

Safe Passages: Building on Cultural Traditions to Prevent Gender-Based Violence throughout the Life Course

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Abstract

Twenty years of conflict in Northern Uganda has resulted in high rates of gender-based violence, sexually transmitted infections, unintended pregnancy, and a generation exposed to a lifetime of violence. Concerned with the loss of protective traditions, resettling communities seek opportunities to support their young people. Forty life histories conducted with adolescents at transitional life course stages and 40 in-depth interviews with significant adults revealed the critical role of gender inequality in supporting violence, as well as the influence of poverty, alcohol, and social inequality. Despite social norms legitimizing domestic violence, research revealed notable examples of individuals contesting these norms in the context of revitalizing Acholi cultural traditions in order to build more peaceful communities. Study results were used to develop complementary life-course specific interventions to support community efforts to rebuild protective traditions and challenge inequitable gender norms, thus supporting adolescents' healthy passage into adulthood.

Biography

Rebecka Lundgren is the Director of Research for the Institute for Reproductive Health (IRH) at Georgetown University. With over 25 years of comprehensive, hands-on experience in developing and testing reproductive health and behavior change programs, Rebecka is the Principal Investigator of Gender Roles, Equality and Transformation (GREAT), a five-year project aiming to facilitate the formation of gender equitable gender norms among 10-18-year-olds in Northern Uganda.

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SAFE PASSAGES: BUILDING ON CULTURAL TRADITIONS TO PREVENT GENDER-BASED VIOLENCE THROUGHOUT THE LIFE COURSE

Boys and girls and young women and men living in Northern Uganda perceive a world full of violence – in their homes, in the streets of their communities, and in relationships with friends and partners. Brought up in the midst of civil war, living in internally displaced person (IDP) camps where sexual and other acts of violence were common, these young people are now mostly resettled in their ancestral villages. In this paper we explore the ways that inequitable gender norms are associated with the acceptability of violence, as well as perceptions of appropriate responses to violent acts and situations. We also illustrate how adolescents resist hegemonic social norms and chart paths that lead to more equitable and peaceful relationships in the society they are rebuilding. This article draws upon data from life histories with adolescents (ages 10 to 19) and in-depth interviews with individuals they identified as influential in their lives. This study was designed to provide information to address the challenge of developing effective strategies to transform inequitable gender norms and reduce gender-based violence (GBV).

Globally, GBV is viewed as a key determinant of health as well as a grave violation of human and legal rights (WHO 2013). There is increasing recognition of the links between gender identity and culturally programmed sexual behavior and violence, exemplified in the correlation between male-dominance and forced sex in many cultures (Sanday 2003, Heise 1998). Recently, anthropologist Peggy Sanday (2010, 42) called for research on sexual violence and gender norms, stating: “The first step in bearing witness to sexual violence is to describe local socially agreed-upon understandings which are often shaped in single sex groups focused on promoting gender identity development and are played out in adolescent or childhood sexual games.” Eliminating GBV will depend on sustainable, widespread change of gender norms related to health and violence, which can best be achieved by harnessing the processes that transmit these norms and attitudes. Adolescence, and early adolescence in particular, represents an opportunity to promote more equitable norms and behaviors as it is during this life stage that gender norms and identities begin to coalesce.

BACKGROUND

After many years of war, combined with long-term isolation and neglect from the Ugandan government, the northern region of Uganda—and specifically the women and men, and girls and boys of the Acholi and Lango sub-regions—face considerable challenges stemming from massive disruption of services, internal displacement, and erosion of traditional social and family structures. Young people are especially challenged, as 56% of the population are youth, with 28% orphaned, and there is a high incidence of GBV (Annan et al. 2006). A poverty rate of 63%, compared to 38% nationally, further constrains resources and opportunities for young people; access to skill-building and psychological support remains limited (Spittal 2008). Consequently up to 31% of girls aged 15-19 reported having received money in exchange for sex, while others curtail their education and enter into risky early childbearing to guarantee their basic economic and physical security (Akumu 2005).

GBV is widespread in Northern Uganda. More than half (60.6%) of women aged 15-49 in north central Uganda have experienced Intimate Partner Violence, and 18.7% of ever-pregnant women

report experiencing physical violence while pregnant (Uganda DHS 2011). High rates of induced abortion (1 in 5 pregnancies) reflect both this violence and low use of family planning, especially among adolescents: 39.5% of women ages 15-19 don't desire a pregnancy but only 6.8% use a method (Uganda DHS 2011). Early initiation of sexual activity (12.2% before age 15), engagement in transactional and intergenerational sex (9.6% of women aged 15-24), GBV, and lack of family planning and sexual and reproductive health information and services result in increased risk for unintended pregnancy and HIV infection among young women (Uganda DHS 2011; MOH/MACRO 2006).

This research took place in two districts of northern Uganda which are recovering from 20 years of civil war—Pader in the Acholi sub-region and Lira in the Lango sub-region. After more than a decade living in IDP camps, most families returned to their villages by January 2012 and are struggling to regain their economic capacity and re-establish cultural identities. Most Acholi and Lango youth entering adulthood today have not been fully socialized into traditional norms and practices, were exposed to tremendous violence, and now face severe economic constraints. To help adolescents and young adults overcome these challenges, community and cultural leaders are working with the government and NGOs to revitalize cultural traditions to support more equitable, peaceful relationships leading to healthier communities.

The Lango and Acholi tribes are the two largest in Northern Uganda. There are roughly 1.5 million Lango people and approximately 1.17 million Acholi living in Northern Uganda (Statistics 2010, viii; Lewis 2010). The Lango and Acholi primarily practice Christianity and traditional African religions, with a smaller percentage practicing Islam. Both are patrilineal tribes, passing ethnic and clan identities through the father. However, many Lango identify as Acholi because they were born in Acholiland. The two tribes form a tight-knit community who interact at clan functions, meetings and birth, marriage and death ceremonies (Davenport 2011). Both tribes speak Luo, and are ruled under Rwodi clan chief systems (Atkinson 1989). Cultural norms are passed down through dance, song, and proverbs. The war has impacted cultural traditions, and there is widespread regret over the shift in communal norms and celebrations due to the conflict and the inability to pass their traditions on to younger generations (Patel 2012).

GBV AND GENDER NORMS

Although GBV, especially interpersonal and sexual violence, is of increasing interest to anthropologists, there is little research on the relationship between GBV and gender norms. Peggy Sanday (2010) suggests that anthropologists have avoided this topic because of their inclination to overlook harmful and violent aspects of the culture they study, and the difficulty of reconciling GBV with cultural relativism. Most literature is related to legal, policy, and practice issues (Wies 2008; Plesset 2006; Merry 2006). Notable exceptions include ethnographies by Laura McClusky (2001), Sonja Plesset (2006) and Peggy Sanday (2007). A small group of anthropologists today are contributing to understanding of intimate partner violence from a cross-cultural perspective (Merry 2009), however their work tends to focus on sexual violence rather than a broader view of violence from a continuum of verbal harassment and bullying to rape (Sanday 2007; Wies 2011). An additional gap in the literature is the paucity of data on the perspectives of men as either victims or perpetrators, or on women beyond their role as victims. Finally, there is little information on the perspectives and experiences of children, other than

retrospective accounts of child sexual abuse (Sanday 2010). The research discussed here contributes to efforts to address these gaps.

GBV is increasingly recognized as a significant barrier to reproductive health—preventing women, families, and countries from achieving their full potential. The first systematic review of the prevalence of violence against women worldwide reveals that 35% of women have experienced violence and links violence to significant health problems (WHO 2013). The new gender policy issued by the United States Agency for International Development in 2012 recognizes GBV as a pervasive public health problem with global policy and program implications. It is only in the last ten years that the prevalence of GBV has been well-documented. A seminal multi-country study by the World Health Organization found that the proportion of ever-partnered women who had experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71% (Ellsberg 2008). In Uganda, for example, recent data reveal that 54.3 percent of young women aged 15-19 report physical violence (DHS 2011).

The sheer magnitude of the number of women who experience GBV makes it a significant public health problem, with far reaching consequences. Evidence suggests that GBV is related to maternal and child morbidity and mortality, HIV/AIDS and other sexually transmitted infections (STIs), and unintended pregnancies (Heise 1994). Women who experience GBV often have difficulty using contraceptives effectively and may experience higher rates of unintended pregnancies, unsafe abortions, and adolescent pregnancies (Feldman 2010). Abuse during pregnancy poses risks to the mother and unborn child, and also increases chronic illness (Ronsmans 2006). Children of abused women have a higher risk of death before reaching age five, and violence during pregnancy is associated with low birth weight (WHO 2013). Forced and unprotected sex, and related trauma, increase the risk that women will be infected by STIs and HIV (Feldman 2010).

Gender norms—social expectations of appropriate roles and behaviors for men/boys and women/girls, as well as the transmission of these norms by institutions and cultural practices—directly influence GBV and other health-related behaviors (Barker 2010; Courtenay 2005; Greene 2011; Whitehead 1997). Inequitable gender norms are related to a range of issues, including use of family planning, reproductive health decision making, unintended pregnancy, parenting practices, health-seeking behavior, and transmission of HIV and other STIs (IGWG 2011; Marsiglio 1988; Kirkman 2001; Marston and King 2006).

Women and girls living in conflict or post-conflict settings, such as Northern Uganda, are particularly vulnerable to GBV, unintended pregnancy, and STIs in part due to exacerbated gender inequalities brought about by armed conflict and its aftermath (McGinn and Purdin 2004; Okello and Hovil 2007).

Dramatic changes in the world in which Lango and Acholi men and women grow up and raise their children have significantly influenced the knowledge, beliefs, attitudes, and values framing interpretations and meanings that underlie behaviors intimately related to reproductive health. As an important health determinant, there is substantial discourse regarding how conflict affects gender norms, largely focusing on men and the “crisis in masculinity” resulting from the displacement of gender-based roles and identity during conflict. Research suggests that the

conflict in northern Uganda has had significant consequences on local gender roles and identity. Traditional notions of Acholi masculinity are centered on fulfilling the roles of provider and protector in one's family (Spittal 2008). The massive displacement and subsequent economic impoverishment created by the conflict has made it nearly impossible for men to provide for their families. The large-scale violence, sexual abuse, and abductions perpetrated during the conflict also made it difficult for men to protect their wives and children. In *Collapsing Masculinities and Weak States: A Case Study of Northern Uganda*, Dolan (2002) posits that men's inability to live up to internalized and external expectations of the "normative" model of masculinity is a source of humiliation and leads some men to compensate by emphasizing other gendered expectations such as control or power over less powerful individuals, notably women and children. While men who are able to conform to the model benefit to an extent in terms of the power they wield over women and children, social expectations are onerous and many men feel oppressed by them.

The theoretical and empirical literature indicates that armed conflict and its aftermath (i.e. displacement, poverty, and demographic changes) affect gender relations. A study on gender relations and armed conflict conducted in five sub-Saharan African countries (Sudan, Uganda, Angola, Mali, and Somalia) found that in all study sites changes in gender roles occurred at the household level and led to greater economic dependence of men on women (El-Bushra 2003). The study further concluded that while gender roles shifted at the household level as a result of conflict, there were limited increases in women's decision-making power and political participation at community and national levels and that the ideological bases underpinning gender relations appeared unchanged or even reinforced. The conclusion reached by the researchers is that conflict does not appear to have led to shifts in gender identities but rather to growing tensions between people's ideals of masculinity and femininity and the reality available to them when their lives are restricted by violence, displacement, impoverishment, and personal loss. In fact, gender ideologies may become further entrenched. These findings, however, were not universal across all study sites: in the Tamasheq and Maure communities of Mali for example, both men and women valued the new skills and roles that women experienced as a result of displacement and few desired to return to previous ways of life.

RESEARCH SETTING

The current precarious yet promising situation of many Northern Ugandans is due in large part to the years of conflict and displacement they have endured. The region is currently recovering from a 20-year war, which began in 1986 when a rebel group known as the Lord's Resistance Army (LRA) took up arms to overthrow the Ugandan government. The LRA was unsuccessful in its attempts and the conflict remained largely confined to northern Ugandan districts. The Acholi and Lango tribes were deeply affected by this conflict, as they were subject to killing, looting, raping, and torture by the LRA. Youth were particularly affected: more than 20,000 children and adolescents were abducted to be used as combatants, and girls were used as both combatants and "bush wives" (Annan et al. 2006).

Over the course of the conflict nearly two million people—90% of the population in affected districts—were displaced (UNHCR 2007). Some of the displaced population moved to urban centers but the majority were settled into IDP camps, where they remained vulnerable to rebel attacks, cramped and unhygienic living conditions, and limited food and livelihood options.

Extended families were forced to live together in huts contrary to their traditions, in which adolescents live separately with their paternal grandmother who helps them transition into adulthood. Even more disruptive was the absence or death of their parents and other adult relatives due to labor migration, abduction or military service. Children were exposed to widespread violence including rape, and travelled long distances together each night to sleep without adult supervision for fear of abduction (Annan et al. 2006, 52). In addition, children growing up in camps did not have the opportunity to learn traditional subsistence techniques, instead learning to queue for food and scavenge for scarce necessities.

The government of Uganda and the LRA signed a formal cessation of hostilities in 2006, allowing Northern Uganda to begin the transition to a post-conflict state. Northern Uganda is currently in the process of this transition, but continues to suffer high levels of violence partially resulting from disruption of gender roles during the conflict. The government of Uganda has taken steps to address this issue: as a signatory on the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), it is committed to passing laws and regulations to ensure protection for women facing violence. In the late 1990s, a Ugandan Human Rights Commission (UHRC) was established to ensure full implementation of CEDAW in Uganda, although this commission has not been fully functional (Oxfam 2007, 14). Similarly, a coalition of the UHRC, the Ministry of Gender, Labor and Social Development (MGLSD), and the Equal Opportunities Commission was created to advocate for the advancement of women. Due to limited funding however, this coalition has not been able to take significant action. Following the Beijing Platform for Action, the government of Uganda instituted the National Gender Policy (1997) and the National Action Plan on Women (1999). While these addressed issues such as poverty and reproductive health, they did not include GBV as a priority (Oxfam 2007, 35).

Under past Ugandan legislation, perpetrators of GBV could only be prosecuted for assault or homicide under the General Penal Code, meaning that sexual assault and other forms of violence could not be taken to court. Since 2007, a number of bills intended to address GBV have been passed, including the Uganda Gender Policy (2007), Domestic Violence Act (2010), Domestic Violence Regulations (2011), and Female Genital Mutilation Bill (2010). The Domestic Violence Act provides GBV-specific frameworks defining illegal acts and mandatory legal responses, and the Domestic Violence Regulations detail compliant procedures and services to be provided to victims of GBV. Recent legislation, while a step, has been limited in its effect on protection for women because of poor implementation. Further protections for women have been delayed, including the equal protection-focused Marriage and Divorce Bill that has been on the parliamentary table for over 14 years (FIDH 2012).

In an effort to expedite post-conflict reconstruction in Northern Uganda, the government of Uganda drafted a Peace, Recovery and Development Plan for Northern Uganda (PRDP). One of the multiple outcomes the PRDP seeks is to implement policies that are, “gender sensitive and take into account the need for women’s voices to be heard, to strengthen their visibility, address their specific needs and priorities and promote and protect women’s rights” (Uganda 2010, 25). The PRDP highlights the Constitution of the Republic of Uganda (1995) that requires the State to protect the rights of women, and the Uganda Gender Policy (2007), which notes that gender equity is an integral part of national development. PRDP created the Women’s Task Force to evaluate PRDP through the lens of women’s needs. This task force included women in the

decision-making sphere, advocated for gender empowerment and worked to ensure human and financial resources reach women. Nevertheless, the only mention of violence against women in the PRDP is a brief reference to efforts to raise awareness among men of the relationship between masculinity and violence. A number of NGO interventions in Northern Uganda have been directed at addressing this gap in post-conflict reconstruction, including Raising Voices, the International Rescue Committee (IRC), CARE, and Young, Empowered and Healthy (YEAH). The research presented in this paper was conducted as part of one such project: Gender Roles, Equality and Transformation (GREAT), funded by the United States Agency for International Development.

METHODS

The study collected topical life histories focused on issues or events relevant to GBV and sexual and reproductive health from 40 adolescents (ages 10-19) at different life course stages. Adolescents were selected at key moments in the process of adopting new roles and responsibilities and constructing their gender identities: early adolescence when pubertal changes mark the onset of significant social changes; older adolescence when romantic attachments and intimate relationships begin to form; newly married when family formation and adult identity is in transition; and newly parenting when gender and adult identities begin to solidify. Ten life histories were collected from adolescents (five males and five females) in each of the phases mentioned above. Life history methodology is time-consuming, therefore this design was chosen to allow the research team to concentrate on a few cases in which the theoretical yield should be high—moments when identity is under construction or pressure (Cole 2001).

During the life histories, participants were asked to name one or two individuals influential in their lives. If they accepted, interviewers conducted in-depth interviews with these “significant others” to contribute to a better understanding of social influences. In-depth interviews were conducted with 40 “significant others” nominated by adolescents, including parents/guardians, relatives, siblings, peers, partners, teachers, health providers, and religious or community leaders.

Life history methodology was chosen because it is a preferred technique to amplify the voices of those whose experiences are often left out of research agendas, such as women, youth and elderly (Desjarlais 1997; Freidenberg 2000; Myerhoff 1978). One of the earliest and most popular narrative genres of ethnographers, life histories are often used to examine the relationship of an individual to their society or culture and to explore subjective experience and meaning, rather than provide a factual report of individual lives. Much of the groundbreaking work on gender, such as the concept of hegemonic masculinity, was based on use of life histories to document personal experiences and situate them within social structures, movements, and institutions (Connell 1995). Life histories provide a degree of depth, flexibility, and vitality often lacking in structured interviews (Amos and Wisniewski 1995). Nevertheless, it has been a controversial method, largely because of questions of reliability, validity, and representativeness (Caughey 2006). In recent years life histories have reemerged, largely in connection with reflexive and feminist anthropologies because they facilitate connections between individual biographies and larger cultural and institutional contexts (Hesse-Biber and Leavy 2007).

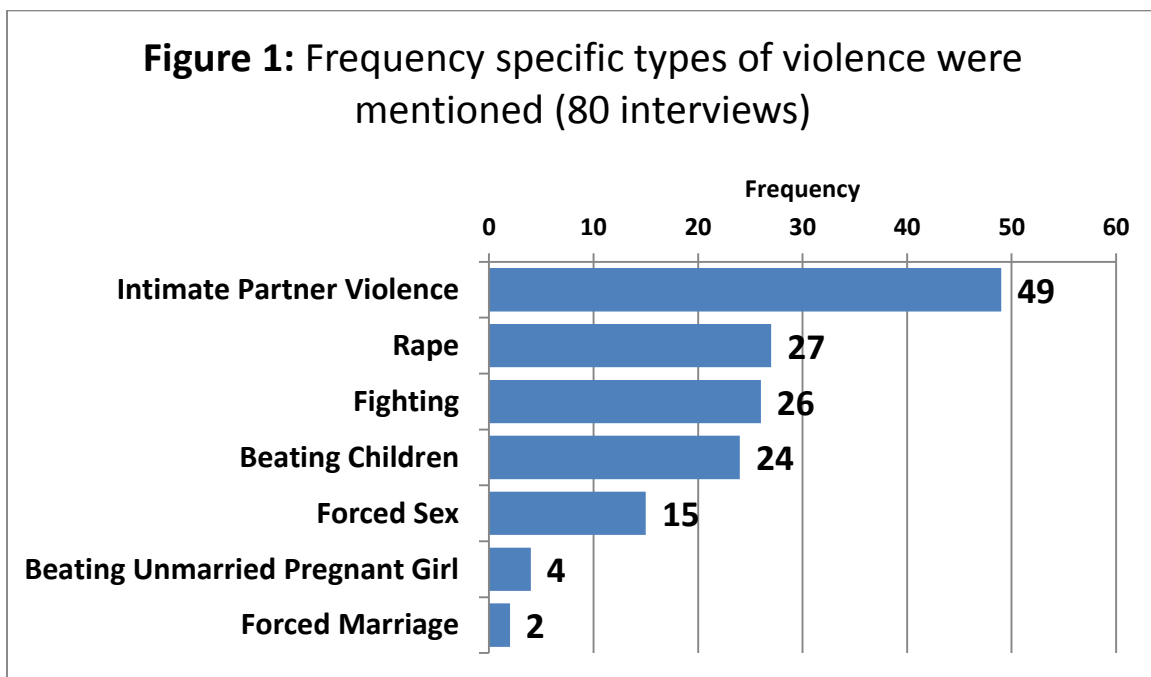
Ethical clearance was obtained from the Georgetown University Institutional Review Board, the Makerere University School of Public Health Institutional Review Board, and the Uganda

National Council of Science and Technology. Informed assent was obtained from the adolescents because of their status as minors (the legal age of majority in Uganda is 18), while their parents or legal guardians provided consent for their participation. Married or parenting adolescents are considered emancipated according to Ugandan law, so therefore provided consent for themselves.

RESULTS

Living in a violent world

The adolescents participating in this study view their world as a dangerous place with multiple forms of violence—verbal, emotional, physical, and sexual—surrounding them. The types of violence they describe fall on a continuum from insulting and belittling others through shouting, vulgar language, quarrelling, and slapping to fighting, poisoning/witchcraft, assault, beating to discipline or teach, coerced/forced sex and rape (See Figure 1). Of greatest concern to participants were rape, abuse of women and children, and fighting. Older adolescents were particularly concerned with fighting related to land disputes.



Domestic violence, defined by participants as intimate partner violence and corporal punishment of children in the home, is considered the most common and concerning form of violence. Most often study participants discussed beating perpetrated by the husband, but cases of women hitting their husbands also surfaced. Domestic violence primarily occurs in the privacy of the home, although verbal abuse and fighting may occur at the market or in other public venues. Mention of fathers beating or yelling at their daughters for burning dinner or not properly completing chores was common. Forced sex within a relationship was also raised. A 39-year-old woman explained, “Most of the men like forcing women into sex without a consensus... Most men take it that he has married a woman so at the minute that he wants it, even if both of them are not prepared...”

That is what I see happening and mostly we remain silent.” Concern about rape was widespread among all ages and both sexes; many noted specific places girls should avoid and suggested that girls should not leave their homes after dark.

An excerpt from 17-year-old Sarah provides a glimpse into the way adolescents view the violence around them, as well as their hopes for a more peaceful future.

I experienced many hardships growing up. My mother died, and my father moved away when I was very young. I was left in the care of my stepmother who never gave me food, and insulted and abused me. In our village, we have many forms of violence: land wrangles, quarreling, domestic violence, abuse, rape, fighting. Instead of allowing these forms of violence to continue, we should actively fight to end it. We need to increase dialogue among married couples to reduce domestic violence, and to foster understanding between the couple. I hope to see our community evolve to a place where men and women do not fight and struggle to live together, but rather, live happily and take responsibility where it is needed.

Study participants drew maps of their communities and discussed feelings of safety in various locations. Participants judged women most at risk in the town centers and places where people gather and drink, such as the video, movie, or dance hall. Men and women alike were concerned that girls might be raped or coerced into having sex in those venues considered especially risky because of widespread drinking. The borehole (water well), a place where girls and women visit daily, was also considered unsafe. The community was viewed as an environment which must be carefully negotiated in order to stay safe, especially by women, although men and boys also fear assault and fighting. Some blamed women for rape, such as this a newly married 16-year-old-girl: “Her movement in the night is the reason why men rape her because if she stayed home, slept and locked herself in the house, there wouldn’t be any person who would come to rape her.” On the other hand, some younger girls labeled their house on the map as an unsafe place “...because there is too much beating.” This often occurs in households where girls are taken in by relatives or step-parents or in the case of girls who have gotten pregnant “from home” (before marriage).

The (un)acceptability of violence

In Uganda as elsewhere, gender norms which give men dominance over women are closely related to GBV. Traditional Acholi gender norms assert a hegemonic masculinity which mandates power and control over women. Ideal men are strong and protect their wives and family; they plan, control resources, and make decisions for the benefit of the household. An ideal woman cares for and protects her children. According to tradition, a wife is always subservient to her husband even if he has done something wrong or has been unfaithful. These gender norms are widespread across sex, age, and life course. While these expectations are consistent across the life span, the youngest participants are most hopeful that they will be able to fulfill their gender roles. Newly married and young parents are less optimistic. Boys, in particular, shifted from concern about becoming an “ideal” man to feeling inadequate for not fulfilling normative expectations as they became husbands and fathers.

In order to explore the range of masculinities and femininities accepted in Acholi culture, participants were asked to choose a toy animal to represent an ideal man and an ideal woman.

The resulting discussions revealed how closely gender norms are related to violence, especially domestic violence, as in this quote from an 18-year-old new wife:

I have selected a cow for an ideal woman because a cow is used by human beings; it cannot do anything until its owner says so, just like a woman who waits for information from her husband. A cow is a hard working animal and when a task is given it carries it out, although it doesn't want to. In a home sometimes there is misunderstanding and just like a cow is beaten when it fails to do tasks so is a woman beaten by her husband...and also a cow gives birth and feeds its own on milk just like a woman does. She also takes good care of her children.

Deeply rooted in Acholi culture is the value of respect, which can both prevent and exacerbate violence. While men must respect and protect women, women must also respect their husbands. In fact, women beating their husbands was considered unacceptable because of the disrespect it shows men. Regardless of a man's conduct, hitting a man would shame and belittle him, and would "spoil" a woman's name.

Although violence is widespread in study communities, the only form of violence widely accepted is linked to gender norms—that is, beating wives or children in a controlled and "proper" manner to teach, discipline, or punish. According to study participants, the man holds the authority in the home, and it is his responsibility to correct his wife if she fails to complete a chore or shows him disrespect. Moreover, since he brought his wife into his home and clan, it is his right (and obligation) to correct her as needed. Discipline is required if a woman disobeys her husband or fails to fulfill gender role expectations, such as neglecting to cook the evening meal or showing disrespect. There was general agreement that some women do not listen to their husbands; even if such a woman is corrected several times, she will not understand until she is beaten.

Respondents explained that beating must be done "properly," which entails explaining to the person what he or she had done wrong, allowing them to admit their mistake, and asking them to lie down to receive their punishment (to reduce possible injury). The process is described below by an 18-year-old new wife:

Interviewer: Do you think it's acceptable for a man to beat his wife?

Participant: Yes, when he is beating you in a good way.

Interviewer: What could have happened for it to be seen that a person was beaten in a good way?

Participant: When you have admitted your mistake and he asks you to lie down and you do so and he beats you. It's better than beating you while you are standing.

Most men would agree with this young woman, a 27-year-old community leader explained,

A husband beating his wife because she has delayed to cook is acceptable. Even myself, I once slapped my wife so badly at one moment, because my wife eats and goes to sleep. For me, when I come back and find nothing for me to eat, I beat you. I was relieved because there was some improvement afterwards. The next day I came back and found food was there.

Beating children to punish, prevent bad behavior, or instruct is also widely accepted. Many believe that children, like women, who do not learn when corrected, must be beaten. This sentiment was expressed by a 43-year-old woman, “Beating a child is not something that violates the rights of a child, it is correct and helps their future.” Many respondents believe that it is incumbent on parents and teachers to beat children to ensure that they complete their chores or obey their parents. Nevertheless, the prevailing view is that corporal punishment should only be used after alternative forms of discipline have been tried such as talking to the child about their behavior or asking a clan leader or family member to intervene. If a parent decides to beat the child, it must be done “properly” —in the same way women are beaten—asking the child to lie down, explaining why punishment is necessary, allowing the child to apologize, and then beating. Beating is not accepted if it is “excessive,” or causes injury to a child, although the definition of what is considered excessive is unclear. In such cases, a community member or relative may intervene.

There are new laws in place to prevent parents and teachers from caning children as a form of discipline, or to teach a lesson. Perhaps as a result of these laws, norms are beginning to shift, and some respondents find caning excessively violent and unacceptable. In general, adults were more accepting of corporal punishment than children, although most adolescents thought that beating children was appropriate if it was done with the intention to teach. In fact, one child indicated that he felt he was being overbeaten when he was young, but now understands that he was being trained. Those who disagreed with corporal punishment stated that children are physically weaker than adults, and beating is never acceptable. A few commented that beating children is an abuse of their rights.

The life histories revealed that it is not uncommon for individuals to question traditional norms regarding violence and gender roles. Although beating is generally viewed as a suitable way to enforce social norms and roles, some clan leaders and elders do not condone this practice because it can lead to serious injury, death, or may be directed at someone who unknowingly made a mistake. Some men expressed opposition to beating women based on the view that strong relationships, built on male and female equality, are peaceful while violence fractures families. According to a newly married young 18 year-old,

We do not have any misunderstanding since she gives her views and I also give mine and we come up with an agreement... If one of us had denied the other’s view, then there would have been a misunderstanding. To live a good life in a relationship, husbands and wives should be peaceful and not always have wrangles in their relationship and work together.

The excerpt below from the life history of Simon, a 39-year-old community leader, exemplifies central themes which emerged from the research, such as rejection of a range of violent acts and hopes for a more peaceful community.

Our community has been through a long period of violence that has drastically affected all of our lives. Many use the war as a reason to perpetuate violence; however, I believe that we must work together to come to agreements through avenues outside of violence. I believe that rape and the beating of children should never be accepted under any circumstance. Shouting at children is also unacceptable because it ruins their mindset and will not benefit the child. Rather than shouting, a parent should sit down with the child and speak to the child until

there is a mutual understanding. Finally, I hope that parents will use the money they get from the harvest to fund their children’s education; and that all families within our community can live together in peace.

These results reveal opportunities to build on attitudes which support gender equality and nonviolent conflict resolution. For example, very young adolescents viewed all forms of violence as wrong, regardless of the situation. These attitudes, however, evolve over the life course, with greater acceptance of GBV among newly married adolescents and young parents. This suggests that well-designed interventions could bring about changes in norms related to violence if they start early and include ongoing initiatives tailored to the life phase.

Exploring the roots of violence

Men and women of all ages consider alcohol a primary cause of violence, although other factors such as scarce resources, gender inequities, male sexual needs, and land disputes were also identified. Table 1 presents the causes and responses related to each type of violence mentioned by study participants. Examples of violence included husbands beating their wives if they do not prepare a meal on time or there is no food in the home; disagreements over how household resources are utilized; and infidelity (perceived or real).

Table 1: Perceptions of Types of Violence, Causes and Response

Type of violence	Causes	Response
Interpersonal violence	<ul style="list-style-type: none"> - Authority of men - Alcohol - Scarcity of food - Arguments over resources - Women disobey/ need instruction 	<ul style="list-style-type: none"> - Intervention by community leader or NGO workers - Treatment
Forced sex	<ul style="list-style-type: none"> - Lack of women’s rights - Women viewed as husband’s property - Uncontrollable male sexual urges 	<ul style="list-style-type: none"> - Clan leaders mediate - Brothers punish boys
Fighting	<ul style="list-style-type: none"> - Land disputes - Being teased or ridiculed - Fighting over water 	<ul style="list-style-type: none"> - Fight broken up - Police called - Sent to hospital if injuries
Rape	<ul style="list-style-type: none"> - Women/girls moving at night - Alcohol - Uncontrollable male sexual urges - Drug use 	<ul style="list-style-type: none"> - Gossip about perpetrator and survivor - Pity for survivor - Vigilante justice - Police called - Hospital if injuries

Study participants noted the relationship between gender norms and violence, explaining that life in the camps shifted gender roles and expectations, leaving men feeling vulnerable and emasculated. Many reported that men started drinking after returning from the camps because of unemployment and frustration with their inability to support their family, which is requisite to being an “ideal” man.

Men became drunkards and the only thing they knew was to drink because they were too frustrated. In the camp, to tell you the truth, the most mistreated people by soldiers were men. If a soldier wanted your wife, he could come and beat you. The rebels were also killing and mistreating men who they saw as spies for the government, and so men were frustrated. I see that men suffered most and they kept on drinking because of the problems that surrounded them. (28-year-old male)

Violence increases during periods of greater stress and alcohol consumption; it is highest in December and September during the Christmas holidays and Independence celebrations and during the harvest period when people struggle to feed their families.

The violence currently is fighting that men like exercising on women and children. Women and children are the ones who suffer. It happens because men are the heads of the family and therefore have authority. Some men are generally tough whenever they drink alcohol. Others are naturally tough even without the influence of alcohol. Violence is most frequent during the harvest season because the men usually want all the money for drinking alcohol and buying roasted meat. (42-year-old female)

Another type of violence, land wrangles, disproportionately affects women, especially older women. Disputes over land are very prevalent because families returned to their villages from the camps with little knowledge of legal property lines. Such disagreements sometimes occur when the patriarch of the family passes away without demarcating clear boundaries, making it difficult to determine legal ownership. Women often lose the rights to their land, depriving them of their livelihood.

Men and women believe that life in the camps brought increased violence, particularly sexual violence. Some of this was attributed to camp life which created a situation where young people passed their days with nothing to occupy themselves. After returning from the camps, many adolescents were no longer in school, as they had dropped out or could no longer afford school fees, and spent much of their time in the center of town. With little to occupy their time, respondents suggested that young people became involved in drinking, theft, rape, and fighting.

RESPONSE AND PREVENTION

Our research shows that while traditional gender norms do enforce men’s power over women, closely-held Acholi values such as respect, love, and protection could also prevent violence. The Ugandan government and civil society are actively applying a human rights framework to reduce GBV, and adolescents and adults are familiar with human rights discourses, especially regarding the rights of children. This is likely a result of the intense efforts of NGOs to protect children and respond to widespread human rights abuses, especially those targeting children, during the war. However, our conversations suggest that adolescents and adults are less motivated by distant

human rights ideals than by a desire to embody traditional values such as respect and to create more peaceful communities. Study participants shared ideas on how to respond to and prevent violence. Table 2 presents suggested strategies by the broad categories of community sensitization, law enforcement, structural interventions, and service.

Table 2: Response and Prevention Strategies Mentioned by Respondents

Community Sensitization	Law Enforcement	Structural Interventions	Services
<ul style="list-style-type: none"> • Dialogue and discussion • Violence prevention training & workshops • Clan leaders teaching the people not to be violent • Sensitization on rights and laws of Uganda • Train and sensitize community leaders 	<ul style="list-style-type: none"> • Arrest, beat, imprison the perpetrator • Enforce laws in local courts and by police • Clan leaders create and enforce laws • Create by-laws on land ownership, bride price and defilement • Build more police posts 	<p><u>Poverty</u></p> <ul style="list-style-type: none"> • Provide jobs, vocational training and skills building for women and older adolescents • Rehabilitate formerly abducted children with vocational training <p><u>Alcohol</u></p> <ul style="list-style-type: none"> • Sensitize the community on effects of alcohol and reducing consumption 	<ul style="list-style-type: none"> • Request for better equipped and more financially and geographically accessible health care services • Provide recreational activities for adolescents – games, social clubs and projects – to prevent idleness

Response to Violence

GBV within the family is seen as a private problem that should first be addressed by family and clan leaders, and many express concerns about outsider involvement. Clan leaders are the first line of response to violence in the home or family. Community leaders, including the elected village leader or Local Counsel 1 (LC1), are expected to intervene in violent situations, mediate disputes, punish perpetrators, and model respectful, nonviolent behavior. Women and men facing violent situations generally first seek advice from LC1s and clan leaders, viewed by many as the only outsider who can legitimately mediate domestic disputes. Beyond clan leaders, respondents identified police, hospitals, and NGOs as organizations which respond to acts of violence. For domestic violence, community members and relatives provide support and advice as well, for example on whether or not to remain in a marriage. Attitudes toward police intervention in cases of domestic violence were mixed. While some considered increased police presence necessary to combat violence and punish perpetrators, many felt that police should not get involved in private family matters. At the same time, however, others recommended that police more strictly enforce laws that prohibit violence against women and children.

Study participants identified medical, community-based, legal, and other services available for violence survivors. In the case of physical violence or rape, clinics and hospitals provide treatment for injuries, post-exposure prophylaxis to prevent spread of HIV, emergency contraception to prevent unwanted pregnancy, and in some cases psychosocial counseling. Access to and use of health services, however, are impacted by affordability; local clinics are free but poorly stocked while hospitals offer greater resources at higher cost. Some NGOs offer medical care but are not easily accessible. In the case of severe violence, such as rape or where there is injury or death, victims seek the police for support or to arrest the perpetrator.

Deeply embedded cultural norms which support intimate partner violence sometimes prevent victims from seeking help or legal action, as do bureaucratic delays. For a woman to have the perpetrator arrested, she must first have a doctor send a letter to the police stating the extent of her injuries, and the necessity for compensation or punishment. The high cost of medical fees, as well as stigma related to violence, may prevent women from seeking punishment for the perpetrator. Structural constraints are also recognized; study participants pointed out that women who leave violent situations are often left with no support.

According to traditional norms, community members should endeavor to resolve conflicts peacefully through dialogue. Several parents remarked that they prefer talking with their children about their behavior to beating them. In the case of conflicts between children, parents suggested talking to the other parents involved rather than fighting. Among couples, some state that they try to resolve their differences through mutual respect and dialogue. Some remarked that mediation by elders or NGOs has resolved conflicts related to land disputes or domestic violence. Many respondents mentioned that they feel it is important to “forgive and forget” and move forward without holding grudges in order to interrupt the cycle of violence.

Violence prevention

As part of the post-war rebuilding process, there have been widespread efforts to combat violence and raise awareness of human rights. Some study participants partook in violence prevention activities organized by the government or NGOs. One young man reported, “After we were trained, we went to the community and sensitized all the people in Pader and Kilak sub-county, and people learned how to protect the rights of children. Things that used to be done unknowingly which are now considered child abuse have been reduced.” Perhaps as a result of these efforts, respondents had many ideas about how to prevent violence, focused primarily on raising concern about the issue, teaching participants about their rights and responsibilities, and developing nonviolent conflict resolution skills. Community leaders are expected to take the lead in this work, along with the police and NGO workers.

Interventions conducted by NGOs to prevent and respond to violence were generally viewed positively. However, as mentioned earlier, NGO intervention is not always welcomed in the domain of domestic violence. In fact, a number of respondents criticized the work of NGOs to change discourse about the rights of women and children. An excerpt from the life history of 35-year-old Sarah reflects this point of view.

I am a primary school teacher and live at home with my three children. The war has greatly changed Acholi culture. Life in the camps prevented children from moving out to the garden [subsistence agriculture] and caused them to develop bad habits, to become thieves and do bad things. Children lost respect for the elders, and parts of Acholi culture vanished as we could not express our culture the way we did in the past. NGOs came to the camps and taught women about their rights, which made women very big-headed, telling their husbands that they have rights. With their new talk of rights, they do not respect their husbands, and it causes many problems.

Raising awareness that violence is a serious issue and teaching community members about existing laws was identified as an important part of violence prevention, along with ensuring laws are enforced. As a newly married 17-year-old woman remarked, “There is a law that if anyone fights his partner, they should be imprisoned for seven years. This scares them and they calm down. They should enforce the law.” Similarly, a 27-year-old man remarked, “The other thing that should be done is to find ways of sensitizing the community by teaching them about domestic violence, abuse of children’s rights, use of bad words, and issue of drunkenness.”

Suggestions for preventing violence went beyond awareness-raising to recognition of the need to address structural causes of violence, such as poverty and post-conflict rehabilitation, as well as idleness and excessive drinking. A young man recommended, “They should improve people’s lives, because what causes violence is poverty.” Study participants noted that when men are unemployed and have no means by which to provide for their family, or farm their land, violence increases. They identified improved economic opportunities for women and men as a critical element of violence prevention, and remarked that financial independence enables women to leave an abusive situation, and is an essential element of violence prevention.

Drinking and idleness were perceived as the primary causes of violence, and many emphasized the importance of sensitizing boys and men to drink less and providing activities to fill young people’s time. As a 50-year-old male suggested, “First of all, to reduce violence in homes, they can sensitize people to reduce their rate of taking alcohol, because that is the major cause of violence here.... Drink wisely.” Boys in particular emphasized the importance of activities to keep adolescents occupied. A 19-year-old new father stated, “When I am at the field, I play and get so tired. So, I go back home, read a little bit and sleep. The club has kept boys busy in the field instead of drinking alcohol which is good. Most times, if they are occupied they cannot be doing bad things.”

Opportunities for change

Although GBV and the underlying inequitable gender norms that fuel violence are widespread, this research revealed promising pathways to gender norm transformation. Analysis of life histories collected during this study identified opportunities to build on existing awareness, concern and activism related to GBV in Northern Uganda. Examples of girls, boys, men, and women who strive to resolve conflict peacefully emerged; parents who counsel their children rather than beat them, couples who resolve their issues through dialogue, and men who respect their wives’ point of view. Many men and women in all phases of their lives expressed opposition to violence and voiced the desire to move beyond the violent reality they have experienced over the last two decades to construct a more peaceful and productive society.

This moment in history provides a unique opportunity for Acholi and Lango communities to address inequitable gender norms which contribute to violence. Although religious and clan leaders are often assumed to be committed to maintaining the status quo, they hold the power to facilitate cultural transformation. An encouraging result of this research is the number of leaders who recognize the need to reinvigorate their culture by forming children according to cultural traditions which are relevant and adaptive for today's society.

TABLE 3: Causes of GBV identified by study participants and intervention opportunities and Barriers

CAUSES	OPPORTUNITIES	BARRIERS
Alcohol abuse	- Recognized as a factor contributing to violence	- Highly prevalent/used to socialize and escape from frustrations
High prevalence of violence	- Awareness of the problem - Many types of violence considered unacceptable - Adolescents less accepting of violence - Desire to protect children - Ongoing efforts to prevent/respond to violence - Interest in sensitization activities - Some individuals oppose beating women and children	- Outside interference not always considered appropriate - Few services available - Closely tied to gender identity and cultural norms
Cultural norms	- Respect and advice giving valued - Clan leaders empowered to intervene - Peaceful resolution valued - Acceptance of evolving norms to reduce violence (<i>wang-oo</i> , role of advice giving, clans)	- Beating to discipline women and children widely accepted - Interference in domestic affairs not considered appropriate
Gender norms	- Men responsible for protecting their family - Gender norms evolving	- Man considered authority in household - Women marry into husband's clan - Inappropriate for women to question their husbands
Structural issues	- Government and NGO initiatives to support post-conflict reconstruction - Desire to rebuild community post IDP camp	- Poverty - Unemployment - Land disputes - Gender disparities (resources, education, power) - Women do not inherit property

Table 3 presents the causes of GBV identified by study respondents and corresponding barriers and opportunities to address them. The primary factors associated with GBV according to study participants were cultural and gender norms, drinking, and structural issues such as poverty, unemployment, and war. Intervention opportunities emerging from the research include activities to raise awareness of violence and the contributing role of alcohol, address structural issues, and form more equitable gender norms. Barriers to intervention efforts include ambivalence about the role of outside organizations and reluctance to intervene in private family matters, as well as entrenched gender norms which contribute to widespread acceptance of beating as a form of discipline. Perhaps most challenging to address are structural factors such as land disputes, unemployment, and the rights of women to inherit property.

The role of adults and parents as change agents will be instrumental in achieving lasting change. Advice-giving is paramount in Acholi and Lango culture, and adults take their formative role seriously. A young woman remarked, “It was my parents who always advised me, encouraged me, and from school, the teachers... when you listen, your life might be changed.” Although many traditions, such as the wang-oo (fireside chat) have faded, there is interest in reviving them in order to provide adolescents needed guidance. A 54-year-old man reminisced, “Being close to children is very important and that is why I encourage parents to get close to their children and bring back the culture of an evening fire. We need to shape our children, not by beating them, but by talking to them.”

This research highlighted the potential power of individuals to transform their communities, illustrated by the two examples below. In the first life history excerpt, 18-year-old Paul relates his experiences as a role model and youth advocate.

My family was significantly affected by the war, in which my father and brothers were captured by the rebels. When I finally returned home at the age of 16, I got married. We have a positive relationship and work together to build our home. I spend my weekdays working in the garden and playing board games and football with my friends. On the weekends, I also work in the garden and attend church. Additionally, I am a member of German Agro, a group that comes together to plant produce such as tomatoes and onions. This group allows me to teach younger boys and influence their lives. The greatest influences in my life were my parents and uncle because they taught me, kept me in school and gave me advice. This helped me create a strong future. The strength has helped me in difficult times, such as when I suffered a serious beating. However, I realized that keeping such anger at one’s perpetrator can only bring death. Therefore, I decided to forgive the attacker and move on with my life, because I cannot pay one wrong doing with another. I want to emphasize the importance of providing a good example for children and teaching them how to build strong homes.

Joyce’s story below demonstrates the pivotal role parents can play by modeling non-violent conflict resolution.

I am 34 years old. I was married at the age of 18 and have since been caring for my own children, my stepchildren, and orphans in the community. An orphan myself, I know how it feels to be abandoned, and although individuals in the community tell me to desert the orphans, I will not. When they make mistakes, I do not beat them, but rather talk to them and explain why the action was wrong. My greatest influences were my parents. Like I now do

with my children, my mother would not beat me as a child, but would hold discussions with me. These are the lessons I now pass down to my children. My father also had a significant impact on my life. He introduced me to the concept of non-violent conflict resolution. The day he adopted me, we set ground rules which governed the home. Asking that I listen to him, in exchange for offering me respect, we had no fights in our home. If a dispute arose, my father called me into the room, we discussed the event, he explained the consequences and then we forgave one another and moved on. My hopes for the community are that youth will be taught how to avoid violence.

CONCLUSIONS: PROGRAMMING TO PREVENT VIOLENCE

The acceptability of GBV in study communities is far from universal; the results of this research reveal opportunities to amplify the voices and extend the influence of individuals committed to ending violence. Positive role models such as Joyce and Paul may be able to realize their hopes for an end of violence in their community if they are given the support needed to join with others to spread their examples widely. These results reveal multiple entry points to address GBV including the desire of communities to heal from the effects of conflict and displacement and the conceptualization of an “ideal” man as someone who protects and provides for his family. Strategies to address GBV include awareness raising, structural interventions, services, and law enforcement.

Awareness raising. Efforts to prevent violence must tackle the challenge of transforming gender norms. However, this challenge can only be met successfully with broad community support. It is essential to work with clan leaders to help them comprehensively address domestic violence, a domain where they have legitimate influence. A good starting point would be to work with leaders who already oppose violence, especially clan and religious leaders with vested authority in that sphere. Approaches that encourage reflection on the negative impacts of violence on family and community wellbeing may be more effective than rights-based approaches, given that domestic violence is currently viewed as unacceptable only when it is excessive, uncontrolled, or causes significant physical harm to victim.

Study results identified a number of opportunities to address GBV through existing cultural traditions, including:

1. Harness processes such as modeling, teaching, and advice-giving to reshape gender norms and roles;
2. Rebuild cultural and family structures which support adolescents and socialize them into adult roles;
3. Mobilize communities to reflect on gender and violence through dance gatherings, village wang-ooos and other activities; and
4. Engage religious, elected, and clan leaders in reflection and action to strengthen their capacity to promote and sustain behavior change.

Structural interventions. Gender disparities in educational opportunities and property rights shape gender norms associated with violence. Interventions must address issues such as girls’ education, women’s access to resources, poverty, land rights, and unemployment, in addition to underlying gender norms. This research also suggests that alcohol abuse is a significant driver of GBV in Northern Uganda and must be addressed.

Services and law enforcement. Healthcare providers could be trained to incorporate violence prevention and treatment into their services (e.g. counseling, post-exposure prophylaxis), given that there are few support services for survivors. Police and clan leaders need training to streamline access to treatment. It is also important to strengthen established enforcement institutions which address domestic violence. In fact, police training was seen by study participants as an important violence prevention strategy.

The results reported here have been translated into approaches designed to resonate positively with communities in Northern Uganda. The researchers, in collaboration with Save the Children and Pathfinder International staff, designed tailored yet complementary interventions that target adolescents at critical moments of passage from childhood to adulthood, and aim to create an environment that supports the elimination of GBV. These interventions, implemented as part of the GREAT project, address a continuum of violence ranging from teasing and bullying to rape. GREAT is anchored on a serial radio drama that poses challenging dilemmas through intergenerational stories which generate reflection and dialogue to bring about more equitable gender attitudes, decrease tolerance of all kinds of violence, encourage nonviolent conflict resolution, and model positive child discipline practices. The storyline incorporates key research results, such as the value of rebuilding community and revitalizing culture in a more gender-equitable way. It is accompanied by a toolkit of scalable products designed to be rolled out by community members through existing platforms such as child clubs, village savings and loans, farmer's associations and youth groups. Use of the products enable groups to reflect and dialogue on the radio drama plot, extrapolate the themes to their own life experiences, and move into action. The momentum generated by the radio drama and small group reflection will be reinforced by collaboration with community, religious, and clan leaders. Cutting across these activities, GREAT will recognize and celebrate people who demonstrate commitment to gender equitable behaviors and ensure linkages with health services.

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REFERENCES

Annan, Jeannie, Cristopher Blattman, and Roger Horton. 2006. *The State of Youth and Youth Protection in Northern Uganda*. UNICEF Uganda.

Atkinson, Ronald. "The Evolution of Ethnicity among the Acholi of Uganda: The Precolonial Phase Ethnohistory." In *Ethnohistory and Africa* 36(1): 19-43.

Barker, Gary. 2005. *Dying to be Men: Youth, Masculinity and Social Exclusion*. New York: Routledge.

Barker, Gary, C. Ricardo, M. Nascimento, A. Olukoya, C. Santos. 2010. "Questioning gender norms with men to improve health outcomes: Evidence of impact." In *Global Public Health: An International Journal for Research, Policy and Practice* 5(5): 539-553.

Bourgois, Philippe. 2003. *In Search of Respect: Selling Crack in El Barrio*. Cambridge: Cambridge University Press.

Caughey, John. 2006. *Negotiating Culture and Identities: Life History Issues, Methods, and Readings*. Nebraska: University of Nebraska Press.

Cole, Ardra, and Gary Knowles. 2001. *Lives in Context: The Art of Life History Research*. Walnut Creek, CA: Altamira.

Connell, R.W. 1995. *Masculinities*. Berkley, CA: University of California Press.

Courtenay, Will. 2005. "Constructions of masculinity and their influence on men's well-being: a theory of gender and health." In *Social Science and Medicine* 50: 1385-1401.

Davenport, David L. 2011. "Acholi Clan, Ethnic, and National Identities in Post-Conflict Northern Uganda: A Case Study in Koch Goma Sub-County, Nwoya District." Independent Study Project (ISP) Collection. Paper 1206.

Dolan, Chris. 2002. "Collapsing Masculinities and Weak States. A Case Study of Northern Uganda." In *Masculinities Matter! Men, Gender and Development*, edited by F. Cleaver. New York: Zed Books Ltd.

Dunkle, K, et al. 2004. "GBV, Relationship Power, and Risk of HIV Infection in Women Attending in Antenatal Clinics in South Africa." In *The Lancet* 363: 1415-21.

El-Bushra, J. 2003. "Fused in Combat: Gender Relations and Armed Conflict." In *Development in Practice* 13(2/3): 252-265.

Ellsberg, Mary, Henrica Jansen, Lori Heise, Charlotte Watts, and Claudia Garcia-Moreno. 2008. "Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-Country Study on Women's Health and Domestic Violence: An Observational Study." In *The Lancet* 371(9619): 1165-1172.

- FIDH (International Federation for Human Rights). 2012. *Women's rights in Uganda: Gaps between policy and practice*. Paris, France: Imprimerie de la FIDH.
- Government of Uganda. 2007. *Peace, Recovery and Development Plan for Northern Uganda: 2007-2010*. Kampala: Office of the Prime Minister.
- Greene, Margaret E. and Gary Barker. 2011. "Masculinity and its Public Health Implications for Sexual and Reproductive Health and HIV Prevention." In *Routledge Handbook of Global Public Health*, edited by R. Parker and Marni Sommer. New York: Routledge.
- Heise, Lori, Jacqueline Pitanquy, and Adrienne Germaine. 1994. *Violence against Women: The Hidden Health Burden*. Washington DC: The World Bank.
- Heise, Lori. 1998. "Violence against Women: An Integrated, Ecological Framework." In *Violence Against Women* 4(3): 262-290.
- Hesse-Biber, Sharlene, and Patricia L. Leavy. 2007. *Feminist Research Practice: A Primer*. Thousand Oaks, CA: Sage Publications.
- IGWG (Interagency Gender Working Group). 2011. *A Summary Report of New Evidence that Gender Perspectives Improve Reproductive Health Outcomes*. Washington, DC: Population Reference Bureau.
- Kirkman, Maggie, Doreen Rosenthal, and Shirley Feldman. 2001. "Freeing up the Subject: Tension between Traditional Masculinity and Involved Fatherhood through Communication about Sexuality with Adolescents." In *Culture, Health and Sexuality* 3(4): 391-411.
- Marsiglio, William. 1988. "Adolescent Male Sexuality and Heterosexual Masculinity: A Conceptual Model and Review." In *Journal of Adolescent Research* 3(3-4): 285-303.
- Marston, Cicely, and Eleanor King. 2006. "Factors that Shape Young People's Sexual Behaviour: A Systematic Review." In *The Lancet* 368(9547): 1581-1586.
- McClusky, Laura. 2001. *Here, Our Culture is Hard: Stories of Domestic Violence from a Mayan Community in Belize*. Austin: University of Texas Press.
- McGinn, T. and S. Purdin. 2004. "Editorial: Reproductive Health and Conflict: Looking Back and Moving Ahead." In *Disasters* 28(3): 235-238.
- Merry, Sally Engle. 2006. "Transnational Human Rights and Local Activism: Mapping the Middle." In *American Anthropologist* 108(1): 38-51.
- . 2009. *Gender Violence: A Cultural Perspective*. Maiden, MA: Wiley-Blackwell Publishers.

MOH (Ministry of Health) Uganda. 2006. *Uganda HIV/AIDS Sero-behavioural Survey 2004-2005*. Calverton, MD: Ministry of Health and ORC Macro.

Okello, Moses and Lucy Hoil. 2007. "Confronting the Reality of Gender-based Violence in Northern Uganda." In *The International Journal of Transitional Justice* 1: 433-443.

Oxfam. 2007. *Violence Against Women: Kenya, Uganda, Tanzania*. Oxford: Oxfam GB.

Patel, Sheetal, Herbert Muyenda, Nelson Sewankambo, Geoffrey Oyat, Stella Atim, and Patricia Spittal. 2012. "In the face of war: examining sexual vulnerabilities of Acholi adolescent girls living in displacement camps in conflict-affected Northern Uganda." In *BMC International Health and Human Rights* 12(38).

Plesset, Sonja. 2006. *Sheltering Women: Negotiating Gender and Violence in Northern Italy*. Stanford: Stanford University Press.

Population Reference Bureau. 2010. *Gender-Based Violence: Impediment to Reproductive Health*. Washington, DC: USAID.

Ronsmans, C., and W.J. Graham. 2006. "Maternal Mortality: Who, When, Where and Why." In *The Lancet* 368(9542): 1189-1200.

Sanday, Peggy Reeves. 2003. "Rape-Free versus Rape-Prone: How Culture Makes a Difference." In *Evolution, Gender, and Rape*, edited by C. B. Travis, 337-62. Cambridge: MIT Press.

———. 2007. *Fraternity Gang Rape: Sex, Brotherhood, and Privilege on Campus*. New York: New York University Press.

———. 2010. "Afterword: Assessing Anthropological Perspectives on Sexual Violence and Bodily Health." In *Voices* 10(1): 41-45.

Spittal, P. M., H. Muyinda, G. Oyat, L. Tebere, S. Patel, S. Atim, G. Shibr, L. Axworthy, N. K. Sewankambo. 2008. *Building on Traditional Assets in Protecting Children against HIV/STDs in War and Post Conflict Situations: The Wayo Strategy of the Acholi in Northern Uganda*. Quebec: Canadian International Development Agency (CIDA).

Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, MD: UBOS and Macro International Inc.

USAID. 2012. *Gender Equality and Female Empowerment Policy*. Washington DC: USAID.

Whitehead, T. L. 1997. "Urban Low-Income African American Men, HIV/AIDS, and Gender Identity." In *Medical Anthropology Quarterly* 11(4): 411-447.

Wies, Jennifer. 2008. "Professionalizing Human Services: A Case of Domestic Violence Shelter Advocates." In *Human Organization* 67(2): 221-233.

Wies, Jennifer and Haldane, Hillary. 2011. *Anthropology at the Front Lines of Gender-Based Violence*. Nashville: Vanderbilt University Press.

World Health Organization. 2013. *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO.

GENDER, DEVELOPMENT, AND GLOBALIZATION PROGRAM

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