THE INFLUENCE OF GISHU CULTURE ON THE SEXUAL AND REPRODUCTIVE HEALTH OF TEENAGE GIRLS IN MUTOTO, MBALE CITY

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DECLARATION

I, Wamunyokoli Joseph, declare that this dissertation submitted in partial fulfillment of the requirements for the award of a degree of social work is the result of my own original work. All sources consulted and cited in this dissertation have been appropriately referenced.

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DEDICATION

I dedicate this research report to my Mum Mrs. Khainza Mary, my brother Mr. Masaaba Rogers Together with his wife Mrs. Teddy Kituyi for their unwavering love, support, and encouragements that have been the driving force behind my academic journey. Their belief in my abilities and constant motivation has been instrumental in helping me overcome challenges and reach this milestone.

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LIST OF ABREVIATIONS

AHP	:	Adolescent Health Policy
NSEF	:	National Sexuality Education Framework
SRH	:	Sexual and Reproductive Health
STI	:	Sexually Transmitted Infections
UBOS	:	Uganda Bureau of Statistics
WHO	:	World Health Organization

ABSTRACT

This study examined the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale. The study was guided by the concern that certain cultural beliefs and practices within the Gishu community continue to affect the well-being of adolescent girls, especially in relation to teenage pregnancy, early sexual involvement, sexually transmitted infections, and access to reproductive health information and services. The objectives of the study were to examine the cultural practices that influence the sexual and reproductive health of teenage girls, assess the effects of these practices on their well-being, identify challenges faced by teenage girls in accessing reproductive health services, and suggest possible interventions for improving their sexual and reproductive health.

The study employed a descriptive research design using both qualitative and quantitative approaches. Questionnaires, and interviews were used to gather data with teenage girls, parents, community leaders, health workers and local authorities in Mutoto. Thematic analysis and descriptive statistics were used to analyze the collected data. The findings showed that despite the prevalence of good health and hygiene messages, cultural practices like traditional gender roles, taboos and silence on sexual education, peer influence during cultural events, and negative attitudes towards contraceptive use have significant impact on the sexual and reproductive health of adolescent girls. The study also confirmed that many of the adolescent girls had poor reproductive health knowledge and there were barriers in accessing youth-friendly health services stemming from stigma, fear, and cultural barriers. These factors led to the likelihood of risk of teenage pregnancy, sexually transmitted infections, and school dropout among teenage girls. The study, which was aimed at examining the role of the Gishu cultural practices on the sexual and reproductive health of adolescent girls in Mutoto, found both direct and indirect effects. The study suggested that there is a need for sensitization of the community, the promotion of comprehensive sexual education, creation of youth-friendly health services and parental, school, social workers, and community leaders' engagement in guiding adolescents to adopt responsible behaviour in sexual life.

Key words: Gishu culture, sexual and reproductive health, teenage girls, cultural practices, adolescent health, Mutoto, Mbale City.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The study investigated the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City. Gishu culture refers to the shared traditions, values, and social practices of the Gishu community that guide behavior, family relations, and rites of passage, including those linked to sexuality and marriage (Patel et al., 2022). Sexual reproductive health refers to a state of physical, emotional, and social well-being in matters related to sexuality and reproduction, including access to services and accurate information (Khan et al., 2022). Teenage girls refer to female individuals aged approximately 13–19 years undergoing rapid physical and social transition (Adebayo et al., 2023). This chapter presents a background of the study, statement of the problem, general objectives, specific objectives, and research questions, scope of the study, justification of the study, significance of the study, conceptual framework and definition of key terms.

1.1 Background of the study

Adolescent sexual and reproductive health is a key public health issue in the world, influenced by cultural norms, gender perceptions, and health services. According to the (World Health Organization WHO, 2023), approximately 21 million adolescent girls aged 15–19 years become pregnant annually, of which nearly 12 million end up as pregnant women, mainly attributed to early sexual initiation and inadequate contraceptive access. Adolescent sexuality is shaped and influenced by cultural traditions and social norms, which influence what is acceptable sexual behaviour, how sexuality is talked about, and whether girls have access to reproductive health information and services (UNFPA, 2022). Research suggests that negative attitudes towards sexuality and conservative gender norms have a negative impact on adolescent girls' health, as they are more likely to encounter early pregnancy and sexually transmitted infections (STIs) in societies where such norms are predominant

(Chandra-Mouli & Akwara, 2020; WHO, 2022). Although the international commitments to adolescent health, as stated in the Sustainable Development Goals, adolescent girls' ethnic cultural practices are not well studied with regard to measurable SRH outcomes. This leaves a gap between generalized global evidence and localized cultural realities, underscoring the need for culturally grounded studies that explain how traditions influence SRH behaviors.

Cultural norms in West Africa are significant influences on adolescent sexuality as they relate to marriage, adulthood, and purity and fertility expectations of women. However, adolescent fertility rates are high in West Africa, with countries like Niger and Mali having rates over 170 births per 1000 girls aged 15-19 (UNICEF, 2022). The findings from the studies in Ghana and Nigeria reveal that the cultural norms and values that support early marriage, abstinence from sexual activity and male dominance over decision-making strongly affect the SRH outcomes of adolescent girls, such as low uptake of contraceptives and high rates of early pregnancies (Adu-Gyamfi & Brenya, 2021; Okigbo et al., 2022). In addition, there is a tendency to associate initiation with sexual readiness, and social recognition of maturity has been found to be linked to early sexual involvement for the girls, without proper knowledge and protection (Adu-Gyamfi & Brenya, 2021). Notwithstanding this evidence, national/regional level research continues to be general and only a handful of ethno specific cultural systems receive focus. This gap suggests the necessity of local cultural analyses, for example, understanding Gishu cultural practices in Uganda, to understand the impact of culture on SRH risks of teenage girls. In Sub-Saharan Africa, culture is still influencing adolescent SRH, particularly in the areas of puberty, marriage and gender roles. The region contributes close to half of adolescent maternal mortality which is a result of socio-cultural factors, early pregnancy, and low utilization of services among other factors (WHO, 2023). Girls' ability to make decisions about their bodies and reproductive health was found to be curtailed by traditional practices and gender norms, which put them at risk of being coerced, sexually assaulted, and/or having to give birth too early in life (Yakubu & Salisu, 2018; Chandra-Mouli et al., 2021). Sexuality is not talked about in society, limiting

parents and child communication, with peers and informal sources being the main avenues for children to access SRH information, which is often incorrect (Chandra-Mouli et al., 2021). Some regional studies report high teen pregnancies, but few breakdowns of the different cultural norms and belief systems that influence SRH behaviours within particular ethnic groups. A dearth of culturally specific evidence negatively affects the development of culturally appropriate interventions and provides a rationale for the importance of conducting culturally specific studies that examine the linkages between culture and SRH outcomes.

Adolescent SRH continues to be a priority issue in Uganda, as 24.8% of adolescent girls (age 15–19) had already started childbearing (Uganda Bureau of Statistics [UBOS] & ICF, 2022). The MOH states that adolescents account for almost 30% of new HIV infections among young women primarily because of early sexual initiation and the lack of contraceptive use among adolescents (Ministry of Health, 2023). Adolescent behaviour is heavily shaped by cultural norms on sexuality, gender roles and maturity, including where early sexual initiation is accepted, or where there is a taboo against talking about contraception (Achen et al., 2021; UBOS & ICF, 2022). Research also indicates that initiation practices and norms surrounding women's roles can put girls at risk of sexual encounters before they have the necessary SRH knowledge (Achen et al., 2021). National policies encourage sexuality education and youth-friendly services but the impact of particular cultural systems like Gishu on SRH outcomes has received little research attention. This divide undermines culturally responsive programming and calls for specific investigation.

Mutoto, Mbale City, is situated in the cultural context of the Bagisu (Gishu) people whose most important cultural practice is Imbalu, a rite of passage from boyhood to manhood for males. In the context of Imbalu, there are public ceremonies, dances (Kadodi) and social recognition of maturity, which indicates readiness to assume adult responsibilities such as marriage and sexual relations (Wamala & Musiime, 2020; Namutebi & Kibombo, 2022). The ritual is conducted on boys, but its underlying meanings affect community values of respectability and adulthood which is a bias that affects teenage girls through its indirect influence on the values of early sexual

engagement, marriage readiness and fertility. According to Mbale City health records, in 2023, about 28% of pregnancies reported (Mbale City Health Office, 2024) were among girls between the ages of 15 to 19 years, meaning adolescent pregnancy rates remain high.

District Health Information System [DHIS2] (2024) also indicates an increase in STI cases among adolescents, which is due to early sexual debut and low contraceptive usage among them. Despite these changes, there has been little empirical evidence of the relationship between Imbalu related cultural values and SRH experiences. This knowledge gap justifies the present study because it shows that there is a need to understand how the Gishu cultural norms of maturity, gender roles and sexuality affect SRH outcomes among the teenage girls in Mutoto and gives justification for the following statement of the problem.

1.2 Problem statement

Sexual and reproductive health is very critical among the adolescents, because it has a long-term impact on health, education and socio-economic outcomes. Teenage girls are also at high risk, as (World Health Organization 2023) estimates 21 million teenage girls aged 18 to 19 currently fall pregnant every year, many of which are unintended, and almost half take place in low-resource areas. Research indicates that initiation rituals, gender norms and cultural beliefs have significant effects on adolescents' sexual behaviour, such as early sexual initiation and low utilization of contraceptive services (UNFPA, 2022; Chandra-Mouli & Akwara, 2020).

Teenage girls experience a lot of challenges with sexual and reproductive health in Mutoto, Mbale City and these are significantly affected by the Gishu practices. Male circumcision (Imbalu) initiation ceremonies and gender norms focus on readiness to be an adult, including engaging in sexual relationships, which indirectly encourages girls to have sexual encounters and marriages at a young age (Wamala & Musiime, 2020; Namutebi & Kibombo, 2022). Also, girls' autonomy is constrained and their decision-making in relation to reproductive health by cultural beliefs that encourage early marriage. Data from local health records reveal that 28% of all pregnancies in 2023

were among girls aged 15-19 (Mbale City Health Office, 2024), and there are reports of rising adolescent sexually transmitted infections with poor access to adolescent friendly reproductive health services (DHIS2, 2024). The interactions between the Gishu cultural practices as an independent variable have been shown to have demonstrated effects on sexual reproductive health outcomes of adolescents, such as early pregnancy, S.T.I prevalence and access to services, suggesting the need for understanding how these cultural norms affect adolescents' behavior and health risks.

Despite the interventions in place by both government and non-governmental agencies such as youth-friendly reproductive health programs, school-based sexuality education, and awareness campaigns, teenage girls in Mutoto are still having a high number of early pregnancies and sexually transmitted infections (STIs) (Ministry of Health, 2023; UNFPA Uganda, 2022). Current interventions show limited effectiveness in tackling culturally embedded beliefs, gender norms, and norms around initiation that affect sexual decision making. Existing strategies are less effective, because there is limited empirical context specific studies which examine direct relationship between Gishu cultural practices and SRH outcomes among teenage girls.

1.3 Purpose of the study

To examine the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City.

1.4 Specific objectives

i. To identify Gishu cultural beliefs and practices related to adolescent sexuality
ii. To examine how gishu culture influences sexual reproductive health knowledge among teenage girls
iii. To assess the effect of gishu cultural norms on sexual reproductive health outcomes.

1.5 Research questions

i. What Gishu cultural beliefs and practices related to adolescent sexuality?
ii. How does gishu culture influences sexual reproductive health knowledge among teenage girls?
iii. What is effect of gishu cultural norms on sexual reproductive health outcomes

1.6 Scope of the study

1.6.1 Geographical location

This study was carried out from Mutoto which is a ward located within Mbale City in Eastern Uganda, characterized by a mix of urban and semi-rural settlements. It has a dense population of young people and a strong presence of traditional Gishu cultural practices, which are still influential in daily social life. The area was chosen due to its accessibility, the concentration of teenage populations, and the active involvement of local community structures such as schools**,** health centers, and cultural institutions.

1.6.2 Time scope

The time scope of the study covered the period from December 2025 to April 2026. This period was considered appropriate because it enabled the researcher to systematically compile the dissertation and gather relevant information concerning the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City.

In December 2025, the researcher developed the research proposal, identified the research problem, and conducted preliminary literature review on Gishu cultural practices and adolescent sexual and reproductive health. During January 2026, the researcher refined the study objectives, research questions, and methodology and later sought approval from the university supervisor and relevant authorities.

In February 2026, data collection instruments such as questionnaires and interview guides were designed and pre-tested to ensure validity and reliability. The researcher also obtained an introductory letter from the school of social sciences and prepared for data collection. During March 2026, primary data was collected from teenage girls, parents, teachers, cultural elders, healthcare providers, and community leaders in Mutoto, Mbale City.

In April 2026, the collected data was processed, coded, analysed, and interpreted using both qualitative and quantitative methods. Findings were organized into tables, figures, and thematic discussions in line with the study objectives. Finally, in May 2026, the researcher finalized the dissertation by compiling chapters, editing the work, incorporating supervisor's comments, proofreading, and preparing the final copy for submission.

The time scope covered the period when relevant data and services are available to permit assessment of prevailing conditions and trends related to gishu culture and the sexual reproductive health of teenage girls in Mutoto, Mbale City. It was in correspondence with the policy implementation phase in which applicable national and local guidelines on adolescent health are in force and operational. It also aligned with the intervention timeline during which community, school-based, and health-facility programs targeting teenage girls are introduced and actively implemented.

1.6.3 Content scope

The study was limited to the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City. Specifically, the study will identify the cultural beliefs and practices related to sexuality and adolescence in Mutoto, Mbale city; examine the influence of culture on teenage girls' knowledge of sexual and reproductive health in Mutoto, Mbale city and to identify culturally appropriate interventions that can improve sexual and reproductive health outcomes among teenage girls in Mutoto, Mbale city.

1.7 Significance the study

Parents and guardians may find the study useful as it may increase their understanding of how traditional beliefs and practices shape adolescents' choices and health outcomes. The findings may encourage them to support open communication and positive guidance that will protect girls from harmful practices.

Local government officials, health workers, and community leaders in Mutoto may find the study important as it may generate new knowledge on how cultural practices shape adolescents' health behaviors and outcomes. The findings may fill existing gaps in understanding culturally driven influences and may support the development of context-specific approaches to protect and promote adolescent wellbeing.

Policymakers and program planners will benefit from the study because it may provide evidence that may inform the design of culturally responsive policies and interventions. The results may guide the formulation of strategies that may strengthen reproductive health education, improve service delivery, and enhance collaboration between cultural institutions and health systems.

Academicians and future researchers may gain from the study as it may contribute to the body of scholarly literature on culture and adolescent health. The findings may serve as a reference for comparative studies and may stimulate further academic inquiry into culturally grounded solutions for improving teenage girls' health outcomes.

1.8 Justification of the study

Adolescent girls in communities such as Mutoto in Mbale City grow up within strong cultural systems that shape their beliefs, behavior, and life choices. These cultural expectations influence how young people understand relationships, maturity, and responsibility. In many cases, traditions and social norms may encourage early social roles that affect girls' physical and emotional wellbeing (Sanchez, L. 2021). Understanding how such cultural practices influence young people's health-related

decisions is important for identifying risks and opportunities for improving their overall wellbeing.

The study was necessary because families and community leaders play a major role in guiding adolescent behavior, yet their guidance is often shaped by long-standing customs that may not match with modern health knowledge. Some practices may discourage open discussion between parents and girls on sensitive matters, leaving adolescents to rely on peers or informal sources of information. This situation may result in limited awareness and unsafe practices. Exploring these cultural influences may help reveal gaps between traditional beliefs and health needs of adolescent girls.

Schools and health facilities in the area may face challenges in addressing cultural barriers that affect service use. Even when information and services are available, cultural attitudes may prevent girls from seeking help or advice (Jenkins, L. 2023). Teachers and health workers may also find it difficult to engage adolescents effectively without understanding the cultural context influencing their behavior.

The study is also important because peer influence and community expectations may strongly affect adolescent decision-making. Girls may feel pressured to conform to social norms related to adulthood, relationships, and respect within the community. These pressures may expose them to situations that compromise their safety and development. Examining how social expectations interact with cultural practices will help identify factors that place adolescent girls at risk and guide the design of prevention and support programs (Dubreuil, C. 2023).

There is a need for localized information that reflects the lived experiences of adolescent girls in Mutoto. Existing data was generalized at district or national level and will not capture the unique cultural dynamics of this community (Davis, J., Patel, S., & Brown, M. 2023).

1.9 Conceptual frame work

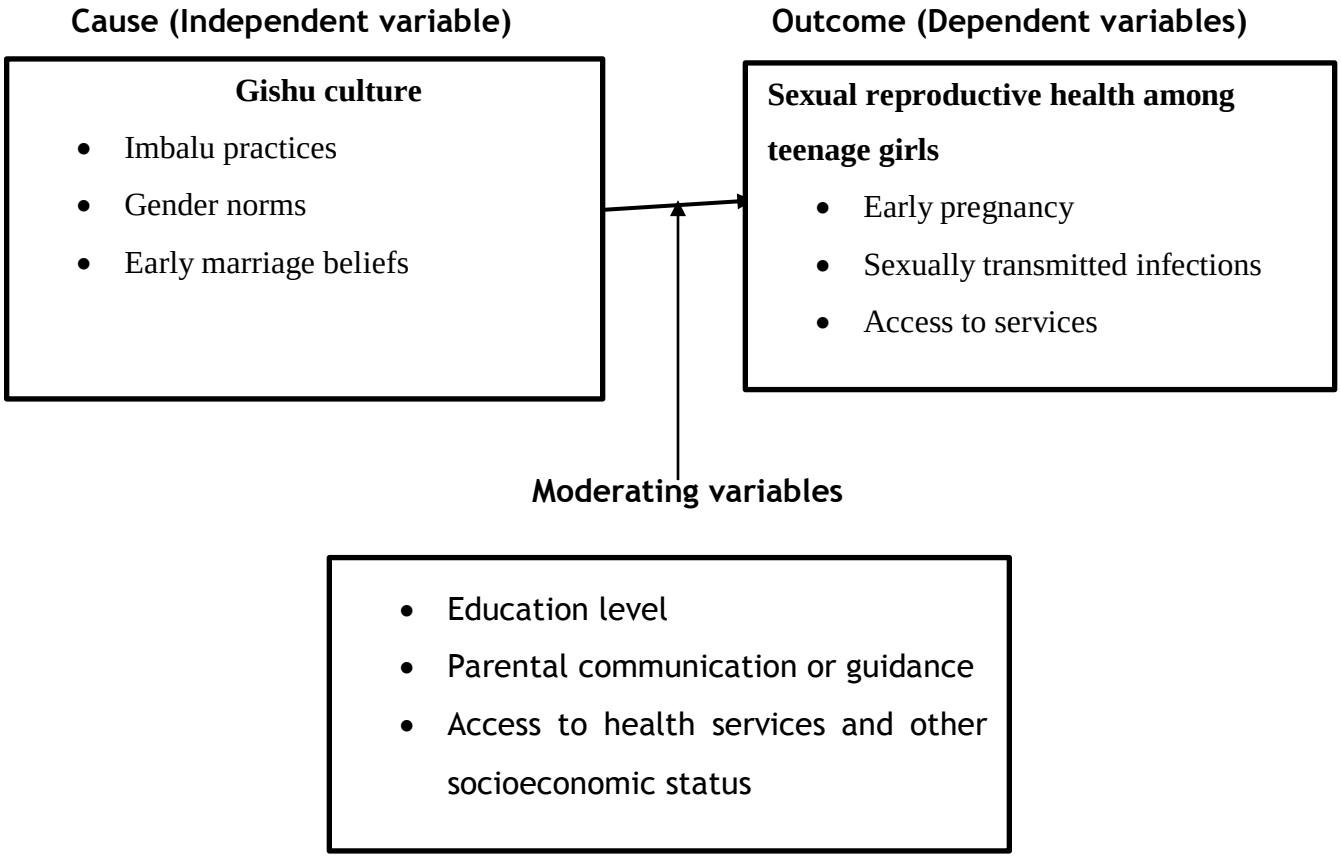

Figure 1:1: conceptual framework

Source: Adopted from Mugenda and Mugenda (2004): conceptual framework

Figure 1 above indicates the Gishu culture, as an independent variable, influences the sexual and reproductive health of teenage girls through its key components of Imbalu practices, gender norms, and beliefs about early marriage. Imbalu initiation ceremonies mark the transition from childhood to adulthood and socially signal readiness for marriage and sexual activity, which can expose girls to early sexual debut without adequate knowledge or protection. Women's sexuality is restricted by cultural gender norms that promote the need for girls to be silent about their sexuality, obey their male counterparts and are less able to access safe sexual and reproductive health information; girls are more vulnerable to sexual exploitation and unintended pregnancy. Furthermore, gender norms that promote early marriage push girls into early adolescent marriage and sexual relationships, before they are

physically, socially and emotionally ready, thereby increasing the risks of maternal health complications, STIs, school dropout and early pregnancy. Sexual and reproductive health of adolescent girls as a dependent variable is the outcome or results of social, cultural, and environmental influences and is measured by indicators like early pregnancy, sexually transmitted infections, and access to health services. Early pregnancy is a sign of exposure to unprotected or coerced sexual activity and is linked to school dropouts, maternal complications and socio-economic disadvantage in the future. STI's are markers of unsafe sexual behaviors and lack of prevention knowledge and can cause chronic health issues, infertility, and psychological issues if left untreated. Whether or not teenage girls can prevent or manage these risks depends on access to sexual and reproductive health services, including family planning, counselling and testing and treatment for infections. Stigma, distance, cost and cultural barriers to access make outcomes worse, while enhancing access improves outcomes by fostering safer behaviours and healthier transition into adulthood.

The associations between Gishu culture as the independent variable and sexual and reproductive health among adolescent girls as the dependent variable are moderated by factors of education level, parental communication or guidance, access to health services, and socio-economic status. Improved knowledge, critical thinking and confidence among girls to challenge harmful norms on Imbalu, gender roles and early marriage can be a key way of reducing negative cultural impacts, through higher levels of education. Communication and guidance from parents can moderate cultural expectations by offering correct information about sexuality, delay sexual initiation and foster responsible decision-making. Health access dampens cultural effects by allowing teenage girls to obtain contraception, counselling and treatment for infections in spite of restrictive norms or stigma. Additionally, the relationship is influenced by socio-economic conditions, as if a girl lives in a poor household, the cultural burden to marry young and be dependent on her husband or wife could be exacerbated, whereas girls from rich families might be better able to attend school and seek health care. Therefore, the outcomes on sexual and reproductive health

outcomes among teenage girls may be lessened or amplified by these moderating variables.

1.10 Definition of key terms

Gishu culture refers to the shared traditions, values, and social practices of the Gishu community that guide behavior, family relations, and rites of passage, including those linked to sexuality and marriage (Patel et al., 2022). It emphasizes respect for elders and collective responsibility. For example, cultural teachings shape expectations about relationships and maturity. These norms influence how teenage girls understand acceptable conduct and health choices.

Bagisu refers to an ethnic group mainly located in eastern Uganda whose identity is shaped by language, kinship, and indigenous knowledge systems (Okello et al., 2023). Community leadership and elders transmit norms across generations. For instance, guidance on gender roles is often provided through family structures. This identity affects how modern health information is received.

Sexual reproductive health refers to a state of physical, emotional, and social well-being in matters related to sexuality and reproduction, including access to services and accurate information (Khan et al., 2022). It involves protection from infections and unintended pregnancy. For example, counseling and family planning improve adolescent outcomes. Good sexual reproductive health supports informed choices.

Teenage girls refer to female individuals aged approximately 13–19 years undergoing rapid physical and social transition (Adebayo et al., 2023). This group faces heightened vulnerability related to education and health. For example, limited access to information increases risk of early pregnancy. Their well-being depends on family and cultural support.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature related to the key concepts of the study as presented by different scholars. It also includes theoretical framework relevant to the research problem in order to establish the existing knowledge and identify the research gaps.

2.1 Theoretical review

The theoretical review is based on social norms' theory and cultural determinism theory to explain the relationship between culture and adolescent sexual and reproductive health. Social norms theory (Cialdini, Kallgren and Reno 1991) proposes that a person's behaviour is motivated by their perceived norms and rules of a social group. Further, norm persistence is by social approval and sanctions as described by (Bicchieri 2006), which is very significant in shaping sexual behavior and sexuality norms in the context of life transitions. What makes this theory so compelling is its ability to offer explanations for why teen girls do what is expected of them when engaging in sexual behaviors, when they are silenced, and when they are deemed mature, even when these behaviors compromise their health. It clearly connects collective beliefs with individual actions which is relevant in communities where elders and peers as well as family have a strong influence on adolescents. It has a weakness, however, in its lack of focus on deeper cultural meanings and traditions, as well as structural factors like poverty and access to services, that contribute to those norms, and will understate individual agency.

According to Cultural Determinism Theory, attributed to (Herskovits 1948), the values and behaviors of humans are more a result of culture than biology or personal choice. Culture also gives people through which to understand reality, such as health, morality and maturity (Geertz 1973). Under this theory the virtue is that it focuses on the role of traditions, rites of passage and common beliefs in shaping standards of

acceptable sexual conduct and suitable roles for girls. It does not reflect change, resistance, nor does it fully recognize the part played by modern institutions like schools and health services in influencing behaviour, which is its area of weakness. Of the two, Social Norms Theory is more appropriate for this study, as it more directly explains the influence of specific cultural expectations, community pressures, on the knowledge, attitude and practices of the teenage girls.

2.2 Gishu cultural beliefs and practices related to adolescent sexuality

Wabwire and Musoke (2022) theorized that the process of cultural initiation especially within the realm of the Gishu community around Mutoto continues to be an important factor in influencing adolescent sexuality in terms of symbolizing transition into adulthood. In their study of Bagisu cultural rites, they were able to establish that initiation ceremonies instill values of courage, masculinity and preparedness for adult social roles, leading to the implicit definition of sexual maturity and readiness for marriage. The results indicated that adolescents who had participated in these rites were socially acknowledged as adults and this affected the perceptions of peers and families about appropriate sexual behavior. These practices in the cultural context of Mutoto produce an environment in which sexual identity is linked to cultural events, instead of biological age. (Nabwire et al. 2023) concluded that community narratives which surround the initiation rituals, further communicates gendered expectations through teaching boys to look at the sign of adulthood as one of dominance and responsibility, and, girls as modesty and fertility.

In eastern Uganda, traditional beliefs and values, such as those in Gishu culture of Mutoto, influence adolescent sexuality by enshrining sexual norms in clan rule and communal values (Tumwesigye and Kabiru, 2023). The study revealed that the taboo on talking about sex is an ingrained cultural norm, and adolescents depend on peers or ritual meanings to get their sense of sexual relationships. In 2024, Nalwadda et al. reported cultural taboos about sexual intercourse and sexuality lead to misinformation and misconceptions for adolescents especially about puberty and sexual consent. They found that a culture which values respect and obedience does

not foster questioning of traditional sexual norms and therefore contributes to reinforcement of early sexual experimentation without adequate knowledge.

The study by Achen and Atekyereza (2024) revealed that the notion of sexual readiness and morality to adolescents is greatly shaped by the socio-cultural factors of the different ethnic groups that exist within Uganda such as the Gishu of Mutoto. They found that the qualitative results of their study showed that culture teaching in adolescence positions sexuality as a responsibility to carry on the lineage and social honor, not for personal well-being. The study revealed that the influence of healthy cultural upbringing with adolescents can cause them to internalize their teachings, which influence their attitudes towards relations (Kiggundu et al., 2025).

Namatovu and Ssali (2022) pointed out that the cultural lessons which have been passed on within the Gishu community include sexual discipline and gender-specific roles, as elements of adolescent socialization. According to their research, initiation stories teach sexuality as a symbol of maturity and readiness for adult responsibilities for boys, and for girls it is the reverse, teaching them to be modest and ready for motherhood in the future. Even in urban areas, adolescents in Mbale City still internalize traditional values by being taught by the family and community ceremonies. While growing up in a culturally conservative environment, adolescents were more likely to conform to traditional sexual norms such as disclosure of sexual experiences later in life and limited communication with parents (Asiimwe et al. 2023). They found that inherited beliefs about sexuality have a stronger influence on behaviour than sexuality education in schools, and that cultural silence about sexuality maintains this inherited sexuality.

Ssekamatte and Kibombo (2023) theorized that the Gishu cultural practices are informally passed down to other people: by storytelling, watching others, and by copying them, as opposed to teaching them directly. The study revealed that cultural metaphors and proverbs were used to warn youth against certain actions that were deemed shameful, thus regulating sexuality via symbolization. In Mbale City these indirect approaches to teaching continue in the home and in social circles, meaning

there is less critical discussion of sexual health information. Adolescents who were not open in discussing sexuality with their families were more likely to seek guidance from peers and traditional beliefs (Namisi et al. 2024). Their results showed that cultural taboos against openness lead to the predominance of informal knowledge systems that give partial and sometimes faulty interpretations of sexual development.

Mugisha and Nanyonga (2024) recognize that cultural attitudes towards fertility and marriage can significantly influence adolescent sexuality, as its association with social value and fertility. They concluded that girls are socialized to be ready for family life, whereas boys are socialized to be ready for sexual activity. The pressure that these norms exert on adolescents to behave like adults early in their development. Here in Mbale City, these expectations continue to be propagated via kinship relations and neighborhood relations, which serve as a reinforcement of collective judgement of adolescent behaviour. The traditional understanding of the concepts of honor and family reputation has a profound impact on adolescents' choices of relationships and sexuality (Baluku et al. 2025).

Tumwesigye and Atuyambe (2022) suggested that cultural beliefs of the Gishu community bring a social responsibility perspective for adolescent sexuality, which is rooted in family honor and moral discipline. Their study revealed that adolescents are being influenced in their understanding of sexual behaviour as readiness for adulthood and a communal reputation rather than being taught to regard sexual behaviour as an individual right. Such beliefs are passed down via elders, clan leaders, and family dynamics, exemplifying the gendered expectations, especially for girls' chastity and boys' assertiveness. The results indicated that these teachings have an impact on adolescents' views on relationships and decisions regarding intimacy in a culture that values conformity over individualism. These norms also shape the lives of young people in modern contexts in Uganda, even in urban areas where modernity and tradition are intertwined (Nalugya et al. 2023).

However, Kaye and Muhwezi (2023) argue that sexuality is not directly discussed by Gishu cultural practices, but rather through storytelling, symbolism, and moral

instruction. The study also confirmed that issues of sexuality are frequently raised in the context of marriage and fertility, thus restricting scope of sexual health awareness. This pattern limits opportunities for adolescents to have access to comprehensive and factual information, especially in rural and urban areas where traditional authority is firmly entrenched in Uganda. (Luwaga et al. 2024) has found that low involvement of parents in sexual education creates a situation where adolescents rely heavily on peers and cultural myths. They have found that gaps in sexual knowledge and misunderstandings around sexual topics are reinforced by silence within culture—thus maintaining the influence of inherited knowledge over scientifically informed health information. Sserwanja and Musaba (2024) identified those cultural expectations that highlight a connection between respectability and behavioral restraint and obedience to explain the influence of those cultural expectations on adolescent sexuality. Their research revealed that social pressure exists throughout the lives of adolescents to adopt behaviours to match family values, with the most significant pressure experienced in the area of courtship and sexual expression. The fact that such beliefs persist in Uganda illustrates how culture is used to control youth and to keep society together. The findings of Byamugisha et al. (2025) reveal that traditional gender norms have a strong impact on the perception of sexual responsibility and power relations among adolescents. They found that boys were encouraged to be sexual while girls were socialized to be passive and cautious, thus fostering unequal expectations that have profound effects on sexual experiences and outcomes.

2.3 How gishu culture influences sexual reproductive health knowledge among teenage girls

Initiation among Bamasaba community has been identified by Wanyama and Simiyu (2022) as core aspect of shaping sexual and reproductive health knowledge of girls in adolescence, wherein culturally accepted messages on sexuality and womanhood are being passed to the adolescent girls. Their research revealed that initiation sessions focus on physical transformations, expectations of abstinence, and anticipation of marriage in the future. These teachings are primarily given by elder women in

Mutoto, along with family members who are guardians of cultural knowledge. Initiation practices have been found to have an impact on the perception of menstruation and sexual maturity among girls as they were connected to social respectability (Namusoke et al. 2023). Their research revealed that cultural teaching actively promoted obedience and silence, and not full disclosure of sexual and reproductive health information to those being instructed. Khisa and Masika (2023) stated that gender norms are prevalent in Bamasaba society and have a significant influence on the knowledge of teenage girls on sexual and reproductive health. They found that girls were expected to be passive and silent with regard to matters of sexuality whereas boys were allowed more freedom to explore and ask questions. These norms are also perpetuated in households and peer groups in Mutoto, where girls who sought reproductive health information was deemed disrespectful. Restrictive gender norms have been reported to decrease girls' confidence to seek advice from health workers (Kisuule et al. 2024). They found that cultural norms of modesty hinder open learning and impact on adolescents' knowledge of contraception and reproductive rights. Nabugoomu and Were (2024) concluded that Bamasaba society had a culture that expects that girls are to be prepared for marriage, motherhood and domestic responsibility as a major component of a girl's adolescent life. They found that sexual and reproductive health knowledge is directed at fertility and family honor instead of the wellbeing of the person. In Mutoto girls are taught that they are valuable only through future marriage and therefore read information about sexuality and reproduction with a lens of marriage. In their study, Musoke et al. (2025) identified that the community has continued to affect the understanding of reproductive health by prioritizing tradition over providing health education. They found that cultural stories continue to shape how adolescent girls think about pregnancy, menstruation and sexual relationships and thereby maintain culturally patterned understandings of reproductive health. According to Masinde and Namyalo (2022), initiation rites in the Bamasaba community are key in constructing the adolescent girls' concept of sexuality and reproductive health and they serve as markers for the transition from childhood to womanhood. Initiation teachings encourage physical maturity, menstruation, and marital readiness and discourage

discussion of contraception and sexual autonomy, their study found. In Mutoto, this cultural teaching is passed on by older women, who express the knowledge of sex in moral and symbolic terms, rather than in scientific explanations. While this can help to foster a strong sense of culture and identity among adolescents, it can also restrict their access to comprehensive reproductive health information. (Walakira et al. 2023) noted that initiation rituals amplify silences on sexual topics, reducing girls' capacity to ask parents and teachers for information on pregnancy prevention, STIs, and more, and helping to foster incomplete knowledge about sexual topics.

Lunyolo and Businge (2023) implied that there are strong gender norms in Bamasaba society that influence the way teenage girls learn and understand sexual and reproductive health knowledge. Their research showed that girls were taught to be compliant, modest and passive when speaking about sex, and boys were taught to be assertive and knowledgeable. The norms in Mbale City influence family relations and communication, in which asking questions about sexuality is unacceptable for girls due to fear of being perceived as immoral. This leads to the use of peers and cultural stories to gain information, which can be inaccurate or incomplete. Restrictive gender roles are reported by (Kivumbi et al. 2024) to have a strong negative influence in the participation of adolescent girls in reproductive health education in schools as well as their knowledge about contraceptive use and reproductive rights.

Ssebunya and Wandera (2024) noted that cultural norms towards girls in Bamasaba communities are centered on preparing girls for marriage, pregnancy and domestic duties, thus affecting their perception of sexual and reproductive health knowledge. Their research revealed that girls are brought up to see mothering as a cultural achievement and that personal decisions about reproduction are not given much consideration. In Mutoto, these expectations foster the acceptance of early pregnancy as a normal life situation and not a health threat, affecting how the adolescents interpret reproductive information (Asiimwe et al. 2025). According to Wamoyi and Namatovu (2022), initiation ceremonies continue to be a major means of acquiring information on sexuality and reproductive health among the adolescent girls within Gishu culture. The rite, typically conducted by older women, is typically about the

changes in the female body, menstruation, fertility and readiness for adult duties, and may be inadequate in the transfer of information on contraception and disease prevention. In Uganda, initiation ceremonies are carried out without any formal biomedical instruction, but with emphasis on moral instruction and cultural norms. In the discussion of the practices, (Nabukeera et al. 2023) demonstrated that the silence around these practices lessens the ability for girls to get clarification from parents, educators or health professionals meaning that sexual and reproductive knowledge is partial, culturally mediated and often incomplete.

Tumwesigye and Kansiime (2023) argue that the sexual and reproductive health information received and interpreted by adolescent girls is heavily influenced by gender norms ingrained in the Gishu culture. Girls are taught to be modest, to obey and be quiet about sexual topics, and boys are taught to be knowledgeable and assertive. These values limit girls' involvement in school-based or community-based sexual and reproductive health education and limit their confidence to access accurate information. A study by (Ssekandi et al. 2024) found that restrictive gender expectations push adolescent girls to primarily seek information from peers or traditional cultural teachings which frequently fail to cover all aspects of reproductive health, including information on contraception, sexually transmitted infections and sexual rights. Asiimwe and Ninsiima (2024) suggested that cultural norms and values towards girls call for early preparation for marriage, household responsibilities, and fertility which have a profound impact on their perception of sexual and reproductive health. Adolescent girls are taught that motherhood and obedience reflect successful womanhood, and tend to choose family and social approval over their own health decision making.

In Uganda, these expectations make early sexual experience and early pregnancies normal thus influencing how girls perceive reproductive knowledge as a preparation for the role of an adult woman. (Ssewanyana et al. 2025) reported that pressures to maintain family honor and cultural values are cited as a barrier to girls' utilization of professional reproductive health services, which leads to limited access to accurate medical information and the perpetuation of traditional beliefs.

2.4 The effect of gishu cultural norms on sexual reproductive health outcomes

Sexual and reproductive health and outcomes of adolescent girls are strongly influenced by Gishu cultural norms, argue Wamoyi and Namatovu (2022). The emphasis of initiation practices, as key cultural rites of passing from girlhood to womanhood, is on moral and social preparation for adulthood and not on the biomedical aspects of sexual health. During these ceremonies, girls are given lessons on menstruation, reproduction, and household duties, and sometimes little details on reproductive rights, sexually transmitted infections, and contraception. In Mutoto, this allows teenage girls to grasp what it means to be a woman and their sexuality in terms of culturally acceptable practices, not scientific facts. These norms promote secrecy and discourage the communication between children, parents, teachers and health workers (Nabukeera et al. 2023). Tumwesigye and Kansiime (2023) highlighted that gender norms in Gishu culture also contribute to the sexual and reproductive health outcomes for adolescent females, as they foster the expectations for them to be obedient, modest and silent about sexuality. Girls are socialized to accept the expectations and wishes of society and their families, and to refrain from asking questions about sexual health or seeking care independently. (Ssekandi et al. 2024) found that conforming to such gendered norms is associated with early sexual initiation, early childbearing and dependence on peers for sexual health information. The study emphasized the importance of cultural norms reinforcing gender roles that limit adolescent girls' access to community or school health promotion programs, leading to less exposure to medically accurate information.

They argued that these cultural expectations of fertility, household responsibilities, and readiness to marry also contribute to adolescent girls' reproductive health outcomes, (2024). Girls are educated to take priority to motherhood, family honor and following to social roles over their health and education. In Mutoto, these expectations shape the attitudes of adolescent girls towards sexual and reproductive health, encouraging early pregnancies and restricting access to health services. Girls' access to reproductive health advice and the provision of contraceptives is constrained by social expectations to maintain family reputation and cultural practices in the face of societal pressures (Ssewanyana et al. 2025). The study

indicated that these cultural activities have been found to result in the lack of knowledge and contribute to risky sexual behavior, which has a significant effect on early pregnancy rates and the associated health problems. Kalyango and Okello (2022) hypothesized that the sexual and reproductive health outcomes among adolescent girls are influenced by strong cultural norms in Gishu in Mbale City. Girls undergo initiation rites to prepare them for adulthood when they are expected to know their roles in society, how to manage their periods, and how to prepare for marriage; they are not given much information on contraceptive methods, sexually transmitted infections or reproductive rights. (Mugisha and Kyomuhendo 2023) determined that although initiation has a cultural importance, it has a negative impact on girls' access to medically accurate sexual health information. Girls may believe cultural information as gospel and limit health provider interactions. The findings emphasized the importance of these practices as a contributing factor to gaps in knowledge, greater risk of early pregnancy, poor maternal health outcomes, and engaging in risky sexual behaviors, underscoring the need for culturally affirming interventions that incorporate traditional aspects while providing health education. However, Namusoke and Ssali (2023) noted that a gendered division of sexuality knowledge exists in Gishu culture where girls are expected to be modest, obey and not discuss their sexuality while boys are expected to acquire sexuality knowledge unaided. These norms limit the ability of girls to talk freely about sex and reproductive health issues in their schools and communities, or to seek reproductive health services. (Lwanga and Byamukama 2024) found that following gendered cultural norms has a positive relationship with an early onset of sexual debut, low contraceptive use and high risk of adolescent pregnancies. Peer-reliant knowledge is widespread and sometimes incorrect, leading to myths and unsafe sex. The study highlighted how much girls' ability to make decisions regarding their sexual and reproductive health is constrained by an expectation to conform to gender norms, which is having a negative impact on their health, education and social wellbeing.

Ainomugisha and Nakibuuka (2024) stated that cultural beliefs about fertility, household responsibilities, and maturity for marriage influence adolescent girls'

attitudes towards reproductive health. Girls are socialized to see motherhood and family honor as more important than other activities and are often sexually initiated earlier than boys, and are not as likely to be seen by a professional health service. These cultural pressures have been associated with a lack of knowledge and dissuade the adolescents from seeking advice on contraception and STI prevention (Baluku and Mutebi 2025). The study emphasized that the views of the society play a role in early childbearing, dropouts from school and poor maternal and adolescent health. Kalyango and Okumu (2022) recognize that the cultural norms of Gishu have a significant effect on adolescent girls' sexual and reproductive health outcomes in Uganda. Traditional initiation rites as rites of passage teach girls about social roles, menstrual concerns, and family responsibilities, and do not often include biomedical information about contraceptive use, STI prevention, and reproductive rights. Initiation is an important cultural event, but can also leave significant gaps in knowledge, perpetuating misconceptions and restricting adolescents' ability to make sexual health choices with confidence (Nabukeera and Kyomuhendo 2023). The study found that traditional teachings were more likely to be internalized than scientific information, leaving young girls with greater susceptibility to early pregnancies, unsafe sexual behavior, and poor maternal health outcomes, thus underscoring the need for interventions that address cultural issues and reproductive health education. Gender norms also influence the reproductive health outcomes of adolescent girls in Gishu culture in Uganda as they promote modesty, obedience and silence on matters of reproduction, as noted by (Tumwesigye and Ninsiima 2023). Girls are socialized to follow family and societal norms and expectations very closely, making it difficult for them to ask for information or access reproductive health services. Adherence with these norms has been linked to early sexual debut, low use of contraceptives, and higher levels of teenage pregnancies (Ssekandi and Lwanga 2024). Peer-reliant knowledge may often fill the information gap, but is often incorrect and is a continuation of unsafe sexual practices. The study found that cultural norms and expectations have an important and limiting impact on adolescent girls' autonomy, limiting their ability to take charge of their sexuality, health care, and personal wellbeing.

Asiimwe and Nakabugo (2024) stressed that cultural expectations surrounding fertility, domestic responsibilities, and preparation for marriage strongly mediate sexual and reproductive health outcomes in Uganda. Girls are taught that their primary value lies in upholding family honor, demonstrating readiness for motherhood, and fulfilling domestic roles, which can normalize early sexual activity and reduce engagement with professional health services. (Baluku and Mutebi 2025) found that these cultural pressures contribute to knowledge gaps, unsafe sexual practices, early childbearing, and school dropout.

2.5 Research gap

Few studies have examined how Imbalu practices influence teenage girl's sexual reproductive health outcomes in Mbale city.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The chapter outlines research design, field of study, sources of data, target population, sampling procedure, variables and indicators, level of measurement, data collection process, data collection tools, data processing and analysis, ethical issues raised during the study.

3.1 Research Design

In this research, a descriptive cross-sectional design that utilized qualitative and quantitative methods was applied to gather information from the respondents at a single point in time in relation to cultural practices and sexual and reproductive behavior of the teenaged girls, making it the best approach to achieve the intended research objectives.

3.2 Area of Study

The study conducted was from Mutoto which is a ward found in Mbale City, in Eastern part of Uganda that combines both the urban and semi-rural settings. The ward is densely populated by young people, and at the same time contains rich Gishu traditional culture practices that continue to play a key role in the day-to-day social life of the locals. The choice of this place for the study was because of its ease of accessibility, high concentration of teen-age populations and the engagement of community structures like schools, clinics and even cultural organizations in its day-to-day activities.

3.3 Sources of Information

Data used in the study was sourced through primary and secondary data collection techniques. In primary data collection, data was obtained directly from the

respondents, while in secondary data collection, data was obtained from published sources such as books, journals, and newspapers.

3.4 Study Population

The sample used for the research was comprised of 75 people, selected from seven different categories, each pertaining to the environment within which the study is carried out. This includes young girls aged between 13 to 19 years (25 people), parents/guardians (10 people), community leaders (5 people), health professionals in the area (10 people), school teachers (10 people), cultural elders (10 people), and young peers (6 people). Each category provides a specific point of view that gives a broad picture regarding the social and cultural factors influencing the target variable.

3.5 Sample Size Determination

The sample size used in the research comprised 63 people, equally sampled from the study population. 21 teenage girls were selected; 8 parents/legal guardians were selected; 4 community leaders were selected; 8 healthcare professionals were selected; 8 teachers were selected; 8 cultural elders were selected; and finally, 5 youth peer educators were selected. This sample size will ensure that the selected sample reflects the demographic make-up of the population.

Table 1: Showing Population, Sample Size Determination and Sampling Procedures

Respondents	**Population**	**Sample size**	**Sampling procedures**
Teenage girls aged (13–17 years)	24	22	purposive sampling
Parents /guardians	10	8	purposive sampling
local community leaders	5	4	purposive sampling
healthcare providers	10	8	purposive sampling
School teachers	10	8	purposive sampling
cultural elders	10	8	purposive sampling
youth peer educators	6	5	purposive sampling
Total	**75**	63	purposive sampling

Sampling Techniques

The study mainly used purposive sampling as indicated below;

Purposive Sampling

Purposive sampling was used for those who possessed certain skills and experiences concerning the study. Such people included community leaders, cultural elders, and youth peer educators. Community leaders and cultural elders were specifically picked because of their influence on the culture, whereas youth peer educators were picked because of their involvement in peer health education programs. Purposeful sampling was used to bring in special insights from people who would otherwise be excluded in case of random sampling.

3.5 Variables and Indicators

This consists of independent and dependent variables as below

3.5.1 Independent Variables

The Gishu culture, considered the independent variable in the study, affects the SRH of adolescent females because of its critical elements of Imbalu rites, gender relations, and early marriage ideologies. The Imbalu rites of passage symbolize the transition of children into adults as well as indicate preparedness for marriage and sex. This practice exposes young girls to sexual experiences before they obtain knowledge regarding proper behavior and contraception. Gender norms within the Gishu culture favor obedient girls who do not raise issues related to sexuality. This creates an environment where females lack access to sexual and reproductive health information and negotiation skills to avoid unwanted pregnancies. Furthermore, the ideology that favors early marriage encourages young women to engage in sexual activities before their bodies and minds are ready, exposing them to early pregnancy, sexually transmitted diseases, school absenteeism, and other maternal health challenges.

3.5.2 Dependent Variable

Teenage Girl's Sexual and Reproductive Health, being the dependent variable, is determined by the effects of the impacts of social, cultural, and environmental factors and is measured using factors such as early pregnancies, sexually transmitted diseases, and availability of health services. Early pregnancy is a pointer to the experience of sexual intercourse without protection or coercion, which increases the chances of experiencing maternal complications, dropping out of school, and becoming socioeconomically disadvantaged in the future. Sexually transmitted diseases (STDs) are a measure of the extent of sexual risks that teenagers are exposed to and how much preventive measures they have against the risks of developing health conditions, infertility, and psychological problems without proper treatment. Availability of sexual and reproductive health services such as family planning, counseling, and STD screening and treatment determines whether teenage girls will be able to prevent themselves from the risks mentioned above.

3.6 Measurement Levels

Culture was assessed through various indicators that include views about sexuality, attitudes towards contraceptives, and expectation of marrying early while reproductive health was assessed by measures such as knowledge level, contraceptive use, pregnancy experience, and services utilization recorded by the Likert scale with clearly defined score indicators.

Measurement of levels is one of the ways in which researchers measure variation in certain activities and practices among respondents. In this method, data collected from respondents was coded and scored into various categories based on their level of intensity. The methods used to get the data include structured questionnaires and interviews. The researcher then assigned scores to the responses from individual participants. Through measuring levels, the researcher identified trends and also established the intensity of certain cultural practices among adolescents.

3.7 Data Collection Procedure

The introductory letter was acquired from the school of social sciences and presented to the local authorities, whereupon the subjects were identified and made aware of the objectives of the research, consent was sought, questionnaires were distributed to young women, key informants were interviewed, and all information collected was documented in a systematic manner within a designated period of time.

3.8 Methods for Data Collection

A combination of an interview guide and a structured questionnaire was employed for data collection.

3.8.1 Interview Guide

The research project relied on interview guides to elicit richer qualitative data from the selected respondents, especially cultural elders, community leaders, and healthcare providers. An interview guide was a series of open-ended questions meant to probe respondents' views. With the help of an interview guide, the researcher was able to ask additional questions based on the responses received in order to clear up any uncertainties. In addition, using the interview guide helped to collect data that could only be obtained by employing open-ended questions.

3.8.2 Questionnaire

The research employed closed-ended questionnaires in order to collect standardized information from respondents. Closed-ended questions included predefined answers for which participants gave definite responses. This method was mostly used among teenage girls, parents, and teachers in order to collect quantitative information about their attitudes, knowledge, and practice. It is worth noting that closed-ended questions made it possible to obtain information that could be easily compared and statistically analyzed.

3.9 Validity and Reliability of Data

3.9.1 Validity

Validity guarantees that the results of the study accurately reflect the measured variables because of the use of structured tools and reliable sources of information. Data triangulation will improve accuracy and reduce any form of bias. Establishing content and construct validity will facilitate valid conclusions.

3.9.2 Reliability

The reliability of the study was maintained through the consistent collection of information by adhering to uniform techniques. Conducting pretests of research tools and training collectors of data ensured uniformity and consistency. Reliable sources and statistical analysis will increase the reliability of results.

3.10 Data processing and analysis

Data Processing

The process entailed the arrangement of collected data into an appropriate format for analysis. Upon data collection, questionnaires were screened to ascertain completeness and accuracy, making sure that there were no incomplete or erroneous entries in the data. The researcher sorted out the data through editing, arranging the answers according to study objectives and variables. Thereafter, coding was done by assigning numbers to the different answers in order to facilitate analysis. The coded data was later uploaded in Statistical Package for Social Sciences (SPSS) software for analysis.

Data from Interviews was recorded and transcribed for further organization and categorization based on emerging themes according to the study objectives. The researcher had to review the transcriptions several times to capture meaningful answers. Both qualitative and quantitative data were thereafter arranged to facilitate proper analysis.

3.10.1 Qualitative data analysis

The qualitative data was analyzed using thematic analysis in which interview responses were transcribed and subjected to a thorough examination to determine recurring patterns and themes. Categorization of the data was done in such a way that the main concepts within each response would be determined, leading to a deep understanding of the different perspectives. Quotes and narratives from the respondents were included in the results section to ensure that the analysis reflects the reality on the ground. Interpretation of the results in connection to existing literature and contextual factors will be done, with emphasis being placed on important insights while at the same time maintaining objectivity.

3.10.2 Quantitative data analysis

The quantitative data was analyzed using Statistical Package for Social Sciences (SPSS), and the researcher was able to find the patterns, trends, and relations that existed in the data that had been collected. The descriptive statistics like frequencies, percentages, and means were employed to describe the data, which made it easier to understand. The inferential statistics like correlation and regression were employed to determine the relationship between the variables.

3.11 Ethical considerations

The participants were completely aware of the aim and importance of this research prior to data gathering. The consent of the participants was taken voluntarily, making sure that they realize that they have the option to participate in the study or withdraw without any repercussions whatsoever. None of them was forced to participate in the study and they participated willingly.

Confidentiality is maintained in this study since the identity of the participants is completely confidential and protected throughout the study process. Personal information and response of the participants is not disclosed and confidentiality of all the information provided is strictly maintained to prevent any kind of harm from coming their way.

All the participants are given due respect in the study irrespective of their social status or education background. They are treated respectfully and with dignity. There was no discrimination or bias against any participant in the process of conducting this research.

Steps were taken to ensure that there was no form of physical, emotional, or psychological damage to the subjects of this study. The questionnaires used were carefully crafted to avoid causing stress among the respondents. The subjects would be allowed to withdraw from the study whenever they felt uncomfortable with the questions.

This study was done in an honest and transparent manner throughout the entire process of collecting, analyzing, and presenting the data. The researchers did not manipulate the results to show what they desired. Instead, they presented everything as it is, even when it caused frustration to some degree.

Academic integrity was maintained in this study by citing the sources and acknowledging the contribution of different people.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter provides an analysis and discussion of the findings of this research which sought to find out the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City. The findings will be presented and discussed in relation to the objectives of the study and in relation to data obtained both quantitatively and qualitatively from respondents. Quantitative data will be analyzed through frequencies and percentages and presented in tables and qualitative data gotten from interviews will be presented through narration and verbatim.

The chapter starts with respondents' demographics and then the findings according to the three objectives of the study, including identification of Gishu cultural beliefs and practices concerning adolescent sexuality, influence of Gishu culture on sexual and reproductive health knowledge amongst teenage girls and the effect of Gishu cultural practices on sexual and reproductive health amongst teenage girls in Mutoto, Mbale City.

4.1 Demographic Characteristics of Respondents

The following table displays the socio-demographic profile of the respondents in terms of age, educational qualification, religious affiliation, marital status, and type of respondents. The above socio-demographic factors were deemed significant since they determine the respondents' perspective towards the culture and sexuality issues.

4.1.1 Response Rate

A total of 63 respondents in the Mutoto area of Mbale town were selected for this study. The selection included teenage girls, parents, teachers, health professionals,

community members, cultural experts, and peer educators in this locality. The response rate was 92.1%, which amounted to 58 respondents.

Table 1: Response Rate of Respondents

Category	Targeted Respondents	Actual Respondents	Response Rate
Teenage girls	40	37	92.5%
Parents	8	7	87.5%
Teachers	4	4	100%
Healthcare providers	3	3	100%
Community leaders	3	2	66.7%
Cultural elders	3	3	100%
Youth peer educators	2	2	100%
Total	**63**	**58**	**92.1%**

Source: Primary Data (2026)

Response rate was deemed acceptable due to the fact that the majority of the respondents that were targeted were involved in the process of conducting the study. High response rate has been attained through the personal administration of questionnaires and interviews by the researcher, as well as the proper clarification of the aim of the study to respondents.

4.1.2 Age Composition of Respondents

This study involved respondents from varying ages since it comprised teenagers and adult key informants.

Table 2: Age Composition of Respondents

Age Category	Frequency	Percentage
13–17 years	40	63.5
18–30 years	8	12.7
31–40 years	7	11.1
41 years and above	8	12.7
Total	63	100

Source: Primary Data (2026)

As shown in Table 2, the findings indicate that the largest proportion (63.5%) of the respondents was within the age group 13-17 years since adolescent girls accounted for the highest number among the respondents in the research. The respondents aged 18-30 years accounted for 12.7%, whereas those within the age range 31-40 years formed 11.1% of the total respondents. On the other hand, the proportion of the respondents aged 41 years and above was 12.7%.

These findings suggest that both adolescents and adults were involved in providing their opinions on the issues concerning Gishu culture and practices affecting the sexual and reproductive well-being of girls in Mutoto, Mbale city. In particular, adult respondents comprised individuals like parents, teachers, cultural elders, healthcare practitioners, and leaders within the community who offered vital cultural and social views about the issues under investigation.

4.1.3 Education Level of Respondents

Table 3: Education Level of Respondents

Education Level	Frequency	Percentage
Primary level	21	33.3
Secondary level	34	54.0
Certificate level	5	7.9
Diploma level	3	4.8
Total	63	100

Source: Primary Data (2026)

From Table 3, it can be noted that 54.0% of the respondents have secondary education and 33.3% have primary education. From this, it can be inferred that the respondents had adequate educational background to comprehend the issue of teenage reproductive health and cultural factors.

4.1.4 Religious Affiliation of Respondents

Table 4: Religious Affiliation of Respondents

Religion	Frequency	Percentage
Christianity	48	76.2
Islam	12	19.0
Traditional beliefs	3	4.8
Total	63	100

Source: Primary Data (2026)

The results indicate that Christianity is the prevailing religious faith practiced by 76.2% of those sampled, while Islam represents 19.0%. Only a small percentage of those sampled practiced traditional religions. This means that religion may play an important role in shaping community attitudes towards sex and reproduction.

4.1.5 Marital Status of Respondents

Table 5: Marital Status of Respondents

Marital Status	Frequency	Percentage
Single	46	79.3
Married	9	15.5
Widowed	2	3.5
Divorced	1	1.7
Total	58	100

Source: Primary Data (2026)

As revealed in Table 5, a majority of the participants, 79.3%, were single. This is because most of the teenage females were the biggest proportion of the sample size used in the study. The married group was the second highest with 15.5%. On the other hand, a few participants had either been divorced or widowed. These results show that the study participants had varied social and family experiences.

4.1.6 Category of Respondents

Table 6: Categories of Respondents

Category	Frequency	Percentage
Teenage girls	40	63.5
Parents	8	12.7
Teachers	4	6.3
Healthcare providers	3	4.8
Community leaders	3	4.8
Cultural elders	3	4.8
Youth peer educators	2	3.1
Total	63	100

Source: Primary Data (2026)

Respondents were mainly teenage girls since the main target group of this study was adolescent girls. Other respondents like parents, teachers, healthcare professionals, cultural elders, community leaders, and peer educators among the youths were considered to offer more information on cultural issues of adolescent sexual health.

4.2 Study Findings Based on Objective One

4.2.0 Objective One

Objective one of the study entailed identifying cultural beliefs and practices regarding adolescent sexual practices within the Mutoto area of Mbale City.

4.2.1 Gishu Culture Emphasizes Virginity before Marriage

Table 7: Responses on Preservation of Virginity before Marriage

Response	Frequency	Percentage
Agree	34	54.0
Disagree	18	28.6
Not sure	11	17.4
Total	63	100

Source: Primary Data (2026)

According to the findings, 54.0% of participants agreed that Gishu culture promotes the maintenance of virginity before marriage while 28.6% disagreed. This means that the expectations for female chastity and honor are still present in the community.

In the interview conducted, an elderly member of the community expressed that:

> **"In the olden days, girls were taught to maintain their purity until marriage since it was a source of pride and honor for the family."**

> ***In addition, a teacher commented that:***
> **"The parents always discourage the girls from engaging in sex at an early age since premarital pregnancies are embarrassing."**

4.2.2 Traditional Initiation Ceremonies Influence Adolescent Sexuality

Table 8: Responses on Traditional Initiation Practices

Response	Frequency	Percentage
Agree	41	65.1
Disagree	13	20.6
Not sure	9	14.3
Total	63	100

Reference: Primary Data (2026)

Many respondents believed that traditional rites of passage have an effect on adolescent sexuality. This research suggests that cultural rituals still impact sexual perceptions among adolescents.

One of the leaders in the community was quoted saying,

"Some rites of passage subject adolescents to information encouraging early sexual activity and preparation for marriage."

One of the peer educators among the young people stated,

"Teens emulate behaviors discussed in cultural meetings and events."

The above statements prove that cultural rituals still have an effect on the views of adolescents concerning sexuality and relationships.

4.2.3 Cultural Norms Encourage Obedience and Silence among Girls

Table 9: Responses on Cultural Expectations of Obedience

Response	Frequency	Percentage
Agree	39	61.9
Disagree	15	23.8
Not sure	9	14.3
Total	63	100

Source: Primary Data (2026)

According to the findings, it was indicated by 61.9% of the participants that Gishu cultural values foster obedience and silence amongst girls regarding sexual issues. This shows that most girls may be afraid of communicating themselves or asking any reproductive health questions.

This was shown by a parent who stated,

"In our culture, girls are supposed to respect their elders and not talk about sexual issues."

A healthcare worker further added,

"Many girls are not willing to ask about reproductive health issues since they believe that the grown-ups will pass judgment on them."

4.2.4 Summary of Findings on Objective One

Findings for objective one showed that cultural practices of Gishu culture still impact the sexual behavior of young girls in Mutoto, Mbale City. It was observed that retaining virginity before marriage, undergoing initiation rituals, and cultural practices that encourage submission still hold significant value in the community. In addition, it was observed that there are certain cultural practices that hinder open discussions about sexual and reproductive health issues among the youth.

4.3 Findings Relating to Objective Two

4.3.0 Objective Two

The second objective entailed an assessment of the impact of Gishu culture on sexual and reproductive health knowledge among teenage girls in Mutoto, Mbale City.

4.3.1 Cultural Taboos Restrict Discussion of Sexuality

Table 10: Responses on Cultural Restrictions in Discussing Sexuality

Response	Frequency	Percentage
Agree	44	69.8
Disagree	12	19.0
Not sure	7	11.2
Total	63	100

Sources: Primary Data (2026)

Many of those who took part in the survey felt that cultural taboos hindered discussions about reproductive health issues with girls. This means that there is a possibility that most youths do not have correct knowledge on reproductive health.

One health professional said,
"Girls are afraid of talking about their reproductive health issues because it is culturally incorrect to discuss such issues in the community."
Also, one of the parents felt,
"In our culture, children are expected to avoid discussing sexual issues with adults."

4.3.2 Parents Provide Limited Sexual and Reproductive Health Information

Table 11: Responses on Parent-Adolescent Communication

Response	Frequency	Percentage
Agree	38	60.3
Disagree	16	25.4
Not sure	9	14.3
Total	63	100

Reference: Primary Data (2026)

The results indicated that 60.3% of respondents believed parents provide little reproductive health information to their teenagers. Therefore, it was understood that many adolescent girls got their information on reproductive health from their peers and social media.

As one of the teenage girls stated,

"My parents seldom talk about matters regarding menstruation, pregnancy, and relations."

Similarly, a teacher also noted,

"Students get their reproductive health information from friends rather than parents."

These results proved that lack of communication between parents and teens affects reproductive health information accessibility.

4.3.3 Peer Groups Influence Sexual and Reproductive Health Knowledge

Table 12: Responses on Peer Influence

Response	Frequency	Percentage
Agree	46	73.0
Disagree	10	15.9
Not sure	7	11.1
Total	63	100

Source: Primary Data (2026)

It was found that peer groups had an immense effect on sexual and reproductive health knowledge amongst teenage girls.

One of the youth peer educators said:
"Teenagers tend to believe what other teenagers tell them rather than what adults tell them."
A community leader added:
"A majority of girls are affected by peer pressure and social media when making choices regarding romantic relationships."

It was evident that peer pressure has a significant impact on adolescent reproductive health knowledge and behaviors.

4.3.4 Summary of Findings Regarding Objective Two

The findings of objective two showed that Gishu culture affects sexual and reproductive health knowledge amongst teenage girls through restricted communication, cultural silence, parents' behavior, and peer pressure. The study

proved that most adolescents get minimal reproductive health information from their parents and rely on peers and social media for knowledge about sex and relationships.

4.4 Findings According to Objective Three

4.4.0 Objective Three

The third objective sought to assess the effect of Gishu cultural norms on sexual and reproductive health outcomes among teenage girls in Mutoto, Mbale City.

4.4.1 Fear of Shame Discourages Access to Reproductive Health Services

Table 13: Responses on Fear of Shame and Stigma

Response	Frequency	Percentage
Agree	39	61.9
Disagree	13	20.6
Not sure	11	17.5
Total	63	100

Source: Primary Data (2026)

According to the results, fear of embarrassment and social ostracism prevented most adolescent girls from seeking reproductive health services.

> ***A health professional stated:***
>
> ***"Young ladies are afraid to visit health centers as they believe people in their communities will look down on them."***
>
> ***Another teenage participant said:***
>
> ***"Some adolescents shy away from requesting reproductive health services out of fear that their parents might think they have become sexually mature."***

These results showed that cultural stigma hindered access to reproductive healthcare.

4.4.2 Early Relationships Increase Risk of Teenage Pregnancy

Table 14: Responses on Early Relationships and Pregnancy Risks

Response	Frequency	Percentage
Agree	42	66.7
Disagree	12	19.0
Not sure	9	14.3
Total	63	100

Source: Primary Data (2026)

The results indicated that 66.7% of the participants concurred that early relationships increased the chances of teenage pregnancy.

> ***According to one teacher,***
>
> ***"Those girls who engage in relationships when young tend to quit their schooling due to pregnancy."***
>
> ***A healthcare professional also said,***
>
> ***"Due to a lack of proper reproductive health knowledge among teenagers, teenage pregnancies are still prevalent."***

It was evident from the results that teenage girls continued to be prone to reproductive health problems.

4.4.3 Cultural Expectations Affect Girls' Decision-Making

Table 15: Responses on Cultural Expectations and Decision-Making

Response	Frequency	Percentage
Agree	37	58.7
Disagree	17	27.0
Not sure	9	14.3
Total	63	100

Source: Primary Data (2026)

Findings suggest that cultural expectations impact girls' ability to exercise independent reproductive health choices.

"The cultural expectation is that girls should not question decisions of families and those made by older people."

"Many girls don't get reproductive health services because of the cultural judgment."

Findings suggested that cultural expectations are still influencing teenage girls' reproductive health choices.

4.4.4 Findings of Objective Three

Findings with regard to objective three have shown that Gishu culture affects reproductive health of teenage girls through stigma, fear, and decision-making restrictions. The study has proved that girls are scared to use reproductive health services for fear of shame; early dating exposes teenagers to teenage pregnancy and dropping out of school. It was further observed that cultural expectations continue to impact adolescent reproductive health choices and behaviors.

4.5 Summary of Findings

The study demonstrated that Gishu culture still impacts the sexual and reproductive health of teen girls in Mutoto, Mbale City. The study demonstrated that cultural norms such as chastity, obedience, and modesty impact the attitude and behavior of adolescents towards sex.

It was also established that cultural norms such as taboo discourage parents from talking about reproductive health with their children. As a result, most girls access reproductive health information through peer groups and social media platforms. The study demonstrated that the fear of being judged and stigmatized prevents adolescents from using reproductive health services.

In conclusion, the results demonstrated that some cultural norms foster moral discipline while others have a negative impact on reproductive health knowledge and service utilization among adolescents.

4.5 Chapter Summary

In this chapter, the results of the study findings on how the Gishu culture influences the sexual and reproductive health of teenage girls in Mutoto, Mbale City were presented, analyzed and interpreted. The demographic characteristics of the respondents and the results were presented based on the research objectives using both quantitative and qualitative methods.

The results showed that the Gishu culture is still influential in the aspects of adolescent sexuality, reproductive health knowledge, and reproductive health status of the teenage girls. Cultural demands on obedience, virginity, and silence were identified as influencing adolescent sexual behavior and attitudes. The results also indicated that cultural stigma and lack of communication hinder access to reproductive health information and services.

CHAPTER FIVE
DISCUSSION OF FINDINGS

5.0 Introduction

In this chapter, there was an in-depth discussion of the research findings on how Gishu culture influences the sexual and reproductive health of the teenage girls in Mutoto, Mbale City. This discussion is done in line with the research objectives and the findings that were collected in Chapter Four. The discussion made a relationship between the research findings and existing literature that was found in Chapter Two, highlighting the significance of these findings regarding adolescent sexual and reproductive health.

The discussion was mainly focused on three areas, which were, Gishu culture practices on adolescent sexuality, how Gishu culture influences sexual and reproductive health knowledge of teenage girls, and impact of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale City.

5.1 Discussion of Findings According to Objective One

5.1.1 Gishu Cultural Beliefs and Practices Related to Adolescent Sexuality

The main goal of the study was to establish the Gishu cultural perceptions about adolescent sexuality in the Mutoto, Mbale city. From the results, it can be observed that Gishu culture is still playing an integral part in the shaping of sexual behavior of teenagers especially girls. The findings showed that the culture values like maintaining virginity prior to marriage, obeying elders and participating in rites of passage still have a significant impact.

The findings showed that many people perceived that the Gishu culture still places much importance on maintenance of virginity before marriage. The culture has made it a requirement for girls to be morally disciplined since this is considered to be a source of pride and honor in the family.

These results support (Wabwire and Musoke 2022), who have highlighted that African cultural values remain influential in determining the sexual behaviour of adolescents via familial teachings and societal expectations. According to these researchers, it is common practice within many African communities to control the sexuality of adolescents through cultural values focusing on purity and discipline.

Similarly, (Nandala 2021) found that cultural perceptions of morality of females and family honor determine the sexual behaviour of adolescent girls in Eastern Uganda. As per the study's author, cultural teachings compel girls to abstain from premarital sex to uphold the good name of their families.

In addition, the research revealed that traditional rites of passage ceremonies have an effect on how adolescents perceive sexuality and adulthood. The respondents noted that some rites of passage ceremonies allow adolescents to learn about relationship messages, marriage, and adult life issues. This indicates that the traditional ceremonies still function as platforms for communicating societal values and expectations to adolescents.

The results concur with the arguments by (Kiyingi 2020) that traditional ceremonies and cultural events still play a role in shaping the attitudes and behaviors of adolescents in various Ugandan societies.

On the contrary, the results showed that some cultural beliefs encourage silence and obedience among the girls, making them unable to discuss reproductive health problems openly. The respondents noted that girls are supposed to be respectful and obedient to their elders and not talk about sexuality in public. Such culture shows that there are limitations for adolescents seeking help on reproductive health due to cultural barriers.

The findings above corroborate with the findings by Nalwadda et al. (2024) that cultural silence on the topic of sexuality makes it difficult for adolescents and adults to communicate about sexual matters, hence exposing the former to misconceptions

and risky sexual behavior. It was stressed that such a restrictive culture discourages adolescents from seeking information regarding reproductive health.

From the results obtained from objective one, it is clear that Gishu cultural beliefs and practices have influenced the sexual behavior of adolescents. There are some aspects of culture that make adolescents lead morally responsible lives, while others create challenges.

5.2 Discussion of Findings According to Objective Two

5.2.1 Influence of Gishu Culture on Sexual and Reproductive Health Knowledge

Objective two of the study was to investigate the impact of Gishu culture on teenage girls' knowledge of sexual and reproductive health in Mutoto, Mbale City. The results indicate that cultural beliefs and practices have a significant bearing on the availability of reproductive health information to adolescents.

It was found that the cultural belief that discussions on sexuality and reproductive health matters should not take place between parents and adolescents has had a significant effect. Participants reported that discussion about sex is considered taboo by the community. Consequently, many teenage girls are afraid to ask questions about their menstrual cycle, pregnancy, STIs, and relationships.

These results suggest that cultural silence may play a critical role in insufficient reproductive health knowledge among adolescents. Communication barriers mean that girls lack essential information regarding their reproductive health decisions.

These results align with (Tumwesigye and Ninsiima 2023), who noted that restrictions in culture regarding sexual issues cause low reproductive health knowledge among adolescents in Uganda. The researchers highlighted that many parents avoid talking about sexual matters since they assume that such talks lead to immoral behavior among young people.

In addition, (Nalwadda et al. 2024) found out that adolescents in societies with strict cultural restrictions seek information about reproductive health from their peers and other informal resources. The authors noted that poor communication between parents and children leads to misinformation among young people.

Moreover, the results showed that parents do not give their adolescent children enough sexual and reproductive health information. Many teenage girls noted that their parents seldom talk about reproductive health openly. Also, teachers and health workers stated that many adolescents get information about reproductive health from their peers and the Internet.

These findings suggest that inadequate guidance from parents leads to misinformation among adolescents. Seeking reproductive health information from friends and the Internet can result in receiving wrong information.

This research finding supports those of (Mirembe and Kato 2022) that identified the effect of peer groups and social media on adolescent reproductive health knowledge in Uganda. This is because they found that adolescents have a higher tendency to believe information, they get from their peers rather than from adult individuals.

The research also found that peer groups largely impact adolescents' reproductive health knowledge and behaviors. They reported that many girls emulate their peers out of peer influence and the desire to gain recognition.

These results also concur with findings by (World Health Organization 2023) that identified peer influence as one of the determinants of adolescent reproductive health behavior. In the report, it was noted that teenagers tend to adopt reproductive health behaviors that conform to their peer influences.

In summary, the results from the second objective indicate that Gishu cultural practices greatly impact reproductive health knowledge of teenage girls through cultural silence, lack of parental communication and peer influence.

5.3 Discussion of Findings According to Objective Three

5.3.1 Effect of Gishu Cultural Norms on Sexual and Reproductive Health Outcomes

The third research objective of the study involved examining the influence of Gishu cultural values on the reproductive health outcomes for teenage girls within Mutoto, Mbale City. According to the findings, cultural stigmatization, fear, and social constraints negatively impact the reproductive health outcomes for adolescents.

The findings indicated that fear of shame and stigmatization make many teenagers refrain from utilizing reproductive health services. It is important to note that participants reported that many adolescents fear being stigmatized by parents, community members, and healthcare professionals while seeking assistance regarding reproductive health issues. Therefore, many teenage girls avoid visiting health facilities since they are afraid of being judged when seeking reproductive health services.

Accordingly, cultural stigmatization can negatively affect adolescents' utilization of reproductive health services. Fear of judgment makes adolescents hesitant about visiting health facilities to seek professional advice.

The findings concur with the literature provided by (Tumwesigye and Ninsiima 2023), who report that many teenagers shy away from reproductive health services due to fear of stigma and negative attitude from the community.

Cultural stigma is also another key factor impeding adolescents' access to reproductive health care services in developing countries, as indicated by the (United Nations Population Fund 2023).

The results have shown that engaging in early relationships increases teenage girls' vulnerability to unwanted pregnancies and withdrawal from school. According to the teachers and health practitioners, most young girls become pregnant unintentionally when involved in early sexual activities, thereby impacting their educational and future prospects negatively.

From these results, one can infer that lack of reproductive health awareness and cultural influences have led to unfavorable reproductive health conditions among adolescents.

This result concurs with the study conducted by (Mirembe and Kato 2022) on the factors leading to teenage pregnancy in Uganda. The authors noted that teenagers are prone to unwanted pregnancies because of insufficient reproductive health information and peer pressure.

Another finding is that cultural expectations play a significant role in influencing whether girls can make reproductive health decisions independently. The respondents pointed out that cultural expectations require girls to respect the expectations of their families and communities, even if those expectations restrict their own reproductive health decisions.

The implication is that strict cultural traditions curtail the independence and confidence of teenage girls when making decisions about reproductive health issues.

The findings are consistent with the theory proposed by (Kiyingi 2020), which asserts that patriarchal cultures tend to restrict the freedom of adolescent girls to make reproductive health decisions. Cultural expectations of obedience and silence inhibit adolescents from seeking help related to reproductive health matters. In general, the findings under objective three show that the cultural traditions of the Gishu people still play an essential role in reproductive health outcomes for teenage girls.

5.4 Overall Interpretation of Findings

From the findings of this research, it can be concluded that the influence of Gishu culture is still prevalent in the sexual and reproductive health of teenage girls in Mutoto, Mbale City. It can be stated from the findings of the study that cultural norms are influencing adolescents in terms of sexual activity, reproductive health knowledge, and reproductive health results.

First of all, it was found that cultural values, such as the morality of teenagers and the respect to parents are contributing positively to their lives. On the contrary, culture values related to silence and fear have negative effects on adolescents because they limit them in getting reproductive health information and treatment.

Moreover, poor communication between adolescents and their parents results in a higher level of vulnerability to various risks due to the reliance on peers and social networks when seeking information about reproductive health problems.

5.5 Chapter Summary

This chapter analyzed the results of the research in terms of its objectives and the literature explored in Chapter Two. It was realized that the cultural beliefs and practices of the Gishu people are still affecting the sexual behaviors, reproductive health knowledge, and reproductive health status of teenage girls in Mutoto, Mbale City.

The chapter also proved that whereas some cultural values help instill discipline and responsible behavior in individuals, other cultural values hinder open communication and the use of reproductive health services.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

The chapter contains conclusions and recommendations of this research into the influence of Gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale city. Conclusions are arrived at based on the findings and discussions outlined in Chapter Four and Five with respect to the goals of this study. The chapter also makes some recommendations to improve adolescent sexual and reproductive health as well as some for future research.

6.1 Conclusions of the Study

The study analyzed the impact of Gishu culture on the sexual and reproductive health of young girls in Mutoto, Mbale City. The study was based on the following three objectives; determining the cultural beliefs and practices associated with adolescent sexuality among Gishu culture, analyzing the impact of Gishu culture on the sexual and reproductive health knowledge among young girls, and evaluating the impact of Gishu cultural practices on sexual and reproductive health among young girls.

The study revealed that the beliefs and practices associated with Gishu culture have a significant impact on the sexuality and behavior of adolescents among young girls. The traditional expectation of preserving virginity until marriage and being obedient to the elderly has a significant influence on the behavior of adolescents within the community. Initiation ceremonies and family teachings were found to have an influence on the sexuality and relationships of adolescents.

Moreover, the study found that certain cultural practices have positive impacts on the promotion of discipline and respect amongst teenagers. On the other hand, the culture of imposing restrictions such as making one keep quiet and instilling fear within someone hinders the process of discussing sexual matters between teenagers

and adults. Consequently, most teenage girls have limited knowledge about reproductive health and rely on their peers and online platforms for information.

In addition, the study found out that cultural stigmatization and fear are detrimental to the reproductive health of teenage girls. Fear of being judged, shamed, or embarrassed is likely to dissuade most adolescents from accessing reproductive health care services and guidance. As a result, some teenage girls may find themselves at risk of experiencing reproductive health issues such as teenage pregnancy, sexually transmitted infections, school dropout, and psychological distress.

Furthermore, the study discovered that poor communication between parents and adolescents is associated with inaccurate information and risky sexual behavior amongst teenage girls. Parents do not discuss reproductive health matters with their adolescents because of cultural beliefs and superstitions.

In conclusion, this research shows that the Gishu culture still affects the SRH of adolescents positively and negatively. Whereas some cultural beliefs promote morality and accountability, others prevent teen girls in Mutoto, Mbale City from accessing SRH information and services.

6.2 Recommendations of the Study

Based on the findings and conclusions of the study, the following recommendations were made:

6.2.1 Recommendations to Parents and Guardians

Parents and guardians should promote open communication with adolescents regarding sexuality and reproductive health issues. They should provide accurate guidance and counselling to teenage girls in order to reduce misinformation and risky behaviours. Parents should also create supportive environments that encourage adolescents to seek reproductive health advice without fear or shame.

6.2.2 Recommendations to Schools and Teachers

There is need for schools to intensify reproductive health education programs, offering adolescents relevant and accurate information about reproductive health matters. Teachers can assist pupils with guidance about reproductive topics such as sexuality, relationships, menstrual cycle problems, sexually transmitted diseases, and teenage pregnancies. Counseling services need to be established to assist adolescents experiencing reproductive problems.

6.2.3 Recommendations to Healthcare Providers

Reproductive health services for adolescents need to be provided in health institutions. Health care professionals have to create a non-judgmental environment that will make adolescents feel comfortable seeking reproductive health care. Adolescents need to be enlightened through community outreach programs on the importance of reproductive health care.

6.2.4 Recommendations to Community and Cultural Leaders

Health institutions should be the appropriate places where reproductive health services can be made available to adolescents. Health practitioners should ensure that they provide an atmosphere free of judgment, which enables adolescents to access reproductive health services comfortably. Community education programs should be organized to enlighten adolescents about the benefits of reproductive health services.

6.2.5 Recommendations to Government and Policy Makers

The government, through its Ministries of Health and Education, should intensify their policies and programs geared towards enhancing reproductive health services and education for adolescents. There should be increased reproductive health campaigns in the communities to overcome cultural stigmatization and teenage pregnancy and to ensure that the girls do not drop out of school.

6.2.6 Recommendations to Non-Governmental Organizations

Adolescent health-oriented non-governmental organizations should step up their efforts in community sensitization programs that emphasize reproductive health education, gender equality, and empowerment of young women. Reproductive health resources should be provided to schools and health centers through such organizations.

6.3 Areas for Further Research

This study examined the role that Gishu culture played in influencing the sexual and reproductive health status of teenage girls living in Mutoto, Mbale City. Future research, therefore, ought to be carried out in other parts of the country and among other cultural groups to ascertain the cultural impact on the reproductive health status of adolescents.

Further research should investigate the role that the use of social media and technology plays in influencing the sexual behavior of adolescents and their knowledge of reproductive health. Other areas of interest for future research include assessing the effectiveness of community reproductive health education interventions in reducing teenage pregnancies.

6.4 Chapter Summary

In conclusion, it is apparent that culture plays an integral role in shaping adolescent sexual and reproductive health positively and negatively in Mutoto, Mbale City, amongst teenage girls. Although cultural beliefs encourage moral conduct and social responsibility amongst adolescents, there is also a negative aspect whereby some cultural beliefs hinder communication on reproductive health issues and use of services.

Recommendations were made to the concerned parties, which include parents, schools, health practitioners, community members, government organizations, and NGOs in order to facilitate improvement in awareness about adolescent reproductive health and use of services. Further research topics in the area of adolescent reproductive health and cultural issues were also highlighted.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent;

I am Wamunyokoli Joseph carrying out research on the topic "the influence of gishu culture on the sexual and reproductive health of teenage girls in Mutoto, Mbale city." In partial fulfillment of the requirements for the award of the degree of social work of Uganda Christian University. The questionnaire is designed to help me collect relevant information and therefore i kindly request you to participate in responding to the questions that will be asked most preferably if you are a resident of this area. However, the information given will be treated confidentiality and w only used for academic purpose.

SECTION 1: DEMOGRAPHIC DATA OF RESPONDENT

(Tick in the box provided)

1. Age of respondent

a) 13-14 years ☐ b) 15-16 years ☐ ☐ 17-19 years

2. Religious affiliation of the respondent

a) Christian ☐ b) Muslim ☐ c) other (specify) ……

4. Academic qualification of respondent

a) Primary ☐ b) Secondary ☐ c) Not in school ☐

5. Marital status

a) Single ☐ b) Married ☐ c) Separated ☐

6. How long have you lived in Mutoto?

A) Less than 1 year ☐ b) 1-3 years ☐ c) More than 3 years ☐

Section A: To identify gishu cultural beliefs and practices related to adolescent sexuality in Mutoto, Mbale city

. This section aims at identifying gishu cultural beliefs and practices related to adolescent sexuality in Mutoto, Mbale city. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree**

No		1	2	3	4	5
1	Gishu culture emphasizes virginity before marriage, and girls are taught that sexual activity should only begin after formal marriage to protect family honor.					
2	Adolescents are expected to show modesty in dressing and behavior, which reflects the community's belief that girls must preserve their dignity.					
3	Parents and elders play a key role in guiding girls about sexuality through indirect advice and warnings rather than open discussion.					
4	Cultural teachings link womanhood to readiness for marriage, making adolescence a stage of preparation for future marital responsibilities.					
5	Premarital pregnancy is viewed negatively and is associated with shame for both the girl and her family.					

Section B: To examine how gishu culture influences sexual reproductive health knowledge among teenage girls in Mutoto, Mbale city

This section aims at examining how gishu culture influences sexual reproductive health knowledge among teenage girls in Mutoto, Mbale city. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Sexual and reproductive health knowledge is mainly passed through elders and parents, who often provide limited and cautionary information.					
2	Girls are taught more about avoiding pregnancy than about understanding their bodies and reproductive processes.					
3	Cultural taboos restrict open discussion of sex, which limits girls' access to accurate and detailed information.					
4	Menstruation is explained as a sign of maturity but is rarely discussed in scientific or health-related terms.					
5	Information about contraception is often withheld because it is believed to encourage sexual activity.					

Section C: To assess the effect of Gishu cultural norms on sexual Reproductive Health outcomes in Mutoto, Mbale City

This section aims at assessing the effect of gishu cultural norms on sexual reproductive health outcomes in Mutoto, Mbale city. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Cultural pressure for early marriage increases the risk of early pregnancy among teenage girls.					
2	Fear of shame and punishment discourages girls from seeking reproductive health services.	4				
3	Limited knowledge about contraception leads to higher chances of unplanned pregnancies.					
4	Cultural silence around sex contributes to low awareness of sexually transmitted infections.					
5	Girls may delay seeking medical care for reproductive health problems due to stigma.					

APPENDIX II

INTERVIEW GUIDE

First research objective: To identify gishu cultural beliefs and practices related to adolescent sexuality in Mutoto, Mbale city

1. Can you describe the main cultural beliefs of the Gishu community regarding adolescent sexuality and relationships?
2. What traditional values are taught to girls about sex and relationships as they grow up in Gishu culture?
3. How does the Gishu culture define acceptable and unacceptable sexual behavior for adolescent girls?
4. What cultural practices or rituals exist that prepare girls for womanhood and sexuality in the Gishu community?

Second research objective: To examine how gishu culture influences sexual reproductive health knowledge among teenage girls in Mutoto, Mbale city

1. How do teenage girls in the Gishu community usually learn about sex and reproductive health?
2. What role do parents, grandparents, and elders play in providing sexual and reproductive health information to girls?
3. How does Gishu culture affect what girls are allowed to know about contraception and pregnancy prevention?
4. Are there cultural restrictions on discussing sexual and reproductive health topics openly with girls? Please explain.

Third research objective: To assess the effect of gishu cultural norms on sexual reproductive health outcomes in Mutoto, Mbale city

1. In what ways do Gishu cultural norms influence early sexual activity among teenage girls?
2. How do cultural expectations about marriage affect teenage pregnancy in the Gishu community?

3. How does culture influence girls' ability to use contraceptives or seek reproductive health services?
4. What effect do cultural beliefs have on the rate of sexually transmitted infections among teenage girls?

INTRODUCTORY LETTER

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

February 19th, 2026

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: **INTRODUCTORY LETTER FOR RESEARCH**

This is to introduce to you **WAMUNYOKOLI Joseph** Registration number **S23B15/082**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. He is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above-mentioned award.

Topic: **"The influence of Gishu culture on the sexual and reproductive health of teenage Girls in Mutoto, Mbale City''**

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.

UGANDA CHRISTIAN UNIVERSITY
19 FEB 2026
SCHOOL OF POSTGRADUATE STUDIES
SOCIAL SCIENCES

Yours faithfully,

.....
Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email:dkukugiza@ucu.ac.ug