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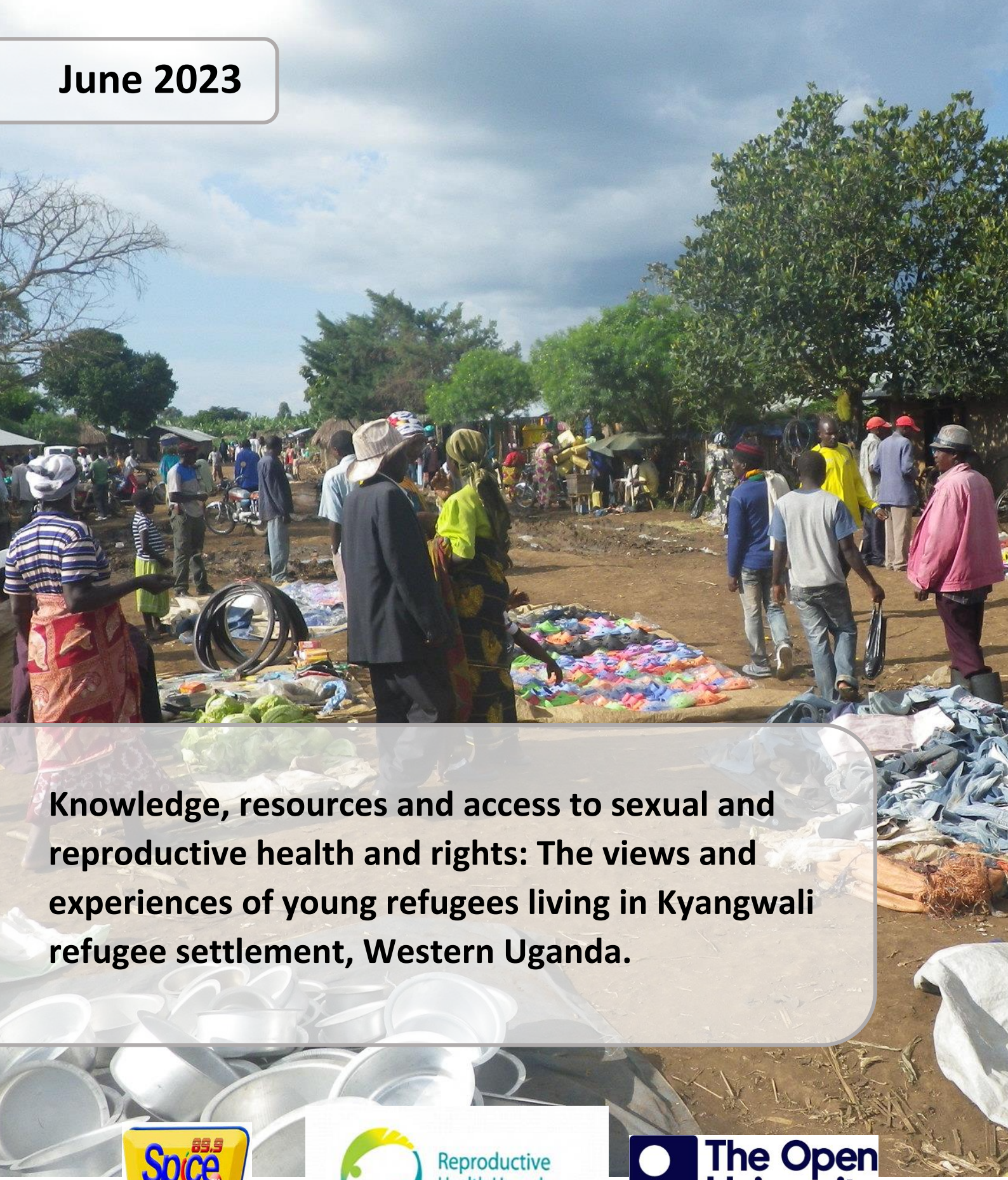

Knowledge, resources and access to sexual and reproductive health and rights: The views and experiences of young refugees living in Kyangwali refugee settlement, Western Uganda.

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Executive Summary

Refugee youth are particularly at risk of poor sexual and reproductive health. Sexuality education improves sexual and reproductive health outcomes and helps young people claim their sexual rights, but young refugees usually receive little formal sexuality education. When sexuality education is available, there are recurrent challenges to its effectiveness and implementation. These include acceptability and trust in messages, especially if these conflict with more widely available messages from family, peers, online and physical popular media, and cultural norms. Contextually-sensitive sexuality education therefore needs to consider which sources of information about sexual and reproductive health and rights (SRHR) are valued by particular groups of learners, and the wider context in which young people live.

This project undertook qualitative research into knowledge, resources and access to SRHR among young refugees, in order to improve the design and delivery of sexuality education in the longer term. To ensure that the knowledge produced by the research was as useful and relevant as possible, the research was designed, carried out and analysed by young refugees (peer researchers), alongside staff from Ugandan NGOs and a UK university. The project focused on Uganda because it hosts the largest number of refugees in Africa, more than half of whom are aged 18 years and below.

The six peer researchers currently or until recently lived in Kyangwali Refugee Settlement in Western Uganda and were aged 18-24. They interviewed eighteen further young refugees living in the settlement, each of whom spoke about the knowledge and experiences of SRHR topics of other young refugees they knew. Interviewees were aged between 15 and 24 (average 19.5), included both young men and young women, and were predominantly originally from the Democratic Republic of Congo. The majority had only participated in primary level education.

The main findings are:

- Underlying inequalities of poverty and lack of education, alongside negative attitudes towards young refugees, create the greatest barriers to young refugees accessing their sexual and reproductive rights.
- Current experiences of sexuality education are very limited and often do not seem to connect to the realities of young refugees' lives.
- Information about SRHR topics is highly contested and young refugees are actively engaging with diverse views and approaches.
- Menstrual hygiene products are in very short supply and need to be culturally acceptable and appropriate to low resource settings.
- Contraception is not always acceptable and stories about Long Acting Reversible Contraception (LARC) were nearly all negative ones about excessive bleeding and subsequent infertility.
- Sexual and gender-based violence is common and there are recurrent difficulties in reporting it and accessing justice.

The main recommendations arising from this research, and from participants at an international online workshop discussing this report, are:

Key design issues

- Include young refugees in planning and delivering sexuality education.
- Understand the wider contexts and the information ecosystem in which sexuality education occurs by:
    - speaking to young refugees
    - drawing on existing research
    - undertaking new research or situation analysis
- Seek support from parents, family and community leaders.
- In consultation with young refugees, choose a name for the curriculum that reflects the goals and values of the programme, while also considering the cultural and social context of the community it serves.
- Ensure sexual health and justice services are integrated into sexuality education.
- Ensure everyone receives sexuality education, including boys and young men.
- Offer holistic sexuality education that makes explicit links between key concepts and local issues and challenges, such as poverty and refugee status.
- Recognise the significance of trust, and lack of trust, in sexuality education, especially when messages or educators are seen to come from outside sources.
- Recognise the legacies of colonialism in sexuality education and design curricula that are appropriate to specific contexts and situations.
- Where possible, integrate sexuality education into vocational skills training and other livelihood initiatives.
- Ensure those delivering sexuality education are fully trained and supported, recognising the especially challenging nature of this work.

Curriculum issues

- Recognise the importance of building trust within the group and consider learning through sports, games, crafts and other activity-based pedagogies.
- Recognise the challenges that poverty and shortages of water, soap and menstrual products may create for young refugees, and discuss strategies for managing these.
- Acknowledge how commonly sexual and gender-based violence occurs.
- Comprehensive Sexuality Education (CSE) may not be acceptable in some contexts but topics and concepts from these curricula can still be employed. For example, in discussing sexual and gender-based violence, resist victim blaming, discuss gender-based power differences, and educate about support services and referral pathways.
- Discuss contraception in ways that acknowledge conflicting beliefs about side effects and acceptability. Provide evidence to refute misunderstandings but also discuss the ways in which different people have different experiences with contraception.
- Develop activities that support young refugees to advocate for themselves when encountering unhelpful service providers e.g., role playing being refused access to condoms by health providers.

Abbreviations and terminology

ACCESS	Approaches in Complex and Challenging Environments for Sustainable Sexual and Reproductive Health https://www.ippf.org/our-approach/programmes/access A large international development project from which this project originated.
CSE	Comprehensive Sexuality Education
Informant	The eighteen young refugees who were interviewed by the PRs
iNGO	non-governmental organisation working internationally e.g., Oxfam
LARC	Long-acting reversible contraception e.g., Depo Provera
NGO	Non-governmental organisation e.g., Reproductive Health Uganda
PR	Peer researcher: the six young people who worked on this project
SRHR	Sexual and reproductive health and rights

Project overview

Background

Refugee youth are particularly at risk of poor sexual and reproductive health and rights (SRHR) outcomes[1][2]. This project undertook qualitative research into knowledge, resources, and access to SRHR among young refugees, in order to improve the design and delivery of sexuality education in the longer term. To ensure that the knowledge produced by the research was as useful and relevant as possible, the research was designed, carried out and analysed by young refugees, alongside staff from Ugandan NGOs and a UK university. We focused on Uganda because it hosts the largest number of refugees in Africa, more than half of whom are aged 18 years and below[3].

The importance of sexuality education in educating young people about SRHR and reducing their risk of poor outcomes is agreed by the World Health Organisation[4] and acknowledged by the Government of Uganda[5]. Both abstinence-based and more holistic forms of sexuality education (often known as Comprehensive Sexuality Education - CSE) are delivered in the country[6]. In Uganda and globally, sexuality education is mostly delivered in schools due to the opportunity that schools offer in reaching large numbers of young people with accurate and developmentally appropriate knowledge. A persistent gap in the provision of sexuality education remains with youth that are not in schools, and this is particularly evident in humanitarian settings.

Globally, about 48% of refugee school-age youth are not in school, and refugee girls are especially likely not to be in school[7]. This means that they are unlikely to receive any formal sexuality education. In Uganda, the main sources of SRHR information for out-of-school youth are thought to be family and peers[8] and while these sources are valued and useful, it is reported that there are significant gaps in the type and quality of information that are received[9]. The United Nations

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[1] Ivanova, O., Rai, M., & Kemigisha, E. (2018). A Systematic Review of Sexual and Reproductive Health Knowledge, Experiences and Access to Services among Refugee, Migrant and Displaced Girls and Young Women in Africa. International journal of environmental research and public health, 15(8), 1583. https://doi.org/10.3390/ijerph15081583

[2] Ivanova, O., Rai, M., Mlahagwa, W. et al. A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. Reprod Health 16, 35 (2019). https://doi.org/10.1186/s12978-019-0698-5

[3] United Nations High Commissioner for Refugees (2021). Uganda Refugee Statistics January 2021. Retrieved September 17, 2021, from https://reliefweb.int/sites/reliefweb.int/files/resources/Uganda%20Refugee%20Statistics_012021.pdf

[4] World Health Organisation (2006) Preventing HIV/AIDS in young people: A systematic review of the evidence from developing countries. Geneva: World Health Organisation

[5] Ministry of Education and Sports (2018). National Sexuality Education Framework. Uganda

[6] de Haas, B., Hutter, I. and Timmerman, G. (2017) 'Young people's perceptions of relationships and sexual practices in the abstinence-only context of Uganda', Sex education, 17(5), pp. 529–543. doi:10.1080/14681811.2017.1315933.

[7] United Nations High Commissioner for Refugees (2019). Coming together for refugee education. Education report 2020. Retrieved March 29, 2023 from https://www.unhcr.org/uk/publications/education/5f4f9a2b4/coming-together-refugee-education-education-report-2020.html

[8] Ndyanabangi, B., Kipp, W., & Diesfeld, H. J. (2004). Reproductive health behaviour among in-school and out-of-school youth in Kabarole District, Uganda. African journal of reproductive health, 55-67.

[9] United Nations Population Fund (2020). International Technical and Programmatic Guidelines on out-of-school Comprehensive Sexuality Education: an evidence infored approach for non-formal, out-of-school programmes. Retrieved March 29, 2023, from https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf

Population Fund 'International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education'[10] calls for more evidence about the information needs of young people in humanitarian settings, in order to support the development of more effective interventions.

When sexuality education is offered in low-resource settings, there are recurrent challenges to effectiveness and implementation[11,12], which include acceptability and trust in information, especially if these conflict with more widely available messages from family, peers, popular media, and cultural norms[13]. Contextually sensitive sexuality education therefore needs to include consideration of the forms of SRHR information and sources that are valued and trusted by particular groups of learners.

In the sections that follow, we outline the study, the methodology followed and report on key findings from this study. We anticipate that finding from this study will help providers of sexuality education to design interventions in ways that are most likely to be useful and trusted by out-of-school young refugees.

This project was funded by the Open University's Research Impact Accelerator fund[14]. It built on partnerships that had been developed as part of a large international project funded by the UK's Foreign, Commonwealth and Development Office (FCDO) between 2019 and 2021: Approaches in Complex and Challenging Environments for Sustainable Sexual and Reproductive Health (ACCESS) https://www.ippf.org/our-approach/programmes/access, which was unexpectedly terminated early due to cuts to the UK Foreign Aid budget.

Project team

The project was a collaboration between three organisations: the Open University (OU), the largest university in the UK; Spice FM Hoima, a community radio station based in Hoima city in Uganda focused on the empowerment of women and young people; and Reproductive Health Uganda (RHU), the largest non-governmental provider of sexual and reproductive health services in Uganda and a member association of the International Planned Parenthood Federation (IPPF).

The initial project team consisted of:

- three researchers based at The Open University, UK (RJ, KC, JAM)
- one staff member from Spice FM (LB)
- one staff member from RHU (QM).

[10] ibid

[11] Vanwesenbeeck, I., Westeneng, J., de Boer, T., Reinders, J., & van Zorge, R. (2016). Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: The World Starts With Me. Sex Education, 16(5), 471-486. doi: 10.1080/14681811.2015.1111203

[12] International Planned Parenthood Federation (2021) Technical Brief on Comprehensive Sexuality Education for Adolescents in Protracted Humanitarian Settings. Retrieved April 21, 2023 from https://www.ippf.org/sites/default/files/2022-01/Technical%20brief%20-%20Comprehensive%20Sexuality%20Education%20for%20adolescents%20-%20English.pdf

[13] van der Geugten, J., Dijkstra, M., van Meijel, B., den Uyl, M. H. G., & de Vries, N. K. (2015). Sexual and reproductive health education: Opinions of students and educators in Bolgatanga municipality, northern Ghana. Sex Education, 15(2), 113-128. doi: 10.1080/14681811.2014.968771

[14] Project title: 'Developing contextually-sensitive Comprehensive Sexuality Education (CSE) for out-of-school adolescents in refugee settings in Uganda'

This group developed the funding bid together, based on ideas we had begun to explore when working together on the ACCESS project. Spice FM led the recruitment and management of fieldwork, including permissions within the settlement and the Office of the Prime Minister, RHU contributed to training and supported with ethics clearance from the Ugandan National Council for Science and Technology (UNCST), and the Open University team led on project design and management, research methods and training, and reporting. We later added one further member to the team, holding a role of a visiting researcher at the OU (JH).

We recruited six[15] young people from refugee backgrounds living in Kyangwali refugee settlement in Western Uganda, to work as peer researchers (PRs). Adverts for these positions were placed around the settlement in English[16] and Swahili, describing the nature of the work and the renumeration (nine days' work at a standard local rate). Fourteen people applied and were interviewed by Spice FM staff. The main criteria for the selection of the peer-researchers were knowledge of local languages in addition to English and interest in the topic. We also aimed for some demographic diversity in terms of age and gender.

The demographic features of these peer researchers are:

- Ages: 21, 22, 23, 23, 23, 24,
- Genders: five were female, one was male
- Countries of origin: 5 were from the Democratic Republic of Congo, one was from Sudan
- Highest educational level completed: Primary 6, Primary 6 + short university course on Ethics, Senior 1, Senior 6, Bachelors' degree (two PRs).

Research methods

The study used the Participatory Ethnographic Evaluation Research (PEER) methodology[17]. PEER is an innovative, rapid, participatory, and qualitative approach to programme research, evaluation, and design and is based upon training members of the target group to carry out in-depth qualitative interviews with their peers.

In practical terms and as part of this methodology, we held a two-day training event (12 hours total) with Ugandan participants present together in a hotel room in Hoima city and UK participants online, visible on a large screen on the wall. The training event covered:

- Project aims, overview and methods
- Initial identification of key issues around sexuality education by PRs
- Practical activities on planning, organising, and conducting interviews
- Discussion of key SRHR terminology in different languages, and of the challenges of SRHR terminology in general
- Identification of four key topics of focus
- Development and practice of an interview schedule[18]
- Ethics and safeguarding issues and dilemmas

[15] On the advice of the Spice FM team, we initially recruited and trained seven, to allow for drop out, which did occur.
[16] See Appendix 1
[17] Price, N. and Hawkins, K (2002) Researching Sexual and Reproductive Behaviour: A Peer Ethnographic Approach. Social Science & Medicine 55(8):1325-36. See also https://options.co.uk/sites/default/files/peer_process.pdf
[18] See Appendix 2

The four topics that the PRs considered most pertinent to explore in the study were:

1. body/personal care & hygiene
2. family planning
3. sexual violence & referral pathways
4. cultural aspects to sexual and reproductive health and rights

We co-designed the interview schedule that the PRs were to use based on these topics.

As part of the PEER methodology, the people interviewed by the PRs ('informants') were not asked to talk about their own personal experiences but rather about 'young refugees I know', in order to make talking about sensitive topics easier. This means that our findings are about common understandings and stories that circulate within communities; they are not focused on the experiences of individuals.

Following the training workshops, the PRs conducted in-depth interviews with three informants from their own social networks, each of whom they interviewed twice over a period of one to three weeks. The aim of the interviews was to collect narratives and stories which provided insights into how informants conceptualise and give meaning to their experiences related to sexuality education and access to SRHR services. The interviews were not recorded, but PRs were encouraged to take notes such as key words and phrases. Interviews were confidential and PRs did not collect any identifications of informants or other people that they referred to in their narratives.

Soon after each interview, each PR had a 'Debriefing' conversation with the Spice FM staff member (LB), during which they filled in a form summarizing what had been said[19]. The debrief sessions served as spaces to share, capture and discuss the data gathered in the interviews and also provide on-going support to the PRs.

Informants

PRs each recruited three young people fitting the inclusion criteria:

1. aged 15-25[20] but not more than 4 years younger than the PR themselves[21]
2. who have had little or no formal education
3. who live in Kyangwali refugee settlement

PRs were asked to aim for some diversity in who they interviewed and to be attentive to the issues of power we had explored during the training event in relation to research ethics and safeguarding. The first interview focused on the topics the PRs felt were less challenging (hygiene & body care and contraception) and the second interview on those that they thought were more challenging (sexual violence and cultural norms). Most interviews lasted for between forty-five minutes and an hour, and were undertaken in English, Kiswahili or Kinyabwisha, or a mixture of these languages.

[19] See Appendix 3

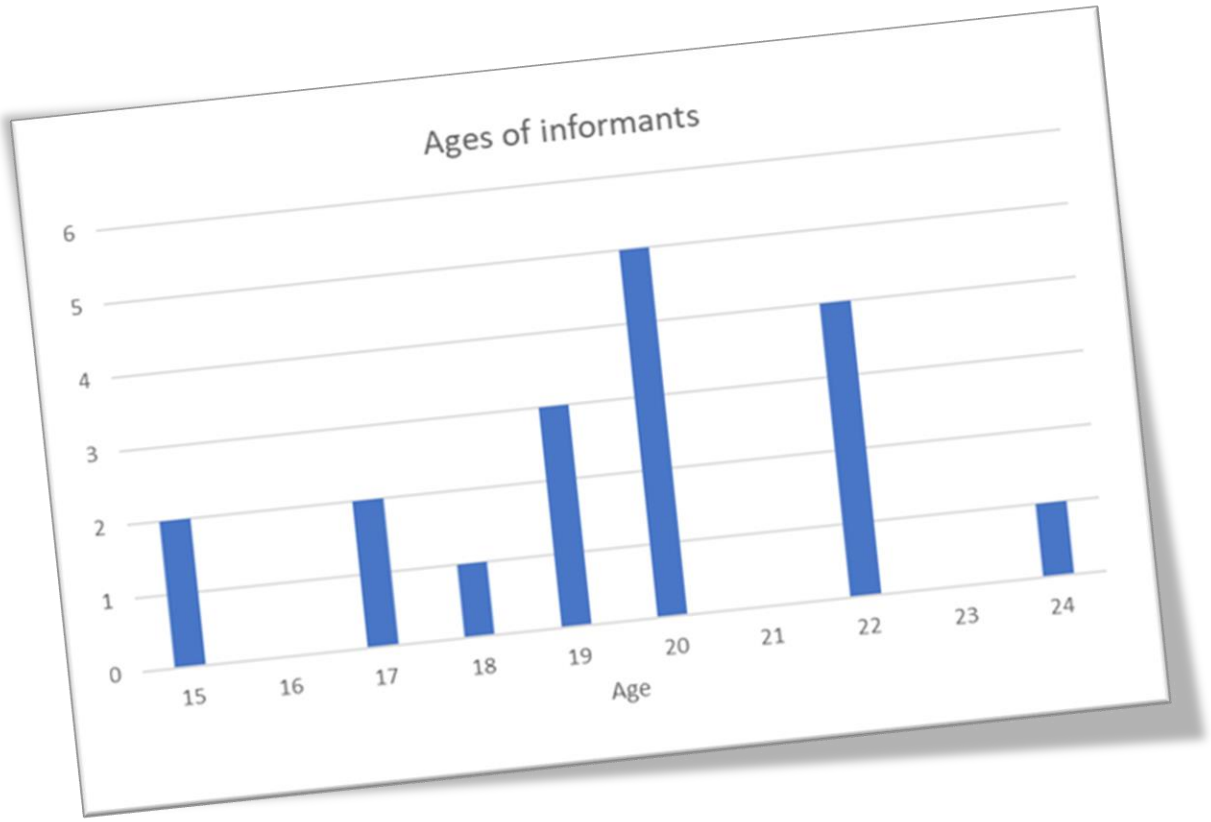
[20] All participants were given written information sheets and consent forms, read out loud and/or translated into additional languages as necessary, which they signed or marked to signify consent. The parents or guardians of those aged under 18 also received an information sheet and gave consent.

[21] This was a requirement of one of the ethics committees, as a way of ensuring that e.g. a 25 year old young man was not interviewing a 15 year old young woman. We decided not to require same-sex interviewing because Spice FM's view was that, for example, sometimes younger men found it easier to talk to an older woman than another man about these topics.

The interviews took place in October 2022 and the demographic feature of the 18 young refugees who were interviewed are as follows:

- 7 young men, 11 young women
- Ages 15-24, average 19.5
- 16 were originally from the Democratic Republic of Congo, 2 were originally from South Sudan
- 10 had participated in primary education only, most often up to Primary 6 or 7 but one participant had only attended school for Primary 1
- 5 had some secondary education, with the number of years completed ranging from less than 1 – 4[22]

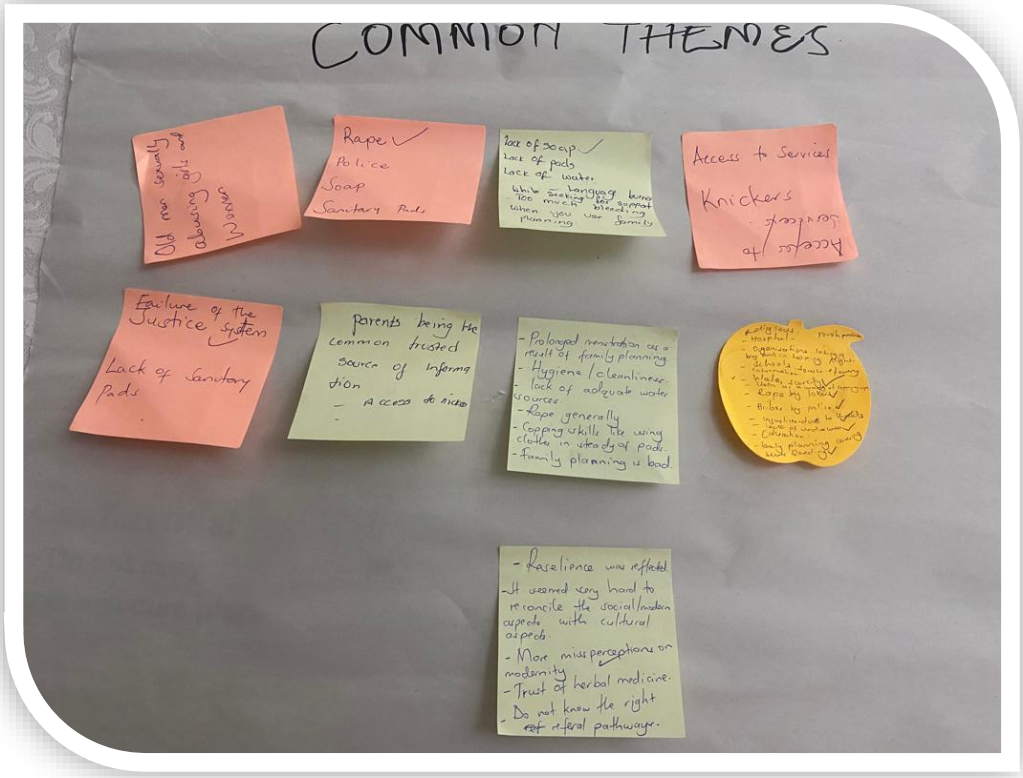
Table 1: Ages of informants



In order to gain some insight into whose experiences informants might be reporting, we asked them which communities they felt connected to. By far the commonest answers to this question were religious communities (mostly Protestant Christian, some Catholic Christian, some Muslim) or tribal affiliations (many different tribes were mentioned, with little repetition). Less common answers to this question were: urban/modern communities, my football team, family, owners of gambling machines, and the internet.

Data analysis process

[22] The educational experiences of the other three informants were not captured.



We undertook initial data analysis together during an online day-long 'Reflections' workshop, in order to ensure that the PRs perspectives were prioritised. The debrief sheets were shared with PRs prior to the workshop. During the day, PRs undertook a series of sorting and coding exercises using flipcharts and sticky notes and told stories that had been told to them by informants that they saw as particularly important. They also identified things they had been told that stood out for them, either in a positive or negative way. After the workshop, each PR completed a short survey about their experiences on the project and had an interview with one of the UK-based researchers (JAM, JH, KC) to further discuss what they had discovered, and to further debrief from the fieldwork.

The original project team (OU, Spice FM and RHU) had been focused more narrowly on the question of which sources of information about SRHR were valued and trusted by young refugees. However, once the peer researchers had joined the team, it was clear that they were also interested in broader issues of access to SRHR services and products. Since one of the aims of this project was to be as participatory as possible within the constraints within which we were working, we therefore widened our focus beyond knowledge and information to include access to services and products.

The UK-based researchers drafted this report based on the main themes identified by the PRs during the Reflections workshop, the reports in the Debriefing documents, the comments in the surveys the PRs filled in, and the one-to-one interviews with the PRs. PRs then had the opportunity to comment and add to the draft report, and to be named as co-authors.

Findings

Underlying issues

One of the most significant changes that the participatory approach made to our findings was to foreground underlying structural and societal inequalities facing young refugees. The three inter-related key issues that we identified were poverty, education, and attitudes to young refugees.

Evidence across the data sets (interviews with PRs and with informants, and workshops) stress that poverty remains the main underlying problem leading to poor SRHR. Informants reported that young refugees, especially girls and young women, were married early in order to reduce the cost to their family of birth and some had to engage in transactional sex to acquire basic necessities such as food and soap. There were numerous stories where poverty created problems accessing SRHR services and products. For example, many informants reported that young refugees they knew lacked access to soap and water, as well as to knickers, menstrual products and contraception, and were dependent on NGOs/iNGOs to provide such resources. PRs saw lack of employment for young refugees as creating SRHR problems, quoting the common phrase 'idleness is the devil's workshop'. PRs felt that schemes to support young refugees to make and sell common household items should be prioritised alongside sexual health interventions.

Our data also highlighted barriers to access and participation in education, which are very common among refugee and displaced communities. Such lack of educational opportunities exacerbates lack of access to SRHR. Barriers to education that informants and PRs identified included large class sizes and overcrowding, the need to pay for meals, uniforms and books for primary level education and the additional need for fees for secondary level education[23]. They identified particular lack of educational opportunities for young refugees who are married or past normal school age, and difficulties where education in the country of origin is not counted in Uganda, leading to older young people being educated alongside young children. One informant talked about young mothers commonly being put into Primary 1 with very young children, which they find shameful and embarrassing, leading them to leave school. PRs and informants also talked about difficulties accessing SRHR information for young refugees who are illiterate, have poor literacy or speak little English or Kiswahili. PRs and informants saw education as a way for young refugees to increase their earning potential and status within communities and so be in a better position to assert their sexual and reproductive rights.

PRs felt that young refugees were treated poorly by family and community members because of their youth and negative approaches to adolescence, which emphasise the risks of sexual abuse and exploitation rather than focusing on agency, understanding bodily changes, body positivity and self-care. Such cultural barriers and social norms were evident in the data where informants described many experiences of rude and dismissive responses from health service workers which they attributed to negative attitudes towards youth in general, and young refugees in particular. Despite the advice that young people should access sexual health services, in practice the PRs described there not being enough services available and that most young people are treated disrespectfully when they try to attend; being made to wait for long periods of time, having their symptoms or queries dismissed and patronised, often being sent away with basic medicine (e.g., Panadol) and told they are wasting the time of health service providers. Informants felt this discouraged young refugees from accessing services.

[23] For more information on refugee education in Uganda, see https://core.ac.uk/download/pdf/10976572.pdf

Experiences of sexuality education

Informants reported little experience of receiving formal sexuality education among young refugees and much misunderstanding and uncertainty about basic knowledge around puberty, menstruation and procreation. Those few who had received sexuality education at school described problems inherent in teaching large, mixed gender groups of young people about sexual health. They stated that older young people do not want to ask personal questions or learn about intimate things when young children are present.

Some PRs articulated a feeling of futility in teaching young refugees about issues such as contraception and consent when access to contraception is very difficult and their chances of employment are so low that young women, in particular, have little choice but to marry young or engage in transactional sex. They felt that significant changes to the wider circumstances in which young refugees live should be the highest priority for action.

Contested sources of information

All the informants knew of beliefs and practices around sexuality and reproduction that conflict with messages and information usually taught in sexuality education classes. These included anti-contraception beliefs (see below) and views of young women as lacking sexual agency, as well as specific practices, such as a pregnant wife placing a basket in the doorway of the house for her husband to jump over, in order to ensure that the baby looks like her husband, even if he is not the father.

Data from the interviews suggested an underlying suspicion about 'Western', 'White' or 'un-African' approaches to SRHR among some young refugees. For example, one informant said that White people are using microchips in LARC to control Africans, and another reported that some people think that the HPV vaccine causes infertility. The long history of Black African populations being used by global pharmaceutical companies as sites of clinical trials, sometimes in unethical ways, undoubtedly contributes to this mistrust. PRs reflected that communities felt misunderstood, or little understood, by some sexual health organisations.

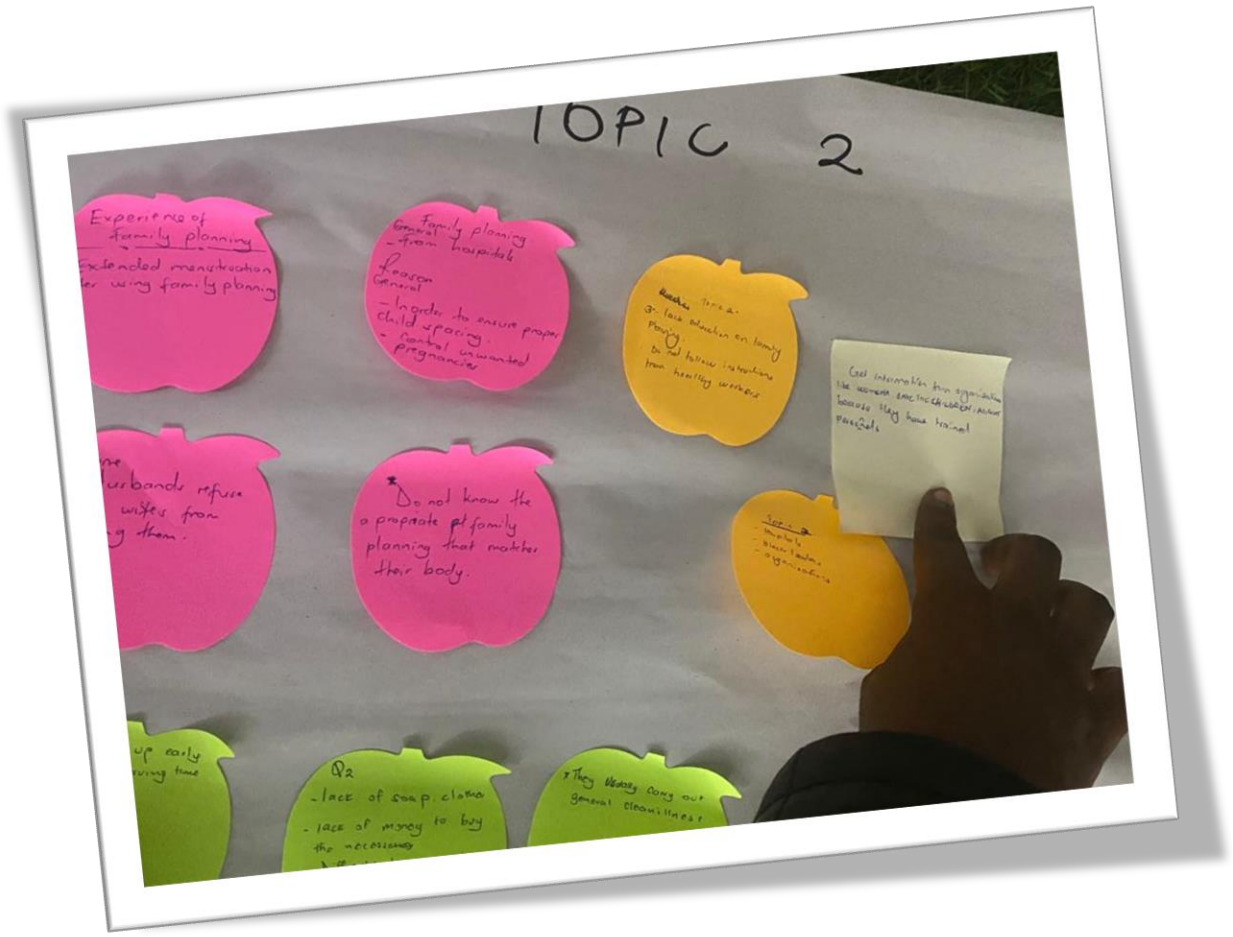
There were two questions on the interview schedule that directly addressed the original focus on sources of information (Qs 3 and 4, see Appendix 2). Informants said that young refugees they knew valued and trusted information about SRHR that they gained from school, the internet, village leaders, church leaders, health workers, parents, and organisations (predominantly NGOs). They said that they would prefer to get information from close friends, organisations like CARE International, and the internet. The fact that the internet was valued and trusted is perhaps most noteworthy as it suggests that this may be an acceptable way for NGOs to provide CSE to those young refugees who do have internet access.

Acceptable and appropriate menstrual hygiene

One PR talked about the importance of consulting with communities before trying to roll out specific types of Western menstrual health intervention. An example of this was the attempt by an iNGO to introduce moon cups as a re-usable menstrual health method, which caused much concern amongst the young people and the community at large, due to the idea that insertion of the cup into the vagina would 'break virginity'. This enhanced suspicions and fears around young people being viewed as being sexual 'ready', i.e., using a menstrual product like this might then make them vulnerable to sexual abuse.

Conversely, a group teaching girls to make reusable menstrual pads – not only for their own use, but to sell – was seen as an excellent intervention, empowering young women through the earning potential, working within cultural acceptability, avoiding the use of disposable, unsustainable items and creating more opportunities to engage in sustainable initiatives.

Problems with contraception



Many informants told stories of the cultural unacceptability of contraception, especially hormonal, barrier and surgical methods, such as the contraceptive pill, Long-Acting Reversible Contraception (LARC), condoms and vasectomies/sterilisation. Informants said that having lots of children is seen as a blessing from God and using contraception might be seen as suggesting you are a prostitute – one informant told a story of a young woman being chased from home because she used LARC. There were many reports of people not using hormonal family planning methods because they feared side-effects such as infertility and fibroids, or that future children would be born disabled.

Most informants did know of people who used hormonal family planning methods but nearly all of the stories about this use were negative. LARC is often seen as the best contraception for low resource settings, such as refugee settlements. However, informants told many stories about bad experiences of using LARC, especially that users bled for excessive periods after insertion (weeks or even months), that periods became more frequent, and that they could not get pregnant after removal. One young woman was reported to have bled so much after receiving the Depo Provera injection that she became unwell. She was shunned by the community for engaging with western

contraceptive medicine and going against norms around children being a blessing. The informant who told this story felt that the example of this young women's experiences put other young refugees off accessing LARC.

There were also many stories about the contraceptive pill not being used as intended i.e., just after sexual intercourse, not throughout the month. Informants thought that this occurred both because of misunderstanding about how the pill was supposed to work and because of difficulties securing supplies which led to (inappropriate) rationing.

Many informants concluded that some forms of contraception were not compatible with some women's bodies. One informant summarised this view by saying her 'blood did not match the injectaplan' (B2). PRs concluded that it was important to offer choice and alternatives to find a suitable form to suit each individual, but this was rarely on offer.

There were not as many stories about male-led forms of contraception (condoms and vasectomies), but one report of a vasectomy suggested cultural unacceptability:

> *A man in Kavule went to the hospital and it gave him a family planning method that stopped him from making his wives pregnant by tying his private parts (he meant a vasectomy) since he had many children like 14. He got it like two years ago but even now, people laugh at him saying he has no manpower since the method he used makes a man impotent. People laugh at him so much.*
>
> *[The informant] also laughed during the interview while explaining about this saying many men do not want to go for that method. (F1)*

Difficulties reporting sexual violence and abuse

PRs anticipated hearing about high levels of sexual violence and abuse, especially against girls and young women, and this proved to be the case. Some informants disclosed that they had experienced sexual violence and abuse themselves[24], and they all had stories to share of someone they knew who had experienced sexual violence and abuse. Most of the PRs also expected to hear that victims did not report sexual violence, and this was also the case, although one PR said that they had never heard of people not reporting before undertaking this project.

The interviews with informants point to a number of cultural and social factors that explain why this is happening. For example, on many occasions there is pressure on the victim by her family and relatives not to report, and instead to make an informal arrangement with the perpetrator. Reparations to the parents or family were reported to take the form of money or household goods.

Other reasons for not reporting include a fear of officials not observing confidentiality or having negative attitudes towards the victims, as illustrated in the following summary of an interview with an informant:

> *She heard of a woman aged 25 years who was raped in Maratatu forest when collecting firewood and the woman didn't report because she assumed that the person who raped her was healthy by his mere physical appearance. She thinks that this is happening because the victims fear to be exposed because they think the people who are being reported to will not*

[24] We had anticipated that this might be the case, and therefore discussed safeguarding and support offered by RHU during the training event.

observe confidentiality. Sometimes it's because of the negative attitude by the people who they report to like the police and case workers (F2)

The comment about not reporting because she assumed that the rapist was healthy perhaps suggests that this victim might have reported if she thought there was a risk that she had contracted a sexually transmitted infection.

One of the interview questions was 'Where in the community do young refugees who experience sexual violence and abuse go to for help or to report this?' A typical answer was:

They first go to the hospital (Medical Teams International) then report the case to police to be followed up. She thinks they don't get enough support because most of the health workers tend to pay less attention to the people who have been violated therefore giving them inadequate medication for the likely infections. For the case of the police officers, they tend not to follow up the cases appropriately. They tend not to focus on these cases. Generally, the police in the camp require bribes to follow up these cases. (F2)

While there were some reports of successful prosecutions of rapists leading to jail sentences, participants indicated a widespread lack of trust in police and legal services. Presumably this then feeds back to victims not speaking-up in the first place.

Unexpected stories

As experts in this context, many of these stories were unsurprising to the peer researchers. However, during the Reflections workshop we also considered stories that had surprised or shocked them, in order to help us make the analytical distinction between what PRs thought and knew themselves and what the informants had told them.

One PR reported that she had been surprised to hear how different other women's menstrual periods were from her own. Another was shocked that someone reported using washable menstrual pads several days in a row without washing them. The PR who was told that White people are using microchips in LARC to control Africans was surprised by this belief, which they had not heard before. One PR was shocked by an informant saying that her husband would not allow her to use contraception because he thought it would make her barren and he wanted to have many children.

While none of the PRs were surprised at how common accounts of sexual abuse and violence were, some were surprised at how common stories were of close family members abusing younger family members, sexually, physically, and emotionally. They expected abuse to come from strangers and expected parents, in particular, to do their best to protect their children. Stories about parents failing to look after their children were therefore especially shocking.

Reflections on the project

Although the topic focus was important to this project, another key aim was to try to do research in a more participatory way, especially with the challenge that the UK and Ugandan participants were not able to meet in person at any point, due to financial limitations and the ongoing Covid-19 pandemic. We therefore asked PRs to reflect on their experiences of taking part in the project during the Reflections workshop and through one-to-one interviews, and the UK team also reflected on their experiences in written fieldnotes and discussions.

Positive experiences of the process

PRs talked about having made new friends and obtained new knowledge, both more theoretical knowledge about SRHR, and practical knowledge such as the services offered by RHU, and how to make menstrual pads using old cloth. They valued talking on behalf of young refugees and contributing to research in an area they thought was important.

Some PRs had previously been employed as fieldworkers on projects run by iNGOs but had not been involved in the recruitment of participants, the design of research instruments or the analysis of data. They valued the opportunity to be more involved in shaping the direction and findings of this project, and one said that they hoped this would help them to obtain further employment as a research assistant. One felt that 'I learnt how to be a critical thinker that is to say do not be judgmental but learn how to extract solutions together as a team'. Some also said that they had valued working with people beyond Uganda and beyond Africa.

Some of the PRs with their certificates of completion.

The OU team valued the enthusiasm and commitment of the PRs, their expertise in the SRHR issues affecting young refugees, and the fact that they were able to reach very disadvantaged young refugees who are often not included in research studies. They also valued the emphasis that the PRs had placed on wider structural factors impacting young refugees, such as poverty and lack of access to education.

Challenges of the process

Many of the PRs experienced interviewees wanting more from them than the small payment that was on offer. They talked about the ways in which research creates expectations of support which are then not forthcoming:

> *Once you bring 'pen and paper' and 'tablet', refugees think there's support coming. But when you come and they have high expectations 'people come to me, talk to me but you never come back to give me something, cure my mum'. (B)*

Informants asked for soap, menstrual pads, information on contraception and further visits in their homes. PRs found it very difficult not to be able to offer these forms of further support.

PRs also talked about the challenges of feeling both an insider and an outsider to the experiences that were being talked about. Some PRs had more education than informants and several felt more empowered, but they came from similar backgrounds and managing this feeling of being different and yet similar was emotionally draining. One PR reflected on her own move away from the settlement and said:

> *Hearing their experiences made me feel uncomfortable. When you leave, these experiences are reduced. But then you realise that they are still there. I feel sad and disappointed. (F)*

Another PR, who does still live in the settlement reported:

> *When they see you being employed, they start hating you for no good reason. You are getting money. Hatred comes in. Survey was strictly restricted 3 people. They couldn't understand, "you are segregating me", they feel "you are no longer belong to them" even though we are still staying there and live in the same community" (B)*

Some PRs found the stories they heard distressing and worrying. Some PRs talked about initially being anxious talking to the UK team. One person described themselves as feeling 'shaky and scared' and located this fear in the perceived 'whiteness' of the UK team[25].

The UK team also identified challenges in trying to work participatively within globally inequitable contexts, in being physically remote from the fieldwork, and in running the training and Reflections workshops in a hybrid format, with Ugandan participants together in a room and UK participants online. There were technical difficulties with connectivity and equipment and the failure of a table microphone meant that Ugandan participants had to come to the laptop every time they wanted to talk to the UK participants, which created a more formal and hierarchical atmosphere than wanted.

Future projects

We also asked PRs to reflect on what they would do differently if they were doing a similar project again. Several PRs would like to do a more practically useful project, where they were actually able to help young refugees directly, for example by helping them obtain soap, washable menstrual pads and reliable information on contraception. One suggested having access to a motorbike to do fieldwork, to make it easier to reach people throughout the settlement. Several said that they would have liked to meet face-to-face with the UK team, and to have travelled to the UK to do so. Several wanted further employment in similar work.

[25] Perceptions of ethnicity are complex and situationally dependent: the ethnicities of the UK team are White British, Greek Cypriot, Ghanaian and Mixed Race British/Ugandan.

The UK team identified that they too would very much like to work with the PRs in future projects, especially involving them more in the initial design stages of a project. They also wanted to find better ways in future projects to talk about the ways global inequalities and histories of colonialism affect group dynamics within international projects.

Recommendations for developing contextually-sensitive sexuality education resources for young refugees

This report was presented to 24 participants at an international online workshop hosted by the project team on 3rd May 2023, titled 'Knowledge, information, soap and menstrual pads: A workshop on developing more contextually-sensitive sexuality education in refugee settings' https://www.eventbrite.co.uk/e/knowledge-information-soap-and-menstrual-pads-tickets-611054318917. Participants were sexuality educators, young refugees and researchers and activists working on SRHR topics in refugee settings, predominantly from Africa, Europe and the Americas.

Participants worked together to refine and add to a draft version of the list below, of ways to make sexuality education resources for young refugees more contextually sensitive. The recommendations are designed to be used alongside existing guidance and technical briefings on sexuality education for young refugees produced by organisations such as the International Planned Parenthood Federation[26, 27] and UNFPA[28].

Key design issues

- Include young refugees in planning and delivering sexuality education.
- Understand the wider contexts and the information ecosystem[29] in which sexuality education occurs by:
    - speaking to young refugees
    - drawing on existing research
    - undertaking new research or situation analysis
- Seek support from parents, family and community leaders.
- In consultation with young refugees, choose a name for the curriculum that reflects the goals and values of the programme, while also considering the cultural and social context of the community it serves.
- Ensure sexual health and justice services are integrated into sexuality education.
- Ensure everyone receives sexuality education, including boys and young men.
- Offer holistic sexuality education that makes explicit links between key concepts and local issues and challenges.
- Recognise the significance of trust, and lack of trust, in sexuality education, especially when messages or educators are seen to come from outside sources.
- Recognise the legacies of colonialism in sexuality education and design curricula that are appropriate to specific contexts and situations.
- Where possible, integrate sexuality education into vocational skills training and other livelihood initiatives.
- Ensure those delivering sexuality education are fully trained and supported, recognising the especially challenging nature of this work.

[26] file:///C:/Users/rlj25/Work%20Folders/Downloads/IMAP%20Statement%20-%20English%20-%20CSE%20for%20Adolescents%20in%20Protracted%20Humanitarian%20Settings.pdf
[27] https://www.ippf.org/sites/default/files/2022-01/Technical%20brief%20-%20Comprehensive%20Sexuality%20Education%20for%20adolescents%20-%20English.pdf
[28] https://www.unfpa.org/sites/default/files/pub-pdf/Out_of_School_CSE_Guidance_with_References_for_Web.pdf
[29] https://www.unhcr.org/innovation/wp-content/uploads/2017/10/Internews_Mapping_Information_Ecosystems_2015.pdf

Curriculum issues

- Recognise the importance of building trust within the group and consider learning through sports, games, crafts and other activity-based pedagogies.
- Recognise the challenges that poverty and shortages of water, soap and menstrual products may create for young refugees, and discuss strategies for managing these.
- Acknowledge how commonly sexual and gender-based violence occurs.
- Comprehensive Sexuality Education (CSE) may not be acceptable in some contexts but topics and concepts from these curricula can still be employed. For example, in discussing sexual and gender-based violence, resist victim blaming, discuss gender-based power differences, and educate about support services and referral pathways.
- Discuss contraception in ways that acknowledge conflicting beliefs about side effects and acceptability. Provide evidence to refute misunderstandings but also discuss the ways in which different people have different experiences with contraception.
- Develop activities that support young refugees to advocate for themselves when encountering unhelpful service providers e.g., role playing being refused access to condoms by health providers.

Practicalities

- Consult young refugees about preferences for the composition of sexuality education groups in relation to size of group, age range and gender of participants.
- Ensure young refugees who are not in school can also access sexuality education.
- Consider offering soap and menstrual products as incentives to attending sexuality education sessions
- Where necessary, provide written information in simple language and using pictures
- Use safe spaces when delivering sexuality education and providing sexual health services.
- Consult young refugees on most suitable times of day to hold groups e.g. after work or in the day time for out-of-school youth.

Links to related services

- Ensure health, justice and other service providers are educated about SRHR topics affecting young refugees
- Consider inviting sexual health clinicians to sessions, so that when people visit the clinic they know what to expect and can see a familiar face.
- Translate sexual health information messages into many more languages.
- Use techniques such as radio broadcasting and narrowcasting to reach non-literate young refugees and their parents.

Particular thanks to the following workshop participants who further developed the recommendations in subsequent email discussions:

- Elizabeth Ascroft, The Open University
- Gareth Davies, The Open University
- Andrea Irvin, Consultant, International Reproductive Health, Sexuality and Gender
- Vimbai Mandaza
- Marwa Tageldin, Let's Talk Period!

Appendix 1: Advert for peer researchers

JOB ADVERT
TITLE: Peer Researchers (18-24 Years)
AVAILABLE SLOTS: SIX
WHEN: 9 days' work between September 2022 and March 2023
HONORARIUM paid per day
We are inviting applications for a peer researchers to support the project ***"Developing contextually-sensitive Comprehensive Sexuality Education (CSE) for Out-of-School Adolescents in Uganda"*** in Kyangwali Refugee Settlement.
The project has two main activities:

a. To find out what sources of information about sexual and reproductive health and rights (SRHR) are valued and trusted by young refugees (aged 15-24) who have had little or no formal schooling
b. To hold a workshop bringing together young refugees and key providers of sexuality education in Uganda and globally.

As a peer researcher, you will be part of an international interdisciplinary team of researchers, community partners and people with lived experience. You will be trained in qualitative research methods during a two-day residential training workshop in Hoima city. Day to day you will work primarily with the project coordinator and other research assistants on the project under Spice Media Services Limited. Below is the job description which details the major responsibilities and deliverables associated with the position:

- Work collaboratively with the team to develop the plans for the field research (development of interview protocols).
- Gather data from peers on the forms of knowledge and information around SRHR that are valued and trusted.
- Conduct the interviews and help with the analysis.
- Help with the translation of key concepts in project documents, in languages used by interviewees, e.g. Swahili, Kinyabwisha, Kigegere and Alur.

Requirements and Qualifications

- Understand and speak at least two languages used by refugees in Kyangwali Refugee Settlement.
- Able to write and speak English.
- Able to work under minimum supervision.
- Aged 18-24
- From a refugee background

All applications must be handwritten and addressed to;
The Human Resource Manager,
Spice Media Services Limited,
PO BOX 58, Hoima.

For details call 0751899111 or 0774348588. You can drop your applications at the Office of the Prime Minister (Social Services Department), RHU Kyangwali Office or Spice FM.

Deadline: 11th September 2022. Interviews from 14th September. Training event 27th and 28th September.

Appendix 2: Interview schedule

(Developed iteratively during the training workshop)

Interview Questions

Before the interview starts:

Explain the purpose of the study and why they have been selected:

- We are interested in sources of information about sexual and reproductive health and rights (please explain the term SRHR in appropriate language).
- We are doing these interviews because we would like to find out where young refugees you know currently get information about these topics, and where they would prefer to get this information in the future
- We have selected you because (something about them e.g., you think they are connected to X group of young refugees, or you know they are someone that other people talk to about these topics, or just because they are from a refugee background).
- Reassure them that anything they say is confidential, and no one except you will know that you spoke together.
- No names will be recorded during interviews.
- You will be taking some notes so you can remember what they tell you and also to report back to us.
- If they want to stop talking to you, they can do so at any time without giving a reason. This will have no impact on their work / relationship with you.
- Even if they talk to you, they can change their mind and we can remove their information from the study as long as they tell us by 20 November 2022

Interview Part 1
Introduction

1. **Tell us a bit more about yourself (Essential: age, country of origin, experience of schooling, gender)**

2. **What communities do you feel connected to?**

   For example, this could be a religious community, a tribe, your village, a specific area, and so on. (Please add your own examples)

3. **What sources of information about sexual and reproductive health do young refugees you know value or trust?**

   [probe] For example: internet, families, friends.

   [optional probe] If they picked up Internet in their response -

   Can you tell us more about how they access / use information on the internet / through their phones?

4. **Where do you think, young refugees would prefer to get information about sexual and reproductive health?**

Topic A
Body / Personal care & Hygiene

We are going to ask you some questions about personal care and hygiene.

1. **Where do you think young refugees, you know get information about personal care and hygiene?**

2. **What do you think are the challenges that young refugees you know have around caring for their bodies?**

   [you can give examples if they are not responding E.g., female - access to period products, water for washing etc]

   [probe] Can you share an example of a challenge you have heard of?

3. **How do young refugees you know cope with these challenges?**

Topic B
Family planning

We are going to ask you some questions about family planning. With this term we mean ways of spacing and timing pregnancies like traditional and modern contraception.

1. **Where do young refugees you know get information about family planning?**

   [probe] What makes young refugees you know go to these sources of information?

2. **Can you share an example you heard from a young refugee's experience of using family planning?**

   [probe] Which method? How did they experience this?

3. **Young refugees sometimes report difficulties accessing and using modern family planning. Have you heard stories about this too?**

   [probe] If yes, why do you think they experienced these difficulties?

Concluding remarks

Is there anything else you think is important for us to know about access and use of information related to sexual and reproductive health for young refugees?

- Do you have any questions for me?
- Explain what happens next.
- Thanks for your time.

Interview Part 2
Thank them for making the time to meet with you again.

Topic C
Sexual violence and referral pathways

We are going to ask you some questions about sexual violence and abuse. With this term we mean any kind of sexual activity or act that was unwanted or happened without consent, like harassment, rape, and abuse.

1. **Can you share an example you heard of a young refugee experiencing sexual violence or abuse?**

   [probe] Do you know what happened afterwards? What did this young refugee do?

   [probe] Do you think this young refugee got the support s/he needed?

2. **Where in the community do young refugees who experience sexual violence and abuse go to for help or to report this?**

   [probe] From what you heard, do you think they get help and support from these people or services?

3. **Young people sometimes don't report or ask for help when experiencing sexual violence. Have you heard of this happening among young refugees?**

   [probe] Why do you think this is happening?

Topic D
Cultural aspects to sexual and reproductive health and rights

In this part of interview, we are interested in knowledge about sexual and reproductive health and rights which is coming from traditional cultural norms and sources.

I'm going to share with you two examples of what we mean by traditional norms and sources:

***Example 1:** Older women are often a really useful and trusted source of information to younger women.*

***Example 2:** Some people think that modern family planning methods will make someone infertile.*

1. **Have you come across examples like this in your community?**

   [probe] Ask them to give an example

2. **Do you think views like these affect how young refugees find information about sexual and reproductive health?**

Concluding remarks

Is there anything else you think is important for us to know about access and use of information related to sexual and reproductive health for young refugees?

- Do you have any questions for me?
- Explain what happens next.
- Thanks for your time.

Appendix 3: Debriefing form

Interview Grid for Data reporting

- Please use one grid per peer informant
- Use this form to summarise what peer researchers tell you each peer informant told them, across the two interviews.
- Name the file as [Name of peer-researcher] [Peer #]
- Upload the form to the Teams site (or if that's difficult, send it to Rebecca by email, who will put it there)
- Then delete the form from your computer (and delete the Sent email from your email account if you sent it by email)

Person filling in this form:		**Peer-researcher**	
Please circle which peer informant this grid refers to	Peer 1 / Peer 2 / Peer 3	Language used in interview between peer researcher and peer informant	
Date the peer researcher did interview 1 and approximate duration		Date of Debrief 1 and approximate duration	
Date the peer researcher did interview 2 and approximate duration		Date of Debrief 2 and approximate duration	

If peer researchers didn't end up asking all the questions, just leave those sections blank. If the conversation jumped around between topics, just put the notes wherever makes most sense. We've listed all the questions but it's fine to just have notes under the 4 general topic headings if that works better. Please expand the boxes as necessary.

Questions	**What did the peer informant say?**	**Any comments from the peer researcher about what the peer informant said, or how they said it?**
Introduction section:		
Age, country of origin, experience of schooling, gender, and any other personal information like this they volunteered		
What communities do they feel connected to?		
What sources of information about sexual and reproductive		

health do young refugees they know value or trust?		
Where do they think young refugees would prefer to get information about sexual and reproductive health?		
Topic 1: Personal care and hygiene		
Where do they think young refugees they know get information about personal care and hygiene?		
What do they think are the challenges that young refugees you know have around caring for their bodies?		
How do young refugees they know cope with these challenges?		
Topic 2: Family Planning		
Where do young refugees they know get information about family planning?		
Example of a young refugee's experience of using family planning?		
Story about young refugees' difficulties accessing and using modern family planning?		
Topic 3: Sexual violence		
Example of a young refugee experiencing sexual violence or abuse?		
Where in the community do young refugees who experience sexual violence and abuse go to for help or to report this?		
Have they heard of young refugees not reporting or asking for help when experiencing sexual violence? Why do they think this is happening?		
Topic 4: Cultural aspects		
Examples of traditional cultural norms and sources of information about RSHR		

Do they think views like these affect how young refugees find information about RSHR?		
Is there anything else you would like to tell us that might be useful for us to know?		
Please use this box to add any comments that the peer-researcher is making about the process (worries, concerns, ethical issues)		