

# Response to Gender Based Violence During Pandemics; A Lesson from Covid-19 Outbreak in Mbarara City South Constituency, Uganda

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## **Abstract:**

At the height of the COVID-19 pandemic, gender-based violence (GBV) was reported to have increased worldwide. An escalation in intimate partner violence was experienced more during the Covid-19 than in other pandemics. This study was carried out in Mbarara City South Division to assess the response and adaptation strategies that were employed to manage gender-based violence during the Covid-19 outbreak in Uganda. Data was collected from technical personnel whose jurisdiction put them in position to interact with the victims of GBV during and after the covid-19 pandemic outbreak. Secondary data was collected from policy reports of the relevant line ministries and departments. The results show that the forms of GBV experienced during Covid-19 in Uganda included sexual, physical, emotional and psychological violence. The most vulnerable were women and girls though a few men also became victims. Causes of GBV during Covid-19 pandemic rotated around failure to provide for the family due to collapse of businesses and loss of jobs, nagging by spouses due to monotony and boredom, infidelity suspicions others. The measures adopted to respond to GBV during the covid-19 pandemic included involving family members to arbitrate, sleeping outside homes, use of phones to report and seek redress, fighting back, employing the withdrawal strategy, among others. The study concludes that Covid-19 pandemic exacerbated the challenge of GBV because measures imposed to manage the pandemic such as the lockdown made it difficult for the victims to seek redress for justice or run away from the perpetrators. The study recommends that policy measures be put in place to economically and socially prepare people with life skills to cope with the stressors and shocks that are associated with pandemic outbreaks.

*Keywords: Response; Gender Based Violence; Pandemics; Covid-19*

## **BACKGROUND/PROBLEM STATEMENT**

Epidemics and other complex emergencies historically have had a disproportionate impact on women and girls, increasing their vulnerability to gender-based violence (GBV). The COVID-19 pandemic has been no different, with reports of rising cases of GBV emerging worldwide. The coronavirus disease 2019 (COVID-19) emerged from Wuhan, Hubei province in China at the end of 2019 only to become one of the fastest spreading viral epidemics that saw over 210 countries in total lockdown in a period of less than 90 days (Wu et al, 2020). On March 21, 2020, Uganda confirmed the first COVID-19 case and the number of cases kept on increasing, albeit gradually, (Atukunda, 2020; Ministry of Health Uganda, 2020). Due to this global pandemic, Uganda like other countries instituted various containment measures to curb the spread of the virus. Authorities in Uganda put in place a lockdown that involved the closure of public places and the country's borders, stay home except for emergencies among other measures (Ministry of Health Uganda, 2020).

In the past, crises have been linked with a surge in cases of gender violence (Campbell, 2020; Palermo, and Peterman. 2011; Enarson, and Fordman, 2001). An escalation in intimate partner violence was observed during other disasters such as the earthquake that hit Haiti in 2007, Hurricane Katrina in 2005, and eruption of Mount Saint Helens in the 1980s due to unemployment, family, and other stressors (Campbell, 2020). Even during the South Asian Tsunami of 2004, an increase in gender-based violence was observed. Fisher (2009) emphasized that in the aftermath of Tsunami, several incidents of violence against women and sexual assault were reported in Sri Lanka. Davis (2016) notes that outbreaks such as the Ebola, Cholera, Zika, and Nipah led to an increase in the cases of domestic violence in the areas where these outbreaks were experienced. According to Yasmin (2016), cases of rape, violence against women, and sexual assault increased during the Ebola outbreak in West Africa because of the inability for the victims to escape their abusers. Given this historic background, Covid-19 pandemic is not an exception to GBV increases.

Uganda has had more cases of gender-based violence (GBV) since lockdown than she has had for Corona virus (Sánchez et al. 2020). The prevalence of GBV in Uganda is above global and regional averages, and rates seem to have increased during the COVID-19 shock.

A 2020 national survey reports that almost all—95 per-cent—of Ugandan women between the ages of 15 and 49 have experienced physical or sexual violence at the hands of an intimate partner or non-partner during their lifetime. Nearly half (45 percent) of Ugandan women reported experiencing violence from an intimate partner during their lifetime; 35 percent reported having been victimized in the past year. These rates are well above the global averages of 27 percent during a life-time and 12 percent in the past 12 months as well as above those for Sub-Saharan Africa at 33 and 20 percent, respectively (UBOS 2021)

Long periods of lockdown limited women's ability to distance themselves from their abusive husbands as well as reduced their ability to access justice and external support after they had been physically, psychologically or sexually abused (Chen, et al, 2020). GBV is not only a Ugandan problem but also a regional and global problem. A week after most countries declared lockdown (last week of March), UN Women reported that in France domestic violence increased by 30% since the lockdown of March 17<sup>th</sup>; and in Argentina 25% since March 20<sup>th</sup>. In Cyprus, it increased by 30% and 33% in Singapore (UN Women, 2020).

Though the rate of covid-19 infection has drastically reduced in the country and most of the restrictions lifted, the impact of increased rates of GBV during the time of the outbreak raises concerns that this research intends to explore.

### **Study Aim**

The study aimed at exploring the response strategies for preventing and reducing GBV during pandemics in Uganda drawing lessons from Covid-19 pandemic in Mbarara City South Constituency.

### **Research Question**

How can Uganda learn from the experience of Covid-19 pandemic to improve preparedness and response to Gender Based Violence during pandemic outbreaks?

### **Significance of the Study**

Given the fact that the outcome of gender-based violence is long lasting for its victims, and rampant for the responses that are often inadequate, it is crucial to seek for information that will lead to the development of more holistic response model to deal with the issue of gender-based violence in possible future pandemics.

This research is aligned with the Sustainable Development Goals (SDGs), aimed to create a better and fairer world by 2030. It specifically contributes to achieve the 5<sup>th</sup>, 10<sup>th</sup> and 16<sup>th</sup> goals that target gender equality, reduced inequalities and attainment of peace, justice and strong institutions respectively

## **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

### **Liberal Feminist Theory**

The study derives views from the Liberal Feminist Theory. Giddens (2001) defines liberal feminist theory as a feminist theory that believes gender inequality is produced by reduced access for women and girls to civil rights and allocation of social resources such as education and employment. The study borrows from liberal feminism theory because it goes along with the women empowerment approaches as they seek to reduce women's dependence on men. The feminist approach recommends developments to discard normalization of violence against women, hence it proposes legal reforms and introduction of social and economic empowerment programs to protect women against GBV in society.

### **The Concept of Gender Based Violence**

Gender Based Violence (GBV) is a sign of gender inequalities and power imbalances between women and men in societies tailored towards access to and control of family and community resources (Clare, 2009). Gender – Based Violence, being a universal challenge knows no boundaries, race, culture and religion and Uganda is not spared, although there is variation across countries (Mullu & Gizachew, 2015).

The Convention on Elimination of all forms of Discrimination Against Women (CEDAW) GR 19, article 3 defines GBV as "violence that is directed against a woman because she is a woman." According to the 2014 Gender Equality Strategy of Uganda Pp 13, "*GBV refers to any act of violence that results in, or is likely to result in physical, sexual or psychological/ emotional harm or suffering to women and men, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in the public or private sphere*". GBV occurs in many forms, which include intimate partner violence, rape and coerced sex, child sexual abuse, sex denial on either side of men or women, quarrelling, and human trafficking impact the way people make a living. GBV also includes various forms of abuse such as exploitation, incest, child abuse, attempted rape, female genital mutilation to mention but a few (Bloom, 2008; Schilderman, 2011; Fardon, 2011).

### **Covid-19 and Increased Rates of GBV in Uganda**

With the presidential directive on closure of non-essential businesses and ban on public and private transport for almost three months has had and will continue to have a severe effect on jobs which are dominated by women. Although women would supplement the family income, these regularly work in the traditionally female-dominated informal economy such as market vendors, hair dressers, caterers and shop attendants (Omata & Kaplan, 2013). The closure of these businesses for almost three months without providing any social protection to mitigate the effects of loss of sources of livelihoods affected majority of the women and they faced difficulty

sustaining their families during this time and in future. In some cases, economic vulnerability increased the inability of women to temporarily escape abusive partners.

With school closures and isolation in homes, women who already bore the brunt of unpaid domestic care work had to attend to it as a full-time job and for some in addition to their full-time jobs that they were doing from home. Many women had to tutor their children as governments around the world had temporarily closed schools in order to contain the spread of COVID-19. There are mounting concerns on the impact of these school closures on over 111 million girls who were living in countries affected by extreme poverty or conflict, where gender disparities in education are highest.

Most girls were forced into early and abusive marriages by parents who wanted to get quick economic returns from them. Others had teenage pregnancies that caused stigma and trauma among these young girls. When girls refused to be married off, they were harassed and chased away from their homes. There have been increased cases of street children in due course. In Mali, Niger, and South Sudan, three countries with some of the lowest enrolment and completion rates for girls, closures forced over four million girls out of school (Geiger, 2020).

### **Strategies for Reducing GBV in Uganda**

Uganda has ratified a number of international and regional instruments which recognize the importance of addressing GBV in order to contribute to gender equality, equity and development in general, thus enactment of several gender responsive laws and policies, such as the Domestic Violence Act of 2010, women and girls in Uganda, continue to be victims of GBV with 99% especially within the household and extended family. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW,) recommendation number 19 (1992) noted that, GBV was a form of discrimination that seriously inhibited women's ability to enjoy rights and freedoms on a basis of equality with men. The Ugandan Constitution prohibits discrimination on the grounds of sex, gender and marital status.

## **METHODOLOGY**

### **Study Site Selection and Location**

Mbarara City has 23 wards divided into two constituencies (Mbarara City South and Mbarara City North). This study was conducted in Mbarara City South constituency which is composed of 10 wards ie kakoba, Nyamityobora, Katete, Ruti, Bugashe, Katojo, Kichwamba, Nyarubungo 11, Rukindo and Rwakishakizi. Four wards (2 rural and 2 peri-urban) were purposively sampled for inclusion in the study and this was mainly to ensure representativeness of the entire study area. The selected wards were (Ruti, Rukindo, Katete and Nyarubungo).

Mbarara City is estimated to be about 290 kilometers which are approximately 180 miles by road in the South West of Uganda's capital city, Kampala. Mbarara is an important transport hub due to mainly its strategic location. It links many districts in south western Uganda to the capital city of the country. Mbarara City has got the following coordinates that can help one access it from anywhere 003648S, 303930E. It can also be located via the following coordinates- latitudes and longitudes respectively; 0.6132 and 30.6582. According to UBOS (2020), the population of Mbarara City stands at 195,013.

## Study Design

A case study research design was adopted due to the nature of the research questions that this study intended to address. As Yin (1984, p. 23) puts it, “the case study research design investigates a contemporary phenomenon when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used”.

Yin argues that the case study approach provides for a careful selection of areas that are representative of and portray the different aspects being studied. This study aimed at assessing the response strategies employed for preventing and reducing GBV during pandemics in Uganda. A case of Covid-19 pandemic was taken for this assessment. Qualitative approach was adopted because it does not only help in the observation of behaviors but also brings out personal experiences, attitudes, perceptions and interpretations of events from the participants point of view (Bryman, 2004; Creswell, 2007; Flick, 2008).

The study utilized both primary and secondary data sources. Primary data was collected through in-depth interviews with key informants using the key informant interview guide. Where the meeting of some of the key informants proved difficult, phone interviews were conducted.

The study respondents included the Gender focal person at Mbarara district regional police offices, Mbarara City South Community Development Officer, Mbarara City Probation Officer, the Local Council 1 and 2 Chairpersons for the four wards. The study being qualitative in design, respondents were purposively selected and the sample size determined accordingly. The selection of the key informants was on the basis that they are familiar with issues (Gender based violence) they meet in their daily interactions and administrative work with and in their communities. The table below presents the sample size and the sampling techniques employed per category of respondents

<b>Respondent category</b>	<b>Number</b>	<b>Sampling Strategy</b>
Mbarara City South Community Development Officer	01	Purposive
Mbarara City Probation Officer	01	Purposive
Local Council 2 Chairpersons (1 for each ward)	04	Purposive
Local Council 1 Chairpersons (3 for each ward)	12	Purposive
Gender Focal Police Officers at Mbarara District Regional Police offices	02	Purposive
<b>Total number of respondents</b>	<b>20</b>	

Secondary data was collected through document review from policy reports from the Ministry of Gender, Labour and Social Development, Mbarara City periodic reports from the probation office and the police gender desk that handles domestic violence. NGOs (The Uganda Human Rights Commission, Foundation for Human Rights Initiative, Action for Development (ACFODE), Gender Advisory Board Africa Region Secretariat, Hope After Rape (HAR) reports on GBV were also be reviewed.

## Data Analysis

Data was coded thematically, where by data was categorized into major themes and sub-themes in order to have a logical flow of the research variables. Major themes were based on the general objective while sub-themes were advanced basing on the specific objectives following the

chronology of the research objectives. Since the research was qualitative in nature, the analysis of data was progressively done and coding was done after every data collection day.

### Ethical Considerations

Informed consent was sought before conducting the telephone or physical interviews. The possibility of audio taping and photo taking was discussed before scheduling the interview. The ethical concerns of anonymity and confidentiality were strictly observed.

## PRESENTATION OF RESULTS

Data from the interviewees and secondary sources is thematically summarized in the table below;

Theme	Responses
The most prevalent forms of GBV during the Covid-19 Pandemic in Uganda	<ul style="list-style-type: none"> <li>• Physical</li> <li>• Sexual</li> <li>• Psychological</li> <li>• Economical</li> </ul>
The most vulnerable sex	<ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>
Causes of GBV during the Covid-19 outbreak in Uganda	<ul style="list-style-type: none"> <li>• Loss of jobs</li> <li>• Collapse of businesses</li> <li>• Suspicion of infidelity</li> <li>• Un met demands</li> <li>• Monotony and boredom</li> <li>• Culture and social barriers related to reporting cases of GBV</li> <li>• Fear and uncertainty</li> </ul>
Response strategies employed to manage the gender-based violence	<ul style="list-style-type: none"> <li>• Involvement of kin and kith</li> <li>• Withdraw strategy</li> <li>• Runaway strategy</li> <li>• Reporting to relevant authorities for redress</li> <li>• Fighting back</li> </ul>
Increasing preparedness and response to GBV during and after pandemics	<ul style="list-style-type: none"> <li>• Ensuring access to essential services</li> <li>• Strengthening prevention efforts</li> <li>• Promoting gender equality</li> <li>• Strengthening coordination and collaboration</li> <li>• Strengthening policies that fight GBV</li> <li>• Media information and awareness campaigns</li> <li>• Faith-Based programs and services</li> </ul>

## DISCUSSION OF THE RESULTS

Improving preparedness and response to GBV during pandemics requires an understanding of its causes and contributing factors, which often also serve as barriers to effective prevention and response because GBV is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, in particular of women and girls (Raftery et al., 2022). Various factors such as poverty, lack of education and livelihood opportunities, and impunity for crime and abuse, tend to contribute to and reinforce a culture of violence and discrimination based on gender (Sánchez et al. 2020).

Collapse of family, social and communal structures and disrupted roles within the family often expose women and girls to risk and limit coping mechanisms and avenues for protection and redress (Wanjiru, 2022).

### **Prevalent forms of GBV during the Covid-19 pandemic in Uganda**

From the responses received, it was noted that the most prevalent form of GBV experienced during Covid-19 outbreak in Uganda was physical violence. Respondents revealed that significant proportions of the population experienced sexual violence, denial of resources/economic and psychological violence. Physical violence was through battering, kicking, scratching and biting which inflicted body harm and pain on the victims. This type of violence was not unique for Covid-19 pandemic but the fact that perpetrators and victims were locked up together for a considerable period of time, the problem was escalated. One of the key informants had this testimony;

Most women who were physically assaulted were neither able to run away from the perpetrators nor report them to authorities because of the lockdown. They had to persevere and live with the abusers (Key informant, Rukindo, 2022)

This finding is in agreement with other studies that revealed that coercive control and physical aggression are major forms of violence experienced during pandemics (Xue et al., 2020). Lindgärde & Houinato, 2020; Townsend, 2020 note that the introduction of social distancing and lockdown-type, stay-at-home measures resulted in conditions conducive to physical, emotional, and sexual abuse of the most vulnerable members of the society. Those who were abused by family members had little or no access to the usual routes of escape. As such, the world witnessed a surge in domestic violence cases since the onset of the COVID-19 pandemic.

From interview records, it was found out that during Uganda's COVID-19 lockdown, sexual violence reports increased, and increasing HIV exposure in national data. Sexual violence is any sexual act performed on an individual without their consent (Jansen, 2016). It can take the form of rape or sexual assault. Information that was received during one of the FGDs revealed that many women were sexually assaulted by their close relatives and neighbours. It was noted that many teenage pregnancies were reported during Covid-19 than other periods. The respondents further revealed that most of the teenage pregnancies were a result of rape or transactional sex for survival.

Whereas physical and sexual violence were experienced majorly by the females, most men suffered psychological violence during Covid-19 pandemic in Uganda. This was revealed mainly by the key informants in position of local leadership.

A key informant revealed that most men confided in him about the psychological harm that they suffered from their family members because of their inability to provide essential needs during Covid-19 period. Men reported that they were verbally insulted, harassed, defamed and labeled as incompetent and useless by their intimate partners and close relatives. This left them psychologically tortured and stressed.

Economic violence was another form of GBV that was mentioned during the interview held. It was revealed that economic violence involved acts and behaviors that caused economic harm to individuals. Many women who opened up to the leaders in their villages revealed that their mobile phones were damaged by their husbands because they wanted to cut off communication

between them (wives) and the outer world. Some were denied access to financial resources availed to the family as a response strategy during the pandemic (*the office of the Prime Minister gave out one hundred thousand Ugandan shillings (100,000) to vulnerable individuals during the pandemic*). In case the women were the recipients of this money, most of the husbands would take it away for their personal use. The LC 1 for Nyarubungo Ward had this to share;

I received a case during the Covid-19 period in my office. The couple came and the main complaint was about 'Nabbanja money' as it was commonly nicknamed. (Honourable Robibina Nabanja is the current Prime Minister of Uganda and her office was responsible for giving out this money). The woman was complaining that the husband did not use the money for its intended use (to buy food items for the family). He instead bought food for his second wife yet the complainant was the one who was the registered beneficiary. When the complainant asked the husband, she was thoroughly beaten. (Key Informant, Nyarubungo, 2022)

The respondents attributed this to the financial strain that was being experienced during the pandemic since most people lost jobs and their livelihood sources were in balance. It was revealed that many women were denied from making economic decisions regarding utilization of resources in a home.

### **The Most Vulnerable Sex**

Results point to the reality that women or girls are more vulnerable to experiencing GBV from their partners but also non-intimate partners during times of pandemics. Most responses given indicated that women and girls were more vulnerable than they're their male counterparts.

These results cannot be properly understood without making reference to the socio-cultural context. For example, my study setting where patriarchal systems exist, it is a common occurrence to find the women and girls abused by their partners and non-intimate partners and the abuse is considered to be normal.

### **Causes of GBV during the Covid-19 Outbreak in Uganda**

This study highlights several factors that were responsible for the increased GBV during the Covid-19 pandemic in Uganda. Some of the reported causes as evidenced by the responses given included socio-economic status of the victims, loss of jobs and incomes by the perpetrators, increased demands with no solution, boredom and monotony, culture and social barriers related to reporting cases of GBV, increased pressure, fear and uncertainty, lockdown and limited access to justice.

Poverty, lack of livelihood opportunities, and inadequate access to income due to loss of jobs increased exposure to GBV during Covid-19 pandemic and also forced women and young girls into forced prostitution, early marriages and survival sex (transactional sex). These results are similar to other studies that show that loss of a job (Mittal, 2020), financial dependency (Rodriguez-Jimenez et al., 2020) and difficulty to adjust to lockdown circumstances increased vulnerability to GBV during COVID-19 (Jatmiko et al., 2020).

### **Response Strategies Employed to Manage the Gender-Based Violence During Covid-19 Pandemic**

GBV is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse. GBV impacts individuals across the

life course and has direct and indirect costs to families, communities, economies, global public health, and development. During Covid-19 pandemic in Uganda, the victims adapted to a variety of measures to manage GBV and they included involvement of kin and kith to arbitrate, some had to report to local authorities, others had to fight back in self-defense while some had to find ways of running away from the perpetrators.

### **Increasing Preparedness and Response to GBV During and After Pandemics**

Results from this study align with evidence from other studies which indicate that risk and vulnerability to GBV in Uganda increased since the onset of COVID-19. The findings provide an understanding of the interrelationship between GBV and COVID-19, which has formed a basis upon which the following measures to increase preparedness and response to GBV during and after pandemics are premised. The discussion below guided mainly by results from secondary data sources and supplemented by results from interviews.

By learning from the experiences of Covid-19, Uganda can improve its preparedness and response to GBV during and after pandemics by ensuring that victims and survivors of GBV have access to essential services and support. During pandemics, access to essential services such as healthcare and social services are often disrupted, exacerbating the risk of GBV.

Uganda can improve preparedness by ensuring that essential services for survivors of GBV are available and accessible during pandemics (Roy et al, 2022). This can include the provision of hotlines and online platforms for reporting GBV, the availability of medical and psychosocial support services, and the continued operation of safe shelters for survivors. Provision of adequate protection, care, treatment and support to victims/survivors, including access to legal counseling, rehabilitation and compensation for the harm suffered can go a long way in improving preparedness and response to GBV during and after pandemics (Sri et al., 2021).

Uganda can prioritize the prevention of GBV during pandemics through public awareness campaigns, community engagement, and the provision of information and resources. The media is a key conduit for making GBV visible, advertising solutions, informing policy-makers and educating the public about legal rights and how to recognize and address GBV. Newspapers, magazines, newsletters, radio, television, the music industry, film, theatre, advertising, the internet, posters, leaflets and community notice boards are all channels for providing information to victims and the general public about the dangers of GBV, GBV prevention and available services.

Gender inequality is a significant driver of GBV, and efforts to promote gender equality can reduce the incidence of GBV during pandemics. Uganda can take steps to promote gender equality, such as addressing gender-based discrimination in health care and education, promoting women's economic empowerment, and encouraging the participation of women in decision-making processes. The government can take measures to eliminate all beliefs and practices that discriminate against women or sanction violence and abuse, including any cultural, social, religious, economic and legal practices.

Uganda can improve its response to GBV during pandemics by strengthening coordination and collaboration between different stakeholders, including government agencies, NGOs, and communities. This can involve the development of a coordinated response plan, the establishment of a GBV task force, and the provision of resources for community-based

interventions. Support groups can be an important way for victims themselves to organize pro-actively and take charge of their own situation. Beyond emotional support, community groups can provide one another with a sense of security and even, if needed, a place to run to.

Response to GBV can be improved through criminalizing all acts of gender-based violence and ensuring that national law, policies and practices adequately respect and protect human rights without discrimination of any kind (Raftery et al.,2022). This can be achieved through investigating allegations of GBV thoroughly and effectively, prosecuting and punishing the perpetrators. In addition to criminalizing acts of GBV, there is also need for consistent application of the laws against GBV, and the implementation of penalties, and a greater focus on rehabilitating convicted perpetrators.

Religious counseling, support groups, education programs, groups and assistance programs can address GBV with their participants/worshippers. Most religions emphasize the importance of peace and tolerance. Framing a discussion of GBV in the context of religious tenets is one way to foster awareness and discussion of the problem (Sri et al.,2021). It may also be a way to identify and assist victims who do not feel comfortable talking to a health care provider or police officer.

According to Aaron & Beaulaurier(2017), batterer-intervention programs should be adopted in order to help with the perpetrators of violence since most of them may have other underlying problems that lead them into being violent. It was revealed that some of the perpetrators of violence were habitual wife batterers even before Covid-19 outbreak. One of the key informants mentioned that many perpetrators needed medical help to test whether they suffer from borderline mental disorders, bipolar or narcissistic personality disorder. Combating gender-based violence requires an understanding of its causes and contributing factors, which often also serve as barriers to effective prevention and response (Raftery et al.,2022).

## CONCLUSION

Overall, the results demonstrate that vulnerability and experience of GBV increased during the COVID-19 pandemic in Uganda. Women and girls were prone to all types of violence especially physical violence, sexual violence, psychological violence, and denial of resources. Several factors are associated with vulnerability to GBV during COVID-19 including low socio-economic status, especially low education levels and the need for assistance for basic requirements such as medical support or health care. Based on these results, it can be concluded that the vulnerability and experience of GBV during COVID-19 should be understood in the socio-cultural context associated with acceptance of hegemonic masculinity and normalization of toxic masculinities that are intentional at subordinating women. These operate in the context where harmful social norms that tolerate and reinforce GBV practices are commonplace. This implies that interventions intending to prevent occurrence or reducing of vulnerability of women and girls to GBV in patriarchal settings should consider adopting social norms change strategies even long before pandemics occur.

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