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Implementing School-Based Strategies for Preventing Child Sexual Abuse in Southwestern Uganda: Perspectives of Teachers, Head Teachers, and Parents

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Abstract

Background

Children in sub-Saharan Africa experience child sexual abuse (CSA) and its associated health, psychosocial, and educational consequences. Schools provide an important setting for CSA prevention, but successful implementation depends on the engagement and perspectives of key stakeholders. This study explored teachers' and parents' perceptions and practices regarding the implementation of CSA prevention strategies in primary schools in southwestern Uganda.

Methods

A qualitative study using in-depth interviews was conducted among 25 participants, including head teachers, teachers, and parents from purposively selected primary schools in Sheema District, southwestern Uganda. Data were analyzed thematically, with emerging categories and subcategories supported by representative participant quotations.

Results

Four major categories emerged: strategies used to prevent CSA, perceptions of prevention strategies, implementation challenges, and recommendations for strengthening prevention. Schools used several approaches, including displaying CSA prevention messages on school compounds, providing regular educational messages to children, and using co-curricular activities such as drama and role play. Participants generally perceived CSA prevention strategies as protective to children and schools, particularly in reducing exposure to sexual abuse and its associated consequences. However, some parents perceived certain prevention messages as encouraging children to become rebellious or disobedient. Implementation was constrained by inadequate staffing and funding, limited government supervision and follow-up, and insufficient stakeholder involvement. Participants recommended integrating CSA prevention activities into school timetables, providing regular refresher training, strengthening parental sensitization, and increasing parents' and other stakeholders' participation in designing and implementing prevention programs.

Conclusions

Primary schools implement multiple CSA prevention strategies, which stakeholders generally perceive as beneficial. However, resource constraints, inadequate supervision, and limited stakeholder involvement hinder effective implementation. Integrating CSA prevention into routine school activities and strengthening collaboration among schools, parents, government, and communities may improve the effectiveness and sustainability of school-based prevention efforts. Strengthening school-based CSA prevention contributes to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) prevention by minimizing exposure to sexual violence and facilitating early identification, reporting, referral, and access to appropriate health services.

Categories: HIV/AIDS, Pediatrics, Epidemiology/Public Health
Keywords: child sexual abuse, parents, prevention, primary schools, qualitative study, teachers, uganda

Introduction

Child sexual abuse (CSA) is a major public health and child protection concern worldwide. It involves sexual activity imposed on or involving a child who is unable to understand, consent to, or legally authorize the activity. CSA includes unwanted sexual touching, attempted or completed forced sexual intercourse, and

other forms of sexual exploitation and sexual violence [1]. It occurs across geographical, cultural, and socioeconomic settings, although estimates vary according to definitions, study populations, and methods of measurement. Recent global evidence indicates that CSA remains highly prevalent, with substantial regional variation and particularly high levels of reported sexual violence against children in sub-Saharan Africa [2].

The burden of CSA is substantial in sub-Saharan Africa, where social, cultural, economic, and institutional factors may influence children's vulnerability, disclosure, and access to protection and support services. Evidence from the region demonstrates considerable levels of violence against children and highlights the need for prevention approaches that operate across multiple levels, including the individual, family, school, community, and policy environments [3]. School-based interventions are particularly important because schools provide regular contact with children and opportunities to develop protective knowledge, skills, and behaviors.

Uganda has a substantial burden of childhood sexual violence. Findings from the Uganda Violence Against Children Survey showed that 35.3% of women and 16.5% of men aged 18-24 years reported experiencing sexual abuse before the age of 18 years [4]. Among survivors, disclosure and access to formal support were limited, indicating that a considerable proportion of childhood sexual abuse may remain unidentified or unreported. These findings highlight the importance of strengthening preventive measures and creating environments in which children can recognize potentially harmful situations, disclose abuse, and access appropriate protection and support.

The consequences of CSA can be severe and may extend into adolescence and adulthood. Childhood sexual abuse has been associated with depression, anxiety, post-traumatic stress disorder, suicidal behavior, substance use, self-harm, and other adverse psychological outcomes [5,6]. Exposure to multiple adverse childhood experiences, including sexual abuse, has also been associated with poorer physical and mental health outcomes later in life [7]. These consequences demonstrate that preventing CSA is essential not only for protecting children from immediate harm but also for promoting their long-term health, psychological well-being, and educational development.

Schools provide an important platform for CSA prevention because they bring together children, teachers, school administrators, and parents within an organized environment. Teachers and head teachers can provide age-appropriate information, identify children who may be at risk, reinforce protective behaviors, and facilitate reporting and referral of suspected abuse. Parents and caregivers also have an important role in reinforcing prevention messages at home and creating supportive environments in which children can disclose concerns. Evidence from sub-Saharan Africa suggests that interventions involving children, teachers, parents, and communities can contribute to violence prevention, although implementation varies according to local context, available resources, and institutional capacity [3].

At the international level, the World Health Organization (WHO) and partner agencies developed the INSPIRE: Seven Strategies for Ending Violence Against Children framework to guide evidence-based prevention and response to violence against children [8]. The seven strategies comprise implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills. The education and life-skills component is particularly relevant to school-based CSA prevention because it seeks to equip children with knowledge and skills to recognize risks, avoid potentially harmful situations, seek help, and identify trusted adults [8,9]. Importantly, the INSPIRE framework emphasizes that responsibility for preventing violence should not be placed solely on children but should involve families, schools, communities, institutions, and government.

Uganda has established policies and strategies aimed at strengthening child protection and preventing violence against children. The Uganda National Child Policy identifies the prevention and protection of children from violence, exploitation, and abuse as national priorities and emphasizes strengthening child protection mechanisms in schools and communities [4]. The education sector has also implemented measures intended to strengthen prevention, reporting, tracking, referral, and response to violence against children in schools [9]. Despite these policies and interventions, challenges remain in translating national guidance into consistent school-level practices. UNICEF has continued to highlight concerns regarding violence and sexual misconduct in Ugandan schools and the need for stronger prevention, reporting, accountability, and stakeholder engagement [10].

The COVID-19 pandemic further demonstrated vulnerabilities within child protection systems. School closures and disruptions to routine support services reduced children's access to teachers and other trusted adults who may identify and respond to abuse. In Uganda, concerns were raised regarding increased child abuse during the COVID-19 lockdown, highlighting the importance of resilient child protection systems that operate at household, community, and institutional levels [11].

Although national and international frameworks provide guidance for preventing violence against children, there remains limited context-specific evidence regarding how CSA prevention strategies are practiced

within Ugandan primary schools and how key stakeholders perceive their implementation. In particular, there is limited evidence on the experiences of teachers, head teachers, and parents in implementing and reinforcing school-based CSA prevention strategies. Understanding their perspectives is important because these stakeholders have complementary roles in educating children, identifying risks, reinforcing protective behaviors, creating safe school environments, and supporting disclosure and referral. Therefore, this study explored school-based strategies for preventing CSA in southwestern Uganda, focusing on the perspectives of teachers, head teachers, and parents. Specifically, the study examined the strategies practiced in primary schools, stakeholders' perceptions of these strategies, challenges affecting their implementation, and suggested approaches for strengthening school-based CSA prevention.

Materials And Methods

Study design and setting

This was a qualitative exploratory study conducted in eight purposively selected primary schools in Sheema District, southwestern Uganda. The district was selected based on documented concerns regarding indicators associated with CSA, including school dropout and early marriage [12]. The study sought to explore school-based CSA prevention practices and the perceptions of key stakeholders involved in their implementation.

Study population and sampling

The study population comprised head teachers, teaching staff, and parents of children attending the selected primary schools. Participants were purposively selected to ensure representation of stakeholders with different roles in the prevention and implementation of CSA prevention strategies. Head teachers were included because of their administrative and supervisory responsibilities and their role in facilitating implementation of school-based programs. Teachers were selected because they are directly involved in delivering prevention messages and interacting with children, while parents were included because of their role in reinforcing protective information and supporting children's adherence to safety guidance provided at school.

A total of 25 participants were recruited, comprising eight head teachers, eight teachers, and nine parents. These were recruited from the different selected primary schools whose head teachers consented to participate.

Data collection

An interview guide was developed based on the study objectives and relevant literature [1,4,7-10,13,14]. The guide was reviewed by the research team and used to conduct in-depth, face-to-face interviews in April 2022. Interviews with head teachers and teachers were conducted at the participating schools. Parents were contacted by telephone and invited to the respective schools for interviews.

The interview guide for head teachers and teachers consisted of three sections: (1) sociodemographic characteristics, (2) CSA prevention strategies implemented in schools, and (3) perceptions regarding implementation, including understanding of CSA, perceived value of prevention strategies, implementation challenges, and possible solutions. The parent interview guide similarly comprised three sections: (1) sociodemographic characteristics, (2) CSA prevention strategies practiced in schools and the role of parents in supporting their implementation, and (3) perceptions of CSA prevention, including understanding of CSA, perceived benefits, challenges, and suggested solutions.

Following ethical approval, a list of potential participating schools and contact information for head teachers was obtained from the District Education Officer (DEO). The head teachers were contacted to obtain permission to access the schools and to facilitate scheduling of interviews with eligible teachers and parents. Written informed consent was obtained from all participants before the interviews were conducted.

Interviews lasted approximately 30-40 minutes and were conducted by RK, a medical doctor, community researcher, and university lecturer, together with four research assistants who had previous experience in public health research. Interviewers/research assistants received prior training on the study objectives, interview techniques, ethical considerations, confidentiality, informed consent, and appropriate ways of engaging participants, particularly when discussing sensitive issues such as CSA. These procedures were intended to strengthen the credibility, dependability, and transparency of the findings.

The first interview conducted with each category of participant was used to pretest the interview guide. Minor adjustments were made to improve the clarity and sequencing of questions where necessary. Interviews with head teachers and teachers were conducted in English, the official language of instruction in Ugandan schools. Interviews with parents were conducted in Runyankore, the predominant local language in the study area. Recruitment continued until saturation was reached per category of participants. This meant that the team obtained sufficient information to address the study objectives and no substantial new themes were emerging from the subsequent interviews [15]. Data saturation was assessed throughout the interview process by examining whether additional interviews generated new information, themes, or insights relevant

to the study objectives. Researcher reflexivity was maintained by acknowledging the researchers' backgrounds, assumptions, and potential biases and considering how these might influence data collection, interpretation, and analysis.

Data management and analysis

All interviews were audio-recorded with participants' permission and transcribed verbatim. Interviews conducted in Runyankore were translated into English during the transcription process. The research team used an inductive thematic analysis approach to identify patterns and themes emerging from the data. Analysis followed the six-phase approach described by Braun and Clarke [16]. First, the research team familiarized itself with the data through repeated reading of the transcripts. Second, initial codes were generated from the data. Individual members of the research team independently reviewed transcripts and developed preliminary codes based on emerging concepts. The researchers then compared and discussed the preliminary codes and reached consensus on an agreed coding framework. Fourth, related codes were grouped to develop candidate categories and subcategories. The themes were further reviewed against the transcripts to assess their coherence and distinctiveness. Finally, the categories and subcategories were defined, named, and organized into a coherent narrative addressing the study objectives.

Representative quotations were selected to illustrate the findings and provide evidence for the interpretation of participants' perspectives. Participant quotations were identified by stakeholder category and sex rather than by name to maintain confidentiality.

Ethical considerations

Ethical approval was obtained from the Research Ethics Committee of Mbarara University of Science and Technology (MUST) (Reference No. MUREC 1/7) on April 9, 2021. Administrative permission was obtained from relevant local government authorities and the administrators of the participating primary schools before data collection. All participants were informed about the purpose and procedures of the study, their voluntary participation, their right to decline to answer any question or withdraw from the study, and the measures taken to maintain confidentiality and privacy given the sensitivity of the study, especially for parents. Written informed consent was obtained before each interview. Audio recordings, transcripts, and other study data were handled confidentially and were accessible only to members of the research team.

Results

Among the respondents were head teachers (n = 8), teachers (n = 8), and parents of children in the selected primary schools (n = 9). The average age of female respondents was 38.4 years and 48.2 years for males. This is shown in Table *1*.

Characteristics	Number, n
Average age	38.4 years for females; 48.2 years for males
Gender	
Females	10 (40%)
Males	15 (60%)
Respondent designation	
Head teachers	8 (32%)
Teachers	8 (32%)
Parents	9 (36%)

TABLE 1: Summary of demographic characteristics of stakeholders in implementation of child sexual abuse prevention strategies in schools in Southwestern Uganda, n = 25

Four categories are presented with respective subcategories: (i) strategies practiced in schools to prevent CSA, (ii) perceptions of parents and teachers, (iii) challenges faced in practicing prevention strategies in schools, and (iv) suggested way forward to address the challenges faced. Representative quotes are included, with their status in parentheses. The categories, subcategories, and representative quotes from stakeholders have been presented in Table *2*.

Categories	Subcategories	Participants' perspectives
Category 1: Strategies practiced in schools to prevent CSA	1.1 Talking compounds	Participants reported displaying posters and signposts with CSA prevention messages in visible locations around school compounds and buildings. These materials reminded children of protective measures, including reporting suspected sexual violence, avoiding risky situations, and not walking alone. "We have posters on school compound carrying messages like 'Say No To Sex' (to) encourage our children to report any suspected form of sexual violence, (and to) ensure children do not walk alone …" (female, head teacher). A male teacher also described using signposts to warn children about HIV/AIDS and encourage them to avoid early marriage and focus on education. "We talk to the learners to avoid early marriages and concentrate on their academic journey first. I usually tell them especially if they are girls, I tell them AIDS is there and kills, given that for me, I am even a teacher, I put those sign posts that AIDS kills" (male, teacher).
	1.2 Messages by teachers, parents, and invited guests	Participants reported that teachers, senior women and senior men, parents, and invited guests, such as doctors and religious leaders, regularly educated children about sexuality and CSA prevention. Children were advised to avoid dark and isolated places, night-time movements, free gifts from strangers, and early marriage. They were also encouraged to prioritize education and understand the risks of sexually transmitted infections such as HIV/AIDS. "We have a senior woman (counselor for girls) and a senior man (counselor for boys) who usually meet children and educate them about sexual abuse. We also tell them to avoid dark corners and dark spots, we also discourage them moving at night … avoid free gifts and money" (female, head teacher). "… we hold an assembly and … we can invite a parent or doctor so that they can also further explain to these students how they can protect themselves" (female, teacher). Some parents were able to collaborate on the fact that children are talked to about CSA and how to avoid becoming CSA victims, as indicated by the quotation that follows: "My child usually tells me that teachers educate them … They group them boys and girls separately then female teachers (senior woman) teach girls and male teachers (senior man) teach boys. That they tell them to avoid free gifts from strangers" (female, parent).
	1.3 Co-curricular activities	Participants reported using co-curricular activities, including drama, acting, role-play, and games, to communicate CSA prevention messages. These activities were perceived as opportunities for children to develop practical skills, build confidence, and learn how to say no to sexual abuse. "We have co-curricular activities, like drama, where children are able to learn about how to avoid sexual abuse" (female, head teacher).
Category 2: Perceptions of parents and teachers toward CSA prevention strategies	2.1 Prevention strategies are protective to children and the school	Participants generally perceived CSA prevention strategies as important for protecting children's well-being, preventing sexual abuse-related harm, reducing the risks of unintended pregnancies and sexually transmitted infections like HIV/AIDS, and enabling children to concentrate on their education. They also believed that effective prevention could reduce trauma, stigma, and reputational harm to schools. A female head teacher warned that neglecting prevention could result in traumatized children, pregnancies, infections, and loss of life. "… when we become so careless about it, we shall get some traumatized children, we shall even lose lives, some children will get pregnant and acquire such some funny diseases like HIV …" (female, head teacher). A female parent observed that prevention programs enabled children to concentrate on their academic journey and remain free from stigma. "… it (CSA prevention programs) enables children to concentrate on their academic journey. They are free from stigma …" (female, parent).
	2.2 Some CSA strategies teach rebellion to children	Participants reported that some parents perceived CSA prevention education negatively because children sometimes refused to undertake activities they considered unsafe. A female head teacher explained: "Some parents … feel that when we teach children some of these strategies, children become rebellious. For example, one parent was annoyed (because) he was sending a child to shop alone and the child said no, the teachers told us it is not good. So, (the) parent thinks we are spoiling their children" (female, head teacher). This perspective highlighted tensions between school-based safety messages and some parents' expectations regarding children's obedience and responsibilities.
Category 3: Challenges in practicing CSA prevention strategies in schools	3.1 Understaffing and insufficient funding for teachers	Teachers and head teachers reported that inadequate staffing, large numbers of learners, and insufficient financial motivation hindered the effective delivery of CSA prevention education. Teachers had to manage multiple groups of children while handling sensitive topics, increasing their workload and making implementation difficult. "… maybe I can say we are under staffed because it's a big school having very many learners, over 400 children …, with a staff of about nine teachers. It's quite difficult and tiresome …, we made families of 15 members(children) so you can imagine a teacher having about like seven families because for the learners you must group them … but a teacher is a parent of sets of 15 and handling same topic (for each set) … it's quite tiresome, quite difficult …" (female, teacher). "… most teachers are complaining, they want something like motivation to handle topics related to sexuality because they are many … So, they keep demanding that we should give them something … financial facilitation" (male, head teacher).
	3.2 Insufficient government	Participants acknowledged the existence of government initiatives intended to prevent CSA but expressed concern about inadequate monitoring, evaluation, and follow-up. They also reported limited consultation with stakeholders before programs were introduced, resulting in implementation being left largely to individual schools. "Most programs are good. However, the government just brings them without first

	supervision	consulting with stakeholders …" (male, head teacher). "There is no good follow up by government to monitor programs, they are left to individual schools …" (male, head teacher).
	4.1 Inclusion of CSA prevention programs on the school timetable	Participants recommended formally incorporating CSA prevention education into school timetables to ensure that it was delivered consistently, systematically, and effectively. They also suggested regular refresher courses to strengthen teachers' knowledge and skills. "There should be refresher courses on a termly basis … Education about sexual abuse should also be included on the timetable …" (male, teacher).
Category 4: Suggested way forward to address challenges faced	4.2 Sensitizing parents and stakeholders on CSA and promoting parental participation	Participants emphasized the importance of sensitizing parents, communities, religious leaders, and other stakeholders about CSA prevention and their respective responsibilities. They recommended stronger collaboration between schools and families so that children receive consistent protective messages at school and at home. A male head teacher called for cooperation among teachers, parents, and religious leaders. "… There should be cooperation among all stakeholders in as far as implementing these prevention strategies is concerned. Teachers, parents, and religious leaders should work together …" (male, head teacher). Another head teacher explained that messages taught at school were not always reinforced at home because some parents might not understand their role. Teachers emphasized parents' role to ensure reinforcement of information even at home. They also felt the programs would be better supported in the community if everyone is informed. "… what we impart in children at times parents do not add on it, I cannot say they are not supporting but possibly they are not aware that they should be part of it … so the education they get from school if they were also getting it from home, it would push these children somewhere. … So, most parents are not doing their role in so doing they don't also implement these measures" (male, head teacher). A male parent similarly emphasized that parents should understand their responsibilities and educate children about preventing sexual violence. "Parents should clearly know their roles in the fight against sexual violence among children. They should educate their children to avoid sexual violence …" (male, parent).

TABLE 2: Categories, subcategories, and participants' perspectives on CSA prevention strategies in schools

CSA: child sexual abuse; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome

Overall, schools implemented various CSA prevention strategies that were generally perceived as beneficial, but inadequate resources, limited supervision, and weak stakeholder involvement hindered implementation. Strengthening school-parent-community collaboration and integrating CSA prevention into routine school activities may improve child protection and contribute to human immunodeficiency virus (HIV) prevention.

Discussion

This study explored school-based strategies for preventing CSA and examined the perspectives of head teachers, teachers, and parents regarding their implementation in primary schools in southwestern Uganda. Four interconnected findings emerged. Schools were implementing multiple CSA prevention strategies, including messages displayed within school compounds, discussions led by teachers and invited speakers, counseling, and co-curricular activities such as drama. Participants generally perceived these strategies as important for protecting children and supporting their educational well-being. However, implementation was constrained by understaffing, inadequate financial support, limited government supervision, and insufficient involvement of parents and other stakeholders. Importantly, some parents perceived certain child-protection messages as encouraging disobedience, particularly when children refused to undertake activities that teachers had identified as potentially unsafe. Participants consequently recommended formalizing CSA prevention within school timetables, providing regular teacher refresher training, strengthening government supervision, and increasing parent and community participation.

The use of multiple prevention approaches demonstrates that schools in this setting are already making efforts to address CSA using resources and structures available within the school environment. Participants described the use of posters and messages around school compounds, regular discussions with children, separate sessions for boys and girls, involvement of parents and invited professionals, and drama and role play. These findings are broadly consistent with evidence that school-based CSA prevention programs can improve children's knowledge, awareness, protective skills, and confidence in responding to potentially unsafe situations [13,14,17]. However, our findings provide an important implementation perspective that is less visible in the existing intervention literature. Rather than relying solely on a standardized, classroom-based prevention curriculum, schools in southwestern Uganda were incorporating prevention messages into everyday school activities and environments. Posters functioned as continuous reminders, and teachers provided repeated interpersonal messages, creating opportunities for children to engage with prevention concepts. This suggests that locally available school structures can provide useful platforms for CSA

prevention, particularly in resource-constrained settings.

The use of drama and role play is particularly relevant because these methods can provide children with opportunities to practice protective responses rather than simply receive information. Evidence from school-based prevention research suggests that interactive and skills-based approaches can improve children's knowledge and protective capacities [13]. Our findings extend this evidence by showing that such approaches are already being used informally in Ugandan primary schools. This provides an opportunity for future programs to build upon existing practices rather than introducing completely new delivery mechanisms. Standardizing and strengthening these activities, while ensuring that messages are age-appropriate and evidence-informed, may improve the consistency and quality of prevention education.

Another important finding was that participants viewed CSA prevention as contributing to children's broader well-being rather than simply preventing sexual abuse. Parents and teachers associated prevention with protection from unintended pregnancy, sexually transmitted infections, psychological trauma, stigma, and disruption of education. They also perceived children who were protected from abuse as being better able to concentrate on their studies. This perception is consistent with evidence that CSA and other forms of childhood violence can have substantial psychological, social, and educational consequences and that prevention programs can improve children's protective knowledge and skills [13,14]. However, the present study adds an important contextual dimension by demonstrating that local stakeholders themselves viewed CSA prevention as part of supporting children's educational success. This finding has implications for policy because framing CSA prevention as part of child welfare, school retention, and educational achievement may increase its relevance within education systems where academic priorities compete with other school activities.

Despite generally positive perceptions, some participants reported parental concerns that prevention messages could make children rebellious. This was particularly evident when children refused to perform tasks that teachers had identified as potentially unsafe, such as going to shops alone at night. This finding provides an important insight into the social context in which CSA prevention is implemented. The issue was not necessarily rejection of child protection itself, but rather a tension between children's newly acquired protective behaviors and established expectations regarding obedience and responsibility. A child taught to say “no,” avoid potentially unsafe situations, or seek help from trusted adults may behave differently from a child expected to comply unquestioningly with instructions from adults. Nevertheless, similar findings were reported in a study [18] of teachers’ experiences with a classroom-based CSA prevention curriculum, where some parents stopped their children from participating in CSA teaching and surveys while others seemed unsure whether or not to allow their children to be part of such activities. This finding extends previous research on parental involvement in CSA prevention. Systematic reviews have shown that parental participation can reinforce children's learning, improve parent-child communication, and strengthen parents' ability to support prevention activities [19,20]. However, our findings suggest that parental involvement is important not only for reinforcing prevention messages but also for ensuring that parents understand and support the protective behaviors being taught. Without such engagement, children may receive conflicting messages at school and at home. Parent sensitization should therefore explain the purpose of CSA prevention and distinguish protective assertiveness from disobedience. Meaningful parental involvement should begin during the planning and introduction of prevention programs rather than after activities have already been implemented.

A particularly important contribution of this study is the identification of implementation constraints at the school level. Although participants recognized the importance of CSA prevention, teachers and head teachers reported that schools lacked adequate staffing and financial resources to implement activities effectively. Teachers described the additional workload associated with organizing learners into groups and repeatedly delivering prevention messages, while head teachers reported difficulties in providing financial facilitation for teachers undertaking sexuality-related education. These findings indicate that awareness of the importance of CSA prevention does not necessarily translate into implementation capacity.

Previous systematic reviews have largely focused on the effectiveness of school-based CSA prevention interventions and have demonstrated improvements in children's knowledge and protective skills [13,14]. Our study adds an important implementation-level perspective by showing how resource constraints may limit the ability of schools to deliver prevention activities consistently. In this setting, the challenge appears to extend beyond identifying appropriate prevention strategies to ensuring that schools have sufficient human resources, time, training, supervision, and financial support to implement them. This distinction is important because an effective intervention may have limited impact if it cannot be delivered consistently or with adequate quality.

Participants also reported insufficient government supervision and follow-up. Although respondents acknowledged the value of government prevention programs, they felt that implementation was sometimes left to individual schools without adequate monitoring or evaluation. This suggests that CSA prevention activities may vary between schools according to local priorities, available resources, and individual staff commitment. Such variation can undermine continuity and sustainability. The WHO's INSPIRE framework emphasizes that preventing violence against children requires coordinated action across education, health, family, community, and policy systems rather than isolated educational interventions [8]. More recent WHO

guidance similarly emphasizes the importance of strengthening systems and addressing the social and structural determinants that influence violence against children [21].

The participants' recommendation to incorporate CSA prevention into the formal school timetable is therefore particularly significant. Scheduling prevention activities would help establish them as part of the school's routine responsibilities rather than optional or occasional activities. Similarly, the recommendation for regular refresher training recognizes that teachers require continuing support to maintain knowledge and confidence in addressing sensitive issues related to sexuality and child protection. Institutionalization of CSA prevention should therefore occur at multiple levels, including allocation of time within school programs, regular teacher training, clear responsibilities for staff, and routine supervision by education authorities.

Another important finding was the strong emphasis on involving parents and other stakeholders in the design and implementation of prevention strategies, calling for a participatory approach. Participants specifically identified parents, teachers, religious leaders, and other community members as important partners. This finding is consistent with recent systematic reviews showing that parental involvement can strengthen prevention by reinforcing learning at home and improving parents' capacity to communicate with and protect children [19,20,22]. However, the present study adds that inadequate stakeholder consultation was itself perceived as a barrier to implementation. Participants suggested that some parents were not necessarily unwilling to support prevention but were insufficiently informed about their role. This distinction is important because it suggests that apparent parental resistance may, in some cases, reflect limited engagement rather than opposition to child protection.

The participatory approach would allow programs to identify cultural and practical concerns, clarify expectations, and develop prevention messages that can be reinforced consistently at school and at home. This would ensure sustainability, especially in the Ugandan context, where schools and families share responsibility for children's development and safety.

With Filippatos et al.’s study findings, the vulnerability of children to disruptions in education, psychosocial support, and access to essential health and protection services was more pronounced in the COVID-19 pandemic era. The importance of maintaining systems that support children's health and psychosocial well-being during emergencies is emphasized [23,24]. Similarly, evidence on pediatric referral pathways emphasizes the importance of accessible and coordinated healthcare services [25]. In relation to CSA prevention in Uganda, these findings reinforce the need to integrate age-appropriate sexuality and personal safety education into the school curriculum, train teachers to identify and appropriately respond to signs of abuse, establish confidential and child-friendly reporting mechanisms, and strengthen collaboration among schools, parents, healthcare providers, community leaders, and child protection authorities. Furthermore, functional referral pathways are essential to ensure timely reporting, protection, medical care, and psychosocial support for affected children. These strategies are particularly important in southwestern Uganda, where inadequate staffing, funding, supervision, and stakeholder involvement may limit the effective implementation and sustainability of school-based CSA prevention programs.

Taken together, the findings suggest that the central challenge for CSA prevention in these schools is not a complete absence of prevention activities or lack of recognition of their importance. Rather, the challenge is converting existing activities into a structured, adequately supported, and consistently monitored prevention system. This represents an important contribution of the present study. Previous research has provided evidence that school-based CSA prevention can improve children's knowledge and protective skills [13], whereas our findings demonstrate how implementation is shaped by school resources, teacher workload, government supervision, parental understanding, and stakeholder participation in a rural Ugandan setting. The study therefore shifts attention from whether CSA prevention should be implemented to how it can be implemented sustainably within the realities of Ugandan primary schools.

These findings have several implications for policy and practice. CSA prevention should be incorporated into school timetables and linked with existing life-skills, counseling, health, and child-protection activities. Teachers should receive regular refresher training and appropriate implementation support, while district and national education authorities should strengthen supervision and monitoring. Parent sensitization should be integrated into prevention programs, with particular attention to explaining children's protective rights and behaviors and addressing misconceptions about prevention education. Schools should also be supported to use interactive approaches such as drama and role play while ensuring that prevention content is standardized, age-appropriate, culturally responsive, and evidence-informed. These approaches are consistent with the multisectoral principles of the INSPIRE framework [21,26].

This study has several strengths. It included three key stakeholder groups: head teachers, teachers, and parents, allowing the study to capture perspectives from those responsible for administering, implementing, and reinforcing CSA prevention activities. In-depth interviews also provided detailed information about existing practices, perceptions, implementation challenges, and proposed solutions. Conducting parent interviews in Runyankore enabled participants to express their views in a familiar language, which may have facilitated discussion of a sensitive subject.

The study also has limitations. The qualitative design and purposive sampling limit statistical generalizability to other districts and school settings. Nevertheless, the findings provide contextually relevant insights into CSA prevention in primary schools in southwestern Uganda. Second, children were not included, although they are the primary beneficiaries of prevention interventions. Their perspectives may differ from those of adult stakeholders and should be explored in future research. Third, community stakeholders other than parents were not interviewed, despite participants identifying religious leaders and other community members as potentially important partners. Finally, the study examined reported practices and perceptions and did not quantitatively assess the effectiveness of individual prevention strategies. Future studies should therefore examine children's experiences, community perspectives, fidelity of implementation, and the effectiveness and sustainability of integrated CSA prevention interventions.

Conclusions

Overall, primary schools in southwestern Uganda implement various CSA prevention strategies that are generally viewed as protective. However, inadequate resources, limited supervision, and weak stakeholder engagement hinder sustained implementation. Strengthening teacher capacity, integrating CSA prevention into routine school activities, and involving parents and communities could enhance child protection while reducing sexual risk and related consequences like HIV/AIDS among children and adolescents.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

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Disclosures

Human subjects: Informed consent for treatment and open access publication was obtained or waived by all participants in this study. Mbarara University of Science and Technology Research Ethics Committee issued approval MUREC 1/7. **Animal subjects:** All authors have confirmed that this study did not involve animal subjects or tissue. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

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