level goes higher.

When the informants were asked about the level of education in almost all areas, the following responses came out:

*“I have finished primary school... others have finished secondary school, others have degrees and certificates, but majority of us have completed primary and secondary levels of education” ... (Key Informants Interview, 2022).*

**Semi-skilled:** The theme that emerges is that semi skilled citizens are the majority of refugee stakeholders in West Nile, Uganda that commonly participate in refugee programs. The findings in table above closely relate with the above responses from the key informant interview. This is because several people that participate in refugee programs and the biggest numbers of GBV victims are primary and secondary school leavers that form the semi-skilled refugees.

Basing on the above critical analysis of findings from Qualitative findings, the study reveals that the biggest number of refugees are semi illiterate and this makes them unable to access any viable source of income which may give them or expose them to gender based violence and the associated public health consequences which result or impact the society negatively. Therefore, equipping these refugees with some skills may help them to be preoccupied with economic activities which will eventually have an impact on their life styles and hence help to mitigate the challenge of gender based Violence. The government and other refugees’ stakeholders should devise strategies to enhance the literacy levels such that the refugees may be able to understand and collaborate in not only reducing gender based violence but also be able to take decisions for which the refugee sector relies on. The qualified government workers and refugee agencies’ workers should continue to play a critical role in not only supervising and guiding but develop policies that can guide this refugee segment.

The study results show that most of the respondents had spent over 5 years in the camp 235(62.0%) and 57(13.5%) were leaders and majority 328(86.5%) were not leaders. Findings also show that most of the refugee stakeholders were Anglican faith based 144(38.0%) followed by Catholics 139(36.7%) In addition 198(52.2%) had dependants in the camp as contrasted to 181(47.8%) who did not have dependants. In relation 162 (60.4%) had no income generation as 217(57.3%) had access to land for growing food. Other findings show that most of refugee stakeholders in West Nile Uganda are gender based Violence (GBV) Survivors 235(62.0%). As per the results it is evident that majority of refugee stakeholders in, West Nile, Uganda have been a victim and /or arbitrator or has even contributed to reduction gender based violence.

In an interview guide when the key informants were asked about the period spent in the camp, religious affiliation, status of income generation, and GBV survival as respondents, majority of the participants all argued:

*“I have spent over 5 years in the camp..., I am a catholic/Anglican..., i have dependants and have access to land for growing.... I am a woman and several of us have experienced gender based violence in one way or the other.” (Key Informants Interview, 2023).*

**Long stay in the camp, Faith based and GBV prevalence:** The themes that emerges is that Long stay in the camp, Faith based and GBV prevalence refugees are the majority in refugee

settlement in Bidibidi in Yumbe district, West Nile, Uganda that commonly participate in refugee programs.

The findings from both quantitative and qualitative results closely relate and are in agreement with several scholars like Jejeebhoy, S. J., & Bott, S. (2003); (Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006) who avow that, much nonconsensual sex takes place within consensual unions and regrettably, much sexual coercion takes place against children or adolescents in both developed and developing countries making sexual exploitation of children widespread in virtually all societies. Child sexual abuse refers to any sexual act that occurs between an adult or immediate family member and a child, and any nonconsensual sexual contact between a child and a peer (Mathews, B., & Collin-Vézina, D. (2019) and Laws generally consider the issue of consent to be irrelevant in cases of sexual contact by an adult with a child, defined variously as someone under 13, 14, 15, or 16 years of age. Because of the taboo nature of the topic, it is difficult to collect reliable figures on the prevalence of sexual abuse in childhood (Ferragut, M., Rueda, P., Cerezo, M. V., & Ortiz-Tallo, M., 2022) but nonetheless, the few representative sample surveys provide cause for concern. Gewirtz-Meydan, A., & Finkelhor, D. (2020) affirms that Although both girls and boys can be victims of sexual abuse, most studies report that the prevalence of abuse among girls is at least 1.5 to 3 times that among boys but even then abuse among boys may be underreported compared with abuse among girls, however, studies consistently show that, regardless of the sex of the victim, the vast majority of perpetrators are male and are known to the victim.

Many perpetrators were themselves sexually abused in childhood, although most boys who are sexually abused do not grow up to abuse others (Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., ... & Skuse, D., 2003), although for some children the effects of sexual abuse are severe and long-term, not all will experience consequences that persist into later life. Vladimir, M., & Robertson, D. (2020) assert that Sexual abuse is most likely to cause long term harm when it extends over a long period, is by a father or father figure like religious leaders for example, involves penetration, or uses force or violence.

**Table 7: Descriptive Findings on the Extent of Gender Based Violence among Refugees in Selected Camp in West Nile, Uganda**

Physical Violence	Mean	Std. Deviation	Interpretation
I have ever been a victim of an act of verbal or physical force coercion or life threatening deprivation that causes physical or that psychological harm, humiliation etc.	5.22	1.33	
The vast majority of partner abuse is perpetrated by men against their female partners.	5.50	0.81	
Women who suffer any physical aggression, generating experience multiple acts over time.	5.08	0.96	
<b>Aggregate Mean &amp; Standard Deviation</b>	<b>5.27</b>	<b>1.04</b>	<b>Very High</b>
<b>Sexual Violence</b>			
A range of behavior from forcible rape to non-physical forms of pressure compel women and girls to engage in sex against their will	4.77	0.92	
Regardless of the sex of the victim, the vast majority of perpetrators are male and are known to the victim	5.45	0.85	
<b>Aggregate Mean &amp; Standard Deviation</b>	<b>5.11</b>	<b>0.89</b>	<b>Very High</b>
<b>Psychological Violence</b>			
In the camp physical violence in intimate relationships is always accompanied by psychological abuse	5.58	0.75	
In the camp gender based violence includes wife abuse, sexual assault, marital rape, forced prostitution and sexual abuse of female children	5.82	0.57	
<b>Aggregate Mean &amp; Standard Deviation</b>	<b>5.70</b>	<b>0.66</b>	<b>Very High</b>
<b>Neglect</b>			
I am aware of gender based violence that take place in the camp	5.79	0.83	
Justification for violence in the camp frequently evolve from gender social norms about proper roles and responsibilities of men and women	4.87	0.93	
In the camp many cultures hold that men have the right to control their wives behavior and that women who challenge that right may be punished	4.91	1.00	
<b>Aggregate Mean &amp; Standard Deviation</b>	<b>5.19</b>	<b>0.92</b>	<b>Very High</b>
<b>Pooled Mean &amp; Standard Deviation</b>	<b>5.32</b>	<b>0.88</b>	<b>Very High</b>

*Legend: 5.00-6.00 Very High, 4.0-4.99 High, 3.0-3.99 Average, 2.0-2.99 Low, 1.00-1.99 Very Low*

In regard to physical violence, results indicate that vast majority of partner abuse is perpetrated by men against their female partners ( $M = 5.50$ ) and Women who suffer any physical aggression, generating experience multiple acts over time ( $M = 5.05$ ). Findings reveal that there have ever been a victim of an act of verbal or physical force coercion or life threatening deprivation that causes physical or that psychological harm, humiliation ( $M = 5.08$ ). The study results show that in sexual violence a range of behaviour from forcible rape to non-physical forms of pressure compel women and girls to engage in sex against their will ( $M=4.77$ ) and that Regardless of the sex of the victim, the vast majority of perpetrators are male and are known to the victim ( $M =5.45$ )

Results also indicate that for psychological violence in the camp physical violence in intimate relationships is always accompanied by psychological abuse ( $M=5.58$ ) and camp gender based violence includes wife abuse, sexual assault, marital rape, forced prostitution and sexual abuse of female children ( $M=5.82$ ). Findings reveal in neglect the awareness of gender based violence that take place in the camp ( $M=5.79$ ), Justification for violence in the camp frequently evolve from gender social norms about proper roles and responsibilities of men and women ( $M=4.87$ ) and In the camp many cultures hold that men have the right to control their wives behaviour and that women who challenge that right may be punished ( $M=4.91$ )

The overall result in regard to Gender Based Violence among refugees in selected camp indicate that it is highly practiced ( $M = 5.32, SD = 0.88$ ). This result is similar to the earlier found result in a study by (Rapinyana, M. O., & Baratedi, W. M. (2023), who asserts that emotional and psychological violence include; abuse/humiliation, non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private, denying basic expenses for family survival. The scholars Rapinyana, M. O., & Baratedi, W. M. (2023) further stress that Confinement and isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement are part of gender based violence.

The findings are also confirmed by other scholars like (Dale, A., Maki, K., & Nitia, R. ,2021) who aver that discrimination and/or denial of opportunities, services exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights, social exclusion/ostracism based on sexual orientation, denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, and imposition of criminal penalties are the most common GBVC practices.

(Dale, A., Maki, K., & Nitia, R. ,2021) further mentions others like discriminatory practices, physical and psychological harm, tolerance of discriminatory practices and public or private hostility to homosexuals and obstructive legislative practice. This result perhaps calls for the government and refugee agencies attention on refugee settlements for it to yield the required standards. The Government and refugee agencies should collaborate put in place a mechanism that allows only responsible refugees to participate in policy formulation since they play a big role in making decisions in the refugee sector.

**Table 8: Descriptive Findings on the Extent of Public Health Consequences among Refugees in Selected Camp**

<b>Public Health Consequences</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Interpretation</b>
In the camp, physical violence and sexual abuse increase public health consequences which put women at risk of infection and unwanted pregnancies	5.56	0.80	Very High
In the camp ,contraceptives and condoms are occasionally used	3.39	1.20	Average
In the camp, victimization always leads to a variety of diseases and conditions	5.15	1.25	Very High
In the camp , public health consequences of gender based violence include many areas such as physical health injury, sexual dysfunction, how self-esteem ,mental health, etc.	5.44	0.78	Very High
In the camp , special efforts are made to protect the vulnerable groups	4.45	0.83	High
There is access to sexual and reproductive health services in the camp	4.34	0.88	High
There is a program in place related to the fulfilment of human rights, family planning STIs , counselling services and the prevention of gender based violence in the camp	4.36	0.70	High
There is a budget for centralized procurement of contraceptives for vulnerable groups by government	4.27	0.89	High
There is reducing material mortality and increasing health spending and access to are in all its refugee camp	4.27	0.79	High
Generally, Uganda has made significant progress in increasing health spending and access to care in all its refugee camps	4.41	0.77	High
In the camp, mental health challengers, chronic illness, child abuse and neglect, adolescence pregnancy, drug abuse and domestic violence are all on the increase.	5.30	0.97	Very High
<b>Pooled Mean &amp; Standard Deviation</b>	<b>4.63</b>	<b>0.90</b>	<b>High</b>

*Legend: 5.00-6.00 Very High, 4.0-4.99 High, 3.0-3.99 Average, 2.0-2.99 Low, 1.00-1.99 Very Low*

In regard to public health consequences, results indicate in the camp, physical violence and sexual abuse increase public health consequences which put women at risk of infection and unwanted pregnancies ( $M = 5.15$ ) and contraceptives and condoms are occasionally used ( $M = 5.44$ ). Findings reveal that in the camp, victimization always leads to a variety of diseases and conditions ( $M = 5.14$ ) as well, public health consequences of gender based violence include many areas such as physical health injury, sexual dysfunction, how self-esteem, mental health, to mention but a few ( $M = 5.44$ ). The study results show that in the camp, special efforts are made to protect the vulnerable groups ( $M=4.45$ ) and there is access to sexual and reproductive health



services in the camp ( $M = 4.34$ ). Results also indicate that there is a program in place related to the fulfillment of human rights, family planning STIs, counselling services and the prevention of gender based violence in the camp ( $M = 4.36$ ). Findings reveal there is a budget for centralized procurement of contraceptives for vulnerable groups by government ( $M = 4.27$ ) and that There is reducing material mortality and increasing health spending and access to are in all its refugee camp ( $M = 4.27$ ). Generally, Uganda has made significant progress in increasing health spending and access to care in all its refugee camps( $M=4.41$ ) and In the camp, mental health challengers, chronic illness, child abuse and neglect, adolescence pregnancy, drug abuse and domestic violence are all on the increase( $M=5.30$ ).

The overall result in regard to public health consequences indicate that it is highly prevalent ( $M = 4.63$ ,  $SD = 0.90$ ). This result however indicates a high similarity in prevalence of Public health consequences as reported by the respondent refugee stakeholders in selected camp in West Nile, Uganda. This similarity in the prevalence of public health consequences could be attributed by the different sectors of health providers that include private, non governmental organisations (NGOs) and government sectors. This result is similar the earlier found result in a study by the World Health Organization, (2005) avowing that many cultures hold that men have the right to control their wives' behaviour and that women who challenge that right even by asking for household money or by expressing the needs of the children may be punished. In countries as different as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Nicaragua, Tanzania, and Zimbabwe, studies find that violence is frequently viewed as physical chastisement—the husband's right to 'correct' an erring wife (Adjei, S. B. (2018); (Adegoke, T. G., & Oladeji, D. ,2005). Conversely, Physical violence and sexual abuse can escalate diverse public health consequences which can put women at risk of infection and unwanted pregnancies directly (McMillan, L. (2023), if women are forced to have sex or fear using contraception or condoms because of their partners' potentially violent reaction.

A history of sexual abuse in childhood also can lead to unwanted pregnancies and Sexually Transmitted Diseases indirectly by increasing sexual risk taking in adolescence and adulthood Draucker, C. B., & Mazurczyk, J. (2013) and therefore, like tobacco or alcohol use, victimization can best be conceptualized as a risk factor for a variety of diseases and conditions (Wekerle, C., Goldstein, A. L., Tanaka, M., & Tonmyr, L. ,2017). This result perhaps calls for the government attention on NGOs and private health facilities for it to yield the required standards. The Government should put in place a mechanism that allows only responsible NGOs and private health facilities since they play a big role in making decisions in the health sector.

### **Correlational Results for the Influence of Gender Based Violence on Public Health Consequences among Refugees in Selected Settlement in West Nile, Uganda**

This section analyses the influence of gender based violence on public health consequences among refugees in selected settlement in West Nile, Uganda, presents the Correlational results for the influence between the different aspects of gender based violence and public health consequences among refugees in selected settlement in West Nile, Uganda respectively. The evaluation of the findings from the current study is also presented in relationship to the results from the earlier carried out studies.

The correlation coefficients are between (-1) and (+1). Positive correlation means the values the values of the variables increase or decrease together and negative correlation means the values of

the two variables increase or decrease in opposite direction. The strength of the correlations were interpreted on the following basis; 1.00 = 0.70 – 0.89, high; 0.50 -0.69, moderate; 0.30 - 0.49, low; 0.01 -0.29, very low; and 0.00 translates into anon existent relationship

Results are as shown in tables below.

**Table 9: Pearson Correlational Results for the Influence of Gender Based Violence on Public Health Consequences among Refugees in Selected Settlement in Westnile, Uganda**

Correlations		Pub_Health_Cons	Phy_Vio	Sex_Vio	Psy_Vio	Neg
Pub_Health_Cons	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	379				
Phy_Vio	Pearson Correlation	.135**	1			
	Sig. (2-tailed)	.009				
	N	379	379			
Sex_Vio	Pearson Correlation	-.022	.324**	1		
	Sig. (2-tailed)	.670	.000			
	N	379	379	379		
Psy_Vio	Pearson Correlation	.028	.462**	.305**	1	
	Sig. (2-tailed)	.582	.000	.000		
	N	379	379	379	379	
Neg	Pearson Correlation	.175**	.012	.196**	.216**	1
	Sig. (2-tailed)	.001	.813	.000	.000	
	N	379	379	379	379	379

\*\* . Correlation is significant at the 0.01 level (2-tailed).

As per the Table above, there exists a positive significant influence of Gender Based violence on public health consequences of the refugees in selected camp in Westnile, uganda (r = 0.379). This relationship is statistically significant since the associated p – value of 0.000 is less than 0.05 ( $p < 0.001$ ). We thus reject the null hypothesis that “There is significant influence between gender based violence and public health consequences among the refugees in selected camp in Westnile, Uganda”. It is thus concluded that there is sufficient evidence to confirm that a significant relationship exists between gender based violence and public health consequences among the refugees in selected camp in Westnile, Uganda. This results shows that the more the gender based violence, the more the level of public health consequences among refugees in selected camp in Westnile, Uganda and vice versa.

This result is in line with what was found by Chang, A. Y., Cowling, K., Micah, A. E., Chapin, A., Chen, C. S., Ikilezi, G., ... & Qorbani, M. (2019) that in low-income countries, development assistance for health represents 25 per cent of total health spending (Collaborators, G. B. D., & Ärnlov, J. ,2020). Consequently, increased domestic resource mobilization is particularly

necessary in low-income countries to sustainably finance essential SRHR interventions Hepburn, J. S., Mohamed, I. S., Ekman, B., & Sundewall, J. (2021) and in these settings, coordination of resources and stakeholders is critical but complicated. External assistance is often earmarked for specific purposes (e.g., family planning or prevention and treatment of HIV and AIDS), which contributes to an often highly fragmented funding landscape for SRHR and can lead to scenarios in which essential interventions that should be prioritized are not provided.

This result probably demonstrates the need for the Prime minister's office to monitor gender based violence activities in the refugee settlements and formulates proper regulations to it before applying it in public health management.

#### **4.0 CONCLUSION AND RECOMMENDATIONS**

##### **Conclusion**

The purpose of the current study was to establish the influence of gender based violence and public health consequences among refugees in selected camp, in West Nile, Uganda and clearly highlight that the gender based violence needed to be controlled in order to reduce its impact on public health and any disregard of the Gender based violence will have a negative effect on not only the Public health sector but the whole society in general.

The current study ascertained that the effect Gender based violence on public health consequences among the refugees. Further it is eminent that sufficient evidence show a significant relationship exists between Gender based violence and public health consequences among refugees in selected settlement in Uganda. This results shows that the better the refugee policy implementation, the better the level of reduction of gender based violence among refugees in selected settlement in West Nile, Uganda and vice versa.

##### **Recommendations**

Basing on the current study results it is highly recommended that the Prime minister's office should monitor gender based violence activities in the refugee settlements and formulate proper regulations to it before applying it in public health management. This also perhaps calls for the government attention on NGOs and private health facilities for it to yield the required standards. The Government should put in place a mechanism that allows only responsible NGOs and private health facilities since they play a big role in making decisions in the health sector.

Furthermore, the study reveals that the biggest number of refugees are semi illiterate and this makes them unable to access any viable source of income which may give them or expose them to gender based violence and the associated public health consequences which result or impact the society negatively. Therefore, equipping these refugees with some skills may help them to be preoccupied with economic activities which will eventually have an impact on their life styles and hence help to mitigate the challenge of gender based Violence. The government and other refugees' stakeholders should devise strategies to enhance the literacy levels such that the refugees may be able to understand and collaborate in not only reducing gender based violence but also be able to take decisions for which the refugee sector relies on.

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