

Gender-Specific Challenges Faced by Juvenile Offenders in Uganda: A Case Study of Kampiringisa National Rehabilitation Center, Mpigi District

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ABSTRACT

This study examined the gender-specific challenges faced by juvenile offenders in Uganda, focusing on Kampiringisa National Rehabilitation Centre. A cross-sectional study design employing both quantitative and qualitative approaches was used. Data were collected from 99 juveniles through structured questionnaires, achieving a 100% response rate, and from 9 key informants through interviews. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed thematically to complement the statistical findings. The findings revealed that juveniles experience multiple psychological, institutional, and family-related challenges during rehabilitation. Psychological and emotional challenges (19.1%) and institutional/structural challenges (19.2%) were among the most reported. The study established clear gender differences: girls faced unique vulnerabilities including pregnancy, reproductive health needs, emotional distress, and stigma, while boys were more associated with aggression, substance abuse, peer influence, and involvement in serious offences. Nearly half (46.5%) reported experiencing discrimination, and 52.5% indicated that girls face more stigma than boys. Counselling (80.8%), skills training (70.7%), and education (64.6%) were identified as the most helpful services. 40.4% rated the programs as not effective in shaping behavior. The study further found strong support (90.9%) for implementing separate or gender-responsive strategies. The study concludes that while rehabilitation services at Kampiringisa National Rehabilitation Centre provide essential support, they require strengthening through structured gender-responsive, trauma-informed, and livelihood-oriented approaches.

Keywords: Juvenile Offenders, Gender-Specific Challenges, Gender-Responsive Rehabilitation

INTRODUCTION

Globally, the issue of juvenile delinquency persists, with an estimated 1.1 million children in detention worldwide (UNICEF, 2021). In the United States, approximately 1.5 million juvenile arrests occur annually (United States Bureau of Justice Statistics, 2020). In Africa, an estimated 5% of children aged 10-17 are involved in criminal activity (Sikiru Aderemi, 2017). In East Africa, Uganda has one of the highest rates of juvenile delinquency (Promise, 2023). A report by Theodora (2017) showed that of the total number of juveniles interviewed from her study the majority were aged 16 years old (41%), followed by those of 17 years old (34%), and then 15 years old (15%). Some children aged 7, 8, 9, 10 and 11 were also on record for offending according to the data from the Uganda Police by Theodora (2017).

The study looks at the gender specific challenges faced by young juveniles who have gotten into trouble and are in rehabilitation centers. Special centers, set up by kind individuals, charities, churches, and governments, aim to provide counseling and support to these Juveniles. These Juveniles also face various challenges and these could have led to this trouble, including skipping school, fighting, stealing, striking, selling drugs, getting hooked on drugs, or showing no regard for others' well-being.

Juveniles, also known as minors or youths, refer to individuals below the age of 18 (United Nations, 2020). Unfortunately, some of these Juveniles engage in delinquent behaviors, such as truancy, theft, and violence, which lead them into conflict with the law (Ullah, 2015). As a result, they end up in rehabilitation centers, designed to provide guidance, support, and treatment to help them reform and reintegrate into society (Sharma & Gupta, 2024).

Crimes have remained always a major problem for society (Canter & Youngs, 2016). Crimes violate sacred customs, laws and values. Criminal acts committed by young people are called juvenile delinquency. Sometimes the term delinquency has also been utilized to refer to conduct that is anti-social but not against the law. However, it usually describes activities that would be considered crimes if committed by an adult (Ullah, 2015). This excludes "status offenses," or actions that become legal matters only if conducted by children. Before the establishment of juvenile courts, children under the age of seven were never held responsible for criminal acts. The law considered them incapable of forming the necessary criminal intent. Children between the ages of 7 and 14 were generally thought to be incapable of committing a criminal act, but this belief could be disproved by showing that the youth knew the act was a crime or would cause harm to another and committed it anyway. Children over the age of 14 could be charged with a crime and handled in the same manner as an adult (Ullah, 2015).

The history of juvenile delinquency dates back to biblical times, with stories of young people engaging in rebellious and criminal behavior (Bible Gateway, 2020). In ancient civilizations, such as Greece and Rome, young offenders were punished harshly, often with physical punishment or banishment (Gibney, 2020). During the Middle Ages, juvenile delinquents were treated as adult criminals, facing severe punishments, including imprisonment and execution (British History Online, 2018).

Today all states set age limits that determine whether a person accused of a crime is treated as an adult or as a juvenile. In most states, young people are considered juveniles until age 18. However, some states set the limit at 16 and 17 (Ullah, 2015). In most states, a juvenile charged with a serious crime, such as robbery or murder, can be transferred to criminal court and tried as an adult. Sometimes prosecutors make this decision, or some states that allow transfers require a hearing to consider the age and record of the juvenile, the type of crime, and the likelihood that the youth can be helped by the juvenile court. As a result of a get-tough attitude involving juvenile crime, many states have revised their juvenile codes to make it easier to transfer youthful offenders to adult court (Ullah, 2015).

Kampiringisa National Rehabilitation Centre, located in Mpigi District, is one of the country's largest rehabilitation centers for juvenile offenders (Kampiringisa National Rehabilitation Centre, 2020). According to the center's records, over 70% of the children admitted have been involved in criminal activity, such as theft and assault (Kampiringisa National Rehabilitation Centre, 2020). Kampiringisa National Rehabilitation Centre (KNRC) holds sentenced children from all over Uganda. According to its mandate, KNRC is responsible for housing and rehabilitating all juveniles aged 12-18 who have been incarcerated in the country. The Ministry of Gender, Labor and Social Development is primarily responsible for children in conflict with the law (Ssemuusi, 2019). Kampiringisa National Rehabilitation Centre provides a safe space for these children, offering counseling, education (both formal and non-formal), and rehabilitation programs aimed at helping them become productive members of society (Galabba, 2018). Established in 1952 as a boys' approved school, KNRC initially catered to boys in need of care and protection, those beyond parental control, and juvenile delinquents. The center started admitting girls in the year 2000. In 1997, the Children's Act transformed the school into a National Rehabilitation Centre, with a separate wing for female delinquents. According to the Act, the Minister is responsible for establishing a National Rehabilitation Centre for children, which will serve as a place for detention, rehabilitation, and retraining. Until such a center is established, Kampiringisa Boys' Approved School serves as the detention center, with a separate wing for girls (Galabba, 2018).

In Uganda, when children come into conflict with the law, the processes of arrest, trial, and custody can strip them of their childhood, denying them fundamental rights like family life, education, care, protection, and play (Ajak, 2012). This can make it difficult for them to rehabilitate and reintegrate into society upon release. Unfortunately, these children often face discrimination, poverty, and deprivation, limiting their chances of becoming productive citizens (Galabba, 2018). However, it is essential that while in remand homes or rehabilitation centers, they enjoy their right to education, just like other children, as enshrined in the Ugandan Constitution (1995), the Children's Act, and the Convention on the Rights of the Child (1989). These laws emphasize the importance of compulsory, available, and free primary education for all.

Therefore, this study investigated the gender specific challenges in the rehabilitation of Juvenile offenders in Uganda, with a specific focus on Kampiringisa National Rehabilitation Centre. By exploring these issues, this study contributes to the development of strategies that support the rehabilitation and reintegration of juvenile offenders in Uganda.

METHODOLOGY

The study employed a cross-sectional study design which employed mixed-methods, combining both quantitative and qualitative approaches. The mixed-methods approach provided a comprehensive understanding of the causes of juvenile admission into rehabilitation centers and their wellbeing outcomes. The quantitative approach was used among juveniles and then qualitative approach was used among staffs at Kampiringisa National Rehabilitation Center.

The study population consisted of juvenile residents and staff members at Kampiringisa National Rehabilitation Center, Mpigi District, Uganda. These individuals are between 12 and 17 years old, and have been admitted to the center due to various reasons which need investigation. The population is diverse, with both male and female residents, from different ethnic and socioeconomic backgrounds. The study involved 99 juveniles and nine (9) administrative staff at the rehabilitation center who were directly involved in juvenile management, rehabilitation, or policy implementation.

The study was approved by Egerton University Kenya, The Aid Support Organization Uganda (Research and Ethics committee), and the heads of Kampiringisa National Rehabilitation facility.

FINDINGS

Socio-demographic characteristics of respondents

Table 1: Socio-demographic characteristics of respondents

Socio-demographic	Frequency	Percent
Age		
12-14	21	21.2
15-17	78	78.8
Gender		
Male	91	91.9
Female	8	8.1
Education level before rehabilitation		
Not schooling	3	3.0
Primary	74	74.7
Secondary	22	22.2
Religion		
Christian	74	74.7
Muslim	20	20.2
Other	5	5.1
Residence		

Rural	63	63.6
Urban	36	36.4
Family		
Both Parents	55	55.6
Single Parent	27	27.3
Guardian	8	8.1
Other	9	9.1

Table 1 presents the socio-demographic characteristics of the 99 juveniles who participated in the study at Kampiringisa National Rehabilitation Center. Regarding age distribution, the majority of respondents were aged 15–17 years, accounting for 78 (78.8%), while 21 (21.2%) were aged 12–14 years. This indicates that most juveniles in the rehabilitation center fall within the older adolescent age group. Most respondents were male 91 (91.9%), whereas only 8 (8.1%) were female. The females were all included in the study and the center currently had 8 females. This shows a significant gender imbalance, with males forming the overwhelming majority of juveniles in the facility. This can be confirmed from key informants;

We have both boys and girls, but the majority are boys. Out of about 260 children, only about eight are girls. Girls sometimes come with additional vulnerabilities, such as pregnancy or emotional distress (KII 2, Female, 2026, Kampiringisa National Rehabilitation Center)

Concerning education level before rehabilitation, the majority had attained primary education 74 (74.7%), followed by those who had reached secondary level 22 (22.2%). A small proportion 3 (3.0%) reported that they had not been schooling prior to admission. Most respondents identified as Christians 74 (74.7%), followed by Muslims 20 (20.2%), while 5 (5.1%) belonged to other religious affiliations. The majority of juveniles came from rural areas 63 (63.6%), whereas 36 (36.4%) were from urban settings.

In terms of family background, more than half of the respondents 55 (55.6%) reported living with both parents before admission. About 27 (27.3%) came from single-parent families, 8 (8.1%) were under guardianship, and 9 (9.1%) reported other family arrangements. This indicates that while many juveniles came from two-parent households, a considerable proportion were raised in single-parent or alternative family structures.

The gender-specific challenges faced by juvenile offenders during rehabilitation at Kampiringisa National Rehabilitation Center in Mpigi District, Uganda

Table 1: Gender specific challenges faced by juvenile offenders during rehabilitation

Challenges	Frequency	Percent
Biggest challenges faced by male and female juveniles		
None Reported Challenges	42	42.4
Psychological / Emotional Challenges	19	19.1
Family-Related Challenges	14	14.1
Institutional / Structural Challenges	19	19.2
Basic Needs / Economic Challenges	4	4.0
Communication Barriers	1	1.0
Feeling that boys and girls face different challenges		
Yes	70	70.7
No	25	25.3
Not sure	4	4.0
Experience of discrimination		
Yes	46	46.5
No	53	53.5
Female and male equal access to programs and facilities		
Yes	66	66.7
No	26	26.3
Not sure	7	7.0

Specific challenges related to healthcare		
Yes	57	58.2
No	30	30.6
Not sure	11	11.2
Girls face more stigma than boys		
Yes	52	52.5
No	16	16.2
Not sure	31	31.3
Observed differences in the way boys and girls are treated by staff at the center		
Yes	43	43.4
No	56	56.6
Availability of activities/resources to one gender and not the other		
Yes	17	17.2
No	72	72.7
Not sure	10	10.1
Girls and boys have different levels of emotional or psychological support at the center		
Yes	61	61.6
No	34	34.3
Not sure	4	4.1

Table 2 presents findings on gender-specific challenges faced by juveniles during rehabilitation at Kampiringisa National Rehabilitation Center. Regarding the biggest challenges experienced by male and female juveniles, 19 (19.1%) reported psychological or emotional challenges, 19 (19.2%) reported institutional or structural challenges, and 14 (14.1%) reported family-related challenges. A smaller proportion identified basic needs or economic challenges 4 (4.0%) and communication barriers 1 (1.0%).

When asked whether boys and girls face different challenges during rehabilitation, 70 (70.7%) responded yes, 25 (25.3%) said no, and 4 (4.0%) were not sure. Concerning experiences of discrimination, 46 (46.5%) reported that they had experienced discrimination, while 53 (53.5%) reported that they had not. On equal access to programs and facilities, 66 (66.7%) indicated that males and females have equal access, 26 (26.3%) disagreed, and 7 (7.0%) were not sure.

Regarding healthcare-related challenges, 57 (58.2%) reported that there are specific challenges related to healthcare, 30 (30.6%) said there are none, and 11 (11.2%) were not sure. Additionally, 52 (52.5%) reported that girls face more stigma than boys, 16 (16.2%) disagreed, and 31 (31.3%) were not sure. On whether boys and girls are treated differently by staff, 43 (43.4%) said yes, while 56 (56.6%) said no. 17 (17.2%) indicated that some activities or resources are available to one gender and not the other, 72 (72.7%) said no, and 10 (10.1%) were not sure. The results also showed that, 61 (61.6%) reported that boys and girls have different levels of emotional or psychological support, while 34 (34.3%) said there is no difference and 4 (4.1%) were not sure.

Table 2: Distribution of challenges based on Gender

Challenge Category	Male (n=91)	Female (n=8)	Total (n=99)
No Reported Challenges	40	2	42
Psychological / Emotional	15	4	19
Family-Related	14	0	14
Institutional / Structural	19	0	19
Basic Needs / Economic	2	2	4
Communication Barriers	1	0	1
Total	91	8	99

To beef up the above challenges, findings from key informants also showed key challenges which support the above identified ones. The key informants highlighted that juveniles at Kampiringisa National Rehabilitation Centre face multiple challenges that are largely social, psychological, and institutional. Trauma, lack of proper guidance, and limited parental involvement were consistently noted as significant factors influencing juvenile adjustment and participation in programs. Overcrowding, limited funding, understaffing, and inadequate infrastructure were also identified as challenges that hinder the delivery of rehabilitation services and vocational programs.

Gender-specific challenges were prominent. Girls were noted to face unique vulnerabilities, including emotional distress, being reserved or secretive, and, in some cases, arriving pregnant, which complicates their rehabilitation and reintegration. They often require specialized care, medical attention, and closer supervision. Boys, on the other hand, were more frequently involved in serious offences such as theft, assault, or violent crimes, and were often influenced by peers within the centre. Some boys also struggled with aggression, drug abuse, and difficulty adapting due to language barriers or upbringing in broken families. The responses from key informants were;

"From my experience, girls face particular challenges, especially those who come here already pregnant. Some are not even sure about the fathers of their pregnancies, which affects them emotionally and complicates reintegration. Girls also tend to be more reserved and may not easily disclose their personal struggles. For boys, many struggle with drug abuse, aggression, and involvement in theft or violent offences before admission. Over time, we have also seen an increase in children with deep emotional and behavioral issues. These challenges are social, psychological, health-related, and sometimes institutional." (KII 1, Female, 2026, Kampiringisa National Rehabilitation facility)

"The challenges faced by these juveniles are largely social and psychological. Many of them come from unstable families or very difficult community environments. Some have grown up without proper guidance, and that affects how they respond to rehabilitation. For girls, there are additional vulnerabilities. Some arrive pregnant or emotionally distressed, and managing such cases requires special care, including proper nutrition and medical attention, which may not always be fully available here. Boys are many and some are involved in serious offences, which creates management challenges. We also have to be careful because sometimes children who committed minor offences may mix with those involved in serious crimes and become more hardened. That is why the law now emphasizes handling minor cases at community level instead of bringing all of them to the rehabilitation centre." (KII 2, Female, 2026, Kampiringisa National Rehabilitation facility)

"One major challenge for both boys and girls is that they are in their teenage years, which is a sensitive stage of development. Issues of relationships and sexuality are common, especially among the boys who think a lot about such matters. Girls tend to be more introverted and secretive. They do not easily open up about personal experiences and may have mood swings or conflicts over small issues. Many children also arrive traumatized, especially those involved in serious offences like murder. It takes time to build trust and help them open up." (KII 3, Female, 2026, Kampiringisa National Rehabilitation facility)

"One of the main challenges for boys is their upbringing. Many come from broken families and lack proper guidance. Some struggle with language barriers because they come from different regions and may not understand Luganda, which is commonly spoken here. Clothing is also a challenge because they remain with what they arrived in. For girls, pregnancy is a major concern and requires additional support. We also face resource constraints and understaffing, which limit the number of vocational programs we can fully run." (KII 4, Male, 2026, Kampiringisa National Rehabilitation facility)

"The common challenges affecting juveniles include trauma, unstable family backgrounds, stigma from communities, and limited parental involvement. Some children fear returning home due to unresolved family conflicts. Resource limitations such as inadequate funding, insufficient staff, overcrowding, and limited infrastructure also affect program implementation. Although counselling and vocational training are provided, gaps in specialized psychosocial services and gender-specific health care remain areas that require strengthening." (KII 8, Male, 2026, Kampiringisa National Rehabilitation facility)

DISCUSSION

The findings revealed that juveniles at Kampiringisa experience multiple psychological, institutional, and family-related challenges during rehabilitation. A considerable proportion of respondents reported psychological and emotional challenges, and key informants emphasized trauma, emotional distress, and behavioral difficulties among both boys and girls. These findings align with Joseph and Swank (2021), who assert that mental health issues are prevalent in juvenile justice facilities and require structured professional support. Similarly, Schubert and Mulvey (2014) and Wibbelink et al. (2017) found a strong association between untreated mental health conditions and recidivism, underscoring the need for trauma-informed and psychosocial interventions.

The study further revealed that majority of respondents believed girls face more stigma than boys, and near to half of the respondents reported experiencing discrimination. This supports Zvarebwa's (2023) argument that juveniles are often labeled as "double deviants," facing stigma not only for offending but also for violating social norms. Stigmatization can hinder reintegration and negatively affect psychological wellbeing. Additionally, the findings that some juveniles feared returning home due to unresolved family conflicts resonate with Ronad et al. (2016), who observed that dysfunctional family environments and lack of parental support significantly complicate reintegration processes.

Institutional challenges such as overcrowding, understaffing, limited infrastructure, and inadequate funding were strongly highlighted by key informants. These findings are consistent with Rahul and Yadav (2022) and Shweta and Kaveri (2023), who found that inadequate staffing and insufficient resources reduce the effectiveness of rehabilitation services. Maharishi et al. (2022) also noted that overcrowded facilities expose juveniles to negative peer influences, reinforcing Furst's (2009) "contagion effect," where minors may learn more serious criminal behaviors from peers in closed settings.

Gender differences were particularly evident in the qualitative findings. Girls were reported to face unique vulnerabilities, including pregnancy, emotional withdrawal, and reproductive health needs. This is consistent with Acoca et al. (2014), whose Girls Health Screen Validation Study revealed that detained girls often enter facilities with urgent physical, reproductive, and mental health needs. Bloom and Covington (2001) further emphasize that girls typically enter the justice system through trauma-related pathways and therefore require trauma-informed and relationally oriented interventions.

On the other hand, boys were more frequently associated with aggression, substance abuse, and serious offences. This finding aligns with Bloom and Covington (2001), who argue that boys' programming should prioritize aggression management, substance abuse treatment, and vocational engagement to address gendered risk factors. Overall, the findings confirm that while both genders experience shared institutional challenges, their psychosocial and health-related needs differ significantly.

CONCLUSION

The study established that, juvenile offenders at Kampiringisa National Rehabilitation Centre face multiple psychological, social, institutional, and economic challenges during rehabilitation. Psychological and emotional challenges, trauma, stigma, and family-related difficulties were prominent among both boys and girls. However, the study confirmed clear gender-specific differences. Girls were found to face unique vulnerabilities including pregnancy, reproductive health needs, emotional withdrawal, stigma, and the need for closer supervision. Boys, on the other hand, were more associated with aggression, substance abuse, involvement in serious offences, and peer influence within the institution. Institutional challenges such as overcrowding, understaffing, limited infrastructure, and inadequate funding affected both genders and constrained effective service delivery.

RECOMMENDATION

This study recommends that the Ministry of Gender, Labour and Social Development strengthen the implementation of gender-responsive rehabilitation policies across all juvenile rehabilitation facilities in Uganda. There is need for the Ministry to develop and enforce clear national guidelines that integrate trauma-

informed care, reproductive health services tailored to girls, and aggression and substance abuse management programs designed for boys.

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