

**HOW SEXUAL VIOLENCE AFFECTS THE PHYSICAL WELL-BEING OF  
ADOLESCENT GIRLS: A case of Kirinya village, Kiira municipality**

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**UGANDA CHRISTIAN  
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## DECLARATION

I declare that the content of this report titled “**How Sexual Violence Affects the Physical Well-Being of Adolescent Girls.**” is my original work and has never been submitted or presented to any institution for any award.

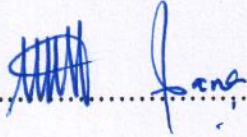
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**APPROVAL**

This research report by **PHIONAH KUKUNDA** entitled “**How Sexual Violence Affects the Physical Well-Being of Adolescent Girls**” has been produced under my supervision and is now ready for submission with my approval.

Signature .....  ..... Date 10<sup>th</sup> / 10 / 2023 .....

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## ABSTRACT

The study was about how sexual violence affects the physical wellbeing of adolescent girls in Kirinya village Kiira municipality. and its objectives were, to explore how sexual violence has affected the physical wellbeing of adolescent girls, To identify how sexual violence has affected the mental wellbeing of the adolescent girls, To find out how victims of sexual violence can be helped to recover from the effected of sexual violence, research methods were quantitative and qualitative techniques ,the findings from the study showed that sexual violence led to post traumatic stress disorder. This was represented whereby 40% of the respondents strongly agreed to the statement while 46.7 % of the respondents agreed to the same statement. Generally, the findings from the study revealed that sexual violence of adolescent's girls in Kirinya village is a public health problem despite that majority of respondents were aware of sexual violence and their consequences. The findings from the study indicate a variance between the specific objective and the study topic.as it showed a positive correlation between sexual violence and the physical well-being of adolescents. Knowledge on preventive methods is still low. It shows some of factors contribute to high prevalence of sexual violence which have been identified were negative beliefs on the reproductive services, inadequacy of friendly adolescent/teenager sex and reproductive health, culture that hinder parents to talk with the adolescents about sexuality matters. ministries should establishment approach which is more holistic to equipping the adolescent girls with appropriate knowledge on sexuality, access to sexual and reproductive health services rather than traditional coaching approaches that focus upon improving sexual ability, attitudes and norms

## CHAPTER ONE

### 1.0 Introduction

This chapter provided a general introduction to the topic under research which was 'How Sexual Violence has affected the physical well-being of adolescent Girls Kirinyavillage, Kiira municipality.

### 1.1 Background of the Study

Adolescence marks the developmental transition from childhood to adulthood, a time when many important social, economic, biological, and demographic events set the stage for adult life. However, poor health and violence may substantially undermine the ability of adolescents to lead full and productive lives (Ending Violence in Childhood Global Report 2017).

Sexual violence was defined by Centre for Disease Control (CDC) as any sexual act that is perpetrated against someone's will and encompasses four types of offences. The first is a completed sex act which is defined as contact between penis and the vulva involving penetration or penetration of genital opening by another person's hand, finger or other object. The second is an attempted but not completed sexual act. The third type is an abusive sexual contact which is defined as intentional touching of genitalia, anus, groin, breast or buttocks of a person without his/her consent. The fourth type is non-contact sexual abuse which does not include physical contact of sexual nature between perpetrator and victim. It however includes acts such as intentional exposure to pornography, verbal or behavioral sexual harassment, threats of sexual violence, taking nude pictures of a person without his/her consent or of a person unable to consent or refuse (Basile K., et al, 2000). This study will examine all the four forms of sexual violence (forced sex, attempted sex, forced touching of breasts and genitals and non-contact sexual abuse)

Sexual violence among adolescent girls can have a physical impact and it can cause psychological distress, permanent physical disability and long-term physical or mental ill-health. Physical impacts are the most obvious and may include mild or serious wounds, bruises, fractures, and deaths by homicide or suicide. (Christine M 2021)

Globally, every year, millions of girls and boys around the world face sexual abuse and exploitation. Sexual violence occurs everywhere in every country and across all segments of society. A child may be subjected to sexual abuse or exploitation at home, at school or in their community. Children can also be put at risk due to the wide spread of technologies. Most often abuse occurs at the hands of someone a child knows and trusts (UNICEF 2020). At least 120 million girls under the age of 20 years, about 1 in 10 have been forced to engage in sex or perform other sexual acts, although the actual figure is likely much higher. Roughly 90% of adolescent girls who report forced sex say that their first perpetrator was someone they knew, usually a boyfriend or husband (UNICEF 2020). Furthermore, although sexual violence occurs everywhere, risks happen in emergency contexts. During armed conflicts, natural disasters, and other humanitarian emergencies, women and children are especially vulnerable to sexual violence, intimate partner violence and trafficking for sexual exploitation as well as other forms of gender-based violence. Besides, Sexual violence results in severe physical, psychological and social harm. Victims experience an increased risk of HIV and other sexually transmitted infections, pain, illness, unwanted pregnancies, social isolation and psychological trauma. And as child victims reach adulthood sexual violence can reduce their ability to care for themselves and others (UNICEF 2020). In Brazil for example, sexual violence is the main type of violence among individuals in the 10-14 age group, second only to physical violence. This is a form of violence that is not usually recognized as a public health problem and requires governments to develop strategies. Teenagers who have been abused are at high risk of developing several biopsychosocial disorders, with repercussions on the physical, behavioral, and cognitive spheres (Stoltenborgh et al 2011).

In African context Sexual violence against girls is a substantial health and human-rights problem, and a growing concern in sub-Saharan Africa. According to WHO, about 150 million girls had experience of sexual violence with physical contact in 2002 (WHO 2006). In parts of South Africa and Tanzania, up to a third of adolescent girls reported that their first sexual experience was forced (Jewkes .R et al 2001). A nationally representative study done in 1998 showed that 1.6% of South African girls and women aged 15–49 years reported that they had been raped before 15 years of age (Jewkes .R et al 2001). Some common consequences are pregnancy and gynecological complications, infection with HIV and other sexually transmitted diseases, mental health problems (such as depression and post-traumatic stress disorder), and social ostracisation.

Previous studies of sexual violence against children in Swaziland have been limited to the school setting. For example, the global school-based student health survey showed that 9.8% of girls aged 13–15 years and 21.1% of girls aged 16 years and older reported having been physically forced into sexual intercourse. In select primary and secondary school students who had been abused, physical abuse (49.5%) and sexual abuse (19.2%) were most common, with those aged 10–15 years most vulnerable. Additionally, in a study of patterns of sexual behaviour 13% of secondary school students described their first sexual experience as involuntary. However, these school-based studies are not nationally representative because not all Swazi children attend school. About 9.4% of children of primary school age do not attend school. Moreover, children who are exposed to sexual violence at school might be more likely to drop out (Sexual Violence and its Health Consequences for Female Children in Swaziland (Black .M et al 2011).

In Uganda, the most pronounced forms of violence against children include; sexual violence (abuse), physical abuse, emotional abuse, child neglect and abandonment, subjection of children to hazardous work, conscription in armed conflict and child sacrifice source (FIDA report 2020). Save the Children study on violence against children (United Nations study on violence against children in Uganda. Consolidated report 2007) shows that forms of child physical sexual abuse experienced by children include pushing, child molestation, defilement, verbal sex abuse and child sex . The retrospective survey carried out by the ACPF revealed that among the Ugandan girls, who were interviewed, 89 percent faced verbal sexual abuse, 53 percent were indecently sexually touched, 42 percent were raped and 11 percent were forced to perform oral sex (Africa Child Policy Forum 2006). Studies and annual police records show evidence of increasing child sexual abuse, Defilement for example has been among the top crimes reported to police for the last three years. Other studies show that 76 percent of children have experienced sexual violence including being touched in a seductive manner, receiving unwanted attention, and exposure to adults having sex, being forced to touch adults to arouse sexual intentions and being forced to have sex (Dipak, Naker 2006).

According to the Sexual and Gender Based Violence in Uganda Report (2009). Sexual violence has far reaching and devastating effects on the health wellbeing of adolescents, that is there is the emotional/ psychological and social and physical consequences which may include sexually

transmitted diseases, unwanted pregnancies, depression and anxiety, alcoholism and drug abuse, isolation and self-destruction among others.

In relation to the above, issues around show that sexual violence affects the physical wellbeing of adolescent girls for instance, fearisolation, HIV infection, unwanted pregnancies,depression and suicidal thoughts among others have been areas of major concern affecting the well beingof adolescent girls especially in sub Saharan Africa for quite a long time both globally and nationally and locally. (Ingrid walker 2021)

Sexual violence is a major public health problem with substantial impacts on the physical health, and social well-being of victims. North American Menopause Society (NAMS) annual meeting in October (2019) revealed that a history of sexual harassment was associated with an increased risk of high blood pressure, high triglycerides, and clinically poorer sleep quality among adolescents. For survivors of sexual assault, there was an increase in depressive symptoms, anxiety, and sleep issues consistent with clinical disorders as well (Doleres 2020). In other words, experiencing sexual harassment or sexual assault contributed to negative long-term health outcomes for survivors.

In the nutshell, we understand that much as research on the sexual violence of adolescent girls has been conducted especially in low developing countries attention has not given to studying the physical wellbeing of these adolescents.(Virginia W 2010) Therefore, it's against this background that there is need for further inquiry into how sexual violence affects the physical wellbeing of adolescent girls

## **1.2 Statement of the problem**

Sexual violence against adolescent girls is a global problem; however, children who lived or live in African communities in particular Sub-Saharan Africa are more at risk of being abused sexually due to various factors including poverty, weak law enforcement to safeguard teenage girls from sexual violence among others. The effects of sexual violence against children can lead to long-term stress and hardship for the teenage girl into adulthood, and often may go unprotected (Bekker, 2013).

In Kirinya village the (Uganda police report, 2022) indicated that 1 in 9 girls and 1 in 53 boys under the age of 18 experienced sexual abuse or assault at the hands of an adult, 82% of all

victims under the age of 18. Females ages 16-18 are four times more likely than the general population to be victims of rape, attempted rape, or sexual assault (Ibid).

Much as recent studies (Ronita Nath 2022 and BMC public health 2021) have addressed the existence of sexual violence among girls given their culture contexts in differing societies, there remains a literature gap in addressing the relationship between sexual violence and the physical well-being of adolescent girls thus the need to carry out a study.

### **1.3 Main Objective of the Study**

- To explore how sexual violence has affected the physical wellbeing of adolescent girls in Kirinya village-Kiira municipality.

### **1.4 Specific objectives**

- To identify how sexual violence has affected the mental well-being of the adolescent girls
- To assess how sexual violence has affected the physical health of adolescent girls
- To find out how victims of sexual violence can be helped to recover from the effects of sexual violence.

### **1.5 Research questions**

- How has sexual violence affected the mental wellbeing of adolescent girls?
- How does sexual violence affect the physical health of adolescent girls
- How can the victims of sexual violence can be helped to recover from the effects of sexual violence?

### **1.6 Justification and significant of the study**

As a researcher this study was aimed at widening my scope about how sexual violence affects the physical well-being of adolescent girls.

To the community of Kiira municipality, Kirinya village and its nearby places, this study was aimed at creating awareness about sexual violence and its consequences on the physical wellbeing of adolescent girls, and devising means of how to protect the adolescent girls from falling prey to sexual violence.

To the faculty of social sciences in particular the department of social work and social administration Uganda Christian University, this study aimed at contributing to the existing

literature of potential effective interventions in addressing sexual violence and its effects on the wellbeing of adolescent girls as well as guide research students or lectures that may be interested in this field of study.

## **1.7 Scope of the Study**

### **1.7.1 Content**

The study was limited to finding out how of sexual violence has affected the physical wellbeing of adolescent girls in Kirinya village, Kiira municipality, giving in details how sexual violence affects their physical health, emotional and mental uprightness and what can be done to helped the victims.

### **1.7.2 Study population**

Study population was primarily focus on adolescent girls (10-18) years of ages and the key informants will be parents/guardians' local community leaders and members, as well as teachers in Kirirnya village, Kiira municipality.

### **1.7.3 Geographical location**

The scope of the study was primarily cover Kirinya village, Kiira municipality, Wakiso district. The area of study was selected because of the number of adolescent girls in the community and existing cases of violence and in particular sexual violence against women and adolescent girls in the community by perpetrators according to the police report

### **1.7.4 Time frame**

The study reviewed scholarly literature that has been research about in the past period of 10 years. This will be because of the high rate of sexual violence against adolescent girls registered within that period.

## **1.8 Definition of key terms**

**Sexual Violence:** According to the world health organization, sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise, directed, against the person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances, or acts to traffic, or otherwise directed, against a person's

sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002,). Adolescent girls are seven times likely to be victims of sexual violence compared to boys. Sexual violence is often grossly underreported to police (Scrim, 2017). Often, the victims do not perceive sexual violence to be severe enough to warrant reporting. Others do not know what constitutes sexual violence. Fear, shame, the embarrassment of being judged, blamed, and not believed, and fear of the perpetrator may keep some victims from reporting to police (Benoit et al., 2015; Lindsay, 2015).

**Adolescent:** According to the WHO definition, the term “adolescent” is used to denote individuals between 10 and 19 years of age (WHO, 2012)

**Physical well-being** -physical wellbeing is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. It includes taking care of our bodies and recognizing that our daily habits and behaviors have a significant impact on our overall health, wellbeing and quality of life. Physical wellbeing entails physical health, emotional and mental uprightness. For young people with mental illness, there is increasing recognition of the potential future burden of physical ill-health (Eapen et al. 2013).

### **1.9 Limitations and de limitations**

Time to conduct research study in depth will not be enough however; this will be solved by arranging appointments with the supervisor in addition to the researcher being committed.

The research also will encounter lack of enough data and information from the respondent for the study as some respondents will be reluctant and fearing to give out information about the study case. This was however will be solved by assuring such respondent that the information collected would be for academic purposes only and that it was treated with utmost confidentiality.

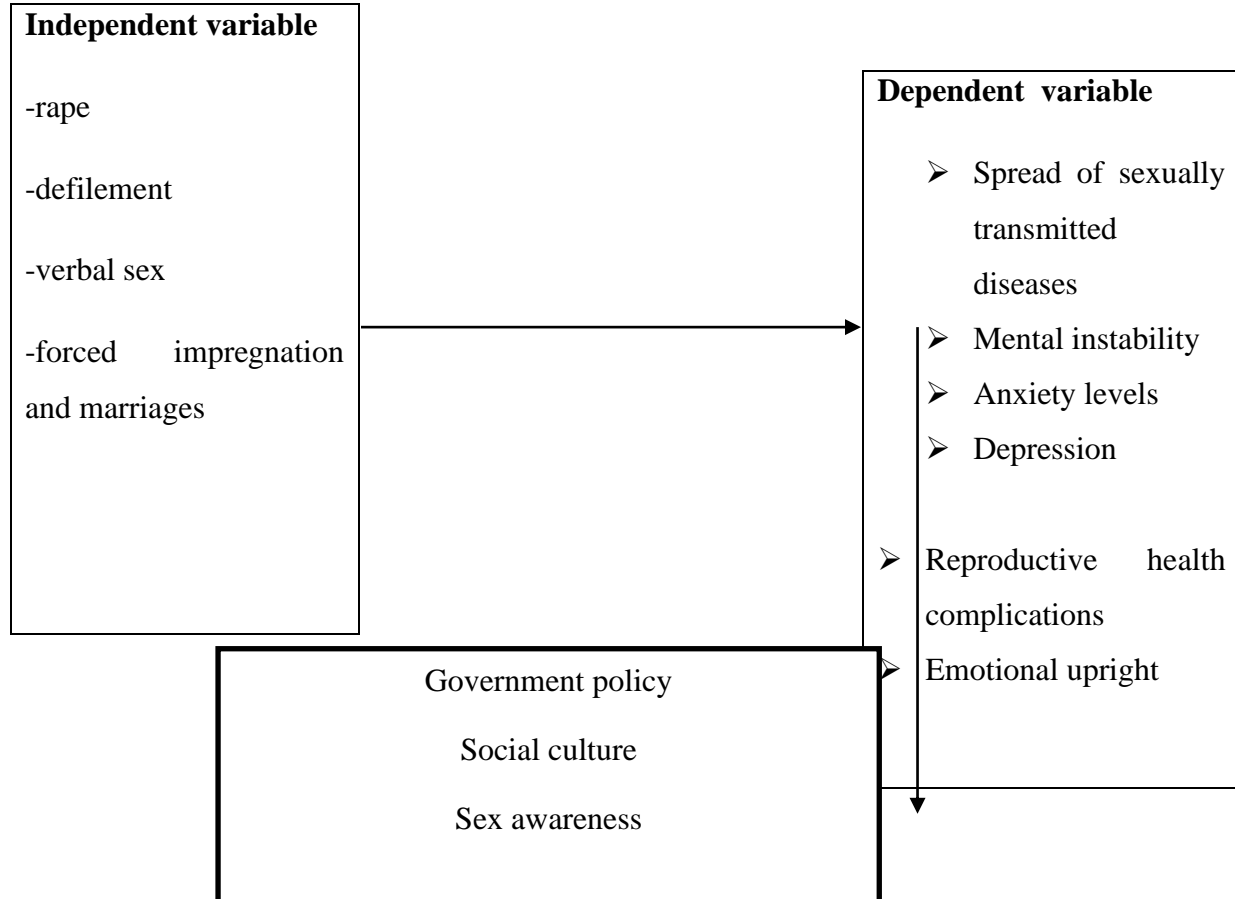
## 1.10 Conceptual framework

Independent variable

**Physical well being**

**Sexual violence**

dependent variable



***Fig. 1: Conceptual framework developed by the researcher***

This conceptual framework indicates the independent variable which is sexual violence among adolescent girls. And the dependent variable which is physical wellbeing.

The major forms of sexual violence for example defilement, rape negatively influence the well-being of adolescent girls leading to poor physical wellbeing for example through sexual violence adolescents are at the risk of HIV infection, some enter forced marriages after getting unwanted pregnancy from sexual abuse. Physical wellbeing tends to entail the health factors, mental and emotional uprightness of adolescent girls. The physical wellbeing of adolescent girls can be disturbed with sexual violence through spread of diseases, emotional and mental instability which in turn would lead repercussion like suicide or even death.

The intervening variables moderately affect both the dependent and independent variable with the social concept of the affected in this case adolescent girls. Factors such as culture would lead to early marriages of adolescent girls for bride price. Poor government policy to protect adolescent girls leaving them at threat to sex offenders.

## **CHAPTER TWO.**

### **LITERATURE REVIEW.**

#### **2.0 Introduction.**

This chapter presents the literature review on how sexual violence affects the physical wellbeing of adolescent girls. Reviewing how sexual violence affects their mental being, physical health and how these girls can be helped to cope with the effects of sexual violence. The literature in this study has been reviewed from books, internet scholarly journals and articles and websites, government publications and documents, several research reports from the World Health Organization report on sexual violence, 2002, Formative Research to Inform Adolescent Programming in Uganda Final Report, 2019, Uganda Police Annual Crime Report, 2020 UBOS and ICF, 2017, UNHCR, 2011, individual researchers and other non-governmental organizations (NGOs).

#### **2.1 The effects of sexual violence on the mental wellbeing of adolescent girls**

Research suggests an association between sexual violence and a range of mental-health problems including post-traumatic stress disorder, depression, psychosis and substance abuse problems and also demonstrates that a high proportion of adolescents in contact with mental-health services have experienced sexual violence (Oram et al., 2017). Survey research conducted in the UK by Khalifeh et al., for example, found that 40% female patients in contact with preliminary mental instability had experienced rape or attempted rape as adolescents, and that 10% had experienced sexual violence in the past 12 months alone (Khalifeh et al., 2015). More than half of those who had experienced rape or attempted rape reported having attempted suicide as a result of their experiences.

Multiple studies have reported the adverse effects of sexual violence on mental health (Campbell et al. 2009; Connors and Morse 1993; Dworkin et al. 2017; Jordan et al. 2014; Resick 1993; Woods 2005). This effect is attributed to the stigma of sexual violence of adolescent girls and subsequent self-blame (Herman 1992; Jordan et al. 2014; Resick 1993). Research has examined sexual violence among adolescents, along with the psychiatric implications, ranging from depression to dietary disorders (Brewer et al. 2018; Carey et al. 2018; Chang et al. 2015; Kelley

and Gidycz 2019; Leone and Carroll 2016; Stephens and Wilke 2016). In the past decade, girl schools in the sub-Saharan Africa have experienced increased sexual violence reporting. As per national statistics, the rate of mental illness among adolescent girls and the demand for mental health services in schools are growing (2018 Annual Report 2019; Oswalt et al. 2018). The question remains if these trends are partially attributable to sexual violence. If either the rates of sexual violence were increasing or its effect on mental health were worsening, there would be increased reporting of adverse mental health outcomes, plausibly attributable to sexual violence. Historically, social movements, including those that connected health and institutional concerns, have had impacts on mainstream awareness and mental health outcomes (Brown and Zavestoski 2004). This could potentially break down stigma associated with sexual violence, mitigating its ramifications on mental health

### **2.3 How sexual violence has affected the physical health of adolescent girls.**

Sexual violence among adolescent girls is greatly underreported and existing studies are limited, prevalence statistics vary. However, based on existing research, sexual violence affects millions of adolescent girls each year globally. Globally, twenty percent of police reports have history of sexual violence of adolescent girls (Runyan, et al., 2002). In the United States, one in four girls are assaulted by their adolescence stage (Finkelhor et al., 1990). Globally, nearly one in four girls may experience sexual violence by a close or distant relative which affects their quality. (Jewkes, Sen, and Garcia-Moreno, p.157, 2002).

HIV infections in adolescents' girls have origins in sexual oppression. Common risk factors for both sexual violence and HIV/ AIDS include gender-based inequality; male entitlement and patriarchy; absent or weak sanctions, services, and responses; social instability; and poverty (Jewkes, Sen, Garcia, 2002; UNAIDS, 2004). Adolescent girls in developing and poor areas especially in the sub-Saharan Africa are disproportionately affected by HIV/ AIDS due largely to gender, racial, social, and economic inequities that ravage our society and world (UNAIDS, 2004).

Sexual violence is a major public health problem with substantial impacts on the physical health, and social well-being of victims. North American Menopause Society (NAMS) annual meeting in October (2019) revealed that a history of sexual harassment was associated with an increased risk of high blood pressure, high triglycerides, and clinically poorer sleep quality among

adolescents. For survivors of sexual assault, there was an increase in depressive symptoms, anxiety, and sleep issues consistent with clinical disorders as well. In other words, experiencing sexual harassment or sexual assault contributed to negative long-term health outcomes for survivors.

A national study on sexual harassment and assault released by the organization Stop Street Harassment in February 2018 reported that 81 percent of adolescent girls would experience some form of sexually transmitted diseases for example gonorrhea, hepatitis and syphilis in their lifetime especially in Africa. The National Sexual Violence Resource Centre also reports that 1 in 5 adolescent girls will be raped at some point in their lives, 1 in 3 girls will experience some form of contact sexual violence, and nearly two-thirds of college girls will experience sexual harassment. This means there are a lot of adolescent girls potentially susceptible to a host of long-term health complications.

According to the National Violence Against Women Prevention Research Centre (2000), 43.9% of adolescent girl victims sustained physical injuries during sexual violence. However, if the victim is not examined in a timely fashion and a thorough manner, important evidence could be lost. Often when the population thinks about rape injuries they think of injuries to the genital area. Other injuries that may be found in a larger number of victims are injuries to the breasts, upper inner thighs, buttocks, back, head, neck, patterned injuries, and defensive injuries. Genital injuries are the first to come to mind, but are often the hardest to find and document. They are hard to find because they can be so small that it sometimes takes magnification to find them, and they heal very rapidly. They are hard to document because they are so small and in such a sensitive area of the body.

Although it is very important to examine the complete genital area, there are some common sights for injury. The posterior fourchette of the vaginal area is a common site for injury when vaginal penetration has occurred, and the anus and external sphincter are common sites for injury if anal penetration has occurred. Harriette L. Hampton, (1995), reports genital injuries are usually upper vaginal lacerations that present with profuse vaginal bleeding and pain. It may be slapped, grabbed, or experience any other kind of touch that is hurtful or violent. Other than the genitals, these two body parts are the next common thought of places to experience injury this is because they are both areas of the body that are associated with sex. Often, injuries to the neck are the

result of being grabbed or strangled with the perpetrator's hand or a foreign object. A common mistake is to think of that as choking, but choking is blocking the airway. Instead, it should be considered strangling, which is defined as to compress the trachea so as to prevent sufficient passage of air. The wrists and ankles are often violently grabbed or tied up with a foreign object, to restrain the victim. It is important to document these injuries and even ask the victim if he or she were tied up or grabbed, so the subjective and objective data can be correlated. (Thai M 2005).

#### **2.4 How the victims of sexual violence can be helped to recover from the effects of sexual violence.**

Interventions to promote trauma recovery have focused primarily on adapting cognitions, improving coping styles, and facilitating social support. Adolescent girls who perceive others as being helpful following violence experience more positive life changes and less psychological distress (Frazier, Mortensen, & Steward, 2005; Steel, Sanna, Hammond, Whipple, & Cross, 2004). In addition, active, approach oriented coping styles like group support rehabilitation have been shown to facilitate healing by aiding individuals in improving their engagement with others as well as their emotional expression (Frazier et al., 2005; Frazier, Tashiro, Berman, Steger, & Long, 2004). Cognitive restructuring through esteem uplifting has also been shown to improve one's perceived control over their healing process, improving their help-seeking abilities of girls that are sexually abused (Frazier, 2003; Frazier et al., 2005; Frazier et al., 2004).

Because being a victim transgresses traditional norms of femininity, sexual violence becomes a process of emasculation for adolescent girls (Bourke, 2007; Lew, 1993; Sivakumaran, 2005). This feminization is twofold, namely being reduced to a sexual object and being the powerless victim of violence (Kwon et al., 2007). Widespread cultural acceptance of traditionally demarcated gender behaviours dictates that girls should be subordinates and not or escaping a confrontational situation (Davies, Pollard, & Archer, 2001). Culminating in feelings of shame, adolescent girls' survivors of sexual violence often internalize such victim-blaming attitudes. As girls are more likely to have been violated by sex perpetrators (Finkelhor, Hotaling, Lewis, & Smith, 1990; McGee et al., 2002), they may also question their sexuality and may become fearful that they will be identified by others as degenerates (Gilgun & Reiser, 1990; Lew, 1993; Peel, Mahtani, Hinshelwood, & Forrest, 2000). Societal norms of femininity also influence adolescent girls' help-seeking behaviours. Conceiving of such treatment as unmasculine, adolescent girls

are less likely than boys to seek professional help for mental health and emotional problems (Canetto & Sakinofsky, 1998; Courtenay, 2000; O'Neil, Lancee, & Freeman, 1985). A further compounding factor is that counselling may be perceived as a feminine space and is therefore often held in low regard by girls because of their naivety (White, 2009). Although a minority of survivor's access counselling (McGee et al., 2002), there can therefore be a greater resistance among sexual violence survivors. The sexual abuse literature indicates that adolescents are thus more likely to experience greater difficulties coping and to have less success in resolving the trauma (Hunter, 1991; Orbuch, Harvey, Davis, & Merbach, 1994; Rew, Esparza, & Sands, 1991).

It is evident that cultural beliefs based on gender norms may also influence adolescent girl's responses to disclosures of sexual violence and this can have a detrimental effect on one's recovery. Research has also revealed the limited knowledge of sexual violence among the adolescents as a result of the fact that it is rarely a topic of informed discussion. However, highlighting resistance to cultural expectations, given that characteristics, such as sensitivity and expressiveness, are viewed as feminine and, therefore, unmanly in patriarchal societies (Connell, 1995; Schippers, 2007; Segal, 1990). How can one know what an emotion feels like if they have never allowed themselves to feel it? The vital importance of counsellors facilitating adolescents to become attuned to their feelings in a safe environment is made manifest by the fatal consequences of an inability to seek help highlighted by adolescent girl the outset of counselling.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction.**

The investigation of how sexual violence affects the physical wellbeing of adolescent girls in Kirinya village area was conducted using the approach described in this chapter. This includes the research design, strategies for sampling and population, procedure for gathering data, Data collecting tools, error/quality assurance, processing and analysis of data, Methodological limitations and ethical issues

#### **3.1 Research Design.**

For this study, a mixed-methods research design was used that incorporated both quantitative and qualitative techniques.

#### **3:2 Area of Study.**

The study was conducted in Kirinya village Kiira municipality in Wakiso district.

#### **3.3 Target population.**

A target population, according to Mugenda (1999), is a collection of people or circumstances that the study's findings may be applied to broadly. The population of the research included adolescent girls within the community community, as well as social workers and representatives of NGOs in the village. Leaders in the fields of health, governance, and community law enforcement officers. These will be picked based on their familiarity with the research challenge and their plans to devise solutions to it.

#### **3.4 Sample size and Data collection.**

A sample is a portion of the target population or available population that has been arbitrarily chosen to represent the population as a whole. According to (Oso and Onen 2009), a sample is a subset of the population that is examined in order to draw conclusions about the entire population.

**Table 1 showing the selection of sample size from the target popul**

<b>Departments</b>	<b>Target Population</b>	<b>Sample size</b>	<b>Sampling Technique</b>
Adolescent girls	40	25	purposive
Social workers	15	10	purposive
Community leaders	10	7	Simple random
health official	10	5	Simple random
police officials	5	3	purposive
<b>total</b>	80	50	

Data was collected from a sizeable population in detailed form using questionnaires and interview guides and the simple size was 50 respondents that were selected from a target population of 80 respondents as shown in the table below

The research used the following techniques to acquire information from the respondent.

Purposive sampling-Using the researcher's discretion to choose the most appropriate units for the research, purposive sampling is a form of non-probability sampling approach. The key concept here is to choose units with certain traits or features that are pertinent to the study issue. In Kirinya village adolescent girls were chosen using the purposive techniques of sampling.

Simple random-Each member of the population has an identical chance of being chosen when using simple random sampling to choose a random sample from a population. This method was applied to the settlement's selection of social workers. Accordingly, each individual in the population has an equal chance of being picked as any other individual. This technique was used to select health official and police official

### **3.6 Sources of data.**

While conducting the research study, both primary and secondary data will be employed by the researcher.

#### **3.6.1 Primary source.**

Since primary data contains unadulterated information regarding the findings of an experiment or observation, it is crucial for all fields of study. A primary source offers first-hand knowledge or concrete proof about the subject being researched.

#### **3.6.2 Secondary source.**

Secondary data is information that has been gathered and processed by somebody other than the questioned researcher source. Scholarly books and articles are considered secondary sources for a historical research endeavour. Data was gathered from the previously published literature, such as textbooks, journals, newspapers, and magazines, using this source.

### **3.7 Data collection instruments.**

The researcher collected data from respondents by use of a questionnaires and interview guide

#### **3.7.1 Questionnaire.**

A questionnaire, according to Ahuja (2009), is a systematic series of questions that are often provided by mail, though occasionally they are handed out in person.<sup>20</sup> Adolescent girls, social workers 5 and 5 government officials who work with in Kirinya, therefore 30 respondents filled the questionnaire and 20 answered interview.

#### **3.7.2 Interview guide.**

On the other side, the interview guide were utilized to gather information from the key informants, who social workers and community leaders.

The interview guide included semi-structured questions designed to elicit a thorough interpretation of the research from the interviewees. Utilizing the interview guide allowed for a thorough investigation of the real circumstances present in the settlement. This source's data was utilized to verify that which was gleaned from other primary sources. The interview guide were filled out with the key informants, who include members of the community leadership and social

workers. This is due to the fact that they have a big responsibility to deal with any problems that accrues from sexual violence against adolescent girls

### **3.8 Data collection procedure.**

After the research supervisor has approved the project, the researcher got an introduction letter from the school of social sciences. Before incorporating any respondents in the research, she got their informed permission. Additionally, confidentiality was assured and upheld. The respondents were made aware of the nature and objectives of the study as well as their right to participate or not.

### **3.9 Data analysis.**

#### **3.9.1 Quantitative data analysis.**

The software Excel was used for data analysis, and in addition to being user-friendly, it is suitable for handling the correlations between the variables and relationship in the study

#### **3.9.2 Analysis of qualitative data.**

A thematic method was utilized to examine qualitative data in order to identify themes, categories, and patterns. In the findings, the recurring themes that developed in connection to each of the interview's guiding questions will be provided, with a few direct quotes from participants serving as examples.

### **3. 10 Ethical CONSIDERATIONS.**

Nsubuga & Katamba (2013) claim that setting approvals from the ethical body and respondent permission are examples of ethical concerns. In terms of the very minimum of disregard, safety, and psychological wellness of the individual and/or community, it relates to the moral justification of the probe or intervention. Therefore, before heading to the field to collect data, the researcher will ask permission and obtain a letter from the university after receiving approval of the study project from the supervisor.

The researchers exhibited a high level of ethical behavior in the course of implementing the study; confidentiality where the information got from the field will only be only used for academic purposes. There was also anonymity of the respondents exhibited so that they get the freedom to express themselves. More so, informed consent was obtained from all respondents before including them in the study.

### **3.11 Limitations and the solutions.**

The expense of doing the study was significant since the researcher had little resources, including transportation, lodging while conducting fieldwork from Kirinya village area, and stationery for typesetting, printing, and photocopying the proposal and dissertation. However, this problem was resolved by requesting financial help for the studies from family, friends, and well-wishers in the hopes that it would be advantageous to them.

There wasn't enough time to complete the research study, but this problem was resolved by creating appointments with the supervisor in addition to the researcher's commitment.

The language barrier was also be a limitation. But in order to address this issue, the researcher will make use of an interpreter to help translate the questions and information for those who cannot understand English and Luganda.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

#### 4.0 Introduction

This chapter presents and discusses the results guided by the specific objectives of the study. The findings are presented with the help of tables for purposes of clarity and interpretation.

#### 4.1 Response rate

The study had a response rate of 100 percent, whereby 30 of the respondents filled the questionnaires and 20 of the respondents were interviewed with the guide and thus the turn up is indicated in table 4.1 below.

**Table 2: Showing the Response Rate**

Category	Target sample	Percent
MALE	10	33.3
FEMALE	20	66.7
TOTAL	30	100

*Source: primary data 2023*

#### 4.2 Demographic characteristics of respondents

This section presents the general background information about the respondents in relation to their age, gender and academic qualification as shown in the table below;

**Table 3: Background Information about the respondents**

Item	Description	Frequency	Percentage (%)
Gender	Male	12	40.0
	Female	18	60.0
	<b>Total</b>	<b>30</b>	<b>100.0</b>
Age	12-25years	15	50

	26-35years	5	16.6
	36-45years	7	23.3
	45 and above	3	10.1
	<b>Total</b>	<b>30</b>	<b>100.0</b>
Level of education	Primary	8	26.7
	Secondary	16	53.3
	Tertiary	6	20.0
	<b>Total</b>	<b>30</b>	<b>100.0</b>
Marital status	Single	20	66.6
	Married	10	33.3
	Divorced	0	0
	<b>Total</b>	<b>30</b>	<b>100.0</b>

**Source:** *Primary data*

Findings in table 2 above indicate that majority of respondents represented by 60% were female, whereas the male constituted the minority, 40% of the total respondents. The high number of females compared to the male was because the study was examining adolescents girls issues. However, the inclusion of both male and female helped the researcher to get different views on the topic under study.

The findings also show that the vast majority of the respondent that took part in the study were between the age group of 12-25 years represented by 50%,.

It was revealed that majority of respondents represented by 53.3% have attained secondary level of education, followed by 26.7% who have attained primary level of education, whereas 20% have at least attained tertiary level of education. This therefore implied that the researcher acquired information from literate people who with an educated view of the sexual violence affects the physical wellbeing of adolescent girls.

Finally, the table above also indicated that the majority of respondents were single with a percentage representation of 66.6%

#### 4.2 How sexual violence affects the mental well-being of adolescent girls.

The first objective of the study was to establish how sexual violence affected the mental well-being of adolescent girls

Table 3 summarizes respondents' response on how sexual violence affects the mental wellbeing of adolescent girls by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 4: How sexual violence affects the mental wellbeing of Adolescent girls**

Statements	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
SEXUAL VIOLENCE LEADS TO POST TRAUMATIC STRESS DISORDER	12 40.0%	14 46.7%	1 3.3%	1 3.3%	2 6.7%
SEXUAL VIOLENCE CAUSES DEPRESSION AMONG ADOLESCENT GIRLS	13 43.3%	10 33.3%	3 10.0%	4 13.3%	00
SEXUAL VIOLENCE AMONG ADOLESCENT GIRLS IS ASSOCIATED TO STIGMA	11 36.7%	14 46.7%	3 10.0%	2 6.7%	00
SEXUAL VIOLENCE LEADS TO SUBSEQUENT SELF BLAME	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00

**Source:** *Primary data.2023*

The findings from the study showed that sexual violence led to post traumatic stress disorder. This was represented whereby 40% of the respondents strongly agreed to the statement while 46.7 % of the respondents agreed to the same statement.

The study also established that sexual violence led to depression. This was portrayed by the majority of the respondents strongly agreed to the statement representing 43.3% of the respondents while 33.3 % of the respondent agreed to the same statement. Sexual violence

affected anxiety level, brought about fatigue and stress which affected the mental well-being of adolescent’s girls, one of the key informants revealed from the health center that.

*“upon being raped or defiled the adolescent victims of sexual violence enter mental relapse trying to figure out why it had to happen to them, this led to denial, self-exclusion which in some instances lead to suicidal thought leads to death at times”*

The study further indicated that sexual violence is associated with stigma. The findings showed that 36.7% of the respondents strongly agreed to the statement while 46.7% of the respondents agreed to the same statement. one key informant from social workers said *“Especially adolescent girls that were in rural areas how did you establish this stigma was brought about as being immoral, and perverted but not criticism the sexual offenders. These victims are viewed as social outcasts hence social stigma”*

The findings of the study showed sexual violence was associated with self-blame. This was evident were by 46.7% of the respondents strongly agreed to the statement and 36.7% of the respondents agreed to the same. *“Self-blame was brought about by the effects of sexual violence for example contraction of HIV, getting an wanted pregnancy”* as witnessed by one health official

#### **4.3. How sexual violence affects the physical health of adolescent girls**

According to the study, this was the second objective of the study

Table 4 summarizes respondents’ responses on sexual violence affects the physical health of adolescent girls by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 5: How sexual violence affects the physical health of adolescent girls**

Statement	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)

SEXUAL VIOLENCE MAY LEADS TO TRANSMISSION OF SEXUALLY TRANSMITTED LIKE HIV/AIDS	12 40.0%	12 40.0%	1 3.3%	4 13.3%	1 3.3%
SEXUAL VIOLENCE LEADS TO SUICIDAL THOUGHTS	12 40.0%	11 36.7%	6 20.0%	1 3.3%	00
SEXUAL VIOLENCE LEADS TO GENITAL INJURIES	6 20.0%	11 36.7%	4 13.3%	8 26.7%	1 3.3%
SLEEP ISSUE INCOSTENCES ARE AN EFFECT OF SEXUAL VIOLENCE	1 3.3%	1 3.3%	7 23.3%	10 33.3%	11 36.6%
FISTULA AMONG ADOLESCENT GIRLS IS CAUSED BY SEXUAL VIOLENCE	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00 3.3%

**Source:** *Primary data 2023*

The findings of the study revealed that sexual violence led to sexual transmitted disease such as HIV/AIDS.40% of the respondents strongly agreed to the statement, whereby also 40% of the respondents agreed to the same.one of the key informant from the health center had this to say *“This posed a challenge in the manner that HIV positive adolescents girls did not know the dangers of transmission to their baby if they got pregnant and where reluctant to reveal their status so as to seek help”*

The findings of the study further revealed that sexual violence among adolescent girls led to suicidal thoughts. The majority of the respondents strongly agreed to the statement where by 40% strongly agreed to the statement and 36.7% agreed to the same.The finding of the study further portrayed that sexual violence led to genital injuries, 20% of the respondents strongly agreed, while 36.7% of the respondents agreed to the same statement;Genital injuries were brought about by strugglesduring sexual penetration by sexual offenders given the fact that most of the adolescent girls that were offended were still virgins as indicated by one of the village health team member.

*“uponbeing medically assessed by the health official, in most time after a police probe into allegation of sexual violence, most girls are found to have genital injuries especially the breakage of the hymen as proof of sexual violence”.*

Sleep issues inconsistency are a major problem brought about by sexual violence, from the findings 33.3% of the respondents disagreed to the statement while 36.7% of the respondents strongly disagreed to the statement.

Lastly fistula as a medical complication that was most found in adolescent girls affected their physical health. This was revealed whereby 46.7 of the respondents strongly agreed to the statement while 36.7% of the respondents agreed to the same statement.

*“Fistula was majorly caused after giving birth by the adolescent girls as an antenatal complication given the fact that most of the adolescent girls are not ready to give birth”* as said by the health officials

#### **4.4.How the victims of sexual violence can be helped to cope with the effects of sexual violence.**

##### **This was the third and last objective according to the study**

Table 5 summarizes respondents’ responses on how the victims of sexual violence can be helped to cope with the effects by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 6: How the victims of sexual violence can be helped to cope with the effects of sexual violence**

Statements	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
THROUGH FACILITATING SOCIAL SUPPORT TO ACCOMMODATE VICTIM REHABILITATION	9 30.0%	12 40.0%	7 23.3%	00 0.0%	2 6.7%
THROUGH IMPROVING THEIR ENGAGEMENT WITH OTHERS AS WELL AS EMOTINAL EXPRESSION	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00 0.0%
CHANGE IN THE WIDE SPREAD CULTURAL DISCRIPANCES THAT VIEWS ADOLOSCENT GIRLS AS SEX OBJECTS	13 43.3%	13 43.3%	2 6.7%	2 6.7%	00 0.0%
IMPLEMENTATION OF STRICT LAWS PROTECTING ADOLESCENT GIRLS FROM SEXUAL VIOLENCE	7 23.3%	14 46.7%	5 16.7%	3 10.0%	1 3.3%

**Source: Primary data 2023**

The findings of the study as shown in table ...that facilitating social support to accommodate victim rehabilitation was a remedy to help victims cope. The positive relationship was portrayed whereby 30% of the respondents strongly agreed to the statement while 40% of the respondents agreed as well.

The findings of the study also revealed that there was a great correlation between improving the victims engagement with other victims and emotional expression and coping with effects of sexual violence as indicated by 46.7% of the respondents strongly agreed to the statement while 36.7% agreed to the same statement.

The study further found out that change cultural norms that sexually view adolescent girls as sex objects was key in helping victims cope up. This was revealed whereby 43.3% strongly agreed and agreed respectively, 6.7% where not sure, while 6.7% disagreed to the statement.

The findings of the study lastly indicated that passing strict laws against sexual offenders. This was showed whereby 23.3 % of the respondents strongly agreed to the statement while 46.7% of the respondents agreed as well.

## CHAPTER FIVE

### DISCUSSIONS OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introductions

This chapter provided the conclusion and recommendations of the study. Specifically, it contains the summary of the of the study findings, conclusion, recommendations, and the areas suggested for future research.

#### 5.1 summary of findings

##### 5.1.1 How sexual violence affects the mentalwellbeing of adolescent girls

According to findings of the study, post traumatic disorder is amajor effect of sexual violence to adolescent's girls. Qualitatively, the study noticed that adolescent girls face numerous obstacles to accessing mental and reproductive health material service after being violated. This was in line with the findings of (Oram et al., 2017), who satated that sexual violence was responsible for such mental disabilities

The increasing problem of sexual violence towards the mental wellbeing could be depression, stigma . If either the rates of sexual violence were increasing or its effect on mental health were worsening, therefore this increases reporting of adverse mental health outcomes, plausibly attributable to sexual violence. This is in line with the findings of (Brown and Zavestoski 2004), who found out that sexual violence mental health was attributable to sexual violence. This could potentially break down stigma associated with sexual violence, mitigating its ramifications on mental health as per the findings of the study.

##### 5.1.2 How sexual violence affects the physical health of adolescent girls.

spread of diseases such as HIV/AIDS, due to sexual violence and maternal complications ranks as number one effect of sexual violence on the adolescent girls .due to sexual violence in Kirinya, qualitative findings indicated that Miscarriage/abortion and death of neonates are major health related effects contributing 9% and 7% respectively. This was in line with the findings of DiCenso, et al, (2012), who indicated a great correlation between sexual violence and sexually trasnsmited diseases .

### **5.1.3 How the victims of sexual violence can be helped to cope with the effects of sexual violence.**

The findings of the study revealed that facilitating social support groups to enable rehabilitation, to promote trauma recovery have focused primarily on adapting cognitions, improving coping styles, and facilitating social support. Engagement of victims of sexual violence with other victims enables emotional expression and relief .these findings are in line with the research of (Frazier, Mortensen, & Steward, 2005; Steel, Sanna, Hammond, Whipple, & Cross, 2004).

### **5.3 Conclusions**

Generally, the findings from the study revealed that sexual violence of adolescent's girls in Kirinyavillage is a public health problem despite that majority of respondents were aware of sexual violence and their consequences. The findings from the study indicate a variance between the specific objective and the study topic.as it showed a positive correlation between sexual violence and the physical well-being of adoloscents

Knowledge on preventive methods is still low. It shows some of factors contribute to high prevalence of sexual violence which have been identified were negative beliefs on the reproductive services, inadequacy of friendly adolescent/teenager sex and reproductive health, culture that hinder parents to talk with the adolescents about sexuality matters.

The high prevalence of sexual violence in Kirinyavillage is mainly due to lack of knowledge about Sex and Reproductive Health, this knowledge must be passed on to the adolescent girls both at school and at home by parents. The factors associated to sexual violence arepregnancy, poverty, and negligence of the parents and most of the adolescent mothers dropped out due to pregnancy in addition to suffering complications like obstructed labor, miscarriages and giving birth to underweight children. It is therefore recommended to encourage parents and schools to adopt a culture of discussing sexual and reproductive health, advocating for abstinence and where necessary, contraception be made open and accepted without stigma.

### **5.4 Recommendations**

Based on the findings of the study, the researcher made the following recommendations;

The law and policy makers

i) To Law and Policy Makers

These should advocate youth friendly health services and support the introduction of life-skills education for adolescents both in and out of school.to address what concern ???

They should ensure girls have the opportunity and are actively encouraged to continue with their education if they become pregnant while still at school????.

They should support implementation of the government guidelines on re-entry to school and provision of training opportunities ??? which concern raised in the findings are you addressing .

Law makers should be aware that while schoolgirl pregnancy gets the headlines, in fact girls who are not in school are much more likely to get sexually abused

ii) To Local Government Authority

Should strengthen youth-friendly health services throughout the district.

Should ensure that all health facilities provide supportive and quality reproductive health services to adolescents so as feel comfortable and confident about expressing their concerns in relation to reproductive health.

iii) To Nongovernmental and Civil Society Organizations

Should support community-based programmes that empower adolescent girls to protect themselves and enable them to continue their education if they become pregnant while still at school.

Advocate for national and local government investment in life skills and youth-friendly health services.

Support the development of community-based early childhood development centers that can provide care to children of young mothers while they continue their education.

iv) To the Ministry of Health and Ministry Of Education and sports

These ministries should establishment approach which is more holistic to equipping the adolescent girls with appropriate knowledge on sexuality, access to sexual and reproductive health services rather than traditional coaching approaches that focus upon improving sexual ability, attitudes and norms.

Ministry of Health in collaboration with Ministry of Education and sports should strengthen reproductive health education programs in school and out of the schools that promote communication skills among teenagers.

### **5.5 Suggested areas for further study**

Based on the study findings, the researcher recommends the following areas for further study:

- i. First and foremost, other researchers should consider studying the environmental factors contributing to high prevalence of sexual violence among adolescent girls.
- ii. Lastly, other researchers should investigate the relationship between guidance and counseling and adolescent girls reproductive health/

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## RESEARCH TOOLS

### APPENDIX 1

#### QUESTIONNAIRE.

Dear respondent,

I am KukundaPhionaha student of Uganda Christian University Mukono pursuing a bachelor's degree in social works and social administration carrying out research on **how sexual violence affects the physical wellbeing of adolescent** My humble appeal is that you kindly and honestly fill in this questionnaire without hesitations to enable me to acquire vital information for the study. That information will be considered purely academic and will be treated as confidential as possible. Please feel free to withdraw whenever you do not feel comfortable with answering the question. Can you show your topic clearly.

Your assistance and cooperation are highly appreciated. Thank you.

#### BIODATA

##### A: Background of respondents

*Please tick where it is necessary*

##### 1. Gender

a) Female ( )

b) Male ( )

##### 2. Age

a) 12 – 25 ( )

b) 26 – 35 ( )

c) 36 – 45 ( )

d) 45 and above

**3. Marital status**

a) Single ( )

b) Married ( )

c) Divorced ( )

**4. Educational level:**

a) primary (...)

b) secondary (...)

c) tertiary (...)

d) others specify

**Note:** *In these subsequent sections, use the scale provided to tick in the box of the relevant answer that describes your opinion. NB: 5=Strongly Agree, 4=Agree, 3= Not Sure, 2= Disagree and 1=strongly disagree.*

**Section B: HOW SEXUAL VIOLENCE AFFECTS THE MENTAL WELL BEING OF ADOLESCENTS**

	Questions	Responses				
NO.	statements	5	4	3	2	1
1	SEXUAL VIOLENCE LEADS TO POST TRAUMATIC STRESS DISORDER					
2	SEXUAL VIOLENCE CAUSES DEPRESSION AMONG ADOLESCENT GIRLS					

3	SEXUAL VIOLENCE AMONG ADOLESCENT GIRLS IS ASSOCIATED TO STIGMA					
4	SEXUAL VIOLENCE LEADS TO SUBSEQUENT SELF BLAME					

**Section C. HOW SEXUAL VIOLENCE HAS AFFECTED THE PHYSICAL WELL BEING**

NO.	Questions statements	Responses				
		5	4	3	2	1
1	SEXUAL VIOLENCE MAY LEADS TO TRANSMISSION OF SEXUALLY TRANSMITTED LIKE HIV/AIDS					
2	SEXUAL VIOLENCE LEADS TO SUICIDAL THOUGHTS					
3	SEXUAL VIOLENCE LEADS TO GENITAL INJURIES					
4	SLEEP ISSUE INCOSTENCES ARE AN EFFECT OF SEXUAL VIOLENCE					
5	FISTULA AMONG ADOLESCENT GIRLS IS CAUSED BY SEXUAL VIOLENCE					

**Section D: HOW THE VICTIMS OF SEXUAL VIOLENCE CAN BE HELPED TO RECOVER FROM ITS EFFECTS**

NO.	Questions statements	Responses				
		5	4	3	2	1
1	THROUGH FACILITATING SOCIAL SUPPORT TO ACCOMMODATE VICTIM REHABILITATION					
2	THROUGH IMPROVING THEIR ENGAGEMENT					

	WITH OTHERS AS WELL AS EMOTIONAL EXPRESSION					
3	CHANGE IN THE WIDE SPREAD CULTURAL DISCREPANCIES THAT SEXUAL OBJECTIFY ADOLESCENT GIRLS					
4	IMPLEMENTATION OF STRICT LAWS PROTECTING ADOLESCENT GIRLS FROM SEXUAL VIOLENCE					

**Thank you for your response.**

**APPENDIX TWO:**

**INTERVIEW**

I KukundaPhionah a third-year student pursuing a degree in social works and social administration at Uganda Christian University. This guide is designed to investigate how sexual violence affects the physical wellbeing of adolescent girls .I very much appreciate your participation in this study, be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

Good afternoon, sir/madam,

1-HOW HAS SEXUAL VIOLENCE AFFECTED THE MENTAL WELL BEING OF ADOLESCENT GIRLS?

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.....

2-WHAT HAVE BEEN THE EFFECTS OF SEXUAL VIOLENCE ON THE PHYSICAL HEALTH OF ADOLESCENT GIRLS?

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.....

3-WHAT MEASURES CAN BE PUT IN PLACE TO HELP ADLOSCENT VICTIMS SEXUAL VIOLENCE TO COPE WITH THE EFFECTS OF SEXUAL VIOLENCE?

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**THANKS FOR YOUR PARTICIPATION**