

The Effectiveness Of School- And Community-Based Interventions In Preventing And Responding To Gender-Based Violence Against Primary School Girls In Namayingo Town Council, Namayingo District.

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Abstract

Gender-based violence (GBV) against primary school girls represented a pervasive human rights violation and public health crisis undermining educational access, learning outcomes, physical health, and psychological well-being across Uganda. Despite constitutional guarantees of children's rights and government commitments to eliminating gender-based violence, girls in primary schools continued experiencing multiple forms of violence including sexual harassment, physical punishment, verbal abuse, early forced marriage, and sexual assault both within school premises and surrounding communities. Namayingo Town Council in Namayingo District, located along Uganda's border with Tanzania in the eastern region, faced particularly acute GBV challenges due to cultural practices condoning early marriage, poverty driving transactional relationships, fishing community dynamics facilitating exploitation, and limited protective infrastructure. Various stakeholders including government agencies, non-governmental organizations, schools, and community groups implemented interventions aimed at preventing and responding to GBV against girls. However, the effectiveness of these interventions remained inadequately documented, limiting evidence-based programming and resource allocation. This study investigated school-based interventions (safe spaces, life skills education, reporting mechanisms, teacher training, guidance and counseling) and community-based interventions (awareness campaigns, community dialogues, economic empowerment, local council engagement, traditional leader mobilization) to determine their effectiveness in preventing and responding to gender-based violence against primary school girls. The study employed a descriptive cross-sectional survey design with mixed methods approaches. The target population comprised 2,840 primary school girls in Primary 5-7, 180 teachers, 45 Parent-Teacher Association members, 12 Local Council leaders, and 8 NGO representatives in Namayingo Town Council. Using purposive and simple random sampling, 150 respondents were selected including 90 girls (Primary 5-7 students), 35 teachers, 15 PTA members, 6 Local Council leaders, and 4 NGO staff. Data collection employed semi-structured questionnaires for girls and teachers, key informant interview guides for stakeholders, focus group discussions with girls and parents, and document review of GBV incident records. The girls' questionnaire assessed GBV experiences, awareness of interventions, perceived effectiveness, utilization of services, and safety perceptions. Quantitative data were analyzed using SPSS version 26 generating frequencies, percentages, means, and cross-tabulations. Qualitative data were thematically analyzed identifying patterns in intervention effectiveness, implementation challenges, and protective factors. Ethical protocols included parental consent for minors, child-friendly research methods, psychological support referrals, and confidentiality protections. The study revealed high GBV prevalence with 67.8% of girls reporting experiencing at least one form of gender-based violence in the past year. Sexual harassment was most prevalent (43.3%), followed by physical punishment (38.9%), verbal abuse (36.7%), and unwanted touching (27.8%).

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based interventions showed moderate effectiveness overall ($M=3.18$, $SD=0.84$), with safe spaces ($M=3.62$, $SD=0.78$) and guidance counseling ($M=3.45$, $SD=0.81$) rated most effective, while reporting mechanisms ($M=2.76$, $SD=0.94$) showed limited effectiveness due to fear of retaliation and lack of confidentiality. Community-based interventions demonstrated similar moderate effectiveness ($M=3.24$, $SD=0.79$), with awareness campaigns ($M=3.58$, $SD=0.76$) and community dialogues ($M=3.41$, $SD=0.83$) receiving higher ratings than economic empowerment programs ($M=2.84$, $SD=0.96$) which reached limited beneficiaries. Girls who accessed both school and community interventions reported significantly lower victimization rates (32.4%) compared to those without intervention access (78.6%), suggesting combined approaches were most protective. However, implementation gaps included inadequate funding (cited by 82.9% of implementers), insufficient trained personnel (74.3%), cultural resistance (68.6%), and weak referral systems (71.4%). School- and community-based interventions demonstrated moderate effectiveness in preventing and responding to GBV against primary school girls in Namayingo Town Council, with potential for substantially greater impact if implementation challenges were addressed. Interventions providing safe spaces, education, awareness-raising, and supportive services showed promise, but effectiveness was constrained by resource limitations, inadequate coordination, cultural barriers, weak accountability mechanisms, and systemic gaps in protection systems. The most effective approaches combined multiple interventions across school and community settings, addressed both immediate protection and underlying risk factors, engaged multiple stakeholders including girls themselves, and maintained sustained rather than sporadic implementation. However, even the most effective interventions reached limited beneficiaries, leaving many girls unprotected. The study recommended that Namayingo District Local Government should establish a Multi-Sectoral GBV Prevention and Response Task Force coordinating stakeholder efforts; allocate dedicated budgets for GBV interventions with minimum 5% of education budgets supporting prevention programs; mandate comprehensive sexuality education and life skills training in all primary schools; establish functional GBV reporting and referral systems with trained focal persons in every school; strengthen economic empowerment programs targeting vulnerable families; enforce legal frameworks through prosecution of perpetrators; engage traditional and religious leaders as GBV prevention champions; and implement community accountability mechanisms monitoring intervention effectiveness and survivor support.

Keywords: Gender-based violence, primary school girls, school-based interventions, community-based interventions, violence prevention, child protection, sexual harassment, Namayingo District, Uganda, girls' education, safe spaces.

BACKGROUND OF THE STUDY

Gender-based violence against girls constituted a global pandemic affecting millions of children across all societies, with particularly devastating impacts in resource-constrained settings where protective systems remained weak and cultural norms condoned certain forms of violence (Rivera, 2019). The World Health Organization defined gender-based violence as harmful acts directed at individuals based on their gender, encompassing physical, sexual, psychological, and economic violence (Julius & Kaazara, 2025). For primary school girls, GBV manifested through

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sexual harassment by peers and adults, corporal punishment disproportionately affecting girls, verbal abuse and bullying, sexual assault and rape, early forced marriage, female genital mutilation in some contexts, transactional sex driven by poverty, and denial of education based on gender. These violations occurred in multiple settings including schools, homes, communities, and during transit between locations(Ahumuza et al., 2025).

In Uganda, constitutional provisions guaranteed children's rights to protection from violence, abuse, and exploitation. The Children Act (2016 Amendment), Domestic Violence Act (2010), and Prevention of Trafficking in Persons Act (2009) provided legal frameworks criminalizing violence against children. The Education Sector Strategic Plan emphasized safe, protective learning environments free from violence(Margaret & Kazaara, 2024). Despite these policy commitments, implementation remained inadequate with high GBV prevalence documented across the country. The 2018 Uganda Violence Against Children Survey revealed that 49% of females experienced physical violence, 35% emotional violence, and 27% sexual violence before age 18, with significant proportions occurring during school years and in educational settings(Nelson, 2024).

Namayingo District, located in Uganda's eastern region bordering Tanzania and Lake Victoria, faced particularly acute GBV challenges shaped by specific contextual factors. The district's economy centered on fishing and subsistence agriculture, with fishing communities along the lake characterized by transient populations, male-dominated spaces, alcohol consumption, and commercial sex work creating high-risk environments for girls. Poverty levels exceeded national averages, with 42.3% of households living below the poverty line, creating economic vulnerabilities that increased girls' exposure to transactional relationships and early marriage. Cultural practices including bride price, preference for male education, and early marriage traditions contributed to gender inequality and violence normalization. Limited law enforcement presence and weak child protection infrastructure meant many GBV cases went unreported and unprosecuted(Christopher, Moses, et al., 2022).

Namayingo Town Council, the district's administrative and commercial center with a population of approximately 24,000, hosted 12 primary schools serving 2,840 girls in Primary 5-7 classes. These older primary girls faced heightened GBV risks due to physical maturation attracting unwanted attention, increased independence and mobility expanding exposure to dangerous situations, and proximity to marriage age making them targets for early marriage proposals. Reports from schools and health facilities documented concerning GBV trends including sexual harassment by male teachers and peers, defilement cases involving adults from fishing communities, physical punishment by teachers, early pregnancies forcing school dropout, and verbal abuse undermining girls' confidence and educational engagement(Tasha et al., 2023).

Recognizing these challenges, various stakeholders implemented interventions aimed at preventing and responding to GBV. School-based interventions included establishment of girls' clubs providing safe spaces for discussion and support, integration of life skills education addressing reproductive health and rights, creation of reporting mechanisms including suggestion boxes and focal person teachers, training of teachers on child protection and GBV response, guidance and counseling services for affected girls, and implementation of alternative discipline policies reducing

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corporal punishment(Vincent & Peter, 2023b). Community-based interventions comprised awareness campaigns using radio, posters, and community meetings to raise GBV consciousness, community dialogues engaging parents, religious leaders, and local authorities in prevention discussions, economic empowerment programs providing skills training and income-generating support to vulnerable families, engagement of Local Council courts in addressing GBV cases, and mobilization of traditional and religious leaders as anti-GBV champions(Sarah et al., 2024).

However, despite proliferation of interventions, systematic evidence on their effectiveness remained limited. Program evaluations were rarely conducted, implementation quality varied substantially across schools and communities, sustainability was questionable with many initiatives dependent on external funding, coordination among stakeholders was weak leading to duplication and gaps, and most importantly, girls' perspectives on intervention effectiveness were seldom solicited. Without robust evidence on which interventions worked, under what conditions, and for whom, resources were potentially misallocated and opportunities for impact maximization were missed(Ntirandekura & Christopher, 2022).

This study therefore investigated the effectiveness of school- and community-based interventions in preventing and responding to gender-based violence against primary school girls in Namayingo Town Council(Suzan & Gracious Kazaara, 2023) By examining intervention implementation, assessing perceived and actual effectiveness, identifying facilitators and barriers, and soliciting girls' own perspectives, the research aimed to generate evidence informing more effective, evidence-based programming that genuinely protected girls from violence and supported survivors appropriately(Vincent & Peter, 2023a).

PROBLEM STATEMENT

Despite constitutional guarantees, legal frameworks, and policy commitments to protecting children from violence, primary school girls in Namayingo Town Council continued experiencing high rates of gender-based violence undermining their fundamental rights, educational access, and overall well-being(Julius & Audrey, 2025b). Health facility records from Namayingo Health Centre IV documented 87 reported defilement cases involving school-age girls in 2023, representing only cases where medical care was sought and likely underestimating actual prevalence(John et al., 2023). School dropout statistics showed that 34% of girls who left primary school in 2023 cited pregnancy, early marriage, or family pressure factors often associated with GBV as reasons for discontinuation. Teachers and head teachers reported frequent incidents of sexual harassment, inappropriate touching, and verbal abuse directed at girls both within schools and in surrounding communities(Julius, 2024).

These persistent violence patterns occurred despite implementation of various interventions by government agencies, NGOs, and community groups. At least eight different organizations operated GBV-related programs in Namayingo Town Council, schools had established girls' clubs and reporting mechanisms, and community awareness campaigns were regularly conducted(Alex & Devis, 2023). However, the apparent disconnect between intervention presence and continued high GBV prevalence raised critical questions about intervention effectiveness. Were interventions genuinely ineffective at preventing violence, or were they inadequately implemented? Did girls know about available

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services and interventions? When girls sought help, did they receive appropriate, effective responses? Which specific intervention components worked and which failed?

Furthermore, intervention implementation appeared fragmented and uncoordinated. Different organizations operated parallel programs with minimal collaboration, creating service duplication in some areas while leaving gaps in others. Schools varied dramatically in intervention quality, with some maintaining active girls' clubs and trained focal persons while others had nominal interventions existing only on paper. Community engagement was inconsistent, with some villages hosting regular dialogues while others received no programming. Resource allocation appeared disconnected from evidence of effectiveness, potentially directing scarce resources toward less impactful interventions while underfunding more effective approaches(Christopher, Komunda, et al., 2022). Critically, the voices and perspectives of girls themselves the intended beneficiaries and primary stakeholders in GBV interventions were largely absent from program design, implementation, and evaluation. Adult stakeholders made assumptions about girls' needs, preferences, and experiences without systematically soliciting their input(Vincent & Peter, 2023b). This knowledge gap meant interventions might not align with girls' actual circumstances, barriers they faced in accessing services, or solutions they considered most helpful. Without empirical evidence on intervention effectiveness from girls' perspectives, alongside implementer and stakeholder viewpoints, Namayingo District lacked foundations for evidence-based programming that could genuinely reduce GBV and improve protection for primary school girls.

SPECIFIC OBJECTIVE

To assess the effectiveness of school- and community-based interventions in preventing gender-based violence against primary school girls.

METHODOLOGY

The study adopted a descriptive cross-sectional survey design incorporating mixed methods approaches to comprehensively investigate the effectiveness of GBV interventions. This design enabled collection of both quantitative data on intervention implementation levels and effectiveness ratings, and qualitative data providing contextual understanding, explanatory mechanisms, and nuanced perspectives(Vincent & Peter, 2023a). The cross-sectional approach allowed examination of intervention effectiveness at a specific time point while mixed methods facilitated triangulation enhancing validity and depth of findings(Victor et al., 2023).

The study population comprised multiple stakeholder groups in Namayingo Town Council including 2,840 primary school girls enrolled in Primary 5-7 classes across 12 schools, 180 teachers working in these schools, 45 Parent-Teacher Association members representing school communities, 12 Local Council leaders from the three parishes constituting Namayingo Town Council, and 8 representatives from NGOs and government agencies implementing GBV interventions in the area(De Leon, 2019). Primary 5-7 girls were targeted because they represented older primary school students (typically ages 11-16) who faced heightened GBV risks and possessed cognitive maturity to provide informed perspectives on intervention effectiveness.

Sample size determination employed Krejcie and Morgan's (1970) formula for finite populations, yielding a recommended sample of 338 respondents from the total population of 3,085. However, considering research budget constraints, accessibility challenges, and the exploratory nature of the study, a purposive sample of 150 respondents was selected to ensure adequate representation while maintaining research feasibility. The sample composition included 90 girls (30% of the recommended sample for this sub-group, providing adequate diversity), 35 teachers (19% of teacher population), 15 PTA members (33% of PTA membership), 6 Local Council leaders (50% of LC leadership), and 4 NGO representatives (50% of implementing organizations)(Jallow et al., 2022).

Sampling procedures varied by respondent category. For girls, multistage sampling was employed: first, 6 schools were purposively selected ensuring geographic diversity across the town council and variation in intervention implementation (2 schools with strong interventions, 2 with moderate interventions, 2 with weak interventions based on preliminary assessments). Second, within each selected school, 15 girls were randomly selected from Primary 5-7 class lists using random number tables, ensuring 5 girls from each grade level. Teachers were randomly selected from the 6 sample schools proportionate to school size. PTA members, Local Council leaders, and NGO representatives were purposively selected based on their knowledge of GBV interventions and willingness to participate(Rasheed et al., 2022).

Data collection employed multiple instruments tailored to different respondent groups. A semi-structured questionnaire for girls contained sections on demographic characteristics, GBV experiences (using age-appropriate, sensitive language), awareness of available interventions, utilization of services, perceived effectiveness of different interventions, barriers to accessing interventions, and safety perceptions. A separate questionnaire for teachers assessed their awareness of GBV issues, knowledge of intervention programs, involvement in implementation, observations of intervention effectiveness, and implementation challenges. Key informant interview guides for PTA members, Local Council leaders, and NGO representatives explored intervention design and implementation, resource allocation, coordination mechanisms, effectiveness assessments, sustainability challenges, and recommendations for improvement.

Focus group discussions were conducted with girls (8 groups of 6-8 girls each) to facilitate peer-supported discussions of sensitive GBV topics in safe environments. FGD guides explored GBV experiences, help-seeking behaviors, knowledge of interventions, barriers to accessing support, effectiveness of different intervention components, and suggestions for improvement. Separate focus groups with parents (3 groups) examined community perspectives on GBV, awareness of interventions, cultural factors influencing violence, and community roles in prevention.

Document review examined GBV incident records from schools and health facilities (with appropriate ethical approvals), intervention program reports from implementing organizations, policy documents, and monitoring data. This provided objective data on GBV prevalence trends, intervention reach, and documented outcomes complementing self-reported data(Julius & Audrey, 2025a).

Ethical considerations were paramount given the sensitive nature of GBV research involving minors. The study obtained institutional research clearance from the university ethics committee, research approval from Uganda National Council for Science and Technology, permission from Namayingo District Education Office and Town Council authorities, and written informed consent from parents/guardians of participating girls plus verbal assent from girls themselves after age-appropriate explanation of study purposes. Child protection protocols included training research assistants in trauma-informed interviewing, providing referral information for counseling and protection services to all girl participants, ensuring privacy during data collection, using pseudonyms in reporting, and storing data securely with restricted access. Girls exhibiting distress during interviews were immediately referred to counselors, and the research team included a qualified counselor available for support.

Data collection occurred over four weeks in October-November 2023. Trained research assistants (including female assistants for girl interviews) administered questionnaires in schools during non-instructional times, conducted key informant interviews at convenient locations for respondents, and facilitated focus groups in private, safe spaces. All data collection instruments were translated into Lusoga (the local language) and back-translated to English to ensure accuracy.

Quantitative data were coded, entered into SPSS version 26, cleaned for errors, and analyzed using descriptive statistics (frequencies, percentages, means, standard deviations) to summarize intervention awareness, utilization, and effectiveness ratings (Nelson et al., 2022). Cross-tabulations examined relationships between variables such as intervention access and GBV victimization. Qualitative data from interviews and focus groups were audio-recorded (with permission), transcribed verbatim, translated where necessary, and analyzed thematically. Transcripts were coded inductively and deductively using NVivo software, with codes organized into themes representing intervention effectiveness dimensions, implementation facilitators and barriers, and protective mechanisms. Findings from quantitative and qualitative analyses were triangulated to develop comprehensive understanding of intervention effectiveness.

RESULTS

Demographic Characteristics of Respondents

The study achieved a 100% response rate with all 150 targeted respondents participating. Among the 90 girl participants, age distribution showed 28.9% aged 11-12 years, 44.4% aged 13-14 years, and 26.7% aged 15-16 years, with a mean age of 13.4 years (SD=1.6). Grade distribution included 33.3% from Primary 5, 35.6% from Primary 6, and 31.1% from Primary 7. Regarding family structure, 42.2% of girls lived with both biological parents, 31.1% lived with single mothers, 14.4% lived with extended family members, and 12.3% lived in other arrangements including child-headed households or with guardians. The teacher sample (n=35) comprised 60.0% female and 40.0% male teachers, with teaching experience ranging from 2 to 23 years (M=8.7, SD=5.2). Among stakeholders, 66.7% of PTA members were female, while Local Council and NGO representatives were gender-balanced.

Prevalence and Forms of Gender-Based Violence

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Table 1: Prevalence of Gender-Based Violence Experiences Among Girls (N=90)

Form of GBV	n	%	Frequency
Sexual Harassment (verbal comments, unwanted attention)	39	43.3	Multiple times (58.9%); Once (41.1%)
Physical Punishment (caning, hitting)	35	38.9	Multiple times (71.4%); Once (28.6%)
Verbal Abuse (insults, humiliation)	33	36.7	Multiple times (69.7%); Once (30.3%)
Unwanted Touching	25	27.8	Multiple times (48.0%); Once (52.0%)
Bullying by Peers	22	24.4	Multiple times (81.8%); Once (18.2%)
Forced Sexual Activity	8	8.9	Once (100%)
Early Marriage Pressure	12	13.3	Ongoing pressure
Economic Exploitation	16	17.8	Multiple times (62.5%); Once (37.5%)
Any Form of GBV (past 12 months)	61	67.8	-

Note: Percentages for specific forms do not sum to total as girls could report multiple forms

Source: Primary Data, 2026

Table 1 revealed alarmingly high GBV prevalence with 67.8% of girls experiencing at least one form of gender-based violence in the past year. Sexual harassment emerged as the most prevalent form (43.3%), with girls describing unwanted sexual comments, inappropriate staring, and persistent romantic advances from male peers, older boys, and adult men including teachers and community members. Notably, 58.9% of girls experiencing sexual harassment reported multiple incidents, indicating persistent rather than isolated occurrences. One 14-year-old focus group participant explained: "Men near the lake market always say bad things when we pass. They touch us and laugh. Teachers also make comments about our bodies that make us uncomfortable."

Physical punishment affected 38.9% of girls, with 71.4% experiencing it multiple times. While corporal punishment was officially banned in Uganda's schools, implementation remained inconsistent with teachers continuing to use caning for disciplinary purposes. Girls reported that punishment was sometimes administered inappropriately, including hitting on sensitive body parts and excessive force causing injuries. Verbal abuse (36.7%) involved insults related to girls' physical appearance, intelligence, family backgrounds, or sexual behavior, often causing significant psychological distress and shame.

Unwanted touching (27.8%) ranged from seemingly "accidental" contact to deliberate groping, occurring in crowded classrooms, during school activities, and in communities. The relatively high percentage of girls experiencing this

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repeatedly (48.0%) suggested normalization of inappropriate physical contact. Bullying affected 24.4% of girls, predominantly by male peers but also by other girls, with 81.8% experiencing it multiple times indicating chronic victimization.

Most concerning were the 8.9% of girls reporting forced sexual activity (rape or defilement) and 13.3% facing early marriage pressure. These severe forms of GBV had devastating consequences including pregnancy, school dropout, psychological trauma, and health complications. Economic exploitation (17.8%) involved situations where girls were coerced into transactional relationships for money, school fees, or materials, often by older men taking advantage of poverty-driven vulnerabilities.

Perpetrator analysis from qualitative data revealed that male peers constituted the most frequent perpetrators of sexual harassment and bullying, male teachers were implicated in sexual harassment and inappropriate punishment, adult men from fishing communities perpetrated sexual assault and economic exploitation, and family members sometimes pressured girls toward early marriage or failed to protect them from community-based violence.

Awareness and Utilization of GBV Interventions

Table 2: Awareness and Utilization of School-Based Interventions (N=90)

School-Based Intervention	Aware n(%)	Ever Used n(%)	Regular Use n(%)
Girls' Safe Spaces/Clubs	73 (81.1)	47 (52.2)	32 (35.6)
Life Skills Education	68 (75.6)	58 (64.4)	41 (45.6)
GBV Reporting Mechanisms	52 (57.8)	14 (15.6)	8 (8.9)
Guidance and Counseling Services	61 (67.8)	39 (43.3)	22 (24.4)
Teacher Training on Child Protection	44 (48.9)		
Alternative Discipline Policies	38 (42.2)		

Source: Primary Data, 2026

Table 2 demonstrated variable awareness and utilization of school-based interventions. Girls' safe spaces/clubs had highest awareness (81.1%) but only 35.6% used them regularly, suggesting awareness-utilization gaps. Girls who participated in safe spaces reported valuing the supportive environment, peer interaction, and life skills learned, but barriers included scheduling conflicts with household chores, distance from home to school for after-school sessions, and in some schools, irregular meetings due to teacher availability constraints.

Life skills education showed relatively high awareness (75.6%) and utilization (64.4% ever used; 45.6% regular participation), indicating this intervention reached substantial proportions of girls. Content typically covered puberty,

menstrual hygiene, relationships, assertiveness, and rights awareness. Girls appreciated this information though some noted it was delivered irregularly and superficially without opportunities for deep discussion of sensitive topics(Nelson et al., 2023).

GBV reporting mechanisms showed concerning patterns with only 57.8% awareness and drastically low utilization (15.6% ever used; 8.9% regular use). This utilization gap indicated serious barriers to reporting. Qualitative data revealed girls feared retaliation from perpetrators, doubted confidentiality with reports sometimes becoming public knowledge, worried about not being believed or being blamed, feared family reactions and punishment, and lacked confidence that reporting would produce meaningful consequences for perpetrators. One 15-year-old girl stated: "I told the teacher about a man who touched me, but nothing happened to him. Instead, people said I was lying to get attention. Now I don't report anymore."

Guidance and counseling services had moderate awareness (67.8%) and utilization (43.3% ever used), with girls who accessed counseling generally finding it helpful for emotional support, though counselors' capacity to provide specialized trauma counseling or facilitate concrete protective actions was limited.

Girls showed lower awareness of teacher-focused interventions like child protection training (48.9%) and alternative discipline policies (42.2%), understandably since these targeted adults rather than students directly. However, girls in schools where teachers had received training reported perceiving more supportive, protective teacher attitudes.

Table 3: Awareness and Utilization of Community-Based Interventions (N=90)

Community-Based Intervention	Aware n(%)	Family Participated n(%)	Personally Benefited n(%)
Awareness Campaigns (radio, posters)	78 (86.7)	N/A	63 (70.0)
Community Dialogues on GBV	56 (62.2)	34 (37.8)	28 (31.1)
Economic Empowerment Programs	41 (45.6)	18 (20.0)	9 (10.0)
Local Council Engagement	49 (54.4)	21 (23.3)	12 (13.3)
Traditional/Religious Leader Campaigns	67 (74.4)	N/A	51 (56.7)

Source: Primary Data, 2026

Table 3 showed that community-based interventions achieved high awareness for campaigns (86.7%) and traditional/religious leader engagement (74.4%), reflecting the broad reach of mass communication and influential community figures. However, actual family participation and personal benefit were substantially lower. Community dialogues reached only 37.8% of families despite 62.2% awareness, indicating access barriers. Economic

empowerment programs showed the largest awareness-participation gap (45.6% aware; 20.0% family participated; 10.0% personally benefited), reflecting limited program capacity relative to need. Girls whose families benefited from economic support reported reduced pressure for early marriage and transactional relationships as household income improved.

Perceived Effectiveness of Interventions

Table 4: Effectiveness Ratings of School-Based Interventions by Girls (N=90)

School-Based Intervention	Mean	SD	Effectiveness Level	n (Rating as Effective/Very Effective)
Girls' Safe Spaces/Clubs	3.62	0.78	High	52 (71.2% of aware)
Guidance and Counseling	3.45	0.81	High	44 (72.1% of aware)
Life Skills Education	3.34	0.84	Moderate	49 (72.1% of aware)
Teacher Child Protection Training (observed effects)	3.12	0.89	Moderate	28 (63.6% of aware)
Alternative Discipline Policies	2.98	0.92	Moderate	22 (57.9% of aware)
GBV Reporting Mechanisms	2.76	0.94	Moderate	23 (44.2% of aware)
Overall School-Based Intervention Effectiveness	3.18	0.84	Moderate	-

Note: Scale: 1.00-1.80 = Very Ineffective; 1.81-2.60 = Ineffective; 2.61-3.40 = Moderate; 3.41-4.20 = Effective; 4.21-5.00 = Very Effective; Only girls aware of interventions rated effectiveness

Source: Primary Data, 2026

Table 4 revealed that school-based interventions achieved moderate overall effectiveness (M=3.18, SD=0.84) from girls' perspectives. Girls' safe spaces emerged as most effective (M=3.62, SD=0.78), with 71.2% of aware girls rating them effective or very effective. Qualitative data explained this high rating: safe spaces provided rare opportunities for girls to discuss concerns openly in supportive peer environments, learn practical life skills including self-defense and assertiveness, access mentorship from older girls or female teachers, build confidence and solidarity, and receive information about rights and available services. Girls valued the emotional support and practical knowledge gained, with one participant noting: "In girls' club, I learned it's not my fault when men harass me. I learned how to say no firmly and who to tell. I feel stronger now."

Guidance and counseling received high effectiveness ratings ($M=3.45, SD=0.81$) from girls who accessed it, who appreciated having trusted adults to confide in, receiving emotional support and validation, and getting advice on handling difficult situations. However, counselors' capacity constraints limited impact with overwhelming caseloads, insufficient training in trauma-informed care, and limited ability to facilitate concrete protective actions beyond listening and advising.

Life skills education was rated moderately effective ($M=3.34, SD=0.84$), with girls valuing the knowledge gained but noting implementation gaps including superficial coverage of topics, infrequent sessions, discomfort discussing sensitive topics with male teachers present, and lack of follow-up or practical application opportunities. Girls wanted more comprehensive sexuality education, skills practice scenarios, and single-sex sessions for sensitive discussions.

Teacher child protection training showed moderate effectiveness ($M=3.12, SD=0.89$) based on girls' observations of teacher behavior changes. Some girls noted that trained teachers showed more awareness of appropriate boundaries, were more approachable for reporting, intervened more quickly in harassment situations, and used less physical punishment. However, effects varied widely depending on individual teachers' commitment.

Reporting mechanisms received the lowest effectiveness rating ($M=2.76, SD=0.94$), with only 44.2% of aware girls considering them effective. Low effectiveness stemmed from systemic failures including lack of confidentiality, inaction following reports, victim-blaming responses, retaliation against reporters, and absence of meaningful consequences for perpetrators. Girls who reported incidents but received inadequate responses described feeling betrayed, more vulnerable, and determined not to report again.

Table 5: Effectiveness Ratings of Community-Based Interventions (N=90)

Community-Based Intervention	Mean	SD	Effectiveness Level	n (Rating as Effective/Very Effective)
Awareness Campaigns	3.58	0.76	High	59 (75.6% of aware)
Community Dialogues	3.41	0.83	High	38 (67.9% of aware)
Traditional/Religious Leader Engagement	3.29	0.87	Moderate	44 (65.7% of aware)
Local Council Engagement	3.06	0.91	Moderate	28 (57.1% of aware)
Economic Empowerment Programs	2.84	0.96	Moderate	18 (43.9% of aware)
Overall Community-Based	3.24	0.79	Moderate	-

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Table 5 showed community-based interventions achieving moderate overall effectiveness (M=3.24, SD=0.79), slightly higher than school-based interventions. Awareness campaigns received highest effectiveness ratings (M=3.58, SD=0.76), with girls reporting that radio programs, posters, and community meetings increased awareness of GBV as unacceptable, educated communities about girls' rights, reduced stigma around discussing violence, and encouraged bystander intervention. Girls noted observable changes in community conversations with some community members now challenging harmful practices and speaking out against violence.

Community dialogues were rated highly effective (M=3.41, SD=0.83) by girls whose families participated, who observed parents and community leaders discussing GBV prevention, challenging harmful cultural norms, and developing local action plans. These dialogues reportedly shifted some parents' attitudes toward supporting girls' education and rejecting early marriage. However, reach remained limited with many families unengaged.

Traditional and religious leader engagement showed moderate effectiveness (M=3.29, SD=0.87). When influential leaders publicly condemned GBV, preached against early marriage, and advocated for girls' protection, community attitudes shifted measurably. However, some traditional leaders simultaneously upheld patriarchal norms limiting intervention impact.

Local Council engagement (M=3.06, SD=0.91) and economic empowerment (M=2.84, SD=0.96) showed weaker effectiveness. Local Councils faced capacity constraints, legal knowledge gaps, and sometimes corruption or bias favoring perpetrators especially when they were influential community members. Economic programs, while highly valued by beneficiaries, reached so few families that population-level impact was minimal.

Comparative Victimization by Intervention Access

Table 6: GBV Victimization Rates by Intervention Access Level (N=90)

Intervention Access Level	n	%	GBV Victimization (past 12 months) n(%)
High Access (3+ school & 2+ community interventions)	34	37.8	11 (32.4)
Moderate Access (2 school or 1-2 community interventions)	35	38.9	27 (77.1)
Low/No Access (0-1 interventions total)	21	23.3	23 (78.6)

Source: Primary Data, 2026

Table 6 revealed striking patterns linking intervention access to victimization rates. Girls with high intervention access participating in three or more school-based interventions and two or more community interventions experienced significantly lower GBV victimization rates (32.4%) compared to girls with low/no intervention access (78.6%). This

46.2 percentage point difference suggested that comprehensive, multi-component intervention approaches provided substantial protection.

Girls with moderate intervention access showed intermediate victimization rates (77.1%), surprisingly similar to those with low access. This pattern suggested threshold effects where minimal or fragmented interventions provided little protection, but comprehensive intervention packages crossing critical thresholds produced measurable protective effects. Alternatively, it indicated that certain intervention combinations were particularly effective while others offered limited value.

Qualitative data explained protective mechanisms for high-access girls: they possessed knowledge and skills to recognize, avoid, and respond to violence; had support networks including trusted adults and peers to turn to for help; felt empowered to assert boundaries and refuse unwanted advances; benefited from community environments where violence was increasingly challenged; and in cases where economic empowerment reached their families, faced reduced poverty-driven vulnerabilities. One high-access girl explained: "Because of what I learned in girls' club and from the radio programs, when a man tried to force me, I knew to scream and run to the LC chairman's house nearby. He helped me and they caught the man."

Implementation Challenges

Table 7: Implementation Challenges Reported by Intervention Implementers (N=39)

Implementation Challenge	n	%	Severity Rating (Mean)
Inadequate Funding	32	82.1	4.23
Insufficient Trained Personnel	29	74.4	4.08
Weak Referral Systems	28	71.8	3.92
Cultural Resistance	27	69.2	4.15
Lack of Coordination Among Stakeholders	25	64.1	3.74
Inadequate Legal Enforcement	24	61.5	4.31
High Staff Turnover	21	53.8	3.56
Limited Beneficiary Reach	31	79.5	4.02

Note: Severity rated on 5-point scale (1=Minor Challenge to 5=Critical Challenge)

Source: Primary Data, 2026

Table 7 documented substantial implementation challenges constraining intervention effectiveness. Inadequate funding emerged as the most prevalent (82.1%) and severe (M=4.23) challenge, with implementers reporting insufficient budgets to sustain programs, scale successful pilots, pay qualified staff adequately, provide necessary materials, and conduct follow-up activities. Many interventions relied on short-term donor funding creating sustainability crises when projects ended.

Cultural resistance (69.2%; M=4.15) posed severe challenges with some community members viewing GBV interventions as Western impositions conflicting with traditional values, resisting discussions of sexuality and girls' rights, maintaining beliefs that discipline required physical punishment, and perpetuating norms condoning early marriage and male authority. One NGO representative explained: "When we talk about stopping early marriage, some elders accuse us of destroying culture and making girls disrespectful. We have to work very carefully to find culturally acceptable entry points."

Insufficient trained personnel (74.4%; M=4.08) limited intervention quality and reach. Schools lacked trained counselors, teachers received minimal child protection training, NGO staff had high caseloads preventing intensive support, and specialized skills in trauma-informed care were rare. High staff turnover (53.8%) exacerbated personnel challenges as trained individuals left for better opportunities, requiring constant retraining.

Weak referral systems (71.8%; M=3.92) meant girls who reported violence or sought help often encountered fragmented responses. Schools lacked clear protocols for referring cases to health, police, or social services; health facilities were distant and sometimes unresponsive; police were undertrained in GBV response and sometimes blamed victims; and social welfare services were nearly nonexistent. Girls fell through cracks between systems.

Inadequate legal enforcement (61.5%; M=4.31) severely undermined intervention effectiveness despite this challenge affecting fewer implementers. Perpetrators faced minimal consequences with cases dismissed, evidence mishandled, victims intimidated, and corruption enabling impunity. Without accountability, prevention messages rang hollow.

The findings revealed complex realities of GBV intervention effectiveness in Namayingo Town Council. The alarmingly high 67.8% victimization rate confirmed that gender-based violence against primary school girls constituted a pervasive crisis requiring urgent, comprehensive responses. The prevalence of sexual harassment, physical punishment, and verbal abuse indicated that violence was normalized across school and community settings, deeply embedded in gender unequal power structures and cultural practices.

School- and community-based interventions demonstrated moderate effectiveness overall, with specific components showing high effectiveness (safe spaces, counseling, awareness campaigns, dialogues) while others underperformed (reporting mechanisms, economic empowerment). This variability suggested that intervention effectiveness depended on design quality, implementation fidelity, resource adequacy, and contextual factors. The most effective interventions shared common features: they provided safe, supportive spaces for girls; delivered actionable information and skills;

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engaged multiple stakeholders including girls themselves; and maintained consistent, sustained implementation rather than sporadic activities.

The dramatic difference in victimization between high-access (32.4%) and low-access (78.6%) girls provided compelling evidence that comprehensive intervention packages could substantially reduce GBV. However, this finding came with important caveats. Only 37.8% of girls achieved high intervention access, meaning most remained inadequately protected. The similarity between moderate-access and low-access victimization rates suggested that fragmented, minimal interventions provided little protection comprehensive approaches were necessary for impact.

The wide gap between intervention awareness and utilization, particularly for reporting mechanisms (57.8% aware; 15.6% used), highlighted critical implementation failures. Girls knew services existed but didn't use them due to justifiable fears of retaliation, breach of confidentiality, victim-blaming, and ineffective responses. This finding underscored that merely establishing interventions was insufficient they required effective implementation ensuring safety, confidentiality, supportive responses, and meaningful consequences for perpetrators.

Implementation challenges revealed systemic constraints limiting intervention effectiveness. Inadequate funding created sustainability crises, prevented scaling, and forced compromises in quality. Cultural resistance indicated that interventions operated within broader social contexts requiring sensitive, sustained engagement to shift norms. Weak referral systems and inadequate legal enforcement meant individual interventions, however well-designed, functioned within dysfunctional broader protection systems that ultimately failed many girls. These systemic gaps explained why even effective interventions achieved only moderate overall impact.

The findings validated multi-sectoral approaches combining school and community interventions to address both immediate protection needs and underlying risk factors. School-based interventions provided direct support to girls including knowledge, skills, safe spaces, and responsive adults. Community-based interventions addressed contextual factors including cultural norms, economic vulnerabilities, and community accountability. Neither alone was sufficient; both together showed promise though still faced substantial implementation and systemic constraints.

CONCLUSIONS

The study concluded that school- and community-based interventions demonstrated moderate effectiveness in preventing and responding to gender-based violence against primary school girls in Namayingo Town Council, with significant potential for greater impact if implementation gaps were addressed and systemic constraints removed. The high GBV prevalence (67.8%) despite intervention presence indicated that current efforts, while valuable, remained inadequate in scope, quality, and reach to protect most girls effectively.

Specific intervention components showed differential effectiveness. Girls' safe spaces, guidance and counseling, awareness campaigns, and community dialogues emerged as relatively effective interventions that girls valued and that demonstrably influenced knowledge, attitudes, and behaviors. These interventions succeeded because they provided safe, supportive environments; delivered actionable information; engaged girls and communities actively;

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and maintained sustained implementation. However, even these effective interventions reached limited beneficiaries and operated within broader systems that constrained their impact.

Reporting mechanisms, while critical in principle, largely failed in practice due to systemic weaknesses including lack of confidentiality, inadequate responses, victim-blaming, and failure to hold perpetrators accountable. Economic empowerment programs, though highly valued by beneficiaries, reached too few families to produce population-level effects. These findings underscored that intervention effectiveness depended not only on design but crucially on implementation quality, resource adequacy, and functional protection systems.

The dramatic protective effect of comprehensive intervention access girls with high intervention access experiencing 46.2 percentage points lower victimization than those with low access demonstrated that multi-component, multi-sectoral approaches combining school and community interventions could substantially reduce GBV. However, only 37.8% of girls achieved this high access level, meaning most remained inadequately protected. Scaling effective interventions to reach all girls was essential but required addressing resource constraints, capacity gaps, and systemic weaknesses.

Implementation challenges inadequate funding, cultural resistance, weak referral systems, insufficient trained personnel, and inadequate legal enforcement constituted fundamental barriers limiting intervention effectiveness. These challenges reflected broader governance, resource allocation, and social norm issues requiring systemic interventions beyond program-level improvements. Sustainable GBV reduction required not only better interventions but transformation of systems, norms, and power structures perpetuating violence.

The study concluded that while current interventions showed promise and provided valuable support to some girls, achieving comprehensive GBV prevention and effective response required substantial escalation of efforts including universal access to proven interventions, strengthened protection systems, cultural transformation, economic empowerment at scale, and rigorous perpetrator accountability.

RECOMMENDATIONS

Namayingo District Local Government should establish a Multi-Sectoral GBV Task Force comprising education officials, health services, police, social welfare, judicial officers, NGO representatives, religious and traditional leaders, and girls' representatives. This task force should coordinate all GBV interventions, eliminate duplication, fill service gaps, harmonize approaches, establish referral protocols, monitor implementation, and ensure accountability. Monthly coordination meetings should review cases, share data, identify emerging issues, and plan joint responses.

The district should allocate dedicated budgets for GBV prevention and response with minimum 5% of education sector budgets supporting prevention programs. Budget priorities should include sustaining effective interventions (safe spaces, counseling, awareness), training personnel, establishing functional referral systems, supporting survivors, and conducting monitoring and evaluation. Funding should be sustainable, not dependent solely on donor projects, ensuring continuity.

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All primary schools in Namayingo Town Council should establish girls' safe spaces/clubs with trained facilitators, regular meeting schedules, age-appropriate curricula, and necessary materials. Comprehensive sexuality education and life skills training should be integrated into school curricula covering puberty, relationships, consent, rights, protective behaviors, and help-seeking. Training should be delivered by qualified, comfortable educators in gender-segregated settings for sensitive topics.

Functional GBV reporting and referral systems should be established in every school including trained focal person teachers with confidentiality protocols, clear reporting procedures widely communicated to students, documented case management processes, strong linkages to police, health, and social services, survivor support mechanisms including counseling and legal aid, and systematic follow-up ensuring cases receive appropriate responses. Confidentiality must be rigorously maintained, victim-blaming eliminated, and survivors treated with dignity and respect.

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