Experiences of Gender-Based Violence and its Reproductive Health Impacts Among Adolescent Girls and Women Residing in Informal Settlements in Kampala, Uganda During the COVID-19 Pandemic

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https://doi.org/10.56893/ajhes2025v04i02.08

Abstract

Background: Gender-based violence (GBV) adversely affects the physical, sexual, and emotional health of women and girls, potentially influencing their reproductive health. Systemic inequities, such as gender inequality and poverty, which predispose women to GBV, are often exacerbated in low- and middle-income countries (LMICs), where resources are limited, especially in informal settlements. Women residing in informal settlements face resource barriers and must navigate power dynamics that place them in vulnerable positions. The COVID-19 pandemic exacerbated many inequities worldwide, including gender-based violence (GBV). This study explored the impact of GBV on the reproductive health of adolescent girls and women (AGW) residing in informal settlements in Kampala, Uganda, during the COVID-19 pandemic.

Methods: This study used data from focus groups with 64 AGW living in informal settlements in Kampala, Uganda, to explore their experiences of GBV. Thematic analysis of the focus group transcripts was conducted via deductive and inductive coding in Dedoose.

Results: The themes identified were increased participation in sex work due to financial instability, leading to an increased risk of sexually transmitted infections, unwanted pregnancy, young pregnancy, unsafe abortion leading to infertility or death, decreased educational attainment, and being pressured into undesired relationships.

Key words: Gender-based violence, intimate partner violence, reproductive health, sexual health, women's health, global health

Introduction

Globally, women are disproportionately affected by gender-based violence (GBV), with 1 in 3 experiencing physical or sexual violence, often from an intimate partner, and 6% experiencing sexual violence from someone other than an intimate partner in their lifetime (Acosta et al., 2017; Hegarty et al., 2022; Tsapalas et al., 2021; *Violence against Women*, 2024). The 2022 Uganda Violence Against Women and Girls Survey found that 22%, 28 %, and 36% of women experienced physical, sexual, and emotional violence, respectively, in 2019 (National Survey

on Violence in Uganda, 2020). Systemic inequities, such as gender inequality and poverty, which predispose women to GBV, are often exacerbated in low- and middle-income countries (LMICs) where resources are limited (Sabri et al., 2023), especially in informal settlements. Informal settlements in LMICs have minimal resources (Dickson-Gomez et al., 2023; Unger & Riley, 2007). Settlements are considered informal if they consist of "inadequate housing and basic services" (Emina et al. 2011). Women residing in informal settlements face resource barriers and must navigate power dynamics that place them in vulnerable positions (Ringwald et al., 2023). Kampala, the capital city of Uganda, is home to 57 informal settlements, making it an important setting for examining the impacts of GBV (Ssekamatte et al., 2023).

GBV remains a pervasive public health problem with far-reaching and complex health implications (Acosta et al., 2017; Hegarty et al., 2022; Heidari & Moreno, 2016; Tsapalas et al., 2021). GBV adversely affects the physical, sexual, and emotional health of women and girls, potentially influencing their reproductive health (Heidari & Moreno, 2016). Reproductive health includes the ability to have a "satisfying and safe sex life" with "the capability to reproduce and the freedom to decide if, when, and how often to do so" (World Health Organization, 2025). GBV, by definition, poses a risk to reproductive health. GBV can lead to physical harm, sexually transmitted infections (STIs), poor perinatal and mental health, increased substance use, and suicide (Mainey et al., 2023; Moon et al., 2016; Sabri et al., 2023; *Violence Against Women*, 2024). Furthermore, unsafe abortions are more likely to occur in pregnant women with a history of GBV (Pallitto et al., 2013). The WHO categorizes an abortion as unsafe if it is performed by untrained personnel under unsafe circumstances (World Health Organization, 2024). In communities where abortion is stigmatized, difficult to access, or illegal, women may resort to unsafe methods. Unsafe abortions are associated with increased health complications, including maternal death (Clarke & Mühlrad, 2021; Ganatra et al., 2017; Haddad & Nour, 2009; Schiavon et al., 2012).

The COVID-19 pandemic exacerbated many inequities worldwide, including GBV (Bukuluki et al., 2023; Khanlou et al., 2022; Ostadtaghizadeh et al., 2023; Sánchez et al., 2020; Sri et al., 2021; Yakubovich & Maki, 2022). GBV has been associated with various socioeconomic factors, such as decreased levels of educational attainment, decreased access to paid employment, low healthcare service utilization (Anguzu et al., 2023), barriers to communication, and social isolation (*Violence against Women*, 2024). The COVID-19 pandemic has exacerbated economic struggles in LMICs. East Africa has experienced increased levels of poverty, inflation, and debt ratios, while pandemic mitigation strategies have led to loss of income in both the formal and informal sectors and reduced access to services and markets (El Salih et al., 2023). In Uganda,

specifically, there was a reported increase in GBV during this period, which can be attributed to lockdowns and movement restrictions that, while meant to limit the virus' spread, had the unintentional effect of keeping women and girls in unsafe homes and communities (Bukuluki et al., 2023; Katana et al., 2021).

While previous research has examined the impact of the COVID-19 pandemic on sexual health, there is a literature gap consisting of little qualitative data on the topic, particularly on the impact of GBV during the COVID-19 pandemic on women's reproductive health (Kumar et al., 2021). Thus, the specific research question guiding our study was "What are the reproductive health impacts of GBV among adolescent girls and women (AGW) residing in informal settlements in Kampala, Uganda during the COVID-19 pandemic?"

Methods

Research Design and Study Setting

This qualitative study was conducted in two informal settlements (Bwaise and Kinawataka) located in Kampala, Central Uganda. Kampala, the capital city of Uganda, has over 57 informal settlements characterized by overcrowding, inadequate housing, poor sanitation, and limited access to healthcare and social services. This study was conducted in May 2023 during the COVID-19 pandemic.

Study Population and Data Collection

This study involved eight focus groups, each comprising eight AGW from Kampala, Uganda. Two focus group discussions (FGDs) were held for each age group, namely 10-14, 15-18, 19-24, and over 25 years. Participants were recruited by members of the SOMERO organization, a grassroot non-governmental organization dedicated to the promotion and protection of human rights in the AGW population. SOMERO members visited Bwaise and Kinawataka and approached participants for recruitment. In total, 64 participants participated in the FGDs. FGDs were conducted to explore the AGWs' experiences regarding GBV. Focus groups were conducted in Luganda, the predominantly spoken local language in the two informal settlements. FGDs centered mainly around AGWs' experiences with GBV, specifically barriers and facilitators to help-seeking, community attitudes, perspectives on risky behavior, and proposed methods for combating GBV in this population. FGDs were conducted until thematic saturation was reached.

FGDs were led by trained research assistants who ensured that written informed consent was obtained, research ethics were upheld, risks and benefits of participation were clearly understood, and power dynamics between the research team and participants were minimized. Participants were included in the study design, and member checks were completed. Informed consent was obtained from all individual participants or participants and their legal guardians, when appropriate, included in the study. Consent forms were verbally read to the AGW in Luganda. The confidentiality of statements made in the FGD was emphasized. FGDs were audio recorded and transcribed. Translation and back-translation were performed by trained research assistants who were fluent or native in Lugandan. Written transcripts were anonymized to ensure participant confidentiality, and audio recordings were destroyed after the

transcripts were checked for accuracy.

Data Analysis

Qualitative analysis techniques combined inductive and deductive approaches (Braun & Clarke, 2006) using Dedoose software. Audio-recorded interviews were transcribed verbatim, translated, and back-translated from Luganda to English. The coding tree was developed based on two of the FGD transcriptions, ultimately creating primary codes and subcodes where more specifications were required. The team discussed coding discrepancies until consensus was reached. Following the review, the coding tree was applied to the remaining FGD transcripts, and emergent themes were identified and listed with their corresponding base and sub-codes. After reviewing all transcripts, the coding tree was further edited and refined to ensure that it represented all themes discussed in the FGD transcripts. This process was repeated to ensure an accurate representation of the data in the developed themes.

Positionality and Reflexivity

The first author and primary coder for this study was a white, cisgender woman in her mid-20s. She is a medical student whose research experience centers on women's, reproductive, and sexual health, most of which is conducted with community partners in Kampala, Uganda. Her work on this project was conducted in collaboration with American, Nigerian, and Ugandan colleagues and overseen by an experienced qualitative researcher.

Results

Eight FGDs were conducted and stratified by age groups: 10-14 years, 15-18 years, 19-24 years, and 25+ years (Table 1). Three themes were developed via thematic analysis, as discussed and shown in Table 2.

Table 1

Demographic Characteristics Summary

Focus group discussion, #	Age category (Yrs)	Kinawataka, N	Bwaise, N
1	10-14	8	8
2	15-18	8	8
3	19-24	8	8
4	>25	8	8
	Total:	32	32

N = number of participants in the corresponding FGDs

Table 2

Summary of Themes

Theme	Description	Emblematic Quotes
Economic deprivation as a driver of sexual exploitation	AGW traded sex to be able to acquire necessities such as food, money, employment, or menstrual products	"If a girl is at home and the mother can't provide sanitary towels, she would do what came to her mind for example going to this street to sell herself which led to regret" [Kinawataka, 15-18 yrs] "And the truth is that some girls get the money from men so I will be forced to go get a man and have sex with him such that I can get money to be able to acquire my needs" [Bwaise, 19-25 yrs]
Constraints on bodily autonomy and reproductive decision-making	AGW who experienced sexual violence faced the downstream repercussions of STIs, unwanted abortions, and high healthcare costs	"Some of the girls that used to go to school ended up dead because they got unwanted pregnancies and when some tried to abort, they at times died in that process." [Bwaise, 15-18 yrs] "You go to the health facility for a medical form, they have their doctor, so you pay for the medical form from that doctor and the transportation to the health facility, so it gets very expensive" [Kinawataka, 25+ yrs]
Emotional, psychological, and sociocultural ramifications of GBV	Patriarchal societies and stigma increased barriers to support and lead to further emotional distress and desperation	"Other people just break down and cry out of depression, for example some girls who are virgins and got sexually abused, they will no longer be proud of their virginity. So, they will not be comfortable discussing with friends that they are virgins and most of the time will break down and cry." [Kinawataka, 15-18 yrs]

Theme 1: Economic Deprivation as a Driver of Sexual Exploitation

The financial hardships faced by many were exacerbated during the COVID-19 pandemic, as many lost their jobs and experienced financial strain that made it difficult to support their families. Lack of funds led to many needs not being met. Participants mentioned struggling to afford transportation to and from medical appointments and the cost of care if they were able to reach the hospital. The patriarchal nature of some Ugandan cultures places the burden of family care on men. With financial strain increasing during the pandemic, tensions at home were heightened and physical violence increased, as exemplified by the following quote:

> *"What brought about gender-based violence was that work was scarce, and many women in relationships suffered. Whenever a man is poor or broke, he gets tired of the home. Now if you put all this together … instead of transferring that frustration to the children, it was directed to the woman because she asked for food." [Bwiase, 19-25 yrs]*

When the burden and stress became too overwhelming, many men left their families behind, leaving their wife/partner

to support herself and their children. Many mothers struggled financially and were driven to sex work to provide for their families. With this overwhelming financial constraint, many adolescent girls have also become involved in sex work to help support their families. The lack of necessities, such as menstrual products and other personal hygiene items, served as motivation for girls to sell sex to obtain what they needed, as described below:

> *"If a girl is at home and the mother can't provide sanitary towels, she would do what came to her mind, for example going to this street to sell herself, which led to regret." [Kinawataka, 15-18 yrs]*

With financial instability being a nearly universal experience among AGW living in informal settlements, the search for employment was a common and necessary part of their daily lives. While sex work was a common source of income for many AGW, others continued to search for other forms of income. However, when finally offered a job, their new boss would require them to have sex with them for the job to be offered, as described by the following quote:

> *"Even at the place of work, you can have a superior who says sleeping with him is mandatory if you want the job, then you weigh priorities because you have children to look after." [Kinawataka, 19-25 yrs]*

Financial constraints during the COVID-19 pandemic were so overwhelming that many AGW found themselves using sex as currency to afford their own and their families' necessities. In nearly all cases, these decisions would not have been made had it not been for the financially dire situation they found themselves in.

Theme 2: Constraints on Bodily Autonomy and Reproductive Decision-Making

AGW living in informal settlements during the COVID-19 pandemic experienced various forms of sexual violence, ranging from involvement in sex work to unwanted touching by men to rape, sometimes even by family members. AGW struggled with losing autonomy when making sexual decisions; AGW found themselves in situations where partners refused to use condoms or to disclose their STI status. Many participants expressed that increased sexual violence led to new infections with HIV, herpes, syphilis, and gonorrhea in women. Health services for STI treatment and general health maintenance were unattainable for many, as the costs of medical care and transportation were high. Similarly, although HIV infections can be prevented with pre-exposure prophylaxis (PrEP), many struggled to afford or even gain access to the medications they needed, as described by the quote below, further increasing one's risk of acquiring HIV:

> *"There are organizations that give HIV preventive medicine to such people ..., but the sex workers could no longer get the medicines because the organization that*

would get the medicines were in fear of arrest, some girls and women got HIV." [Kinawataka, 25+ yrs]

With sexual violence on the rise, many AGW found themselves in situations that put their lives at risk. Some found themselves unintentionally pregnant and sought an abortion. Due to legal restrictions on abortion in Uganda, many individuals with unwanted pregnancies resorted to unsafe abortions performed by their parents or friends, resulting in negative health effects. Although abortion is a relatively safe procedure when performed safely and correctly by trained personnel, unsafe abortions performed by untrained personnel in unsterile environments can result in death, as described in the quote below:

"Some of the girls that used to go to school ended up dead because they got unwanted pregnancies and when some tried to abort, they at times died in that process." [Bwaise, 15-18 yrs]

As if enduring a violating trauma was not enough, the physical repercussions of sexual violence continued to harm AGW long after the initial GBV event.

Theme 3: Emotional, psychological, and sociocultural ramifications of GBV

The predominance of patriarchal values throughout Ugandan society often places men in positions of power to have the final say over what happens with interpersonal disputes. In the aftermath of GBV occurrences, many survivors deemed it not worth it to report the incident, as men valued the words of other men over women and women were not taken seriously. Without the support of their community, many AGW were left with complicated feelings of guilt, fear, and shame. In more extreme cases, some developed mental health disorders, such as anxiety, depression, dissociation, and post-traumatic stress disorder (PTSD), as described in the following quote:

"That was really traumatizing because… when she sees her father, she runs away from him because now inside her mind … she hates men. She runs away even from her brothers" [Kinawataka, 19-25 yrs]

Many found themselves navigating intense fear after experiencing GBV, such as bodily reactions to specific smells, sounds, people or places that brought them back to their traumatic event. Some who became involved in sex work reported guilt over their participation, especially if it occurred while they were in a stable relationship, as depicted in the following quote:

"You may have been in a stable relationship with your boyfriend, but because of COVID-19, you had to sleep with other men and up to this day you experience the guilt of cheating, and it makes you feel useless that sometimes you feel like sharing your experience with another person but you can't because of fear of embarrassment."

[Kinawataka, 25+ yrs]

Coming from more conservative cultures that idealize waiting to have sexual relations until marriage and that place value on purity, many AGWs felt ashamed of losing their virginity in a non-traditional way, which prevented them from seeking support from family and friends, as explained in the following quote:

> *"...girls who are virgins and got sexually abused, they will no longer be proud of their virginity. So, they will not be comfortable discussing with friends that are virgins and most of the time will break down and cry." [Kinawataka, 15-18 yrs]*

Early sexual debut leads to early and unwanted pregnancies. Young mothers experienced social isolation, as their peers' parents did not want their children to be associated with someone pregnant. Many AGW were pressured into maintaining a relationship once they fell pregnant to support themselves and their child, sometimes making the difficult decision to stay with a man who abused them but paid the bills. One participant described how experiencing trauma as a child impacts one's understanding and tolerance of trauma in their future relationships, bringing to light the role that men play in setting good examples for young boys:

> *"The mothers today are no longer engaging with their daughters to talk to them because for example, if a boy grows up seeing his father abusing the mother, when he grows up, he may think it is the right thing to do. The older bird teaches the young one to fly." [Bwaise, 19-25 yrs]*

The harmful aftermath of GBV is extensive. Trauma can take many forms, such as through participation in sex work, sexual assault, or the fear of starvation. Without adequate social and legislative support, AGW are placed in especially vulnerable situations with complex mental health challenges to navigate on their own. When hopelessness developed, some could not cope with the psychological impacts of experiencing GBV and ultimately died by suicide.

Discussion

This study explored the reproductive health impacts of GBV experienced by AGW living in informal settlements in Kampala, Uganda, during the COVID-19 pandemic. Many residents of informal settlements struggle financially, a situation that was exacerbated during the COVID-19 pandemic. Our study found that AGW who experienced GBV during the COVID-19 pandemic had increased participation in sex work due to financial instability, which led to numerous reproductive health impacts. Increased risk of sexually transmitted infections, unwanted pregnancy, young pregnancy, unsafe abortion leading to infertility or death, decreased educational attainment, and being pressured into undesired relationships were common experiences among our study participants. Without societal infrastructure focused on

providing psychosocial and legislative support for GBV survivors, participants reported frequently not being believed and their cases being dismissed. The psychological toll of experiencing trauma such as GBV and then not being validated when seeking help is substantial, leading to silent suffering and sometimes death by suicide.

Lockdowns during the pandemic, while well-intended, led to far-reaching consequences in LMICs, particularly for the most vulnerable populations in these settings. It is important to consider the ratio of the benefits and risks of lockdowns, especially in socioeconomically disadvantaged communities. A study on the impacts of the COVID-19 pandemic on Kenyan informal settlements demonstrated that women were more likely to skip meals, report increased household violence, and forgo medical care than men (Pinchoff et al., 2021). Our study found that struggling to afford basic necessities, such as menstrual products and food, prompted AGW to get involved in sex work, which is consistent with the findings of other studies (Katumba et al., 2024). Sex work is currently illegal and criminalized in Uganda, with men making up the majority of those working in and leading local government and safety organizations. The patriarchal makeup of many Ugandan cultures often places men in positions of power, further contributing to the stigmatization of, lack of infrastructure for, and perpetuation of disparities in women's health (Okong, 2006). Thus, AGW who participate in sex work are putting themselves in truly vulnerable situations to support themselves and their families (Katumba et al., 2024; Kawuma et al., 2021; Mbonye et al., 2012, 2013; Ssali et al., 2023). Participants in our study expressed frustration over clients' preference to forgo condoms during their work, which is consistent with the findings of other studies (Huschke & Coetzee, 2020; McBride et al., 2022; Santos Couto et al., 2020). While some studies have shown that sex workers at times negotiate for higher pay for sex without condoms (Sikhosana & Mokgatle, 2021), AGW during the COVID-19 pandemic faced socioeconomic desperation and found their ability to negotiate obsolete; selling sex became a life-or-death decision for themselves and their children. In the setting of otherwise limited employment opportunities, AGW are often left with no alternative to selling sex to acquire basic necessities (Weeks et al., 1998).

Participants' concerns over the cost of transportation and medical services indicated a possible delay in the medical treatment of GBV complications. Untreated STIs can lead to significant health complications, including pelvic inflammatory disease, infertility, chronic pelvic pain, and pregnancy complications (Hufstetler et al., 2024). In the context of HIV, it is well known that a lack of treatment leads to the development of acquired immunodeficiency syndrome (AIDS), which leads to opportunistic infections and premature death (*What Are HIV and AIDS?*, 2023). Although HIV rates have decreased significantly with the implementation of viral mitigation

strategies in recent years, Uganda continues to struggle with disproportionate rates of HIV infections; recent data from the WHO demonstrated that 1.4 million Ugandans are still living with the disease (*Uganda Records Significant Reduction in New HIV Infections among Newborns | WHO | Regional Office for Africa*, 2025). Uganda also struggles with human papillomavirus (HPV), which can lead to cervical cancer (CxCa). Uganda has the seventh highest CxCa incidence rate globally, and CxCa is the leading cause of cancer-related deaths in the country (Vigneshwaran et al., 2023). Previous studies have identified Ugandan female sex workers as particularly vulnerable to CxCa (Beroza et al., 2024; Opito et al., 2025).

Unplanned pregnancies are another significant consequence of sexual violence. Abortion is illegal in Uganda unless performed by a licensed medical professional to save the life of the mother; thus, elective abortions are illegal throughout the country (*Uganda*, 1950). Despite legislation against abortion intended to decrease abortion rates, data show that restricting abortion access correlates with an increase in the number of abortions performed (Huq et al., 2017). Unsafe abortions are risky and can lead to significant adverse health outcomes (Clarke & Mühlrad, 2021; Ganatra et al., 2017; Haddad & Nour, 2009; Schiavon et al., 2012). Legal restrictions on abortion also have a major impact on the care of those in need of terminating their pregnancy due to pregnancy complications, leading to delays in care until the mother's life is determined to be at significant risk before intervention, which sometimes occurs too late (ESHRE Capri Workshop Group, 2017; Wall & Yemane, 2022). In areas where abortion is restricted, previous studies have identified that emergency medical services must be prepared to care for those presenting with post-abortion complications (Bridwell et al., 2022; Namagembe et al., 2022). When offering post-abortion care, Ugandan midwives navigate conflicting personal morality and professional obligations, which can lead to care delays and decreased pain medication utilization (Cleeve et al., 2019). As long as abortion continues to be restricted, AGW will continue to seek unsafe abortions and face health consequences. To prioritize women's health, abortion access should be protected rather than restricted.

Those who experienced GBV expressed intense feelings of fear, guilt, shame, and suicidal ideation, which is consistent with the findings of other studies (Bridwell et al., 2022; Conroy et al., 2022; Mannell et al., 2018; Ssali et al., 2023). The reproductive health impacts of negative mental health are wide-reaching, affecting libido, self-confidence, menstrual cycle length, menstrual pain, sexual function, and sexual satisfaction (Anderson, 2013; Basson & Gilks, 2018; Gruskin et al., 2019; Maher et al., 2022). Specifically, it has been shown that many sex workers prioritize the sexual pleasure of their clients instead of their own as a way of setting barriers between their work and home life in a form of self-preservation (Santos Couto et al., 2020). Compounded

by the more conservative perception of sex as solely for procreation held in many Ugandan cultures, AGW participating in sex work face complex, conflicting justifications for sex. Furthermore, the social stigmatization and extreme marginalization experienced by AGW engaging in sex work led to severe mental health struggles, such as shame, fear, depression, a sense of isolation, and suicidality.

While attempts to improve the status of women in society and combat GBV have been made, women have reported not being able to effectively report and prosecute GBV. Other studies on GBV in Sub-Saharan Africa emphasize that it is crucial to create new policies for GBV disputes with women's organizations to represent and advocate for survivors in the legal system, with more infrastructure centered around providing mental health services and social support for GBV survivors and young mothers (*Full Article: Perceptions of the Mental Health Impact of Intimate Partner Violence and Health Service Responses in Malawi*, 2014; Shako & Kalsi, 2019; Sougou et al., 2024). Organizations focused on fostering community among sex workers can be helpful in creating non-stigmatizing, safe spaces to discuss the negative outcomes of their work and feel supported in the process. There is also a need for policies centered around improving the socioeconomic status of informal settlements to give inhabitants a better chance of withstanding economic shocks. Government endorsement of programs that educate and vocationally train AGW within informal settlements to maximize employment opportunities while minimizing financial reliance on men is necessary to ensure that women do not resort to unsafe work (Leite et al., 2019). Medically, there is a need for more low-cost and accessible STI screenings, especially among AGW participating in sex workers in informal settlements who face significant socioeconomic barriers. Specific emphasis should be placed on HIV and CxCa prevention, as these are preventable diseases with the implementation of PrEP, HPV vaccination, and regular screening.

Limitations of the Study

The limitations of this study are linked to its qualitative nature. The results are not generalizable, but qualitative methods prioritize depth of understanding over generalizability (Braun & Clarke, 2006). Furthermore, FGD participants were recruited via convenience sampling of those interacting with the SOMERO organization that aids the AGW population. Convenience sampling may have introduced potential sampling bias in our study. Finally, the fact that the lead analysts were not local Ugandans leaves room for biased conclusions. To minimize this, local members of the study team were involved throughout the study process, including data analysis.

Conclusion

This study explored the impact of GBV on the reproductive health of AGW residing in informal settlements during the COVID-19 pandemic. Financial

instability within informal settlements served as a motivator for participation in sex work across the lifespan, which contributed to significant and wide-reaching sexual health implications, including new STI diagnoses, unwanted pregnancies, and unsafe abortions. In patriarchal societies that criminalize AGW for participating in sex work, there is a lack of resources to support and protect those struggling physically or psychologically after experiencing GBV.

There is a need for increased infrastructure to support women's financial independence from men through increased education and occupational opportunities. With Ugandan law preventing formal comprehensive sexual education, informal education via friends and family members can better support children in making safe decisions about when and how they participate in sex. Increased STI screening and prophylaxis that prioritizes vulnerable groups, such as AGW in informal settlements participating in sex work, can decrease the rates of preventable diseases. Ugandan law has long restricted abortion access, and AGW have resorted to unsafe abortions; therefore, there is a dire need for the implementation of policies that protect and medical systems that are prepared to care for patients with post-abortion complications.

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